

CC86 - Clinical Waste Disposal Policy and Procedure

Category: Care Management Sub-category: Care Practice







 **Policy Review Sheet**

Review Date: 12/04/17 Policy Last Amended: 12/04/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
	X			
Minimal action required circulate information amongst relevant parties.				

 Reason for this review:	Scheduled review
 Were changes made?	Yes
 Summary:	Planned policy review updated to reflect legislative changes. Addition of the RCN resource for clinical waste management as further reading recommendation. This policy also has a new reference code, it was previously the CC07.
 Relevant Legislation:	<ul style="list-style-type: none"> Department of Health Environment and Sustainability Health Technical Memorandum 07-01: Safe Management of Healthcare Waste (2013) The Waste Regulations (England and Wales) 2011 List of Waste Regulations (England and Wales) 2005 Amended 2012 The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011 The Environmental Protection Act 1991 Including The Duty of Care Regulations The Controlled Waste Regulations 2012 Control of Substances Hazardous to Health Regulations 2002 The Hazardous Waste (England and Wales) Regulations 2005 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> Department of health, (2013), <i>The Health Technical Memorandum 07-01: Safety Management of Healthcare Waste</i>. [Online] Available from: https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste [Accessed: 09/03/2017] GovUK, (2013), <i>Guidance Healthcare Waste</i>. [Online] Available from: https://www.gov.uk/guidance/healthcare-waste [Accessed: 09/03/2017]
 Suggested action:	<ul style="list-style-type: none"> Notify relevant staff of changes to policy Share key facts with professionals involved in the service Discuss in team meetings Discuss in supervision sessions Confirm relevant staff understand the content of the policy

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1. Purpose

1.1 To establish requirements regarding safe handling and disposal of waste in healthcare in accordance with legislation, codes of practice and best practice guidance.

1.2 aims to ensure that all staff have read, understood and comply with the policy and procedure and understand any local procedures that may be in place.

1.3 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S5: How well are people protected by the prevention and control of infection?

1.4 To meet the legal requirements of the regulated activities that is registered to provide:

- | Department of Health Environment and Sustainability Health Technical Memorandum 07-01: Safe Management of Healthcare Waste (2013)
- | The Waste Regulations (England and Wales) 2011
- | List of Waste Regulations (England and Wales) 2005 Amended 2012
- | The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011
- | The Environmental Protection Act 1991 Including The Duty of Care Regulations
- | The Controlled Waste Regulations 2012
- | Control of Substances Hazardous to Health Regulations 2002
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | Management of Health and Safety at Work Regulations 1999



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Nurse
- | Care staff
- | Maintenance
- | Cleaning

2.2 The following Service Users may be affected by this policy:

- | All service users

2.3 The following stakeholders may be affected by this policy:

- | Commissioners
- | External health professionals
- | Local Authority
- | NHS

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3. Objectives

3.1 To ensure we comply with the Health and Social Care Act - Safe Handling and Disposal of Waste Requirements, which include:

- | Assessment of risk, managing risk and awareness of legislative and statutory change and requirements
- | Training and educating staff, ensuring there is appropriate use of personal protective equipment (PPE), correct storage handling and segregation of waste, appropriate packaging and labelling and suitable removal from site
- | Having a duty of care for managing waste, the environment & ensuring record keeping is maintained and in line with legislative requirement

3.2 To establish criteria for the handling and disposal of waste products resulting from 's activities, as well as a set of procedures to guide staff in terms of legislation and best practice.



4. Policy

4.1 is committed to the protection of the environment through the implementation of an effective waste management programme that meets or exceeds all legislative and regulatory requirements placed upon it.

4.2 will follow approved codes of practice from the Health and Safety Executive (HSE), GovUK, Department of Health and regulation bodies, in relation to clinical waste and ensure these codes of practice are available to staff. These will include:

- | Department of Health Environment and Sustainability Health Technical Memorandum 07-01: Safe Management of Healthcare Waste
- | Department of Health Prevention and Control of Infection in Care Homes 2013
- | Department for Environment Food and Rural Affairs Waste Duty of Care Code of Practice March 2016

4.3 will make this policy available to staff so that they are aware of their responsibilities with regard to clinical waste management. will also ensure sufficient resources, training and robust risk management systems are in place to enable this policy to be fully implemented and effective.

4.4 have a legal duty of care to maintain records of waste movement using the appropriate codes issued. Records will contain quantity, nature, origin and destination in the form of consignment notes. These records will be held in line with national record retention requirements.

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5. Procedure

5.1 Identification of Clinical Waste

The responsibility for identifying clinical waste lies strictly with . It is important to remember for identification purposes that all waste contaminated with clinical waste is considered to be clinical waste itself.

Staff should refer to the categories held within the Department of Health **Environment and Sustainability Health Technical Memorandum 07-01: Safe Management of Healthcare Waste** (p52-57).

Clinical waste must be carefully segregated from other waste whilst in production and storage, and must never be placed in internal or external general waste bins. Under no circumstances must clinical waste be allowed to enter the general waste stream. When considering chemicals for disposal, staff should refer to the manufacturers data sheet Control of Substances Hazardous to Health (COSHH). A separate container must be used for each different chemical disposed of.

5.2 Storage of Waste

Waste must be disposed of in the appropriate waste bag, should be kept in a foot pedal bin and only filled 3/4 before being disposed of. Bags need to be tied and tags applied using the swan neck method for sealing.

Swan Neck Method of Sealing

1. Seal bag when 3/4 full
2. Twist firmly then double over and hold the twist firmly
3. Pass the seal over the neck of the bag
4. Tighten the seal manually to create an effective seal

When transporting waste to a storage area, bags should be transported separately to avoid the risks of a bag splitting. Domestic and offensive bags can be transported together whereas clinical waste bags must be transported separately.

Transport trolleys must be cleaned following each use.

will have a specific area designated for the storage of waste awaiting collection. This area should be on a hard standing surface with wash down facilities. The area should not be accessible to either animals or unauthorised people. Clinical and general waste should be stored in different containers.

Personal Protective Equipment (PPE) should be worn whilst disposing of clinical waste which should be removed prior to returning to the service. Hand decontamination is completed following waste disposal.

External storage for waste needs to be:

- ┆ Reserved for health care waste only
- ┆ Well-lit and ventilated
- ┆ Sited away from any food preparation, general public access and general storage areas
- ┆ Totally enclosed and secure
- ┆ Locked when not in use
- ┆ Clearly marked with warning signage

5.3 Sharps Management

Sharps containers when 2/3 full or in use for more than 3 months must be locked shut and the date of shut down recorded on the label.

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Yellow boxes with yellow lids are suitable for the following:

- | Sharps that contain medicinal products, partially discharged sharps and those used to administer medication
- | Vaccines vials that have been administered, ampoules and syringes

Yellow boxes with orange lids are suitable for the following:

- | Sharps that are not infectious or contaminated with medicinal products for example phlebotomy sharps and blood sample vials

Yellow containers with purple lids are suitable for the following:

- | Pharmaceutical waste and sharps contaminated with cytotoxic or cytostatic products

At no time must sharps be placed into a blue container for medicinal products. Staff should refer to the categories held within the Department of Health Environment and Sustainability Health Technical Memorandum 07-01: Safe Management of Healthcare Waste (p52-57)

5.4 Pharmaceutical Waste

- | Drugs being disposed of need to be recorded and records held within
- | All loose/unrecognisable tablets should be wrapped before disposing in a blue lidded container
- | Containers that hold liquid/powder will always be deemed to have some residue upon completion and therefore should be disposed of as waste medicines. Unless there are clear procedures in place that are endorsed for the cleaning of these containers can they be considered as disposed of in other means (e.g. recycling glass)
- | Aerosols cannot be cleaned and therefore will be disposed of as medicine waste
- | Liquids should never be discharged into sinks and medicines should never be placed in domestic or clinical healthcare waste bags

Controlled Drug Considerations

- | Controlled drugs are those as defined in the misuse of drugs regulations 2012 and Misuse of Drugs (Safe Custody) Regulations 2007
- | Unused controlled drugs must be denatured in an approved kit supplied by 's pharmacy provider. Denaturing requires two suitably trained members of staff and staff should refer to the Royal Pharmaceutical Society of Great Britain for this procedure
- | Used denatured kits must be placed in the designated blue lidded container

5.5 Dealing with Accidents Incidents and Spillages:

There will be a clear procedure in place for dealing with accidents or incidents, which address:

- | Immediate first aid measures
- | Immediate reporting to a responsible, designated person
- | Recording of the accident/incident
- | Investigating the incident and implementing remedial action. Initial investigation should preferably take place before any damaged container is removed
- | Retaining, if possible, the item and information about its source to help identify possible infection risks
- | Attendance by any injured person to an A&E department and, if an employee, with subsequent referral to a General Practitioner as soon as possible
- | In the cases of sharps injuries, procedures also need to cover arrangements for suitable medical advice and counselling

Spillages:

There will be clear written procedures in place specifying the following reporting and investigation procedures:

- | Use of a safe system of work for clearing up clinical waste

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- | Appropriate requirements for decontamination
- | Protective clothing

Spillage Kits Should Contain the Following:

- | Disposable gloves
- | Disposable apron
- | Clinical waste sack
- | Paper towels
- | Disposable cloths
- | Recommended disinfectant (by, for example, local control)
- | Means of collecting sharps

Spillage Kits:

Disinfectants containing 10,000-ppm available chlorine are recommended for spillage. The use of sodium dichloroisocyanurate (NaDCC) granules is also generally recommended because made-up solutions lose activity with time and require regular replacement. Suitable inert, absorbent materials may be used to deal with liquid spillage after disinfecting.

The use of certain disinfectants themselves may present a health risk in confined spaces. COSHH applies to such risks and appropriate precautions must be specified based on risk assessments. Glutaraldehyde must not be used.

Appropriate equipment needs to be provided for collecting spilled waste and placing it in new containers. Sharps must not be picked up by hand. Spilled waste and any absorbent materials must be placed in a clinical waste container for disposal.

5.6 Records, Identity and Transfer notes

Materials identified as clinical waste must be disposed of through a licensed contractor.

will have a supply of identity tags/tapes and will maintain a record of the tag numbers received and issued.

will keep a record of the following:

- | Waste transfer notes
- | Hazardous waste consignment notes (where applicable)
- | Annual return
- | Correspondence associated with waste in the service
- | T28 exemption, if applicable

Documentation relating to non-hazardous/inert waste transfer must be kept for 3 years from the date of transfer. These must be available for inspection on request.

5.7 Audit and Evaluation of Practice

- | At we will maintain responsibility for the control, management and disposal of waste. It is a legal responsibility within the environmental permit that waste producers carry out clinical waste pre-acceptance audits of their waste before it is accepted. This will be completed annually
- | Waste audits should be conducted by the home manager or delegated to a suitably skilled, experienced and competent member of staff
- | Ad-hoc observation of practice should also be undertaken and findings discussed through staff meetings and supervisions with staff

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6. Definitions

6.1 Environment Agency (EA)

- | This is the regulatory body responsible for environmental regulation (including waste) in England and Wales

6.2 Health Technical Memorandum 07-01: Safe Management of Healthcare Waste

- | Provides a framework for good practice to all producers of healthcare waste on the development, management, and arrangements for the safe and economic disposal of healthcare waste
- | This document was produced in conjunction with the NHS, Health & Safety Executive, and Environment Agency and is to be regarded as a code of practice

6.3 European Waste Catalogue (EWC)

- | Waste in Europe is categorised using the European Waste Catalogue (EWC). This has been transposed into English law through the List of Wastes (England and Wales) Regulations 2005
- | The aim of the EWC is to provide a precise and uniform European-wide definition of hazardous waste and to ensure the correct management and regulation of such waste
- | Under the List of Wastes (England) Regulations 2005 each type of waste is provided with a specific six-digit waste code which should be used on Hazardous Waste Consignment Notes. Codes should be used to describe each fraction of waste present in a single load
- | The EWC also specifies which wastes are potentially hazardous by denoting the European Waste Code with an asterisk (*). Such wastes are further characterised by 'Actual' hazardous wastes and 'Mirror' entries, which only become hazardous when certain criteria are met

6.4 Environmental Protection (Duty of Care) Regulations 1991

- | This sets out the requirement on the person/company transferring the waste for disposal to ensure it is correctly described, transported by a registered carrier and is disposed /treated by a facility that is licensed to deal with that type of waste

6.5 List of Wastes (England) Regulations 2005

- | This set of regulations lists the process and waste generated from that process. The regulation lists the accepted Europe wide definitions of the waste and a code

6.6 Hazardous Waste

- | The following covers Hazardous Waste as listed in the List of Waste Regulations
- | The key categories identifying waste as hazardous are: Explosive, Oxidising, Highly Flammable, Flammable, Irritant, Harmful, Toxic, Carcinogenic, Corrosive, Infectious, Teratogenic, Mutagenic, Eco toxic, Substances that release a toxic substance when in contact with water, air, bases, and substances which yield another substance containing the properties listed at disposal
- | These categories can be identified via material Safety Data Sheets
- | Examples of common substances that will be hazardous: Mercury, solvents, paints, acids and alkaline

6.7 Clinical Waste Pre-Acceptance Audits

- | The Environment Agency has imposed a legal requirement within the terms of Environmental Permits for

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clinical waste disposal sites to ensure that producers carry out audits of their waste before it can be accepted. These are known as 'pre-acceptance audits'

- | Any site producing over 5000kg of clinical (hazardous) waste is required to undertake an audit annually
- | If the individual sites produce less than 5000kg of clinical waste, then they are audited every 5 years and the deadline for the first audit depends on the type of site

6.8 T28 exemption

- | This exemption allows Pharmacies and other similar places to comply with the requirements of the Misuse of Drugs Regulations 2001 by denaturing controlled drugs (making them unsuitable for consumption)



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | All staff are responsible for correct segregation, management and disposal of clinical waste - this is a legal requirement
- | Staff should refer to The Health Technical Memorandum 07-01: Safety Management of Healthcare Waste for resources and guidance
- | Your service will have clear procedures to ensure you practice safely with regard to clinical waste



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You have a right to be protected from harm and risk directly caused by clinical waste
- | You have a right to be cared for by staff who are knowledgeable and safe in the practice of disposing of clinical waste within the service



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- | Waste (England and Wales) 2011: A Guide to Hazardous Waste Regulations - Record Keeping
- | Health Technical Memorandum 07-01 Safety Management of Healthcare Waste (The department of health primary resource when introducing standard operating procedures/protocols for the management of health care waste).
- | RCN (2014) The Management of Waste from Health, Social and Personal Care Guidance -accessed at: https://www2.rcn.org.uk/_data/assets/pdf_file/0006/585447/004187_health_care_waste.pdf



Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- | Robust training is delivered to all staff in all areas of clinical waste management and knowledge assessed
- | Spot audits to monitor practice are completed - identify themes and trends to improve standards
- | Resource files are available for staff
- | Identify staff that have enhanced responsibility for waste management

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The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Clinical Waste Transfer Notice - CC07	Used to accompany all clinical waste being transferred to support services.	QCS

Clinical Waste Transfer Notice - CC07

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