



Waste Management Policy

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Clinical Waste

Care home name: The Wellbeing Residential Group

The Handling and Disposal of Clinical and Soiled Waste

Background

The aim of a safe disposal system of clinical waste is to ensure that all clinical waste materials are removed from their point of origin at regular intervals and transported securely to an appropriate point of disposal by incineration. The Environmental Protection Act 1990 makes it the responsibility of the employer to ensure the safe disposal of clinical waste from their premises. Failure to abide by the act can lead to prosecution.

Policy

All organisations produce waste and are increasingly required to ensure that they deal with that waste in an environmentally acceptable way that is compliant with the law. It is therefore the policy of the Wellbeing Residential Group to minimise and control any risks caused by waste generated by its activities.

The Wellbeing Residential Group understands clinical waste to include:

- human tissue
- body fluids and waste
- disposable surgical equipment, gloves and aprons
- soiled dressings and other contaminated waste
- incontinence pads.

According to the Environmental Protection Act 1990 any organisation which produces clinical or hazardous waste has a Duty of Care to:

- keep waste securely contained, and prevent its escape or unauthorised removal
- ensure it is adequately contained and packed for safe transport
- label the waste clearly to identify its contents and point of origin
- transfer the waste only to a licensed contractor authorised to transport that type of waste
- describe the waste (on the appropriate forms) in sufficient detail that subsequent carriers and disposers can deal with it safely
- take reasonable steps to check that those providing or removing waste are acting properly and within the law.

The Wellbeing Residential Group must also comply with a range of waste management regulations and guidance which govern the correct method of disposal of the waste, notifications to the Environment Agency, and the keeping of adequate written records for at least three years after disposal of the waste.

The Wellbeing Residential Group expects all staff to adhere to the following policy on the disposal of clinical waste.

1. All clinical waste should be disposed of in sealed yellow plastic sacks.
2. Non-clinical waste can be safely disposed of in normal black plastic bags.

3. On no account should clinical waste be disposed of within standard domestic waste sacks.
 4. The Wellbeing Residential Group believes that yellow clinical waste bags are best used in pedal type bins to prevent unnecessary hand contact and provides such bins in all appropriate areas where clinical waste is generated.
 5. Sacks should never be filled more than three-quarters full and should be removed and sealed by staff wearing non-sterile gloves.
 6. Sealed sacks should be handled by the tied neck only and should be handled with care. On no account should sacks be thrown or dropped.
 7. Each sealed sack should be clearly labelled with the Wellbeing Residential Group details.
 8. Sealed and labelled sacks should be collected by an authorised collector only and, while awaiting collection, full bags should be stored safely and securely away from service users, visitors, the general public, animals and pests.
 9. A Waste Transfer Note should be completed and a copy kept in the appropriate records.
- Full sacks should be stored in the bins provided

Sharps (used needles and broken medication glass) should be disposed of in sealed purpose-built sharps containers and collected by authorised sharps collectors.

Warning

On no account should sharps be disposed of within standard clinical waste or within standard domestic waste.

The Collection of Clinical Waste

Under the Environmental Protection Act 1990 it is the responsibility of the Wellbeing Residential Group to ensure that services contracted to collect clinical waste are properly licensed to do so and ensure the safe disposal of its clinical waste. Failure to do this may lead to prosecution. The carrier must be registered with the Environment Agency to carry the waste.

The authorised collector is **PHS All Clear Waste Disposal**. On no account should another collection service be contracted without the express authority of the Wellbeing Residential Group management.

Infection Control Training

All new staff should be encouraged to read the policy on Infection Control and the disposal of waste as part of their induction process. Existing staff should be offered training covering basic information about infection control. In-house training sessions should be conducted at least annually and all relevant staff should attend.

Review

This policy should be regularly in conjunction with the local authority waste management officer and with the authorised waste carrier.

Signed _____
 Date _____
 Policy review date _____

Infection Control

Care home name: The Wellbeing Residential Group

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff, service users and communities. All of the staff working in the Wellbeing Residential Group are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens which can be spread if staff do not take adequate precautions.

Communicable diseases refer to a range of diseases that can be spread due to poor infection control techniques or standards. Examples of such diseases include:

- hepatitis
- tuberculosis
- MRSA
- food poisoning, through organisms eg salmonella
- legionnaires' disease
- AIDS
- e.coli.

Communicable diseases are the responsibility of Public Health and are managed by local consultants in communicable disease control. The Public Health Infectious Diseases Regulations 1988 place a duty on employers to adopt safe practices to prevent the spread of infection (especially blood-borne infection) and organisations may be liable for prosecution and for paying compensation if they do not comply.

Policy Statement

The Wellbeing Residential Group believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to cleaning and hand washing. The Wellbeing Residential Group will work in collaboration with all local infection control agencies to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, our service users are protected from the spread of infection in the home.

The Wellbeing Residential Group adheres fully to Standards 26: Hygiene and Control of Infection and Standard 38: Safe Working Practices of the National Minimum Standards for Care Homes for Older People.

Aim

The aim of the Wellbeing Residential Group is to prevent the spread of infection amongst staff, service users and the local community.

Goals

The goals of the Wellbeing Residential Group are to ensure the following.

1. Service users, their families and staff are as safe as possible from acquiring infections at the home.

2. All staff at the Wellbeing Residential Group are aware of and put into practice the basic principles of infection control.

Personnel

- The manager is the infection control lead for the Wellbeing Residential Group.
- Other infection control personnel in the Wellbeing Residential Group are:
- The manager is responsible for infection control risk assessment and staff training.
- Senior team are responsible for checking fridge temperatures and ensuring that specimens are processed and handled safely.
- Domestic, care and kitchen staff are responsible for the cleaning and hygiene of the home.

Legal Considerations and Statutory Guidance

The Wellbeing Residential Group should adhere to the following infection control legislation.

1. The Health and Safety at Work, etc Act 1974 and the Public Health Infectious Diseases Regulations 1988 which place a duty on the Wellbeing Residential Group to prevent the spread of infection.
2. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) which places a duty on the home to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.
3. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) which places a duty on the home to ensure that potentially infectious materials within the Wellbeing Residential Group are identified as hazards and dealt with accordingly.
4. The Environmental Protection Act 1990 which makes it the responsibility of the Wellbeing Residential Group to dispose of clinical waste safely.

Effective Hand Washing

The Wellbeing Residential Group believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection. ALL STAFF should ensure that their hands are thoroughly washed and dried.

1. Between seeing each and every service user where direct contact is involved, no matter how minor the contact.
2. After handling any body fluids or waste or soiled items.
3. After handling specimens.
4. After using the toilet.
5. Before handling any type of food.

Hands should be washed according to the guidelines posted by each sink. Liquid soaps and disposable paper towels should be used in the home rather than bar soaps and fabric towels. Antiseptic hand washing solutions should be used only in situations where hand washing is not possible. They are not for general use.

All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times.

Cleaning and Procedures for the Cleaning of Spillages

All staff have a responsibility to help keep the home clean and tidy and to identify areas which fall below acceptable or safe standards.

- Management of the routine cleaning of the home is the responsibility of the manager and senior team.

Refer to the Cleaning Policy for guidance on spillages.

Disposal of Sharps

Staff within the Wellbeing Residential Group should follow the following guidelines when dealing with sharps.

1. Sharps - typically needles, blades and broken ampoules - should be disposed of in proper, purpose-built sharps disposal containers provided by the Wellbeing Residential Group and complying with BS7320. **SHARPS SHOULD NEVER BE DISPOSED OF IN ORDINARY OR CLINICAL WASTE BAGS.**
2. Staff should never re-sheath needles or attempt to bend or break them or separate them from the syringe.
3. Sharps disposal boxes should never be overfilled and no attempt should ever be made to force waste into a full container.
4. Sharps boxes must always be placed out of the way of service users or visitors, especially from children who may be attracted by the bright colours.
5. Boxes should also be placed where they are accessible to the job in hand and should be taken to the task wherever possible. Staff should avoid situations where they have to cross rooms or walk down corridors with unsheathed sharps to get to a disposal box.
6. Sharps boxes are designed with lids that can be closed in routine use and sealed when full. In between each use lids should be closed but not sealed and only opened immediately prior to use.
7. When full boxes should be sealed, marked as hazardous waste and labelled with the Wellbeing Residential Group details.
8. Used, filled boxes should be stored securely until collected for incineration.

Responsibility of ensuring sharps boxes are collected lies **The senior team** with:

While awaiting collection they should be stored: **The Medication Cupboard**

In the event of an injury with a used or potentially contaminated needle staff should do the following.

1. Wash the area immediately and encourage bleeding if the skin is broken.
2. Report to the home manager immediately and fill in an incident form.
3. Report immediately to a GP or Accident and Emergency.

Reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 obliges the practice to report the outbreak of notifiable diseases and infection control risks, including needle stick incidents, to the Health and Safety Executive (HSE). Records of any such incident must be kept specifying dates and times and a completed disease report form must be sent to the HSE.

- In the event of an incident the manager is responsible for informing the HSE.
- RIDDOR forms are kept in the office and night box.

Signed _____

Date _____

Policy review date _____