

## CORPORATE GUIDANCE

# Safe management of Hazardous Clinical Waste & Non-Hazardous 'Offensive' (Hygiene) Waste

(IN NON- HEALTHCARE PREMISES)



## Introduction

This aim of this guidance is to assist managers in identifying risks from waste produced in the workplace and to adequately control these risks.

The Hazardous Waste Regulations 2005 prohibit the mixing of different types of hazardous waste and the mixing of hazardous waste with non hazardous waste.

Waste is classified according to the infection risk and where the waste has been produced –this guidance only relates to waste produced in **non-healthcare** premises e.g. at special schools, special care units, establishments for the elderly and for those with physical and/or mental impairments etc where this waste may be produced on a day-to-day basis, as well as individual employees who may be producing clinical waste e.g. diabetics self administering insulin at work.

Whilst non-healthcare waste may be similar to that produced by the healthcare industry and is still collected as a separated waste stream, it is not subject to the same stringent guidelines as non-Healthcare waste.

Certain waste is classified as Clinical Waste and its collection, storage and disposal is subject to strict controls.

Unless the segregation, handling, transport and disposal are properly managed, such waste can present a risk to the health and safety of people at work, clients/patients, members of the public and the environment.

Different types of waste require different procedures to ensure their safe and appropriate disposal. It is therefore essential that waste is correctly identified and segregated at source, in order to remove all avoidable risk during subsequent handling, storage and transportation.

Departments must carry out the necessary risk assessments for all hazardous substances likely to be encountered in the workplace as required by the Control of Substances Hazardous to Health (COSHH) Regulations 2002

This document gives some guidance on the safe handling and storage of Clinical Waste together with Hygiene Waste (also known as 'Offensive Waste') in the workplace and describes the procedure to be followed when any Department, Centre and Section wishes to dispose of these different types of waste.

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## Associated policies and procedures

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**This guidance should be read in accordance with the following Merton policies, procedures and guidance:**

- Corporate Health, Safety & Welfare Policy.
- Corporate Guidance: 'First Aid: Guidance for Managers on the Provision of First Aid Facilities'
- Corporate Guidance: Accident Reporting & Investigation

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## Roles and Responsibilities

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### **All Managers': -**

Are responsible for ensuring the Council complies with its statutory obligations by taking action to:

- Identify risks to staff who could be exposed to clinical waste by undertaking risk assessments to identify hazards and the appropriate controls to reduce the risks.
- Ensure all waste in their area of responsibility is safely and correctly, segregated, handled and disposed of by following LBM policy and procedures.
- Put in place emergency procedures (e.g. in case of spillages, leaks, accidental puncture wounds etc) and rehearse these with staff.
- Ensure that appropriate training is provided to all personnel involved in the handling and disposal of clinical waste. This training will be provided by the line manager specific to the job function of the employees involved.
- Assess additional health & safety risks to employees such as manual handling (e.g. moving and handling containers in and out of vehicles, handling bags in workplace etc)
- Liaise with an approved clinical waste collector such as Merton Waste services (Clinical waste team) for the collection and transport of waste from their place of work.

### **Staff: -**

Have duties too. They should:

- Safeguard the health and safety of themselves and others by adhering to LBM waste guidelines wherever they are the waste producer (e.g. employee might be diabetic and have their own sharps box for needles) or if waste is produced in their workplace.
- Alert their manager to any problems for dealing with clinical waste segregation or removal.
- Follow training in dealing with emergencies promptly and without putting themselves or others at increased risk.

## Waste categories

Waste is classified according to the infection risk and where the waste has been produced: The definition of clinical waste has historically been used to describe waste produced from healthcare and similar activities that pose a risk of infection or may prove hazardous (see table below)

\* **NOTE:** This guidance deals with clinical waste under **a)** (non-healthcare premises) only.

Taken from the Controlled Waste Regulations, issued under the Environmental Protection Act, **Clinical Waste** falls into two main categories:

- |             |  |
|-------------|--|
| * <b>a)</b> | “...any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it: and |
| <b>b)</b>   | Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it”.   |

Waste is deemed hazardous when it contains substances, or has properties that might make it harmful to human health or the environment.

All waste and clinical waste unless proved to be non-infectious should be treated as Hazardous Waste.

**The two categories of clinical waste include infectious waste and medicinal waste:**

### What is infectious clinical waste?

**E.g.:** Used gloves, aprons, masks, dressings, swabs, sanitary items, incontinence pads, tissues/blue roll in contact with blood and body fluids, and any other ‘soft’ disposable item similarly contaminated from an infected source.

### What medicines are hazardous?

Any medicine that possesses one or more of the following hazardous properties is classified as 'cytotoxic and cytostatic' and is a hazardous waste:

- Toxic;
- Carcinogenic;
- Mutagenic;
- Toxic for reproduction

## NOTE:

Because clinical waste is classed as hazardous waste you may need to register your premises with the Environment Agency as a Hazardous Waste Producer if you;

Produce more than **500kg** of **hazardous waste** per year

### Hazardous waste includes;

- **Clinical waste**
- Asbestos
- Chemical wastes
- Printer toner
- Electrical equipment containing hazardous components such as cathode ray tubes or lead solder, e.g. computer monitors, televisions
- Fluorescent light tubes, e.g. energy-saving light bulbs
- Lead-acid batteries
- Oils, including oily sludge's (this does not include cooking oil)
- Pesticides

500kg =



x 83 bags!

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## Offensive / Hygiene waste

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This waste is the product of a healthy population (**i.e. not known to be infectious**) and is classed as **non-hazardous** (unlike clinical waste).

The waste can be offensive in appearance and smell and there is a residual health risk when handled, which should be assessed, and appropriate precautions should be implemented.

**e.g.:** Human tissue, disposable items, and materials that have been used on/by patients and **NOT** contaminated with blood or bodily fluids e.g. dressings, wipes, gloves, masks, tissues etc Nappies & incontinence waste.

### **Example: Incontinence pads**

Incontinence pads are not classed as clinical waste unless the individual producing it is suffering from an infectious disease. Non-infectious incontinence pads should be wrapped thoroughly and put in a black bin bag.

Infectious incontinence pads, as they are clinical waste, must be stored and collected separately from other waste. If the waste was produced during the course of home treatment it is the responsibility of the service provider to make suitable arrangements for its collection and disposal, not the resident

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## **Your workplace procedures:**

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There should be clear written procedures for staff involved in the handling and disposal of **clinical waste** so that this waste does not pose a health risk to people in the workplace and those involved in its collection and ultimate disposal.

HSE recommends that a basic framework of an effective policy on clinical waste should cover:

- 1) Identification of categories of clinical waste.
- 2) Means of segregation.
- 3) Specification of containers/enclosures to be used.
- 4) Storage.
- 5) Transport. (where you are transporting it yourself)
- 6) Handling before disposal.
- 7) Training needs for staff at all levels.
- 8) Personal protection.
- 9) Accident and incident reporting, investigation and follow-up.
- 10) Spillage.
- 11) Final disposal. The degree of detail and overall form of a clinical waste policy should reflect circumstances

Staff must be clear about their roles and responsibilities. If you or your staff are in any doubt as to the identity of any waste or unsure of what you should be doing, you should seek advice from an approved clinical waste collector such as Merton Waste Services (Clinical Waste Team - 0208 545 3022).

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## **Segregation** (Specification of waste containers/bags to be used)

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- **(Please see fig. 1)**

It is a breach of the Hazardous Waste Regulations 2005 to mix infectious waste with non-infectious waste and this must be avoided. It is also a breach of the regulations to mix different types of hazardous waste in the same receptacle and this must always be avoided.

In order to conform to legislation, it is vital that the correct type of receptacle is used for each type of waste. It is the responsibility of all employees handling waste in the workplace to ensure that waste is placed in the correct receptacle.

### Incorrect segregation:

**Segregation is very important** as it only takes one item of hazardous waste to become mixed with non-hazardous waste and contaminate **all** of your rubbish.

By **not** separating out your waste, you risk the following:

- Risk to expensive treatment equipment
- Risk to Health and Safety
- Environmental risk
- Risk of Prosecution

Below is a guide to the appropriate waste receptacle for the different waste streams:

### Clinical Waste (Infectious)

The normal waste collection service should not be used for clinical waste disposal. Clinical waste disposal include:

- Local authority collection and disposal
- Independent collections and disposal service

Sacks should be coloured opaque yellow and clearly marked with "Clinical Waste - For Incineration Only". Black refuse sacks should not be used in clinical waste sacks.

Clinical waste bags should not be filled more than two thirds full. They should not exceed 4kg's. Always tie bags securely either by tying at the neck or by using a bag tie and store your bags in a secure, dry place away from children.

It is recommended that yellow sacks are used in a pedal bin to reduce the risk of spillage.

**Sharps** must be kept in an appropriate 'sharps container' and not in clinical waste bags.

### Orange bags



**Orange clinical waste bags** are sometimes used for Infectious Hazardous Waste. The only difference between yellow and orange bags is the disposal method. Unlike yellow bags, orange bags can be sent for alternative treatment rather than incineration.

**Orange bags** tend to be used in the health profession as they some times have the ability to pre-treat the waste prior to disposal.

**However**, in most LBM premises this facility isn't available therefore the waste should be put in yellow bags which are then collected and sent for incineration

## Sharps

A sharps container is usually a yellow box with a yellow lid.

You can put the following items in this container:

- Broken glass
- Syringe needles
- Any other sharp item

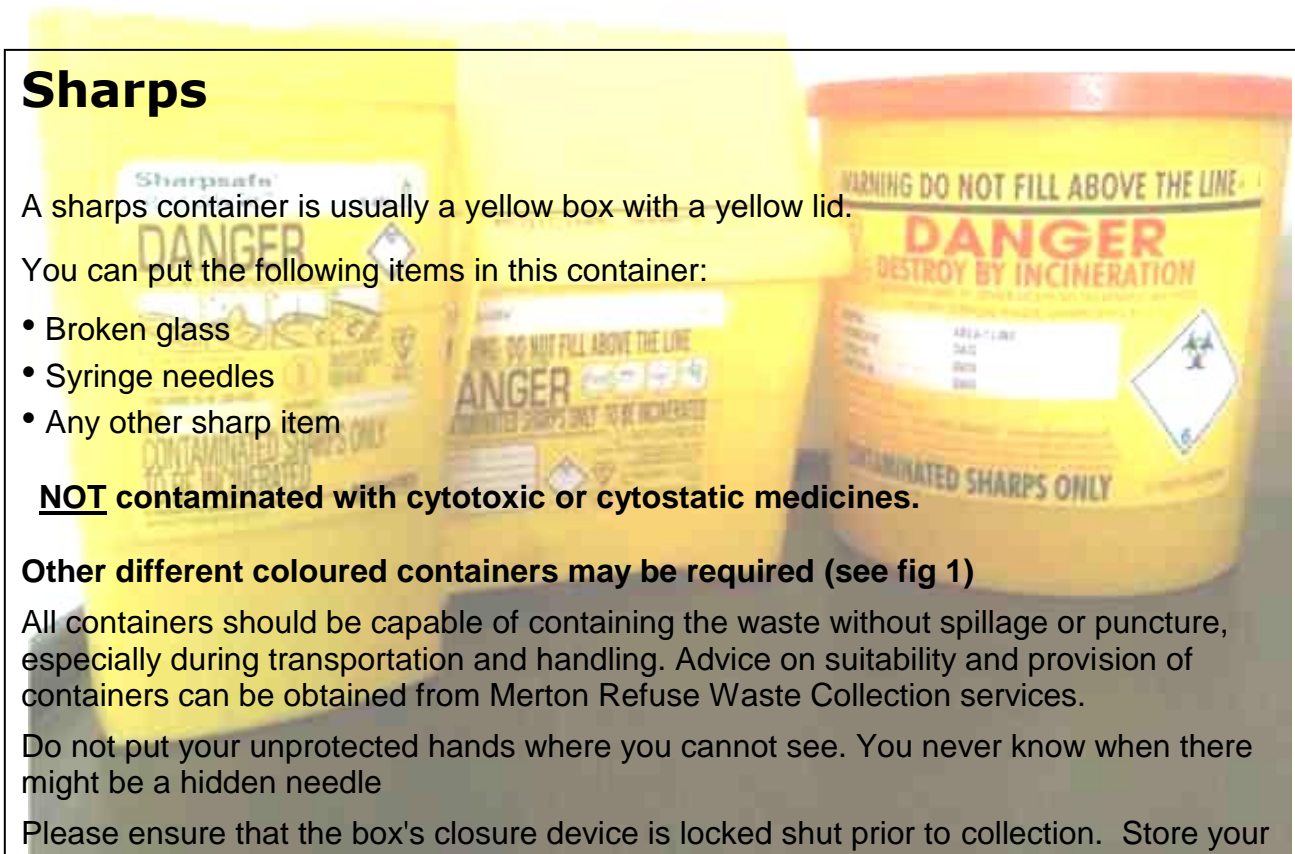
**NOT contaminated with cytotoxic or cytostatic medicines.**

**Other different coloured containers may be required (see fig 1)**

All containers should be capable of containing the waste without spillage or puncture, especially during transportation and handling. Advice on suitability and provision of containers can be obtained from Merton Refuse Waste Collection services.

Do not put your unprotected hands where you cannot see. You never know when there might be a hidden needle

Please ensure that the box's closure device is locked shut prior to collection. Store your box(s) in a secure (preferably lockable) dry place away from children and animals.







## Offensive / hygiene waste,

Offensive waste does not require specialist treatment or disposal, as it is assumed the risk of infection is no greater than that for domestic waste and can be disposed of with household waste providing that:

- there are just 1 or 2 items produced infrequently;
- there is no blood soiling;
- they have no medicinal contamination;
- they are placed in a small bag or wrapping before being placed in the bin
- It is sealed tightly

Liquid offensive/hygiene waste cannot be bagged and sent for disposal to landfill but should be disposed of through the normal sewage system.

However, if it becomes apparent that there is a significant quantity of this type of waste generated at a particular site then you should consult an approved clinical waste collector such as Merton Waste services who may organise a dedicated collection service (note; there is a charge for this service)

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## Collection of Clinical Waste

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### Who collects what?

**If waste is non-hazardous**, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of as regular waste in the workplace to be collected by Merton Waste services.

**If waste could be hazardous** –

Unless your premises are equipped with a clinical waste macerator, arrangements must be made for it to be collected and disposed of by an approved clinical waste collector such as Merton Waste services (Clinical Waste Team - 0208 545 3022). **Contact your contractor to advise them of the waste that you have and they will advise you on the collection method/s.**

**Sharps:**

Where an **employee** has cause to use sharps e.g. needles, syringes etc whilst at work (e.g. an employee self-administers insulin injections during the workday) it is the responsibility of the employee to dispose of this waste in either:

- Special containers (e.g. personal yellow sharps box to be used by that employee only – available on prescription from individuals GP) and to be taken from workplace by employee in private vehicle to be disposed of (normally at local GP's)



- Yellow approved sharps container for syringes provided in the workplace for the disposal of sharps and collected by an approved clinical waste collector such as Merton Waste services.
- **A clipper**, a device that enables you to safely snap off sharps from your syringes/pens, can also be useful as a method of storage – available on prescription from individuals GP. The clipper needs to be disposed of in a sharps disposal box and taken from site by employee or Merton Waste services as described above.

### How often does the waste get collected?

It is important that collections are frequent enough to ensure the storage capacity of the site is not exceeded;

**As a guide;** The Safe Management of Healthcare Waste Guidance document recommends that Infectious Hazardous Clinical Waste bags are collected on a weekly basis and that sharps are collected at frequencies no longer than 3 months apart.

Individual employees bringing in sharps are responsible for disposing of these in their own sharps box **before** the limit for safe capacity is reached.

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## Personal Protective Equipment (Non- Emergency & Emergency)

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The Personal Protective Equipment (PPE) Regulations, 1992 require employers to provide and maintain PPE in good condition, to train employees in their correct use and to ensure they are used when appropriate:

Protective barriers such as gloves, gowns, aprons, masks, and goggles reduce the risk of exposure to potentially infectious material through contact with broken skin and should be worn where staff are likely to come into contact with clinical or offensive waste (especially direct contact with blood and other body fluids)

Your PPE requirements should be based on risk assessment of the hazards in your workplace and must also take into consideration possible emergency situations (**see under Emergency Procedures**)

**A simple guide to the types of PPE** is set out below (for more detailed guidance please consult with Occupational Health):

### Gloves:

Good quality gloves should be provided when staff are handling clinical or offensive waste for disposal or should staff be disinfecting contaminated surfaces (e.g. following a spillage or other emergency)

**NOTE:** Latex gloves carry with them a risk of allergy and advice on their use should be sought from Occupational Health before issuing them to staff.

### Footwear:

Avoid wearing open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled

Heavy duty shoes/boots should be worn by staff that regularly handle and transport containers to storage (collection) areas.

### **Eye Protection:**

Protective safety spectacles or goggles and a face mask must be provided and worn when there is a risk of blood, body fluids or faeces splashing onto the mucous membranes of the eyes, nose or mouth

### **The Body:**

Gowns or disposable aprons must be provided and worn when there is a likelihood of clothing becoming soiled.

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## **Emergency procedures (following an accident /incident)**

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Your workplace must have written procedures in place; based on risk assessment, for dealing effectively with emergencies involving clinical waste or offensive materials.

Your procedures will need to record what happens in the immediate aftermath of an accident/incident and after this until such a time that there is no longer a hazard.

When an accident/incident occurs which may put employees or others at risk, then Merton's accident / incident reporting procedure applies.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) 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).

The following is not intended as exhaustive but as an indicator of what you should be basing your emergency procedures on:

### **Spillage of Clinical Waste and Body Fluids**

- The area where a spillage of clinical waste or body fluids occurs must immediately be closed to all but the person designated to deal with the incident.
- Identify the waste type. Identification should be possible by examination of the container and visual inspection of the waste. If in doubt ask before disposing of waste, however, do not at any time leave waste unattended.
- Where there is the risk of infection, immediate first aid should be rendered or staff affected taken to the nearest Accident and Emergency Department. Occupational health should also be informed as soon as possible.
- Once you have identified the waste and have the appropriate waste receptacle to hand for its safe disposal; use the spillage kit provided to clear up the spillage.
- Staff must not use cleaning chemicals e.g. disinfectants etc unless they have been trained and have the appropriate COSHH assessment to hand.
- Correct PPE issued to staff must be worn (this should be provided in the spillage kit) – waste must not come into contact with skin.

- Equipment must be checked and cleaned or disposed of after use and re-ordered if necessary.
- Dressings, gloves, aprons and cloths/towels should be carefully disposed of in sealed plastic bags as clinical waste.
- All spillages must be recorded. At the earliest opportunity inform the appropriate manager of the incident and the action taken. An investigation shall take place as to the cause of the accident/incident so that implementation of remedial action can take place
- Accidents must be reported in line with RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) to the safety section without delay (e.g. where the employee could have been exposed to Hepatitis B or C, or HIV or is subsequently off work for more than three days –please speak to the Corporate Health & Safety team for more information)

### Needle stick or Sharps Injuries

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

- An initial assessment of the injury should be made by the injured party and senior person in attendance based on all known risk information (e.g. type of waste, likely risk of infection etc)
- Initial first aid treatment should be sought - wound and immediate area should be washed and encouraged to bleed if the skin is broken. The puncture wound should then be covered with a suitable dressing by the first aider.
- Occupational health must be informed as soon as possible; where there is even a small risk of infection, the individual must seek medical care immediately.
- Restrict access to the area – access should be limited to those involved in clearing up the area until the hazard has been removed.
- Those involved in clearing the hazard must wear the appropriate PPE and have the appropriate waste receptacle to hand for its safe disposal. Staff must be using the equipment provided in the spill kit to pick up the item.
- Dressings, gloves, aprons and cloths/towels should be carefully disposed of in sealed plastic bags as clinical waste
- All needle stick/ sharps injuries must be recorded on the online accident reporting system in line with corporate procedure as soon as possible.

**NOTE:** Accidents must be reported in line with RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) to the safety section without delay (e.g. where the employee could have been exposed to Hepatitis B or C, or HIV or is subsequently off work for more than three days –please speak to the Corporate Health & Safety team for more information)

### **Your spillage kit:**

In case of emergency, it is important that staff have access to the correct PPE and work equipment to deal effectively and quickly with an accidental spillage or other emergency.

You can either purchase a spillage kit or make one up yourself – when deciding what should be in yours, you must consider the categories of waste in your workplace and what are the likely emergencies.

Below is a guide to what goes into a spillage kit – For a more definitive list - speak to **Merton's Clinical Waste Team** within Environmental services on 0208 545 3022.

- Tongs/pincers – to pick up needle/syringes and sharps (gloves are not puncture proof and must only be used for spillages where there are no needles)
- Dustpan and brush (it is recommended that latex gloves are worn) – to pick up needle/syringes and sharps;
- Disposable protective gloves e.g. Latex gloves or non latex gloves alternatives as required) - it is recommended that workers double glove for extra safety.
- A disposable aprons
- Disposable cloths
- Means of collecting sharps
- Clinical waste sacks
- Cleaning disinfectant solutions (as per your COSHH assessment)

Remember to keep it fully stocked by replacing what has been used.

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## **Further Information**

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If you need further help and advice please contact Occupational Health (Health Management Limited) on **(020) 8545 3420**.

For advice or enquiries on waste collection please contact Merton Waste services (Clinical Waste Team) on **(020) 8545 3022**.

For Further reading:

- **HSE:** <http://www.hse.gov.uk/biosafety/infection.htm>

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