Plymouth Community Healthcare CIC

Policy and Procedure for the Safe Handling and Disposal of Healthcare Waste

Version 2.4

Author: Assistant Director of Risk and Safety

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Policy & Procedure for the Safe Handling & Disposal of Healthcare Waste

Statement of General Policy

1. Introduction

1.1 The Environmental Protection Act is the principal legislation, which imposes a "Duty of Care" on the producers of waste. Plymouth Community Healthcare is required to accept responsibility for waste management from its point of origin through to its final disposal.

1.2 The PCH is committed to ensuring the health, safety and welfare of all employees and contractors who are involved in the disposal of waste and of others who may be affected by waste materials. As a result of its duties, the PCH has produced this policy for the Safe Handling and Disposal of Waste. The policy applies to all PCH employees, as well as contracted staff involved in the handling, storage and disposal of waste.

1.3 All managers have a duty to ensure that potential hazards from waste are correctly assessed and identified. Appropriate measures must then be taken to ensure that the health and safety of those who may come into contact with the waste is not jeopardised.

1.4 The aim of this policy is to identify and minimise the risks associated with the various categories of waste. This will be achieved by developing safe systems for the containment of the waste and by defining standards for disposal in accordance with statutory requirements.

1.5 NB. Satisfactory implementation of this policy will assist the PCH in its compliance with the following pieces of legislation although this list is not exhaustive:

- Health & Safety at Work Act 1974
- Environmental Protection Act
- Management of Health and Safety at Work Regulations
- Manual Handling Operation
- The Controlled Waste Regulations
- Special Waste Regulations
- Control of Substances Hazardous to Health Regulations
- Radioactive Substances Act
- The Transport of Dangerous Goods Safety Advisors Regulations
- Misuse of Drugs Regulations
- Trade Effluent (Prescribed Processes and Substances) Regulations
- The Water Industry Act
- Data Protection Act
- Waste Electrical Equipment Regulations
- Landfill Directive
1.6 From the 31st October 2007 the Landfill Directive (non hazardous waste) dictates that all non hazardous waste must be treated before it can be sent to landfill. This ‘treatment’ includes the segregation and recycling of waste to prevent it from being sent to a landfill site. Therefore all future efforts must be directed at minimising the volume of waste produced. Where possible, alternatives to hazardous or difficult to dispose of products, should be sought. A revised and updated waste management system for Plymouth Community Healthcare has been introduced for the following reasons:

- To reduce the health and safety risk posed by waste to staff, patients and visitors
- Environment protection and compliance with appropriate legislation
- To promote and increase the levels of recycling
- To reduce the costs of waste disposal

For the waste management system to work the cooperation of all individuals is needed so please read this document carefully and remember:

- The success of a good waste management system depends on waste producers assuming responsibility for their own actions
- The majority of PCH employees will handle some form of waste, at some point in their working day whether it is a piece of scrap paper, an empty drinks can or a used syringe
- How that waste is disposed of is important as it only takes one item placed in the wrong container to cause an accident, environmental incident or infect a person, which may result in the PCH being liable for prosecution
- If you deal with waste, you have a legally binding “Duty Of Care” and responsibility to ensure that waste is handled and disposed of safely, or correctly stored

2. Management Accountability

2.1 The Chief Executive has overall responsibility for waste management with delegated responsibility to the Head of Facilities.

2.2 However, all PCH Managers are responsible for implementing the Waste Management policy and procedures. All Managers are also responsible for ensuring that staff are trained in line with the requirements of their roles in relation to waste disposal and matters relating to specific manual handling problems relating to waste, should be discussed with the PCH’s Ergonomics Advisor who will be able to offer advice.

2.3 The PCH has identified a number of support mechanisms which are accessible to all staff should they have a particular query with the disposal of certain types of waste. All concerns in the first instance should be addressed to the Head of
Facilities but the Risk Manager or Control of Infection may also be able to provide advice.

3. **General Principles**

3.1 All wastes will be presented for collection in a manner that eliminates the risk from potential injury or infection.

3.2 Any waste accepted for disposal from outside the PCH must meet the requirements of this policy. Disposal of such waste must also be notified to the Head of Facilities.

3.3 Departments that use chemicals or other hazardous waste must ensure that COSHH assessments are regularly reviewed and updated. Copies of the COSHH assessments must be sent to the Head of Facilities before disposal can be arranged. Where necessary new measures to control the risk of contamination must be implemented and continuously monitored.

3.4 All waste must be segregated at the point of origin and secured in containers that meet the PCH’s specified standards, colour and design for that particular category of waste. Waste containers that are damaged or defective i.e. broken locks must be reported to the Head of Facilities, and for clinical waste bins quoting the bin number found on the side of the bin.

3.5 The Ward Manager, Senior Nurse or locality Manager will be responsible for ensuring that the number of waste bags etc. provided is compatible with the volume of waste produced. In addition, they must ensure that the correct bags are provided and used for each category of waste produced in their Department (see section 6).

3.6 The frequency of waste collection will be planned to avoid the unnecessary accumulation of waste on Wards and in Departments. All waste must be presented and identified correctly in accordance with this policy.

4. **Personal Protection**

4.1 The types of hazards present in clinical waste containers/bags will vary. Products such as blood, bodily fluids, secretions or excretions and human tissues may be present. Any of these substances may contain potentially infectious micro-organisms, which may be liberated by:

- Contaminated sharp objects penetrating containers/bags and injuring staff
- Waste bags being over filled, thereby bursting and liberating the contents
- Containers leaking
- Unauthorised tampering with the waste

4.2 The probability of particular harmful organisms being present varies considerably as does their capacity for causing harm. Blood borne viruses cause most
concern, particularly the Hepatitis B (HBV) and Human Immunodeficiency Viruses (HIV, the causative agent of AIDS) and possibly Creutzfeldt-Jakob Disease (CJD).

4.3 Other possible sources of infection include viruses such as Hepatitis C agents causing enteric infections and those that cause sepsis Staphylococci and Streptococci or Tuberculosis (Mycobacteria). Where hazards and risks remain after control methods have been implemented, personal protective equipment must be provided which is suitable for the purpose for which it is intended. Line Managers are responsible for the provision of any personal protective equipment and ensuring it is worn/used appropriately. All cuts and grazes must be covered with a waterproof dressing (sticking plaster).

4.4 Where personal protective equipment is provided, employees are required to wear it and report any defect, excessive wear or malfunction to their Supervisor/Line Manager. The level of personal protective equipment shall vary according to the risk present during the handling of waste, but shall include:

- Protective gloves
- Protective aprons or leggings
- Eye/face protection

5. Accident/Incidents

5.1 All incidents involving the handling and disposal of waste must be reported and recorded in accordance with the PCH’s current Incident Reporting System. If a needlestick injury occurs then the handler must follow the Management of Inoculation Injury Policy. A copy of this policy should be available in all clinical areas.

6. Segregation

6.1 The effective segregation of hospital waste is an essential element of the safe handling and disposal of waste.

The following colour coding system must be adhered to:

<table>
<thead>
<tr>
<th>Colour of Sack</th>
<th>Type of Waste</th>
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<tbody>
<tr>
<td>Black</td>
<td>Domestic waste, non infectious waste destined for landfill</td>
</tr>
<tr>
<td>Yellow</td>
<td>All Category A Highly Infectious waste (see Appendix A) destined for incineration</td>
</tr>
<tr>
<td>Orange</td>
<td>All Category B infectious waste destined for incineration</td>
</tr>
<tr>
<td>Brown</td>
<td>Confidential paperwork</td>
</tr>
<tr>
<td>Clear</td>
<td>Paper/Plastics/Tin destined for recycling</td>
</tr>
</tbody>
</table>
6.2 It is the responsibility of the Heads of Departments/Ward Managers to ensure
colour coded posters are sited above all waste disposal containers, showing the
colour of the sack appropriate for each type of waste. These posters can be
acquired from the Head of Facilities.

7. **Classifications of Waste**

7.1 Health Technical Memorandum 07:01 – ‘Safe Management of Healthcare Waste’
has altered the way in which Hospital waste is classified. All references to
clinical waste have been removed and what was clinical waste is now known as
‘Hazardous Waste’. There are two forms of hazardous waste: Category A –
Highly Infectious and Category B – Infectious. The black bag waste category
remains unchanged.

<table>
<thead>
<tr>
<th>Waste Group</th>
<th>Waste Definition</th>
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<tr>
<td><strong>Category A Highly Infectious Waste</strong> (yellow bag)</td>
<td>Highly Infectious Waste that requires disposal by incineration. For a definitive waste categorisation of what constitutes Highly Infectious Waste please see Appendix 1</td>
</tr>
<tr>
<td><strong>Category B Infectious Waste</strong> (Orange Bag)</td>
<td>Infectious or potentially infectious Hospital waste. (All Hospital (clinical) waste will be considered as Infectious waste and as such should be disposed of via the Orange Bag stream, unless the patient has an infection listed in Appendix A)</td>
</tr>
</tbody>
</table>

8. **Category A - Highly Infectious Substances (Yellow Bag)**
(unlikely to be produced by Plymouth Community Healthcare)

8.1 This category includes highly infectious and other waste requiring incineration
including anatomical waste, diagnostic specimens, reagent or test vials and kits
including chemicals. A detailed list of what constitutes Category A waste can be
found in Appendix A, which lists diseases such as Ebola virus; Flexal virus and
Hendra virus.

8.2 This waste group includes all forms of Microbiological cultures and potentially
highly infected waste from Pathology Departments, and Clinical Research
Laboratories. Departmental Managers must undertake a documented Risk
Assessment of the waste produced within their Department. This will identify the
hazards present and will determine whether waste should be disposed of via the
yellow or orange bag streams.

8.3 Control measures will then be put in place to manage the risks safely.
Laboratory waste must be rendered safe before leaving the premises for final
disposal.
9. **Category B - Infectious Waste (Orange Bags)**

9.1 This category encompasses all other types of what was formerly known as clinical waste and includes any item of waste emanating from patient care that is infectious and therefore cannot be disposed of via the general (black bag) waste stream and also does not appear in the Highly Infectious list contained in Appendix A. Wrapping from any product or implement that has not come into contact with infected materials should be treated as domestic waste.

10. **Handling Category A & Category B Infectious Waste**

10.1 Before handling this waste all staff **must** receive appropriate training, information, instruction and offered immunisation.

10.2 **Yellow Bags (unlikely to be used in Plymouth Community Healthcare)**

- If a patient produces highly infectious waste then you must request a supply of yellow bags (if none are already available) from Hotel Services at Mount Gould Hospital. You must then notify the Head of Facilities immediately and request a separate yellow wheelie bin to be provided for this area. The bin must be marked in pen by the Ward/Department with ‘**UN No.2814**’ to identify it as highly infectious. Managers should seek advice from the Infection Control Department if unsure of the potential risk to the public.
- Yellow waste bags **must never** be mixed with orange or any other colour waste bags at any time
- Yellow waste bags **must never** be generally used in Ward areas for any reason other than when a patient is infected with any of the highly infectious conditions contained in Appendix A.
- Yellow waste bags must be taken from source (e.g. patient’s treatment area) to a designated Highly Infectious Yellow Wheelie bin as described above. It **must NOT** be stock piled, left in corridors or sluice areas or stored with any other type of waste bag at any time.
- Any Sharps generated by the patient will be designated as Highly Infectious and should be placed in a yellow lidded sharps container, marked with location, date and time of disposal and initial of disposer and placed into the separate yellow waste wheelie bin along with the Highly Infectious yellow bag.
- Place waste into the yellow bags provided
- When sacks are ¾ full seal securely with tape and mark the full sack with:
  - Hospital Department or Ward
  - Date and time of disposal
  - Initials of disposer
- Place the bag in a marked Highly Infectious yellow waste wheelie bin
10.3 Orange Bag Waste

Before handling infectious waste all staff must receive appropriate training, information, instruction and offered immunisation.

All staff involved in the handling of infectious waste must follow the following guidelines:

- Use the personal protective equipment provided
- Place waste into the orange bags provided
- When sacks are ¾ full seal securely with tape and mark the sack with:
  - Hospital Department or Ward
  - Date and time of disposal
  - Initials of disposer
- Orange sacks should only be handled by their necks and not dropped or thrown
- Never hold infectious waste bags against the body
- Any sacks found to be inadequately sealed should not be removed. The person in charge of the Ward/Department at the time should be advised as they are responsible for ensuring that sacks/containers are adequately sealed at the site of origin
- Any split sacks or broken sharps containers must be reported immediately to the person in charge of the Ward/Department at that time. A trained member of staff from the originating site must be responsible for containing and cleaning spillages and for the transferral of the contents to a suitable container
- Infectious waste must never be transported on a trolley with anything else as cross contamination will occur
- Place the bag in a infectious waste bin
- Where supplied, yellow wheeled bins should be used for storing infectious waste prior to incineration. When placing infectious waste bags in the yellow bin never push the bag down into the bin with your hands. These bins must be locked at all times
- Separate, regular collections of infectious waste shall be provided for each Ward/Department
- Never leave infectious waste bags on the floor next to the bin
11. Infectious Sharps Waste

11.1 Following the completion of a procedure using sharps e.g. needles, the used sharps must be placed immediately into a sharps bin. Please also refer to the Infection Prevention and Control team’s ‘Safe Disposal of Sharps’ Policy located on public folders. When disposing of infectious sharps waste, the following guidance must be followed:

- Sharps not contaminated with cytotoxic/cytostatic products – dispose via yellow lidded sharps containers
- Sharps contaminated with cytotoxic/cytostatic products – dispose via purple lidded sharps containers
- Sharps contaminated with radioactive products – please refer to the Nuclear Medicine guidance found in paragraph 23
- Place syringes, needles, cartridges and broken glass into a sharps box
- When the sharps box is ¾ full seal and mark the full sharps box with the following:
  - Hospital/Department name
  - Date and time of disposal
  - Initials of disposer
- Sharps boxes must be stored in a separate specially designated sharps clinical waste bin and must NOT be mixed with clinical waste bags.
- If for any reason the yellow wheeled bin is found to be full, inform the Portering Department who will arrange for it to be emptied
- Sharps boxes must be kept out of the reach of children and members of the public
- Sharps boxes must not be stored outside of the designated storage areas
- Sharps boxes should not be placed on window ledges or near radiators and other sources of heat. The heat produced in these areas can weaken the container
- Damaged sharps boxes can leak their contents or even allow the needles inside to puncture the box. Such containers should be placed inside a larger sharps box and re-labelled
- Sharps boxes must not be placed into an orange or yellow waste sack
- Disposal of sharps will be by incineration only
- Where supplied, yellow wheeled bins should be used for storing sharps boxes prior to incineration. These bins must remain locked at all times
• The frequency of waste collection will be planned to avoid unnecessary accumulation of sharps bins in Wards and Departments

12. Pharmaceutical Waste

Please refer to:

Safe & Secure Handling of Medicines Policy and procedures: Section 15: Policy for the disposal or re-use of pharmaceuticals.

13. Disposal of Bodily Fluids

13.1 This group of waste includes urine, faeces and other bodily secretions or excretions e.g. disposable bedpan liners and urine containers, which must be placed with contents directly into the macerator.

13.2 Incontinence pads, stoma bags, vacuum units containing bodily fluids etc must be placed into orange waste bags. Some of the vacuum containers are susceptible to leaking and a solidifying gel should be added to the contents prior to disposal.

14. Community Waste (Waste Generated in Patients Homes)

14.1 Where a Health Care worker generates waste in a patients home it is deemed as belonging to them and not the client and he/she is responsible for ensuring that the waste is managed correctly, This is part of their duty of care.

Clinical waste can be classified as non-infectious and infectious following a risk assessment.

1. Non-infected waste

This can be placed in the domestic refuse, e.g. small dressings no larger than a dressing pad 130mm x 22mm, plasters and incontinence products, e.g. Stoma products, nappies and catheter products.

This type of waste must be placed in a white plastic bag and placed in the household waste in a solid dustbin/wheelie bin and lid.

2. Clinical Infected waste:

Waste that is known to be contaminated with infectious pathogens e.g. dressings from known infected wounds, infected continence products, wound vacuum drains etc. is classified as infected waste.
14.2 To accurately assess whether the waste generated is infectious, a risk assessment must be performed. This should be based on the professional assessment, clinical signs and symptoms and any prior knowledge of the patient.

14.3 Plymouth Community Healthcare has a contract with Cannon Hygiene to collect and dispose of such waste and the healthcare professional is responsible this arranging and ceasing this service as necessary. Details of the contract arrangements are available from the Heads of Service.

14.4 It is the Health Care workers responsibility to ensure the correct storage of waste awaiting collection and for arranging of the collection by the PCHs contractor. The waste will be stored in an orange bag within a rigid container stored in a suitable place to which children, pets, pests, etc do not have access.

14.5 All sharps waste generated by the Healthcare Professionals must be brought back to a PCH site for collection and disposal. (See also Safe Disposal Of Sharps Policy).

15. General (Office) Waste

15.1 Handling General Waste

15.2 All staff involved in the treatment movement, storage and disposal of waste must receive training information and instruction.

15.3 Refuse sacks should only be handled by their necks and not dropped or thrown.

15.4 Any sacks found to be inadequately sealed should not be removed. The person in charge of the Ward/Department at that time is responsible for ensuring that bags/containers are adequately sealed at the site of origin.

15.5 Domestic waste must never be transported with clinical waste.

15.6 The Ward Manager, Senior Nurse or Unit Manager will be responsible for ensuring that the number of waste bags provided, is compatible with the volume of waste produced. Also they must ensure that the correct bags are provided for the disposing of general waste

15.7 Disposal of General Waste

15.8 This includes all forms of household/office waste. The following procedures should be followed to dispose of general waste:

- Place waste into the Black bags provided
- When sacks are ¾ full seal and place in domestic wheelie bin and replace with an empty sack
- General and domestic waste is non-clinical waste that does not present risk of injury or exposure to a potential source of infection
• It will be of a type found in any household or office e.g. disposable paper towels etc
• Food Waste - dispose of via waste disposal unit where available, otherwise deposit in black bags for disposal as above.

15.9 Storage

15.10 Areas designated for the storage of general waste on Wards and in Departments, such as sluices/utility rooms should be cleaned daily. Waste must not be stored outside these designated areas.

15.11 Removal of Waste

• The PCH’s refuse contractor will regularly collect refuse from each site. Details of the collection schedule is available from the Head of Facilities. 
• If at any time additional collections are required or collections are missed, the Head of Facilities should be contacted and a collection will be arranged.

15.12 General Equipment and Furniture (not electrical)

• Prior to the collection of any redundant equipment or furniture, the item should be cleaned/decontaminated by Ward/Department staff

• Following cleaning the item should be labelled "Redundant Equipment/Furniture". Items not labelled will not be removed

• Attempts should be made to re-use the item within the PCH by contacting other Wards/Departments via the PCH’s internal e-mail system.

• Any item that is broken or not suitable for use must not be used in any other capacity in any other location, as this could result in serious harm

• Prior to collection the redundant item should remain in the Ward/Department and not placed in the corridor, lift area or stair well

• The Directorate Manager should be informed of the item in order to remove it from the Asset Register and Finance Capital Charging System

• Redundant manual beds and all mattresses should be decontaminated before leaving the Ward/Department. All traces of bodily fluids must be removed. If the mattress cannot be completely cleaned and it was soiled by a patient that was known to be infectious, then the mattress must be disposed of via the orange bag stream. Wards/Departments must purchase orange mattress bags via eproc.
15.13 Waste Electric and Electronic Equipment (WEEE)

The Waste Electric and Electronic Equipment regulations (WEEE) came into force on July 1st 2007 and places a responsibility on all businesses (including NHS PCHs) to dispose of WEEE separately from other waste.

Examples of items covered by WEEE include, fridges, freezers, washing machines, televisions, video/dvd recorders, electric cookers, microwaves, toasters, electric fans, vacuum cleaners, telephones, fluorescent light bulbs, medical devices and batteries.

Waste electrical and electronic equipment (WEEE) must be disposed of via an Approved Authorised Treatment Facility, (AATF). There are two methods available to comply with the regulations.

**You can dispose of your electrical and electronic equipment free of charge if**

- It was sold to you after 13th August 2005
- You are replacing it with equivalent WEEE

In these instances you should contact the supplier of the original or the replacement EEE who will provide you with information of the ‘Take Back’ system that is available to you, for its free disposal.

The PCT will have to arrange and pay for the transfer and disposal of WEEE by an approved authorised treatment facility if

- If you are discarding WEEE purchased before August 13th 2005 and are not replacing it with equivalent WEEE
- You cannot trace the producer or their compliance scheme

For these items, managers must contact Estates to arrange the condemning of the equipment. When Estates condemn the items, they will bring smaller items back to Mount Gould for disposal by an AATF.

**Do not dispose of any weee items via black bag waste or via skips**

The arrangements of fridges, freezers, medical devices, batteries and I.T. equipment remain unchanged.

**Fridges etc** – Once condemned, contact the porters via Mount Gould switchboard (272420) to arrange collection. You will need to provide a budget number to cover the cost of disposal.

**Medical Devices** - Contact MEMS on 01752 763521

**Batteries** – Send to Estates Dept. at Mount Gould Hospital for disposal

**I.T. equipment & Telephones** - Contact the I.T. Helpdesk
Some suppliers may offer you a discount on new purchases if you agree to take on the obligations of WEEE for that item. We suggest that you DO NOT follow this course of action, as it will be your responsibility when it comes to disposal.

For further advice contact:
Leigh Blake (Head of Facilities) 01752 435048 (35048)

15.14 The Safe Handling and Disposal of Waste Foods, Edible Oils and Animal Fat

Classification

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Correct Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Waste (Bulk &amp; Plate)</td>
<td>Any item of food that has been produced for patients, visitors and staff and is no longer required or fit for human consumption</td>
<td>• waste disposal unit&lt;br&gt;&lt;br&gt;&lt;b&gt;Note:&lt;/b&gt; In the event of a waste disposal unit being out of order all waste food from that area should be disposed of in the WDU of an adjacent Ward or be double bagged in a black waste bag and placed in a wheeled bin</td>
</tr>
<tr>
<td>Edible Oil Waste</td>
<td>Vegetable oil that has been used in the production of food for patients, visitors and staff</td>
<td>• Oil that is no longer required must be returned to an empty oil drum and disposed of through a recognised agent&lt;br&gt;&lt;br&gt;• Alternatively small amounts of oil (maximum of 1 litre) can be placed into a sealable container and disposed of in a black bag</td>
</tr>
<tr>
<td>Animal Fat Waste</td>
<td>Any solid or liquid fat that is produced during or after the cooking process</td>
<td>• All solid fats must be disposed of in a black bag&lt;br&gt;&lt;br&gt;• All liquid fats must be placed in a sealable container and disposed of in a black bag</td>
</tr>
</tbody>
</table>
- All food production and disposal areas must have filter covers fitted over drainage outlet pipes and gratings. Filters must be removable and readily cleansable
- All food preparation sinks and equipment wash sinks must be fitted with a removable filter trap which must be readily cleansable
- Edible oil drums awaiting collection must be stored in a safe, secure manner so as not to cause any obstruction
- All spillages of food waste, edible oils and animal fats are to be cleared up immediately and the area cleaned in accordance with existing cleaning schedules/method statements
- Plymouth Community Healthcare will undertake random monitoring of all ward kitchens and food production/disposal areas in order to ensure compliance with this policy

16. Spillages

16.1 The following procedures must be followed when containing and clearing a spillage of waste materials.

- Before staff can be assigned the task of cleaning up any waste spillage they must receive training, information and instruction. Staff must not clean up a spillage they have not been trained to deal with.
- All spillages must be regarded as potentially hazardous and dealt with immediately.
- Under no circumstances should patients or members of the public be allowed to assist in the clearing or cleaning up of spillages.
- When dealing with a spillage protective equipment should be used. The type of equipment will depend on the risk present in that particular waste spillage. Suitable protective equipment would include disposable latex/nitrile gloves, a disposable apron, new waste container, paper towels, disposable cloths and eye protection. For further information please see the PCH’s Disinfection and Cleaning Policy.
- Whilst cleaning up a spillage ask another member of staff to assist in keeping unauthorised persons away until the area can be isolated (using bollards).

16.2 Infectious Waste Spillage

- The spillage should be dealt with initially by trained staff, to remove any potentially contaminating materials e.g. blood, fluid, sera, etc.
• If no signs of contamination are present, domestic staff may be permitted to clean the area.

• When the area has been cleaned, disinfect the area in accordance with the PCH’s current Disinfection and Cleaning Policy.

16.3 Spillage of Blood or Fluids

When responding to a spillage of blood or bodily fluid, the following guidance should be followed.

• Blood must be cleaned up immediately. Where there is an extensive spill use the recommended cleaning materials as outlined in the PCH’s Disinfection Policy. Then all waste products should be placed in an orange bag for incineration.

• For further advice contact the Infection Prevention and Control Team.

• Note: Infection Prevention and Control Team can be contacted via switchboard in case of emergencies.

• After cleaning up any spillage, if the floor surface is wet provide a warning sign to identify a slipping hazard.

• Any burst containers should be re-packed in another infectious waste bag, securely sealed, re-labelled and disposed of in the normal way.

• The Head of Department must ensure the necessary materials and equipment are provided to clean up spillages in their area.

• An investigation into the cause of the spillage must be initiated by the Ward/Department Manager to prevent future incidents.

16.4 Sharps Spillages

• Forceps must be used to pick up and transfer spilt sharps to another sharps bin.

16.5 Domestic Waste Spillage

• Put on a pair of gloves, clear the spillage and be alert to any hazards present whilst cleaning the spillage.

• Ensure no hazards remain i.e. sharp items. Then re-pack in another black bag, together with the burst container. Securely seal the bag and dispose of in the prescribed way and clean the area thoroughly. If the floor surface is wet provide warning sign to prevent slipping.
16.6 Pharmaceutical Spillage

- Following any spillage of liquid pharmaceuticals, contact the Pharmacy immediately for advice.

16.7 Emergency Advice

- If in doubt contact the Control of Infection team

Do Not

- Ignore any spillages, no matter how small
- Deviate from the spillage procedure above
- Allow unnecessary access to the spillage area

17. Confidential Waste

17.1 Confidential waste will consist of paper work containing sensitive information relating to staff or patients.

There are 2 options for its disposal:

1. Shred the waste.

Please note:- If the confidential paper can be shredded it is no longer classed as confidential waste, and can be placed into a recycling bag.

2. Place waste into the appropriate brown bags, which should be ordered on EPROC under ‘confidential waste sack’. When sacks are ¾ full or have a maximum weight of 5kg, seal and change the bag. Mark the full sack with the following:

- Hospital/Department name
- Date and time of disposal
- Initials of disposer

17.2 Under no circumstances should any confidential waste paper be disposed of in yellow/orange clinical waste bags or black domestic waste bags. The bags must be capable of being lifted easily in one hand. If this cannot be achieved the bag is too full and some of the contents should be transferred to another bag.

17.3 Paper/bulldog clips,poly-pockets and ring binders/folders are not to be disposed of in these bags neither should any other waste. Bags should be securely fastened at the neck with tape. Rubber bands are unacceptable.
17.4 The Ward Manager, Senior Nurse or locality Manager will be responsible for ensuring that the number of waste bags provided is compatible with the volume of waste produced.

Removal of Waste

To arrange collection of confidential waste sacks, contact the Portering Department at Mount Gould via Switchboard on 272420. You will need your budget number as a disposal fee is charged per bag.

For the disposal of **Electronic data** such as floppy disks, CDs, back up tapes etc you should contact IT via e-mail at PictsProcurement@plymouth.nhs.uk or by phone on (4)37000 (option1) who will be able to advise.

18. Cardboard Waste

18.1 All cardboard boxes and trays should be flat packed, after removing any plastic coverings etc, either by the members of staff who have unpacked the boxes or those assigned this responsibility by the Ward/Department Manager receiving the goods.

18.2 Cardboard must not be deposited in the yellow wheeled bins.

18.3 The cardboard once flat packed should be stored in an area where it does not create a fire or trip hazard.

18.4 Removal of Cardboard Waste

There will be regular collections of cardboard. If you require a collection please contact the Head Porter at Mount Gould via the Mount Gould Switchboard.

19. Used Batteries

All used batteries should be brought/sent to Estates Workshop at Mount Gould Hospital and placed in the designated storage container.

20. Aluminium Cans

Empty aluminium cans must be placed into cardboard recycling bins.

Please do not put any other waste products into these recycling bins.

Removal of Waste
There will be regular collections of cans. If you require a collection please contact the Head Porter at Mount Gould via the Mount Gould Switchboard.

21. Paper Waste

Waste paper of any description (other than confidential waste or cardboard) should be placed into the recycling bin provided for recycling paper.

Please do not put any other waste product into this recycling bin.

Removal of Paper Waste

There will be regular collections of paper. If you require a collection please contact the Head Porter at Mount Gould via the Mount Gould Switchboard.

22. Mercury Waste

The PCH has agreed through the Risk Management Group to phase out instruments that contain mercury to reduce any associated risks. Should a mercury spillage occur, contact MEMs at Derriford. See below. Do not attempt to clean up the spillage yourself.
## Procedure for dealing with all mercury spillages
### Plymouth Health Community

### SPILLAGES

<table>
<thead>
<tr>
<th>Within large area</th>
<th>Within small area</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Wards</td>
<td>e.g. Cubicle</td>
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<td>e.g. Cubicle</td>
</tr>
</tbody>
</table>

- **Restrict access to immediate area**
- **Increase ventilation by opening all doors and windows**
- **If practical, remove all people from area**
- **Open all windows**
- **Close door to prevent spread of fumes to other areas**

---

**Do not attempt to clean up**

Telephone Mems 763579 during normal working hours

07.30 - 16.30

Outside normal working hours contact Derriford switchboard and ask telephonist to bleep the On-call blood gas technician

Await arrival of technician with spillage kit

---

**Handling mercury within Plymouth health community**

**Do not:**

- Do not ignore any spills, no matter how small.
- Do not deviate from the spillage procedure.
- Do not attempt to clean up the spillage yourself.
- Do not allow unnecessary access into spillage area.
- Do not send damaged equipment containing mercury through the postal system, the blood gas technician should collect it. (Tel: 763579 Derriford Hospital).
- Do not dispose of items which have been in contact with mercury (i.e. bedding and clothing) via the normal procedure contact the blood gas technician for advice.
- Do not forget to fill in the appropriate paperwork required, i.e. Incident report form.
- Do not use mercury containing instruments in carpeted areas as there is no adequate way to decontaminate them.
- **Do not** dispose of damaged, contaminated equipment e.g. thermometers. They will be dealt with by the technician.
23. **Radioactive Waste**

Not usually applicable to Plymouth PCT. However if an occurrence should arise contact Nuclear Medicine Dept. at Derriford Hospital for advice.

24. **Contractors Waste**

All waste generated by contractors remains their responsibility to remove and dispose of appropriately at an off site treatment facility. Contractors are not permitted at any time to leave their waste at the PCH’s premises, allow it to accumulate to such an extent as to cause a fire hazard and they are not permitted to use any of the PCH’s waste treatment facilities without prior written agreement with the Head of Facilities. Additional costs for removing contractors waste or waste caused as a result of contractors work e.g. desks, cabinets, cupboards etc will be disposed of and charged to the Ward/Department the contractor is working for, including a £100 administration fee.

All waste generated by contractors carries a legal responsibility to be segregated and disposed of at a registered treatment site and PCH managers that appoint contractors should ensure that they receive documented evidence of appropriate waste disposal e.g. certificate of destruction, consignment note or waste transfer note.

Managers should also make sure that when they let contracts, the terms of these contracts also state that waste generated by the particular contract is disposed of off site and copies of the necessary legal documents are provided to the contract manager.

Failure to dispose of the waste correctly and of a contract manager to obtain reasonable written proof that this has occurred, can result in the PCH and or individual managers being prosecuted and fined.

25. **Dental (Amalgam) Waste**

All amalgam waste must be placed in the approved, pre-labelled containers supplied by the Dental Department's waste contractor, secured when no more than 3/4s full, and stored safely until collected by the contractor.

26. **Disposal of Glass**

Broken glass or crockery should be placed in a "sharpsbin" specially designated for glass and crockery.

These are available via e.proc on code FSL413. Once full the bin should be sealed and can be disposed of via the black bag refuse route.
27. Monitoring

Monitoring mechanisms will be instigated to check the following procedures set out below have been followed:

- storage
- segregation
- collection
- disposal

Non-compliance will be traced back to source so that corrective action can be taken.

Monitoring will be carried out as follows using the PCH’s Health and Safety Audit report form:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Areas to be monitored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control of Infection Team</td>
<td>• Wards/Departments</td>
</tr>
<tr>
<td>Hotel Services Monitoring Officer</td>
<td>• Wards/Departments</td>
</tr>
<tr>
<td>Support Services</td>
<td>• Waste in transit</td>
</tr>
</tbody>
</table>

Any breaches in procedures should be brought to the attention of the Head of Facilities

28. Training

All staff who handle waste must receive appropriate training, commensurate with their involvement in the waste handling process. This will vary between staff groups but is likely to include:-

- knowledge of the various waste streams
- segregation of waste
- handling waste
- marking of bags/sharps containers
- storage of waste

Depending on the staff group, staff will receive their training from different sources, i.e. Infection control training, domestic awareness training.
Highly Infectious Substances Affecting Humans

**UN No. 2814**

Infectious substances affecting humans:

- Bacillus anthracis (cultures only)
- Brucella abortus (cultures only)
- Brucella melitensis (cultures only)
- Brucella suis (cultures only)
- Burkholderia mallei – Pseudomonas mallei – Glanders (cultures only)
- Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)
- Chlamydia psittaci – avian strains (cultures only)
- Clostridium botulinum (cultures only)
- Coccidioides immitis (cultures only)
- Coxiella burnetti (cultures only)
- Crimean-Congo haemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli, verotoxigenic (cultures only)
- Ebola virus
- Flexal virus
- Francisella tularensis (cultures only)
- Guanarito virus
- Hantaan virus
- Hantavirus causing haemorrhagic fever with renal syndrome
- Hendra virus
- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)
- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- Mycobacterium tuberculosis (cultures only)
- Nipah virus
- Omsk haemorrhagic fever virus
- Poliovirus (cultures only)
- Rabies virus (cultures only)
- Rickettsia prowazekii (cultures only)
- Rickettsia rickettsii (cultures only)
- Rift Valley fever virus (cultures only)
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae type 1 (cultures only)
Tick-borne encephalitis virus (cultures only)
Variola virus
Venezuelan equine encephalitis virus (cultures only)
West Nile virus (cultures only)
Yellow fever virus (cultures only)
Yersinia pestis (cultures only)

All policies are required to be electronically signed by the Lead Director (the policy will not be accepted onto Healthnet until the e-signature is received).

The proof of signature for all policies is stored in the policies database.

The Lead Director approves this document and any attached appendices.

Signed:

Title:

Date: