
Policy for the Safe Handling and Disposal of Waste

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Purpose of Agreement	This policy details the arrangements to segregate, handle and dispose of waste including healthcare waste ensuring legal compliance
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2		Various	Update in legislation	April 2016
3 – <i>version 4</i>		Various	Complete re-write of policy to aid reading, reflect new waste contract and changes in processes.	April 2020

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1				Review of Policy
2	01.04.2013	DK		Review of Policy
3	01.04.2016	DK		Review of Policy
4	16.04.2020	JW	Policy Steering Group, Trust Management Team Meeting	Re-write of whole policy

SUMMARY OF POLICY

This policy provides comprehensive guidance to ensure the management of all waste created by the Trust while providing healthcare services does not pose a risk or potential risk of infection to persons or animals, or contaminate the environment and are securely managed.

Solent NHS Trust recognises their legal obligations under the Environmental Protection Act 1991, Section 34, Waste Management the Duty of Care and Hazardous Waste Regulations 2005.

By the means of this policy, Total Managed Waste Contract and Asset Management team approved Waste contractor(s), Solent NHS Trust will ensure that all waste is appropriately segregated, classified, appropriately colour coded, handled, stored and disposed of through a registered waste carrier, at licensed and permitted facilities. Improvements in waste segregation, minimisation and reduction of environmental and carbon impact will be managed.

You will be able to identify the type of waste that you have, what type of container to put it in and how it will be stored and disposed. See Appendix B: Quick reference guides, and Appendix C: Community Waste flow chart.

Any waste generated by the trust activities either within a trust building, rented building or a patients home must be disposed through our approved and licenced waste contractors.

If you are unable to locate the type of waste that you have please contact Property Management Team: Property.ManagementTeam@solent.nhs.uk for further guidance and assistance.

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1. INTRODUCTION & PURPOSE

- 1.1 This policy sets out the requirements for the safe segregation, packaging, handling and disposal of waste, including healthcare, within Solent NHS Trust. This policy supports the Safe Management of Healthcare Waste HTM 07-01
- 1.2 The management of waste generated in healthcare buildings or by carrying out healthcare activities is essential to ensure that there is no risk, or potential risk of infection, or pollution to the environment. Improvements in waste segregation, minimisation and reduction of environmental and carbon impact will be managed.
- 1.3 All waste has a unique European Waste Catalogue (EWC) number. Each EWC must be segregated, packaged and disposed of in a variety of ways ensuring safety, re-use and recycling can be maximised as much as possible while minimising the environmental and carbon impacts.
- 1.4 Training plays an important role to ensure that all staff are aware of their legal obligations under HTM 07-01.

2. SCOPE

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 This policy covers the handling and disposal of waste produced by Solent NHS Trust staff in healthcare buildings or by carrying out healthcare activities.
 - 2.2.1 All disposals must take place using the Trusts Total Waste Managed Contractors, their appointed sub-contractors or an approved contractor as approved by Asset Management Team.
- 2.3 Contractors working on behalf of Solent NHS Trust must submit their own waste management plans to their appointed Project officer.
 - 2.3.1 Contractors carrying out regular maintenance activities on behalf of Solent NHS Trust must seek guidance from Building and Environmental Compliance Manager for briefing on this policy and local procedures.

3. DEFINITIONS

- 3.1 **Waste:** any substance or object which the holder discards or intends or is required to discard

- 3.2 **Environment Agency (EA):** This is the regulatory body responsible for Environmental regulation and enforcement (including waste) in England and Wales
- 3.3 **Safe Management of Healthcare Waste Health Technical Memorandum (HTM) 07-01:** Code of practice, to all producers of healthcare waste. Demonstrating the safe and economic disposal of healthcare waste, written in conjunction with NHS, Health and Safety Executive and Environment Agency.
- 3.4 **European Waste Catalogue (EWC):** This has been transposed into English law through List of Wastes (England and Wales) Regulations 2005. It provides a precise and uniform European-wide definition of hazardous waste and to ensure the correct management and regulation of such waste. A unique six digit code assigned to each type of waste. Multiple codes must be used for each load where there is more than one fraction present. The EWC specifies which wastes are potentially hazardous by denoting the European Waste Code with an asterix (*). Such wastes are further characterised by 'Actual' hazardous wastes and 'Mirror' entries which only become hazardous when certain criteria are met.
- 3.5 **Environmental Protection (Duty of Care) Regulations 1991:** This sets out the requirements on the company / individual transferring the waste for disposal to ensure it is correctly described, transported by a registered waste carrier and is disposed / treated by a facility permitted to deal with that type of waste.
- 3.6 **Waste Transfer Note (WTN):** Legal documentation which must be completed when Non-Hazardous waste transfers to a different legal entity. They can cover either a single transfer or a number of similar transfers, a "season" WTN.
- 3.7 **Hazardous Waste Consignment Note (HWCN):** Legal documentation which must be completed when Hazardous waste transfers to a different legal entity. A HWCN is required for every transfer of waste.
- 3.8 **Home patient referral form:** A form to be completed by a clinician requesting a collection of clinical or offensive bagged waste from the Trusts clinical waste contractor directly from a patient's home. This patient is being treated by Solent NHS Trust Staff in the patient's home.
- 3.9 **Healthcare waste referral form:** A form to be completed by a Solent clinician who is discharging a patient from our care. The patient is continuing to self-treat with medication prescribed / dispensed by Solent NHS Trust. During self-treatment either sharps or waste contaminated with bodily fluids is expected to be created.
- 3.10 **Category A Pathogen:** An infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to human or animals. See Appendix D for list.
- 3.11 **Cytotoxic / Cytostatic:** no longer linked to the British National Formula Chapter 8 and will classify ANY medicine that is Carcinogenic, Mutagenic, Toxic for reproduction or Toxic See Appendix E for list.
- 3.12 **Non-Hazardous Waste:** all other wastes that do not fit the definition of hazardous wastes.

- 3.12.1 **Domestic – housekeeping waste 20.01.03:** The waste generated by normal day to day housekeeping activities, which cannot be recycled. Nappies and sanitary waste up to 7kg per collection can also be disposed in this waste stream.
- 3.12.2 **Dry Mixed Recycling (DMR) 15.01.06:** Co-mingled materials suitable for recycling including, Paper, card, plastic bottles, tin cans, food cans, and aerosols. PID labels must be removed before recycling card / paper
- 3.12.3 **Confidential waste 20.01.01:** waste which contains Personal Identifiable Data (PID) or corporate sensitive information.
- 3.12.4 **Glass 15.01.07:** Glass suitable for recycling, bottles and jars of any colour. Not drinking glasses or plate glass (windows). Not available on all sites.
- 3.12.5 **Food waste 20.01.08:** food that is left over, spoilt, out of date or waste that can be composted in a specialist facility. Not available on all sites.
- 3.12.6 **Offensive waste 18.01.04:** is not clinical waste (see 3.13.1) but contains bodily fluids, secretions or excretions from a patient with no known infection, or suspected infection.
Offensive waste examples include:
- Human hygiene, “sanitary waste” and “nappies” from otherwise healthy people only if the quantity is over seven Kilogram’s per collection (refer to 3.12.1)
 - Non-infectious incontinence items
 - Dressings/ bandages from a patient with no diagnosed or suspected infection
 - Single use instruments (no risk of sharps) e.g. tongue depressors, speculums
 - Disposable personal protective equipment which do not pose a risk of infection, including non-infectious gowns/ aprons, masks and gloves etc.
- 3.12.7 **Non Hazardous Medicines 18.01.09:** ALL medicines covered by the Medicines Act 1968 latest amendments other than those in 3.13.1.6 and includes the primary packaging (empty blister packs, bottles, and wax pots etc.) around the medicine.
- 3.12.8 **Non Hazardous Medicines 18.01.09 – Controlled Drugs:** Controlled drug is any drug identified within the Misuse of drugs regulations 2012 and Misuse of drugs (safe custody) regulations 2007
- 3.12.9 **Non-infectious Anatomical waste 18.01.02:** Recognisable body parts, placentas, blood transfusion bags and blood preservatives, from no known infectious source or where items have been screened.
- 3.12.10 **Non-hazardous Chemicals 18.01.07:** other than those mentioned in 3.13.3.1 If the item does not possess a chemical hazardous property (i.e. H1 to H8, H10 to H15), the waste is not a clinical waste (i.e. H9) nor a hazardous waste (i.e. as described in 3.13) it should be classified as 18 01 07
- 3.13 **Hazardous Waste:** classified by the Hazardous waste regulations 2005 and the list of waste regulations 2005, when waste contains substances or has properties that might make it harmful to human health or the environment. This may not cause immediate risk to human health although some waste can. All hazardous waste will have an * at the end of the EWC number.

3.13.1 **Clinical waste:** classified by the Controlled Waste Regulations 2012 issued under the Environmental Protection Act 1991. Clinical waste is defined as:

- contains micro-organisms or their toxins which are known to cause disease to humans or other living organisms
- contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent
- is a sharp, or a body fluid or other biological material (including human or animal tissue) that contains or is contaminated with a dangerous substance, as defined by EU legislation (e.g. toxic substances which pose acute or chronic health risks).²

² The categories of dangerous substances defined by 67/548/EEC are: explosive, oxidising, easily flammable, flammable, toxic, harmful, corrosive and irritant.

Clinical waste examples: Infectious healthcare waste, sharps waste, anatomical waste, cytotoxic waste.

3.13.1.1 **Infectious Waste 18.01.03*:** Wastes whose collection and disposal is subject to special requirements in order to prevent infection. The NHS has divided this into two subcategories: -

3.13.1.2 **Category A, Yellow Infectious waste:** waste that is infectious, but which has an additional characteristic. The known examples are

- Anatomical waste
- Chemically contaminated samples and diagnostic kits
- Medicinally contaminated infectious waste
- Category A Pathogens

3.13.1.3 **Category B, Orange Infectious waste:** waste that is infectious which does not meet the criteria for inclusion in Category A and has no additional characteristics as mentioned in 3.13.1.2

3.13.1.4 **Sharps 18.01.01/03/08/09*:** items that could cause cuts or puncture wounds. They include needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and nails.

- 18.01.01 Sharps that are NOT infectious
- 18.01.03* Sharps that are NOT contaminated with medicines
- 18.01.03* and 18.01.08 Sharps that are contaminated with cytotoxic / cytostatic medicines
- 18.01.03* and 18.01.09 Sharps that are contaminated with non-hazardous medicines

3.13.1.5 **Infectious Anatomical Waste 18.01.03*:** Recognisable body parts, placentas, blood transfusion bags and blood preservatives, from known or suspected infectious source.

3.13.1.6 **Hazardous Medicines 18.01.08*:** ALL medicines covered by the Medicines Act 1968 latest amendments that are cytotoxic or cytostatic as defined in 3.11 and includes the primary packaging (empty blister packs, bottles, and wax pots etc.) around the medicine.

3.13.2 **Dental Waste:** waste arising from dental procedures and activities.

- 3.13.2.1 **Amalgam and Mercury waste 18.01.10***: Dental Amalgam and mercury including spent and out of date capsules, excess mixed amalgam, teeth with amalgam fillings and contents of amalgam separators.
- 3.13.2.2 **X-ray Fixer solution 09.01.04**: photographic fixer used in the production of 'wet' x-rays
- 3.13.2.3 **X-ray water based developer 09.01.01**: photographic developer used in the production of 'wet' x-rays
- 3.13.2.4 **X-ray solvent based developer 09.01.03**: photographic developer used in the production of 'wet' x-rays
- 3.13.3.1 **Hazardous Chemicals 18.01.06**: concentration of hazardous substance is given in the List of Waste (England) Regulations and is referred to as properties containing health risks H1 to H8 and H10 to H15. Further information can be found in the Safety Data Sheet (SDS) of the substance.
- 3.14 **Ad hoc wastes**: wastes produced by the trust on an infrequent basis, that don't have a regular collection set up. All wastes of this type must have a collection priced on a case by case basis, to be paid for by the service requesting the disposal.
- 3.14.1 **Waste Electrical and Electronic Equipment (WEEE)**: any item which is electrical or electronic, anything with a plug or battery.

4. PACKAGING, WASTE CONTAINERS AND STORAGE

- 4.1 **Domestic – housekeeping waste 20.01.03**: Black bags must be used for this waste stream. Black bags must be suitably sealed to prevent waste escaping and moved to the waste compound / designated area by the domestics staff and or portering staff. Depending upon the size of the site the black bags will be stored in the waste compound / designated area in 360, 660, 1100 Litre wheeled bins, Front End Loader (FEL) bins or porta-packer compactors.
- 4.2 **Dry Mixed Recycling (DMR) 15.01.06**: Clear bags must be used for this waste stream. Clear bags must be suitably sealed to prevent waste escaping and moved to the waste compound / designated area by the domestics staff and or portering staff. Depending upon the size of the site the clear bags will be stored in the waste compound / designated area in 360, 660, 1100 Litre wheeled bins, or porta-packer compactors.
- 4.3 **Confidential waste 20.01.01**: Blue bags must be used for this waste stream, and are provided by the waste contractor. Confidential waste paper / card only can be stored within a locked confidential waste console. A console can be obtained by contacting Asset Management Team. The contractor will empty the console and seal the bag with a security tag. When a console is nearly full contact Asset Management Team to check when next collection is due. If you have excess waste the bag must be removed, sealed and stored in a secure location until collection by the waste contractor.
- 4.3.1 **Confidential waste – mixed media**: Blue bags must be used for this waste stream, and are provided by the waste contractor. Should you have any confidential information on any items other than paper / card eg. X-rays, floppy disk, tapes, Compact Disk (CD), microfiche sheets etc. contact Asset

Management Team for advice and to advise the waste contractor of its presence before the next collection. Media items must NOT be mixed with paper / card in a confidential waste console.

- 4.4 **Glass 15.01.07:** this waste stream is not collected separately at all sites. In all cases glass must be put into a black bag which lines a cardboard or plastic box (any ridged box available on site). The whole box should be taken to the waste compound / designated area. If the site has a separate glass collection (hospital sites), the glass should be removed from the bag and placed into the 240 litre wheeled bin. If the site doesn't have a separate collection then the black bag is to be removed, sealed to prevent waste escaping and placed into the Domestic waste bins.
- 4.5 **Food waste 20.01.08:** currently there is no segregation of this waste stream and all food waste should be disposed of in black bags with domestic waste or where provided in macerators. Should macerators become unfit for use or not economically viable to repair they should not be replaced, and the domestic waste stream should be used instead.
- 4.6 **Offensive Waste 18.01.04:** yellow and black striped bags (tiger bags) must be used for this waste stream must be suitably sealed to prevent waste escaping and moved to the waste compound / designated area by the domestics staff and or portering staff. Depending upon the size of the site the tiger bags will be stored in the waste compound / designated area in 360, 770, or 1100 Litre wheeled bins.
- 4.7 **Non Hazardous Medicines 18.01.09:** blue lidded Daniels pharmacy bin or blue lcomed box, must be used for this waste stream. While this container is in use it must be stored in a locked cupboard that has access restricted to only those authorised to access medicines cupboards. The containers must be securely sealed and identification labels completed before the domestic or portering staff removes the container to the waste compound or designated area. Depending upon the size of the site blue pharmacy waste containers will be stored in a 360 litre wheeled container mixed with sharps containers or put in its own segregated 770 or 1100 wheeled bin.
- 4.8 **Non Hazardous Medicines 18.01.09 – Controlled Drugs:** When a dose smaller than the total quantity in an ampoule or vial is drawn up into a syringe or when a dose is drawn up but not used, the surplus amount may be destroyed on the ward. These small amounts along with any larger amounts e.g. from syringe drivers must be rendered irretrievable by denaturing in a doop kit, filling the doop kit with water to the required line and shaken till a 'gel' type consistency is achieved. Doop kit must be placed into a blue lidded Daniels pharmacy bin or blue lcomed box. See 4.7 for storage and disposal of blue lidded Daniels pharmacy bin or blue lcomed box.
- Controlled Drugs policy MMT002 must be followed to record any disposals of any amounts of controlled drugs.
- 4.9 **Non-infectious Anatomical waste 18.01.02:** Red bag supplied with a Red lidded Daniels anatomical container must then put into the Red lidded Daniels anatomical container. The container must be securely sealed and identification labels completed before the domestic or portering staff removes the container to the waste compound or designated area. Red anatomical waste containers will be stored in a fridge or a freezer. The waste contractor will collect directly from the fridge / freezer.

- 4.10 **Non-hazardous Chemicals 18.01.07:** Chemicals must remain in their original manufacturers packaging and must not be mixed with other chemicals. Specialists collecting chemicals will provide over packets depending on the chemical to meet transport regulations.
- 4.11 **Category A, Yellow Infectious waste 18.01.03*:** Yellow bags must be used for this waste stream. Yellow bags must be swan neck sealed See appendix F to prevent waste escaping and a unique identification plastic zip tag See appendix G attached before being moved to the waste compound / designated area by the domestics staff and or portering staff. Depending upon the size of the site the yellow bags will be stored in the waste compound / designated area in 360, 770, or 1100 Litre wheeled bins. This type of waste is not produced by Solent NHS Trust at this current time.
- 4.12 **Category B, Orange Infectious waste 18.01.03*:** Orange bags must be used for this waste stream. Orange bags must be swan neck sealed See appendix F to prevent waste escaping and a unique identification plastic zip tag See appendix G attached before being moved to the waste compound / designated area by the domestics staff and or portering staff. Depending upon the size of the site the orange bags will be stored in the waste compound / designated area in 360, 770, or 1100 Litre wheeled bins.
- 4.13 **Sharps 18.01.01/03/08/09*:** Daniels SHARPSGUARD sharps boxes are the only containers to be used by Solent NHS Trust staff. All sharps containers must have the label completed when the container is assembled and a unique identification plastic zip tag See appendix G attached. It must be sealed when either the fill line is reached or it becomes 3 months old. The colour of the lid depends upon what the sharp has been contaminated with.
- 18.01.01 Sharps that are NOT infectious, must be disposed of in an orange lidded sharps container.
 - 18.01.03* Sharps that are NOT contaminated with medicines, must be disposed of in an orange lidded sharps container. Not commonly used in the trust due to the high risk of contamination in multi-use rooms.
 - 18.01.03* and 18.01.08 Sharps that are contaminated with cytotoxic / cytostatic medicines, must be disposed of in a purple lidded sharps container.
 - 18.01.03* and 18.01.09 Sharps that are contaminated with non-hazardous medicines, must be disposed of in an yellow lidded sharps container
- 4.14 **Infectious Anatomical Waste 18.01.03*:** Red bag supplied with a Red lidded Daniels anatomical container must then put into the Red lidded Daniels anatomical container. The container must be securely sealed, labels completed and a unique identification plastic zip tag See appendix G attached before the domestic or portering staff remove the container to the waste compound or designated area. Red anatomical waste containers will be stored in a fridge or a freezer. The waste contractor will collect directly from the fridge / freezer.
- 4.15 **Hazardous Medicines 18.01.08*:** Medicines that are defined as cytotoxic / cytostatic, (3.11) must be disposed of in a purple lidded sharps container, different to that containing sharps unless very small quantities of hazardous medicines waste is produced. While this container is in use it must be stored in a locked cupboard that has access restricted to only those authorised to access medicines cupboards. All sharps containers must have the label completed when the container is assembled and a unique identification plastic zip tag See appendix G attached. It must be sealed when either the fill line is reached or it becomes 3 months old.

- 4.16 **Amalgam and Mercury waste 18.01.10***: a range of white containers with red lids supplied by the waste contractor available in 500ml and 6 litres
- 4.17 **X-ray Fixer solution 09.01.04**: 20 litre transparent container supplied by the waste contractor
- 4.18 **X-ray water based developer 09.01.01**: 20 litre transparent container supplied by the waste contractor
- 4.19 **X-ray solvent based developer 09.01.03**: 20 litre transparent container supplied by the waste contractor
- 4.20 **Hazardous Chemicals 18.01.06**: Chemicals must remain in their original manufacturers packaging and must not be mixed with other chemicals. Specialists collecting chemicals will provide over packets depending on the chemical to meet transport regulations.
- 4.21 **Batteries**: Batteries must not be disposed of in the general waste black bin. They must be segregated into a battery recycling bin. To obtain a battery recycling bin please contact Asset Management team, who will be able to advise based on the needs of your service and quantities produced.
- 4.22 **Mattress 18 01 03**: services should order a mattress disposal bag from NHS Supply chain order number MVN 003. Mattress should then either be placed inside a 770 clinical waste bin and tagged as Alternative Treatment 18 01 03* or should be positioned next to 360 clinical waste bins for waste contractor to collect.

Note: under no circumstances must a sprung mattress be disposed of via the clinical waste route please contact Asset Management Team for disposal instructions if this event occurs.

If it is an air mattress and contains electrical or electronic components it will need to be disposed of in accordance with WEEE see 4.23

- 4.23 **Ad hoc wastes including furniture and Waste Electrical and Electronic Equipment (WEEE)**: due to their nature are often big and bulky so no additional packaging is required. Depending on the item it may be easier for manual handling purposes to stack a number of smaller items in a crate; however this will be advised at the time of booking the collection. They must be stored under cover to prevent water ingress and possibly damaging the goods which can affect the recycling process.
- 4.23.1 **IT Equipment**: All IT equipment must be collected via CGI. Contact the helpdesk to arrange collection so we can ensure all hardware can be re-used, securely wiped and removed from asset lists
- 4.24 **Construction / project waste**: prior to commencing a building project or refurbishment the project manager must ensure the contractor has a waste management plan in place, including any permits / licences of their waste disposal companies and this must be shared with Building and Environmental Compliance Manager.
- 4.25 **Maintenance waste**: prior to appointment of a new maintenance provider, the contractor must share with Building and Environmental Compliance Manager their waste management plan. This must include any permits / licences of their waste disposal companies. The waste management plan

must be reviewed annually or before if regulation changes. All waste must be segregated and stored in accordance with this policy and waste regulations.

- 4.26 **Storage of waste in a patient's home:** Waste must be bagged in the appropriate colour bag as identified in Appendix C. Waste bags must be swan neck sealed See appendix D to prevent waste escaping and a unique identification plastic zip tag See appendix G attached. Waste must be placed in a location agreed with the patient to minimise risk of children and or pets coming in contact with the waste materials.

5. DISPOSAL METHODS

- 5.1 All waste is collected from our premises or patient homes, by Solent NHS Trust appointed and vetted waste contractors. Under no circumstances must any waste leave our premises with anyone other than these appointed contracts. Sharps may be returned to staff base from patient homes.
- 5.2 **Domestic – housekeeping waste 20.01.03:** all black bags are transported to an energy recovery facility (ERF) either directly or via a waste transfer station to be bulked for onward transport to the ERF for disposal.
- 5.3 **Dry Mixed Recycling (DMR) 15.01.06:** all clear bags are transported to a materials recovery facility (MRF) for disposal.
- 5.4 **Glass 15.01.07:** all glass is transported to a specialist glass recycling facility, via a waste transfer station to be bulked for onward transport to the glass recycling facility.
- 5.5 **Confidential waste 20.01.01:** all confidential waste paper/ card and mixed media is taken to a shredding facility. Once shredded the paper and card is sent for recycling at a paper mill.
- 5.6 **Food waste 20.01.08:** all food waste is transported directly to an aerobic digestion facility
- 5.7 **Offensive Waste 18.01.04:** depending upon the size of the site and the quantity produced it will either be collected in a compaction vehicle and taken directly to an ERF or it will be collected in a fixed body vehicle and it will be bulked at a transfer station for onward transport to ERF.
- 5.8 **Non Hazardous Medicines 18.01.09:** will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)
- 5.9 **Non Hazardous Medicines 18.01.09 – Controlled Drugs:** will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)
- 5.10 **Non-infectious Anatomical waste 18.01.02:** will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)
- 5.11 **Non-hazardous Chemicals 18.01.07:** will be bulked at a transfer station for onward travel to a neutralisation and recycling facility
- 5.12 **Category A, Yellow Infectious waste 18.01.03*:** will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)

- 5.13 **Category B, Orange Infectious waste 18.01.03***: taken to an alternative treatment facility, where the waste is “steam cleaned” and rendered safe with all pathogens destroyed. The waste is shredded so it cannot be identified as offensive healthcare waste and sent for final disposal at an energy recovery facility (ERF)
- 5.14 **Sharps 18.01.01/03/08/09***: will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)
- 5.15 **Infectious Anatomical Waste 18.01.03***: will be bulked at a transfer station for onward travel to a clinical high temperature incinerator (HTI)
- 5.16 **Amalgam and Mercury waste 18.01.10***: will be bulked at a transfer station for onward travel to a specialist contaminated metals recovery facility.
- 5.17 **X-ray Fixer solution 09.01.04**: will be bulked at a transfer station for onward travel to a specialist contaminated metals recovery facility.
- 5.18 **X-ray water based developer 09.01.01**: will be bulked at a transfer station for onward travel to a specialist contaminated metals recovery facility.
- 5.19 **X-ray solvent based developer 09.01.03**: will be bulked at a transfer station for onward travel to a specialist contaminated metals recovery facility.
- 5.20 **Hazardous Chemicals 18.01.06**: will be bulked at a transfer station for onward travel to a neutralisation and recycling facility
- 5.21 **Furniture**: the trust will look to reuse any items no longer required by a service to see if any other service requires the item. If there is no demand for the items any reusable items will be removed by the waste contractor and sold by the waste contractor, a share of the profits will be returned to the Trust. Poor condition / broken items will be broken into their component parts i.e. wood / metal / plastic and recycled.
- 5.22 **WEEE**: the trust will look to reuse any items no longer required by a service to see if any other service requires the item. If there is no demand for the items any reusable items will be removed by the waste contractor and sold by the waste contractor, a share of the profits will be returned to the Trust. Poor condition / broken items will be broken into their component parts i.e. wood / metal / plastic and recycled.
- 5.23 **Metal**: the trust will look to reuse any items no longer required by a service to see if any other service requires the item. If there is no demand for the items any reusable items will be removed by the waste contractor and sold by the waste contractor, a share of the profits will be returned to the Trust. Poor condition / broken items will be broken into their component parts i.e. wood / metal / plastic and recycled.
- 5.24 **Fridges**: the trust will look to reuse any items no longer required by a service to see if any other service requires the item. If there is no demand for the items any reusable items will be removed by the waste contractor and sold by the waste contractor, a share of the profits will be returned to the

Trust. Poor condition / broken items will be bulked at the waste contractors facility for onward transport to a recycling specialist.

6. DOCUMENTATION

- 6.1 Every item of waste removed from a healthcare premise owned, run, managed or occupied by Solent NHS Trust must have documentation for the collection. More than 1 type of waste can be listed on the document.
- 6.2 **Waste Transfer Note (WTN):** this must be used for any non-hazardous waste leaving Solent NHS Trust premises. There are 3 season tickets WTN that covers the period 1st October – 30th September each year. These are stored centrally on the R drive or MICAD system by Asset Management team.
Veolia WTN covers all domestic waste and dry mixed recycling collections. Medisort WTN which covers all non – hazardous clinical waste (offensive, medicines and anatomical) and Restore Datashred which covers all confidential waste.
- 6.2.1 **Ad-hoc collection WTN:** depending on the contractor chosen by the Asset management team for the specific collection, the WTN will either be a paper copy left with reception or the point of contact on the site where the waste was removed from. This must be stored preferably electronically for a period of 2 years after the date of collection and must be available upon request so must be on a shared accessible drive. Some waste contractors will send an electronic copy of the WTN to the Asset Management Team who will store it centrally on the R drive or MICAD system.
- 6.3 **Hazardous Waste Consignment Note (HWCN):** A HWCN is required for every collection of hazardous waste, removed from Solent NHS Trust premises. Clinical waste regular collections will have the HWCN electronically sent to Asset Management Team who will store the document electronically on either the R drive or MICAD system.
- 6.3.1 **Ad-hoc HWCN:** depending on the contractor chosen by the Asset management team for the specific collection, the WTN will either be a paper copy left with reception or the point of contact on the site where the waste was removed from. This must be stored preferably electronically for a period of 3 years after the date of collection and must be available upon request so must be on a shared accessible drive. Some waste contractors will send an electronic copy of the WTN to the asset management team who will store it centrally on the R drive or MICAD system.
- 6.4 **Home patient referral form:** A copy of this referral form should be kept in the patient notes and a copy sent to the Clinical waste contractor to enable them to carry out the collection from the patient's home.
- 6.5 **Healthcare waste referral form:** A copy of this referral form should be kept in the patient notes and a copy sent to the patient's Local Authority to enable their Clinical waste contractor to carry out the collection from the patient's home.
- 6.6 **T28 Exemption:** An exemption granted by the Environment Agency (EA) to enable the destruction of controlled drugs. This exemption is requested by the Building and Environmental Compliance Manager and is held as a bulk submission by Asset Management Team with a copy supplied to Chief Pharmacist.

- 6.7 **Identification Tag record:** see Appendix G. A record of all unique tag numbers that have been supplied and issued to each ward / department. Those supplied and issued by cleaning contractor on the sites within contract will be recorded and kept by the contractor but available to the Trust for auditing when requested. In house cleaning teams will keep their own records of tags and their distributed locations this will be managed at Western Community Hospital for the Southampton sites and St Marys Community Health Campus for Portsmouth sites.

7. ACCIDENTS / INCIDENTS / EMERGENCY RESPONSES

7.1 Spills

- 7.1.1 Spillages and Contaminant: Contaminants are substances such as body fluids, water, oil and dust that can cause a floor surface to become slippery and potentially result in accidents.
- 7.1.2 Spills that cannot be safely managed by staff working in the area must immediately be reported to the appropriate facilities helpdesk and interim measures taken by staff until the spillage can be cleared and area made safe i.e. temporary barriers restricting access to the contaminated area.
- 7.1.3 All staff must follow Decontamination Policy when dealing with blood and body fluid. See appendix L Infection Control Guidance on the Management of Blood Spills Inpatient Staff, appendix M Infection Control Guidance on the Management of spillages of body fluids (excluding blood) For Inpatient staff and Appendix N Infection Control Guidance for the Management of blood and body fluid spillages within a client's home: Community Staff
- 7.1.4 All staff have a responsibility to report spillages and potential trip hazards promptly in accordance with the Trust's Incident/ Accident reporting Procedure.

7.2 Guidance for the removal of spillages of healthcare waste within Trust premises

- 7.2.1 Accidents that occur in clinical areas i.e. Ward areas, in consulting/examination rooms, treatment/clinical rooms, and/or GP suites that involves healthcare waste, body fluids, medicines
- The clinical/nursing staffs are to complete the initial removal and repacking of the healthcare waste in a replacement container or placing the clean-up waste in waste containers.
 - The specific procedure to be followed is that detailed in Appendix K and L from Decontamination policy.
- 7.2.2 Accidents that occur in shared non clinical areas i.e community waiting areas, sanitary areas, public restaurants and external areas
- Domestic/clinical staffs will remove/repack the waste spillage and then render the area clean. In the absence of clinical/domestic staff on site, the premises manager or designated person will take responsibility to ensure the area is safe for patients and staff.
 - The specific procedure to be followed is that detailed in Appendix K and L of Decontamination policy.

- 7.2.3 The premises manager or designated person shall be responsible for arranging the removal of waste spillages within the Trust premises and grounds and generate Standard Operating Procedures to cover this eventuality.
- 7.2.4 The cleaning contract manager should be contacted if assistance is required, the domestic staff will assist with the repackaged waste where required and complete the clean to maintain a pleasant environment.

7.3 Mercury Spillage

- 7.3.1 Elemental liquid Mercury is used mainly in two instruments, thermometers and sphygmomanometers. The major risk in using the instruments lies in dealing with the breakage resulting in a spillage of mercury.
- 7.3.2 Each premises and/or ward using equipment containing liquid mercury must have available a kit for the collection and disposal of spilled mercury. Mercury spillage kits are available from NHS Supply chain, these kits contain instructions on the collection and disposal of spilled mercury and include single use plastic gloves, paper towels, a bulb aspirator for the collection of large drops of mercury, a vapour mask, a suitable receptor fitted with a seal and mercury absorbent paste.
- 7.3.4 If a mercury spillage occurs the spill kit must be used as per manufactures instructions. The premise manager must be informed and is to contact Asset Management Team to arrange a collection for disposal. These spillages will be classified as Hazardous waste and their collection, storage and disposal are subject to specific control.

7.4 Cytotoxic / Cytostatic drug spillage

- 7.4.1 Spill kits must be available where Cytotoxic / Cytostatic drugs are handled, transported or administered. Spill kits are available on NHS Supply chain; guidance should be sort from Pharmacy before purchasing kit or refills
- 7.4.2 If a Cytotoxic / Cytostatic drug spillage occurs the spill kit must be used as per manufactures instructions. The premise manager must be informed or contact Asset Management Team to arrange a collection for disposal. These spillages will be classified as Hazardous waste and their collection, storage and disposal are subject to specific control.
- 7.4.3 Cytotoxic / Cytostatic drug spill kits must be regularly inspected to ensure contents remains fit for purpose and in date. For disposal of out of date / broken / faulty items contact Asset Management Team to arrange a collection for disposal.

7.5 Loss of Waste Collection Service

- 7.5.1 In the event of an interruption of waste collection by the waste contractor the following steps need to be followed.

Establish the reason for the interruption

The location suffering interruption of collection must contact the contractor's customer service centre and establish when the collections will resume. To eliminating the more straightforward issues such as traffic delays or breakdown of collection vehicles, sickness of staff resulting in short term delay.

7.5.2 If it is a stoppage and not just a delay premise manager must raise this with the Asset Management Team.

Short term interruption of collection service.

7.5.2.1 Domestic and recycling waste can be compressed by hand, bags with excessive air in should be removed from the bin and pierced to release the air and re-bagged to ensure the waste cannot escape / leak.

7.5.2.2 Confidential waste must be removed from excessively full consoles and bags sealed using zip tag. The sealed bag must be stored in a locked cupboard that is not accessible to the general population i.e. Cannot leave in an office that is locked out of hours due to cleaners / maintenance staff being able to access.

7.5.2.3 Clinical and Offensive waste, continue strict segregation so that only infectious waste is placed into the clinical waste bags. Clinical waste cannot be compressed however it should be encouraged for bags containing only small amounts of waste to be placed unsealed inside larger bags to ensure as little as possible air is trapped within the bag.

7.5.2.4 Domestic, recycling , offensive and Clinical waste, can be stored safely in bags in a secure internal area, once the existing bins are full. Hazardous (Clinical) and Non- hazardous (Domestic, Recycling, Confidential and Offensive) waste streams must be separated from each other. Ensuring that no health or fire risk is created. Eg store room must be fitted with fire protection system, fire exits and routes must not be blocked.

7.5.2.5 Sharps and medicines containers must not be sealed until the fill line has been reached, unless a sharps container has been in use for 3 months, or a medicines container has been in use for 12 months. Once sealed they need to be held in a secure area until collection can be resumed. Sharps and medicine containers should not be stored in the same temporary container as bagged waste as they could potentially split the bags.

7.5.3 If it is a stoppage and not just a delay premise manager must raise this with the Asset Management Team.

Prolonged interruption of collection service

7.5.3.1 Check storage capacity to establish if the location can continue to function

7.5.3.2 Domestic and recycling waste, establish a secure location to store bags with particular attention to ensure vermin cannot get to the bags. If a suitable area cannot be found, source additional bins to place the bags in through local purchase.

- 7.5.3.3 Clinical and offensive waste, enforce stricter segregation of infectious clinical wet waste into one bag and dry waste into a second. Offensive wet waste into one bag and dry waste into a second. Source bins that are leak proof preferably with lockable lids through local purchase to place the wet waste into and place into a secure area. The dry clinical and dry offensive waste bags can be stored loose in a secure area same as Short term interruption of collection service.
- 7.5.4 If it is a stoppage and not just a delay premise manager must raise this with the Asset Management Team

Total failure of service for an indeterminate period

- 7.5.4.1 Liaise with Asset Management Team, as the loss of service may be trust wide and steps to provide service may already be in hand.
- 7.5.4.2 Take the actions as above to provide temporary storage and be in a position to quantify your locations storage capacity and collection requirements to Asset Management Team when requested.
- 7.5.4.3 Asset Management Team will take control in the events of an incident affecting all waste collections and coordinate a trust wide response in the event of a regional problem, they will work with the Department of Health in the implementation of a national response.

8. TRAINING

- 8.1 Training needs vary depending on the responsibilities and job function and must be carried out at department level. The key training needs must be identified at department level and is provided by the Clinical Matrons (Department heads in non-clinical areas) with assistance from Asset Management Team. The Trust will comply with the requirements of the “managing compliance section, Sub-section training” in the Safe Management of Healthcare Waste document version 2.

9. ROLES AND RESPONSIBILITIES

- 9.1 **Chief Executive Officer** will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that the risks arising from waste generation and disposal within the Trust comply with the requirements of this policy. The Chief Executive will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.
- 9.2 **Nominated Director for Health and Safety** (Chief Finance Officer and Deputy CEO): will through the Health & Safety Sub Group be responsible for monitoring compliance with the waste policy, reporting any significant risks associated with the handling or disposal of waste to the Quality Improvement and Risk Group and or Assurance Committee.
- 9.3 **Building and Environmental Compliance Manager** will write / review and monitor the Waste policy. Will oversee and ensure the compliance of all waste contractors to latest regulations and guidance. Verify work completed and data supplied to authorise payment of all waste invoices. Control all trust WTN season tickets. Authorise all SOP put in place by premise and facilities manager. Monitor incidents and investigate / rectify any risks that cannot be managed reported to Estates Facilities and Sustainability Group.

9.4 **Asset Management Team** will carry out pre-acceptance audits of all sites and report them to the waste contractor(s). Will collate and analyse data supplied by the waste contractor(s) to supply information for Freedom of Information requests and all statutory returns. Will review incidents and areas of non-conformance that may have occurred relating to the policy, highlighted by staff through Ulysses, or from contractors.

9.5 **Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons clinical and non- clinical)** will be responsible for:

Ensuring that the requirements of this policy are complied with and that all personnel receive instruction on the correct methods of waste management at the premises/ department they control. Senior managers and all line managers of staff generating or handling such waste also have a legal responsibility to ensure that the correct training and equipment is supplied and that the agreed procedures are followed.

Managers will establish SOP for the premises, locations and services they have responsibility for, to cover, the collection, storage and disposal of waste. To be authorised by Building and Environmental Compliance Manager to ensure that it is done safely and legally.

Have a responsibility (“Duty of Care”) to ensure that any waste generated is handled and disposed of in a secure and correct manner. This is a legal responsibility.

Premise managers must immediately inform Asset Management Team when a property is either acquired and or disposed of to ensure site is added / removed from waste contract, and pre-acceptance waste audit is completed for any sites producing clinical waste. Maintain records of all movements both consignments and waste transfers ensuring that unique and consecutive consignment codes are issued. These records must show the quantity, nature, origin and destination.

9.6 **All Trust staff** have a duty to take reasonable care of themselves and to help protect the environment by their acts or omissions. In the context of safe handling and disposal of healthcare waste employee’s shall:

Adhere to instructions training and guidance provided by the employer in relation to healthcare waste to ensure that waste they generate is handled and disposed of in a secure and correct manner

Follow the SOP’s that are in place making full and proper use of any equipment or system of work provided.

Report any problems, concerns or potential hazards they encounter as soon as possible, in line with the Reporting of adverse incident policy.

9.7 **All Estates staff** will ensure that they are fully conversant with the policy and SOP’s and shall ensure that any work undertaken within Trust premises complies with these requirements. Estates staff shall take particular care to ensure that the Estates Manager is informed and becomes actively involved with any aspect of works involving waste removal. Estates managers will give specific instruction to consultants and contractors designing or working in Trust’s premises to ensure that they are aware of the requirements and that they must comply with this policy in all respects.

- 9.8 **Health and Safety Manager** will through the Health & Safety Sub Group be responsible for monitoring compliance with the waste policy, generating status reports reporting any significant risks associated with the handling or disposal of waste to the Quality Improvement and Risk Group and or Assurance Committee.
- 9.9 **Infection Control Team** is responsible for ensuring that the policy and procedures are consistent with all guidelines and policies on infection control. Monitor sharps incidents and report quantities to Health and Safety Sub Group.

10. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 10.1 An Equality Impact Assessment (EIA) has been conducted in relation to this document (see Appendix A) it has been assessed that this policy will not unlawfully discriminate against anyone with protected characteristics. (See Appendix A).

11. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

11.1 Incidents / Non-conformance

- 11.1.1 The Asset Management team will review incidents and areas of non-conformance that may have occurred relating to the policy, highlighted by staff through Ulysses, or from contractors.

11.2 Pre-acceptance audits

- 11.2.1 In line with the requirement for pre-acceptance audits for England and Wales, sites will be audited based on the following:

- Every 12 months for each site that produces five tonnes or more of clinical waste in any calendar year
- Every two years for each dental practice and laboratory that produces less than five tonnes of clinical waste per calendar year
- Every five years for other healthcare producers of clinical waste

- 11.2.2 This audit will review staff waste management practices and, in particular, the effectiveness of segregation procedures, the audit will entail observation, recording and classification of each waste item as it is placed into a receptacle. The audit will also confirm that the documentation (consignment or transfer note) accompanying the waste when it leaves the premises reflects the audit findings. The Auditor will report findings to waste contractor and report appropriate remedial actions to the Premise Manager.

11.3 Duty of Care Audit

- 11.3.1 Under Environmental Legislation, waste producers have a cradle to grave responsibility for the control, management, transport and disposal of their waste. Asset Management Team will undertake a Duty of Care Audit every year that will check the route of the waste being collected and leaving the site through to final disposal by tracking a minimum of 5 consignment notes from cradle to grave. All disposal sites will be visited over the duration of the waste contract. Asset Management Team will report summary findings annually to the Health & Safety Committee.

12. REVIEW

- 12.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

13. REFERENCES AND LINKS TO OTHER DOCUMENTS

13.1 References

- Environmental Protection Act 1991 latest amendments
- Hazardous Waste Regulations 2005
- Controlled Waste Regulations 2012
- Landfill (England & Wales) Regulations 2007
- Radioactive Substances Act 1993, latest amendments
- Medicines Act 1968 latest amendments
- List of Waste (England) regulations 2005
- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011
- Waste Electrical and Electronic Equipment Regulations 2009
- Health and Safety at Work Act 1974 latest amendments
- Control of Substances Hazardous to Health Regulations 2004
- The Misuse of Drugs Act 1971 latest amendments
- Controlled Drugs Regulations 2012
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Pollution Act 1974 latest amendments
- Environmental Protection (Duty of Care) Regulations 1991
- Ionising Radiations Regulations 1999
- Healthcare waste Collection Referral Form This document is in the Project Integra Protocol-Healthcare Waste which is an agreed protocol between healthcare providers and local authorities. This protocol sets out how to arrange for the collection of healthcare waste, (sharps/infectious/offensive) from client/patient home

All latest amendments and as referred to in a range of subsequent guidance documents produced by the Health Service Advisory Committee, Health and Safety Executive, The Department of Environment and Rural Affairs, Environment Agency.

Health Technical Memorandum 07-01 Safe management of Health care waste:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

Environment agency guidance on disposal of hazardous waste:

<https://www.gov.uk/dispose-hazardous-waste>

Environment Agency guidance on duty of care regulations:

<https://www.gov.uk/government/publications/waste-duty-of-care-code-of-practice/waste-duty-of-care-code-of-practice>

13.2 Linked to other Solent NHS Trust Policies

IPC01 Infection Prevention and Control Policy

IPC12 Decontamination Policy

RK07 Management of Medical Devices (Equipment) Policy

HR53 Equality, Diversity and Human Rights Policy

MMT002 Controlled drugs Policy

14. GLOSSARY

14.1 Glossary of abbreviations / acronyms used

Environment Agency: (EA)

European Waste Catalogue: (EWC)

Waste Transfer Note: (WTN)

Hazardous Waste Consignment Note: (HWCN)

Waste Electrical and Electronic Equipment: (WEEE)

Dry Mixed Recycling: (DMR)

Energy recovery facility: (ERF)

Materials recovery facility: (MRF)

High temperature incinerator: (HTI)

Appendix A: Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Step 1: Scoping and Identifying the Aims		
Service Line / Department	Asset Management, Estates and Facilities Directorate	
Title of Change:	Waste Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Complete re-write of policy to enable clearer reading , less duplication and updated procedures due to contractor's systems	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex		None	
Gender reassignment		None	
Disability		None	
Age		None	
Sexual Orientation		None	
Pregnancy and maternity		None	

Marriage and civil partnership		None	
Religion or belief		None	
Race		None	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Waste contractors have been consulted to ensure all procedures / practices meet their permit and transport requirements.
Have you taken into consideration any regulations, professional standards?	Yes	Policy meets all existing legislations and HTM 07-01 guidance.
In drafting your document have you identified any discrimination issues, and if so how have they been mitigated?	Yes	Information is in English only. This could mean exclusion of staff with communication difficulties. However this can be provided on request via Access to communications.

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	No negative impacts to reduce.		
Who will be responsible for monitoring and regular review of the document / policy?	Jo Warwick		

Step 4: Authorisation and sign off

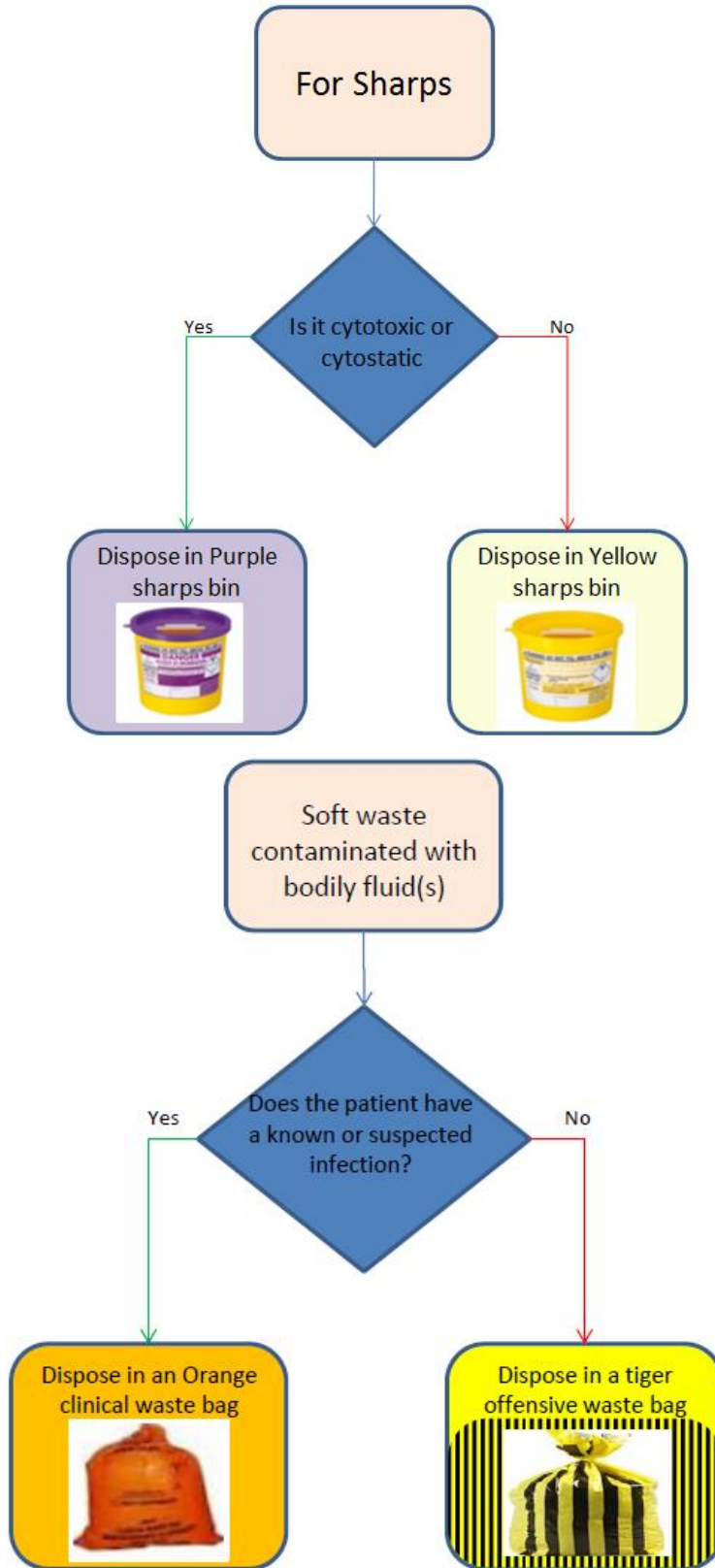
I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

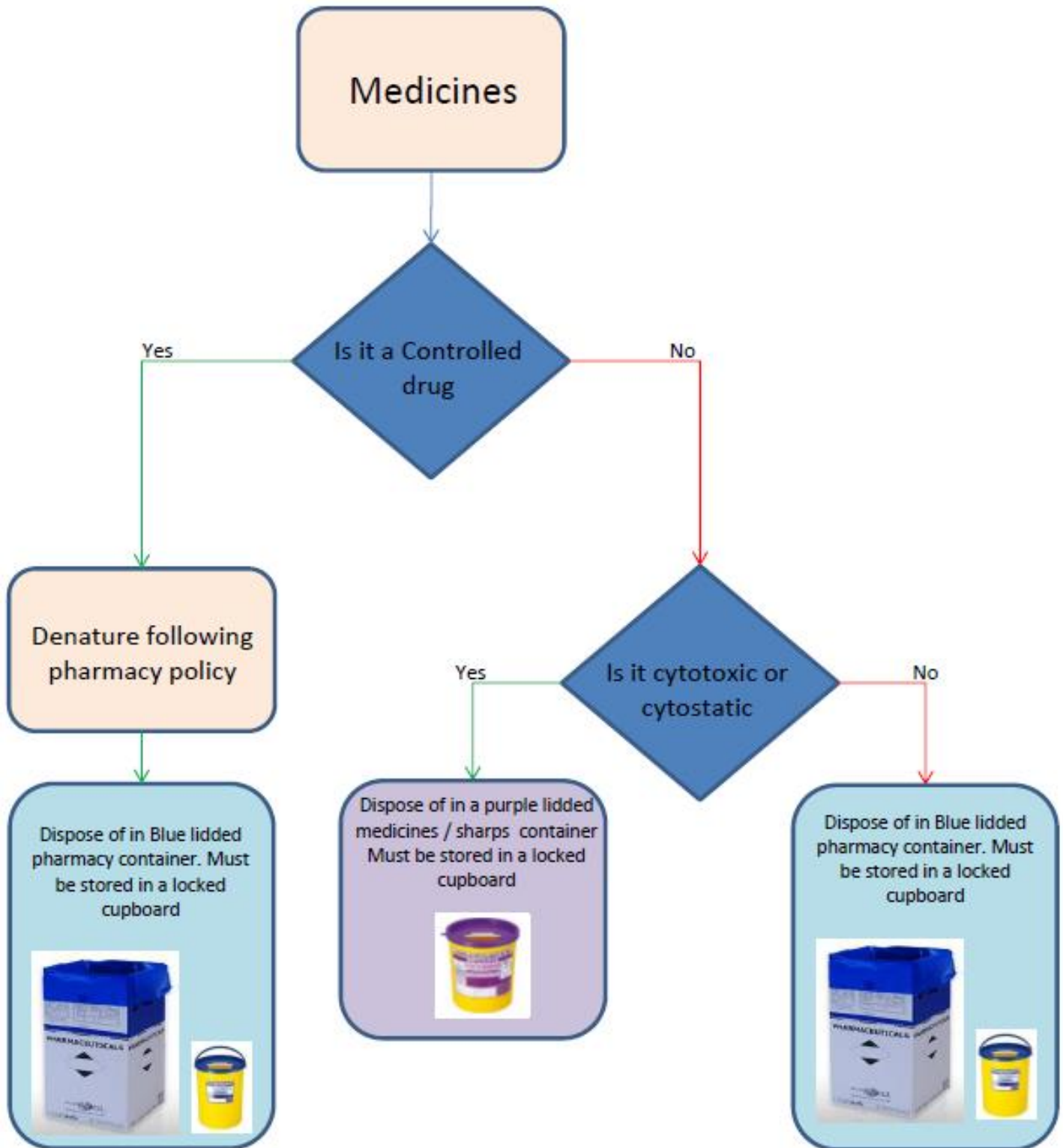
Equality Assessor:	<i>J Warwick</i>	Date:	13.02.2020
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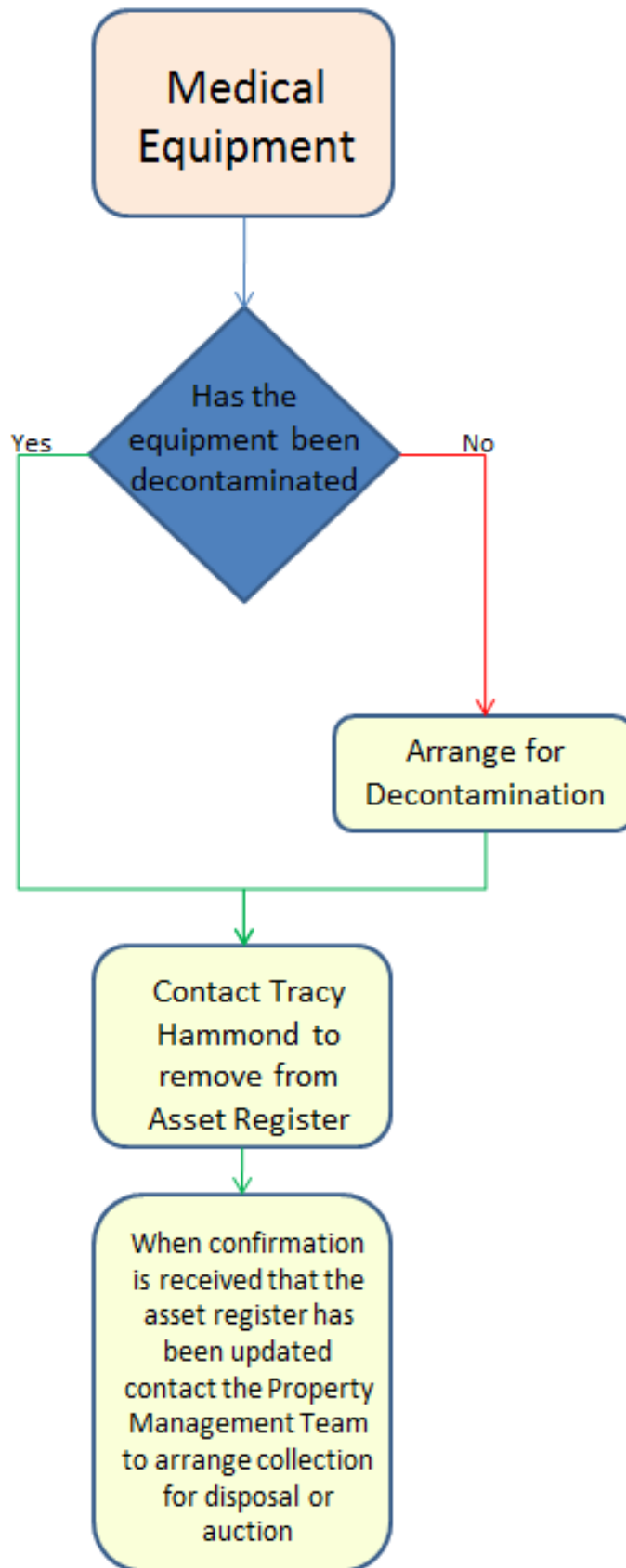
This section is to be agreed and signed by the Head of Diversity and Inclusion in agreement with the Diversity and Inclusion Strategy Lead:

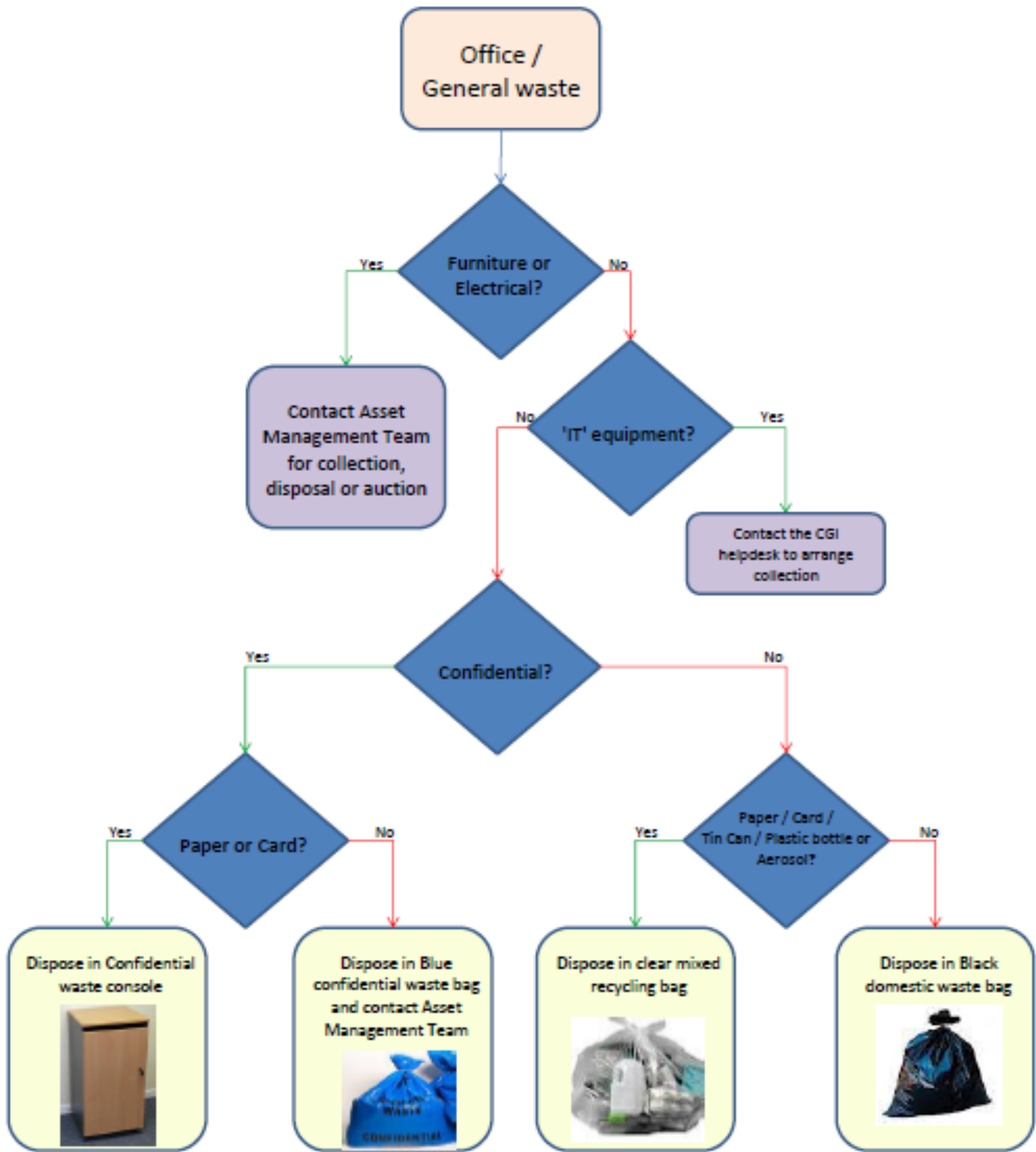
Diversity and Inclusion authoriser name:	
Date:	

Appendix B:- Quick reference Guides







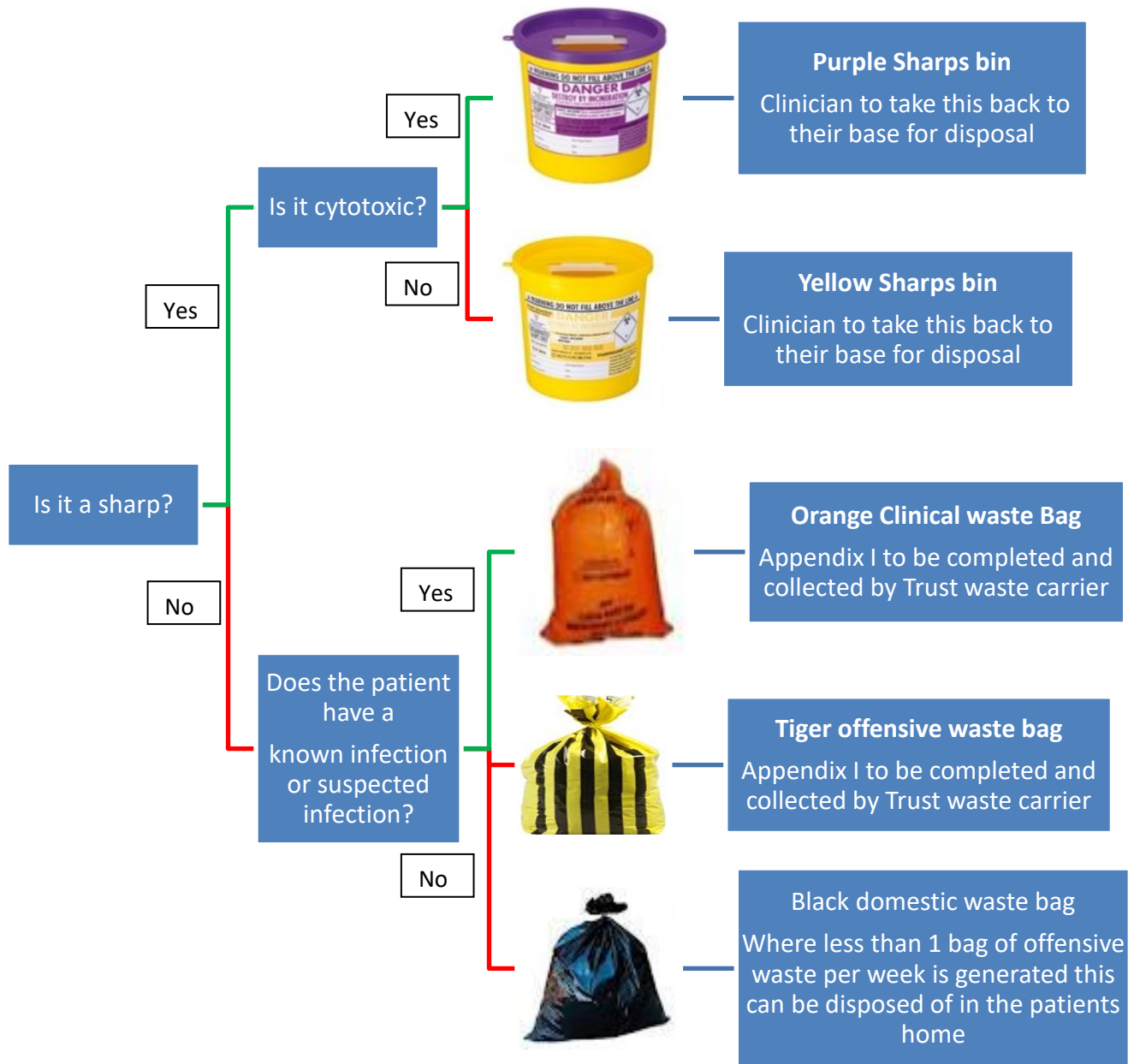


Appendix C: SOP Community Waste flow chart

This is to be used by Solent NHS Trust staff or agency worker who is providing care to a patient in the patient’s own home.

Healthcare professionals should use the patient history and clinical judgment on the day of the treatment to assess the patient to establish any known or suspected infections.

Where the patient is self-treating and no care is being provided by Solent NHS Trust staff or agency worker then Appendix J should be completed for the local authority to collect the waste.



Appendix D: Category A Pathogens

The table shows the carriage of goods regulations' Category A pathogen list. The carriage Regulations define category A as:

“An infectious substance which is carried in the form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals.”

Indicative examples of infectious substances included in Category A in any form unless otherwise indicated (2.2.62.1.4.1)

UN Number and name	Microorganism
<p>UN 2814 Infectious substances affecting humans</p>	<p><i>Bacillus anthracis (cultures only)</i> <i>Brucella abortus (cultures only)</i> <i>Brucella melitensis (cultures only)</i> <i>Brucella suis (cultures only)</i> <i>Burkholderia mallei – Pseudomonas mallei – Glanders (cultures only)</i> <i>Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)</i> <i>Chlamydia psittaci – avian strains (cultures only)</i> <i>Clostridium botulinum (cultures only)</i> <i>Coccidioides immitis (cultures only)</i> <i>Coxiella burnetii (cultures only)</i> Crimean-Congo haemorrhagic fever virus Dengue virus (cultures only) Eastern equine encephalitis virus (cultures only) <i>Escherichia coli, verotoxigenic (cultures only)</i> Ebola virus Flexal virus <i>Francisella tularensis (cultures only)</i> 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 <i>Mycobacterium tuberculosis (cultures only)</i> ^a Nipah virus</p>

	<p>Omsk haemorrhagic fever virus Poliovirus (cultures only) Rabies virus (cultures only) <i>Rickettsia prowazekii</i> (cultures only) <i>Rickettsia rickettsii</i> (cultures only) Rift Valley fever virus (cultures only) Russian spring-summer encephalitis virus (cultures only) Sabia virus <i>Shigella dysenteriae type 1</i> (cultures only) ^a Tick-borne encephalitis virus (cultures only) Variola virus Venezuelan equine encephalitis virus (cultures only) West Nile virus (cultures only) Yellow fever virus (cultures only) <i>Yersinia pestis</i> (cultures only)</p>
<p>UN 2900 Infectious substances affecting animals only</p>	<p>African swine fever virus (cultures only) Avian paramyxovirus Type 1 – Velogenic Newcastle disease virus (cultures only) Classical swine fever virus (cultures only) Foot and mouth disease virus (cultures only) Lumpy skin disease virus (cultures only) <i>Mycoplasma mycoides</i> – Contagious bovine pleuropneumonia (cultures only) Peste des petits ruminants virus (cultures only) Rinderpest virus (cultures only) Sheep-pox virus (cultures only) Goatpox virus (cultures only) Swine vesicular disease virus (cultures only) Vesicular stomatitis virus (cultures only)</p>

^a Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B.

Appendix E: Cytotoxic / cytostatic list of medication commonly used within Solent NHS Trust

Check with Pharmacy team to ensure that any new medication is not cytotoxic / cytostatic

List of cancer chemotherapy drugs

Product	Dose	Product	Dose
Chlorambucil tablets	2mg	Methotrexate tablets	2.5mg
Cyclophosphamide tablets	50mg	Methotrexate injection PFS	10mg in 0.2ml
Fluorouracil cream	5%	Methotrexate injection PFS	12.5mg in 0.25ml
Hydroxycarbamide capsules	500mg	Methotrexate injection PFS	15mg in 0.3ml
Mercaptopurine tablets	50mg	Methotrexate injection PFS	17.5mg in 0.35ml
		Methotrexate injection PFS	20mg in 0.4ml
		Methotrexate injection PFS	22.5mg in 0.45ml
		Methotrexate injection PFS	25mg in 0.5ml
		Methotrexate injection PFS	7.5mg in 0.15ml

List of Cytotoxic and Cytostatic drugs used in the last few years in Solent NHS Trust

Product	Dose	Product	Dose	Product	Dose
Anastrozole tablets	1mg	Dithranol cream	0.50%	Mifepristone tablets	200mg
Azathioprine	25mg	Dithranol in Salicylic Acid pomade	0.40%	Mycophenolate Mofetil capsules	250mg
Azathioprine	50mg		2%	Mycophenolate Mofetil tablets	500mg
Bicalutamide	50mg	Dithranol cream	1%	Oestrogen tablets	1.25mg
Bicalutamide	150mg	Dithranol cream	2%	Oestrogen tablets	625mcg
Chloramphenicol	0.50%	Dithranol cream	3%	Podophyllotoxin cream	0.15%
Ciclosporin Eye Drops Ikervis brand	0.10%	Dutasteride caps	500mcg	Podophyllotoxin solution	0.50%
Ciclosporin Vanquoral brand Capsules	100mg	Estradiol Elleste Solo tablets	2mg	Progesterone Pessaries	200mg
Ciclosporin Vanquoral caps	50mg	Estradiol Elleste Solo tablets	1mg	Progesterone injection	50mg in 1ml
Ciclosporin Vanquoral caps	25mg	Estradiol Sandrena gel	1mg	Raloxifene tablets	60mg
Ciclosporin Vanquoral caps	10mg	Estradiol Vaginal tablets	10mcg	Sirolimus tablets	2mg
Ciclosporin Neoral brand Caps	100mg	Estradiol gel	500mcg	Sirolimus in white Soft Paraffin Ointment	0.50%
Ciclosporin Neoral caps	50mg	Estradiol Progynova TS patches	100mcg	Tacrolimus Adoport brand Capsules	1mg
Ciclosporin Neoral caps	25mg	Estradiol Progynova TS patches	50mcg	Tacrolimus Advagraf brand Modified Release Capsules	1mg
Ciclosporin Neoral caps	10mg	Estradiol Valerate tablets	2mg	Tacrolimus Advagraf brand Modified Release Capsules	5mg
Ciclosporin Oral solution	100mg in 1ml	Exemestane tablets	25mg	Tacrolimus Advagraf brand Modified Release Capsules	500mcg
Coal Tar in White Soft Paraffin Ointment	1%	Finasteride tablets	5mg	Tacrolimus Ointment	0.03%
Coal Tar in White Soft Paraffin Ointment	2%	Flutamide tablets	250mg	Tacrolimus Ointment	0.10%
Coal Tar in White Soft Paraffin Ointment	5%	Ganciclovir eye gel	0.15%	Tacrolimus Modified Release Capsules	500mcg
Coal Tar Extract	2% shampoo	Goserelin injection	3.6mg	Tacrolimus Prograf brand Capsules	1mg
Coal Tar Extract	5% shampoo	Gosereline injection	10.8mg	Tamoxifen tablets	10mg
Coal Tar in Lassar's Paste	5%	Leflunomide tablets	20mg	Tamoxifen tablets	20mg

Product	Dose	Product	Dose	Product	Dose
Coal Tar Solution B.P & Propylene Glycol in Synalar gel	3.30%	Letrozole tablets	2.5mg	Tamoxifen liquid	10mg in 5ml
	20%	Leuprorelin acetate PFS	3.75mg	Testosterone Enantate injection	250mg
Coal Tar Solution B.P Betamethasone 1 in 4 ointment	5%	Leuproreline acetate PFS	11.25mg	Testosterone Undecanoate injection	1000mg in 4ml
	0.10%	Medroxyprogesterone tablets	5mg	Triptorelin injection Decapeptyl brand	11.25mg
Colchicine	500mcg	Medroxyprogesterone tablets	10mg	Triptorelin injection Salvacyl brand	11.25mg
Diethylstilbestrol	1mg	Medroxyprogesterone tablets	100mg	Valganciclovir tablets	450mg
Dithranol cream	0.10%	Medroxyprogesterone injection	150mg in 1ml vial	Zidovudine capsules	100mg
Dithranol cream	0.25%	Medroxyprogesterone PFS	150mg	Zidovudine capsules	250mg
		Megestrol tablets	160mg	Zidovudine IV infusion	10mg in 1ml
				Zidovudine Oral Solution	100mg in 10ml

Appendix F: SOP Bag tying

Standard Operational Procedure – Bag tying

Anyone responsible for the removal and closure of waste bags must adhere to this Standard Operational Procedure

Clinical and Offensive waste bags

All clinical waste bags and Offensive waste bags must be tied using the swan neck method shown.

In the event that a swan neck cannot be achieved due to overfilled bags, the contents must not be removed and the bag should be suitably sealed ensuring no contents can escape. If this cannot be achieved then the whole bag must be placed into a larger bag and a swan neck method used to tie the bag.

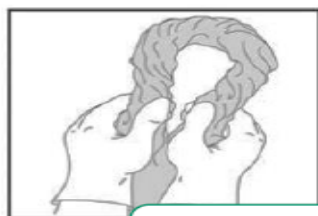
If a swan neck tie cannot be achieved report overfilled bags to clinical lead of the area concerned.

All Clinical waste and Offensive waste bags must be tagged with a unique identity tag supplied by the soft FM team (external or internal contractors)

Securing bags by the 'swan-neck' method



When the bag is filled to the warning line (or two thirds) twist the excess at the top of the bag ...



Double over and hold the twist firmly ...



Securely fasten the bag, either by knotting the twisted neck of the bag or by passing a tie (e.g. cable) over the twisted neck ...



... If using a tie, ensure it is fastened tightly to create an effective seal.

This is the swan-neck method.

Domestic and recycling waste bags

Domestic and recycling waste bags must be suitably sealed / tied to prevent the contents escaping

Bags must be replaced with the same colour as the one removed unless requested by Clinical leads or domestic supervisors.

Appendix H: SOP Transporting Waste

Anyone responsible for the removal of waste from its point of production must adhere to this Standard Operational Procedure

Waste produced in a health care facility:

Disposable apron and gloves must be worn for the transporting of waste from its point of production.

Once a waste bag is sealed See appendix D: SOP bag tying, it must be removed from the staff / patient environment.

Depending on the setting some locations will have an internal holding area for the storage of waste, it is usually Domestic staff who remove and seal the bags and move the waste to the internal holding area. Internal holding areas must have sufficient space and larger containers to allow for all waste types to be segregated.

When transporting waste to an internal holding area domestic, recycling and offensive waste can be transported in the same cart / trolley at the same time.

Clinical waste bags must never be transported with offensive, domestic or recycling waste bags.

When transporting waste from an internal holding area to an external waste compound all waste streams must be transported separately to minimise the risk of contaminating the final waste containers.

Waste produced in the community:

Bagged waste (clinical and offensive) produced in a patients home **MUST NOT** be transported in a personal vehicle. Complete a home patient referral form see appendix: H, to have this waste collected by the trust waste contractor.

Sharps and medicines containers produced in a patient home **MUST** be either temporary seal or sealed and transported upright back to your own base for disposal there. Do not complete a home patient referral form for this waste to be collected by the trust waste contractor.



Confidential once completed



HEALTHCARE PROFESSIONAL

Any sharps produced by YOU in the care of this patient must be returned to YOUR base for disposal, do not set up a home patient collection for sharps this is only for the collection and disposal of bagged clinical and offensive waste.

I confirm that the patient understands;

1. Why there is a need to share their personal address, postcode and contact number with the contractor prior to this collection service commencing
2. Or, if they no longer wish for their information to be shared or want the service to be stopped they can withdraw their sharing of information or opt out from the service by informing their Healthcare Professional/care team.

CONFIRMED BY HEALTHCARE PROFESSIONAL: _____

DATE: _____

ACCOUNT NAME: Solent NHS Trust – home patients

NAME OF STAFF REQUESTING COLLECTION: _____

COMMUNITY TEAM / LOCALITY: _____

TELEPHONE NUMBER: _____ **DATE REQUEST SENT:** _____

Email: _____

Please supply nhs.net email address for contractor to confirm receipt and date of first collection

Budget holder name: _____ **Budget code:** _____

Budget codes must be used on the invoice backup to ensure payment

PATIENTS NAME: Home Collection

PATIENTS ADDRESS: _____

POSTCODE: _____ **PATIENT CONTACT NUMBER:** _____

APPROX. QTY ORANGE, CLINICAL WASTE BAGS: _____

APPROX. QTY YELLOW AND BLACK TIGER, OFFENSIVE WASTE BAGS: _____

FREQUENCY OF COLLECTION: One off/ Weekly / Fortnightly/ 4 weekly * (**Delete where appropriate*)

LOCATION OF WASTE/ SPECIAL INSTRUCTIONS: _____

Please send completed request from your nhs.net email account to: solent@medisort.co.uk

Appendix J: Self treating patients (no care provided by Solent Staff) Local Authority Referral

Sections to be completed by a Healthcare Professional – Strictly Confidential	
PATIENT'S DETAILS	
Patient's Name	
Patient's Address (Including Postcode)	
Patient's phone number	

HEALTHCARE ASSESSMENT OF INTENDED WASTE RESULTING FROM TREATMENT		Tick category
YELLOW SHARPS BOX	Infectious sharps contaminated with medicines	
YELLOW SHARPS BOX PURPLE LID	Infectious sharps contaminated with cytotoxic / cytostatic products	
ORANGE SACK	Infectious waste that can be treated	
OFFENSIVE SACK	Waste that is not infectious and does not require specialist treatment or disposal	

HEALTHCARE PROFESSIONAL DETAILS (To include Healthcare Professional; Name, contact number, address, fax or email - stamp may be used)

Declaration to be completed by PATIENT if PATIENT is submitting referral form to Local Authority Only waste as described above should be presented by the Patient under this referral				
Print Name		Signature		Date
Once complete Healthcare Professional or Patient to send form to Local Authority collection service (details on reverse of form)				

Additional information for Hampshire Local Authority use only			
Local Authority Reference Number			
Property type and Pick up location			
Likely frequency and duration of requirement (<i>e.g. weekly, on request</i>)			
Sharps Box collection service (tick requirement)		Sack collection service (tick requirement)	
Deliver sharps box		Deliver sacks	
Collect and replace box		Collect and	
Collect only no replacement		Collect only no	

Local Authority	Department Contact	Postal Address	Telephone Number	Healthcare Professional use only	
				Email address	
Southampton City Council	Business Support	Regulatory Services, Civic Centre, Southampton, SO14 7LY	02380 833002	healthcare.waste@southampton.gcsx.gov.uk	
Eastleigh Borough Council	Direct Services	Hedge End Depot, Botley Road, Hedge End, Southampton, SO30 2RA	02380 688440	healthcare.waste@eastleigh.gcsx.gov.uk	
New Forest District Council	Waste Management	Marsh Lane Depot, Marsh Lane, Lymington, Hampshire, SO41 9BX	02380 285000	healthcarewaste@nfdc.gcsx.gov.uk	
Test Valley Borough Council	Environmental Service	Unit 37 Macadam Way, West Portway, Andover, Hampshire, SP10 3XW	01264 368370	healthcarewaste@testvalley.gcsx.gov.uk	
Winchester City Council	Joint waste client team	East Hampshire District Council, Penns Place, Petersfield, GU31 4EX	01730 234307	dross@winchester.gcsx.gov.uk	
East Hampshire District Council				healthcarewaste@easthants.gcsx.gov.uk	
Portsmouth City Council	Waste Collection team	Street Environment, Portsmouth City Council, Civic Offices, Guildhall Square, Portsmouth, PO1 2NE	02392 834092	healthcare.waste@portsmouthcc.gcsx.gov.uk	
Havant Borough Council	Customer Services	Havant Borough Council, Southmoor Offices and Depot, 2 Penner Road, Havant, Hampshire, PO9 1QH	02392 446010	healthcare.waste@havant.gcsx.gov.uk	
Gosport Borough Council	Administration team	Streetscene, Community Customer service unit, Gosport Borough Council, Town Hall, High Street, Gosport, PO12 1EB	0800 0198598	healthcare.waste@gosport.gcsx.gov.uk	
Fareham Borough Council	Administration team	Civic Offices, Civic Way, Fareham, PO16 1AZ	01329 236100	healthcarewaste@fareham.gcsx.gov.uk	
Basingstoke & Deane Borough Council	Joint waste client team	Hart District Council, Civic Offices, Harlington Way, Fleet, Hampshire, GU51 4AE	01256 622122	clinical.waste@hart.gcsx.gov.uk	
Hart District Council					
Rushmoor Borough Council	Contracts Team	RBC Healthcare Waste, Council Offices, Farnborough Road, Farnborough, Hampshire, GU14 7JU	01252 398399	Healthcare.waste@rushmoor.gcsx.gov.uk	

Appendix K: Decontamination Certificate

From (consignor)	To (consignee):
Address:	Address:
Reference:	Reference:
Telephone number:	Telephone number:

Type of medical device (equipment):

Manufacturer:

Description of equipment:

Other identifying marks:

Model No. Serial No.

Fault:

Is the item contaminated?	Yes/No	Don't Know	<i>Ring/delete as appropriate</i>
* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard			
.....			
Has the item been decontaminated?	Yes/No	Don't Know	<i>Ring/delete as appropriate</i>
Cleaning:			
Disinfection:			

This item has been prepared to ensure safe handling and transportation:	
Name:	Position:

Appendix L: Infection Control Guidance On The Management Of Blood Spills Inpatient Staff

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Dealing with spillages of blood or blood stained body fluids may expose health care workers to blood borne viruses or other pathogens. It must always be assumed that any blood from any person poses a potential risk and consequently the safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Procedure

1. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
2. Place disposable paper towel/blue towel onto spill until absorbed.
3. Make up solution of Actichlor Plus according to manufacturer's instructions - for blood spills use 1 litre of cold water and add ten x 1.7g tablets i.e. 10,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode.
4. Gather other equipment required – clinical waste bags and paper towels for cleaning.
5. Carefully pour fully dissolved Actichlor Plus solution over the paper towels.
6. Leave for a minimum of 2 minutes, ideally for 5 minutes, to neutralise any potential blood borne viruses.
7. Dispose of waste in clinical waste bags.
8. Due to high strength solution clean the area thoroughly with general detergent solution or wipes to reduce damage to surfaces
9. Dispose of unused high strength Actichlor Plus solution immediately into drains with running water.
10. Remove PPE and dispose of as clinical waste.
11. Wash hands thoroughly with soap and water.

In-Patient Procedure Blood Spills on Soft Furnishings including carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical waste bags, paper towels, water soluble laundry bags, detergent, water.
4. Carefully soak bulk of spillage using paper towels - dispose of directly into clinical waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled/infected items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings).
7. Warning – Actichlor Plus is not compatible with soft furnishings therefore blood borne virus will not have been neutralised at this point.
8. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).

9. Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings.
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Only standard strength solution of Actichlor plus can be retained in suitable screw top bottle correctly labelled for 24 hours. High strength solution used in management of blood spills must be discarded immediately after use.
11. Whenever possible ensure good ventilation of area when using any chlorine product.

Appendix M: Infection Control Guidance on the Management of spillages of body fluids (excluding blood) For Inpatient staff

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. The safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Management of Spills on Hard Surfaces

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical or offensive waste bags, paper towels, detergent, water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or scoop - dispose of directly into waste bag.
5. Remove gross contamination with cloth or detergent wipe.
6. If the spill was contaminated with blood refer to the separate guidance – Management of Blood Spills.
7. If the spill is believed to be infectious the area needs to be disinfected using a Chlorine Releasing Agent i.e. Actichlor Plus at 1,000ppm.
8. Make up solution of Actichlor Plus according to manufacturer's instructions - for general enhanced cleaning use 1 litre of cold water and add one x 1.7g tablets i.e. 1,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode. Allow the area to air dry if possible or allow contact time of 2 minutes before drying.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.

Management of Spills on Soft Furnishings Including Carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical or offensive waste bags, paper towels, water soluble laundry bags, detergent, water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or scoop - dispose of directly into waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings).

7. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
8. Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings.
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Whenever possible ensure good ventilation of area when using any chlorine product.

Appendix N: Infection Control Guidance for the Management of blood and body fluid spillages within a client's home: Community Staff

This Infection Control guidance is for use by Solent NHS staff working in a client's home where the general environment and cleaning products available may present difficulties.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. Staff must ensure they manage the spillage in as safe a way as possible to minimise risks to themselves or others.

Management of body fluids (excluding blood)

1. Allow family member/client to clear spillage if appropriate.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather available equipment – i.e. plastic bag, paper towels, tissue, detergent and water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or pick up directly into waste bag by inverting bag over gloved hand.
5. Clean the area thoroughly with general detergent solution (if available) and warm water.
6. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
7. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
8. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

Management of blood spillages

1. Allow family member/client to clear spillage if appropriate.
2. Warning - due to the environment and materials in situ use of high strength Actichlor Plus is not recommended, therefore any potential blood borne virus will not have been neutralised.
3. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
4. Gather available equipment – i.e. plastic bag, paper towels, tissue, towels, detergent and water.
5. Absorb as much fluid as possible with suitable material such as paper towels, towels etc.
6. Carefully place directly into waste bags. Staff must make a clinical decision if a 'one off' clinical waste pick up is required and arrange this based upon the situation.
7. Clean the area thoroughly with general detergent solution (if available) and warm water.
8. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
10. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

Warnings and precautions

1. Chlorine Releasing Agents (i.e. Actichlor Plus) must not be used on soft furnishings and are not recommended for patients own homes.
2. Cleaning products provided in patients homes must be used with caution following manufacturer's instructions and not mixed
3. Dispose of waste in the HOUSEHOLD waste whilst in a patient's own home unless a clinical waste pickup is already in place. If clinical staff feels it is appropriate a 'one off' clinical pick up can be arranged.
4. Always keep cleaning products out of reach of children, vulnerable adults or pets.

Steps to take should a sharps or contamination injury occurs

(Sharps, bites, cuts, scratches or splashes of blood or body fluids)

The information needs to be shared widely with clinical staff and the poster displayed in an appropriate clinical area e.g. treatment room/office. Please be aware that there is information on the poster which is sensitive and therefore displaying the poster in areas directly accessible to patients/visitors is not appropriate.

ACTION: If a sharps or contamination incident occurs.

1. First Aid

- Allow wound to bleed, ideally by holding it under running water, (do not squeeze or suck the wound).
- Wash wound thoroughly with soap and water (do not scrub area). Dry and cover with waterproof dressing.
- Irrigate eyes: With copious water (before and after removing contact lenses)

2. Immediate Action ☎

- REPORT INCIDENT to your manager and Occupational Health immediately telephone: Occupational Health Hotline 07775 800 333 or OH main reception 0300 123 3392.

3. Out Of Hours

- When Occupational Health is closed: (evenings, weekends and bank holidays). Staff should go to their local Emergency Department.
- If staff member has no transport they should go by a taxi (the Trust will reimburse the fare with receipt).

4. Further Action

- Staff who went to Emergency Department should contact Occupational Health on the next working day for follow up.
- Complete Incident form; when incident relates to a positive source, managers should contact the Risk Health & Safety team to report under RIDDOR.
If source/donor patient positive for blood borne virus: consider using condoms during sexual intercourse until follow up is clear, as it cannot be guaranteed there are no risks.

Information Needed

- Patients name or origin of source.
- Date of Birth, address.
- GP/Consultant treatment and diagnosis if known.

Action

Incidents where there is high risk of BBV: Managers can assist by telephoning through these details and state incident is Medical Emergency likely to require Post Exposure Prophylaxis.

Quick Guide: To help with the initial assessment (Blood Borne Viruses)

Is the source or patient/client known or unknown?

1. **Unknown risk:** risk assessment should determine the likelihood that medical device/ source was higher risk of contamination with BBV e.g. was the medical device was from a ward with patients known to be infected with hepatitis B or hepatitis C or HIV.
2. **Known higher risk:** the source patient/client is infected with hepatitis B, hepatitis C or HIV. How long is it since they were screened and levels of antigen measured as this may affect their risk?
3. When source/patient is NOT known to carry any of these infections, risks may also be increased in the following:

Hepatitis B: The risk may be increased when the source/patient is one of the following:

- Injecting drug user
- Individual who may be at risk of hepatitis B through unsafe sexual activity (e.g. unprotected vaginal or anal intercourse).
- Individual who is having unprotected sex with hepatitis B positive partner or partner who put themselves at risk because of their sexual behaviour.
- People with hepatitis B infected mothers.
- People from Africa, the middle and Far East, south east Asia and southern and eastern Europe.

Hepatitis C: The risk may be increased when the source/patient is one of the following:









- Received untested blood or untreated plasma products in the UK prior to September 1991 (blood) and 1985 (plasma products) or has received blood/plasma products from country where blood is not tested for hepatitis C virus.
- An Injecting Drug User who has shared equipment
- A health care worker or has been a patient in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control procedures may have been inadequate or with populations with a prevalence of hepatitis C infection (e.g. Egypt).

HIV: The risk may be increased when the source/patient is one of the following:

- Individual who has been living in an area of the world with a high prevalence of HIV e.g. Africa (South/East/Central Africa), Central Asia and eastern Europe.
- Individual who may be at risk through unprotected/unsafe sex or have partners who and participate in unsafe sexual behaviour. Risk is increased in those from high prevalence areas
- Injecting drug user.
- Blood transfusion before Oct 1985 in UK.
- Mother HIV positive.
- Blood transfusion abroad, where blood is not screened.

Safe Disposal of Healthcare Waste Guide

Sharps and all Medicinal Waste

 Infectious - Orange Waste Bag Contaminated items from known or suspected infectious source <ul style="list-style-type: none"> • PPE - gloves, aprons • Wound dressings • All Infectious outbreak waste 	 Offensive - Tiger Waste Bag Contaminated items from non infectious source <ul style="list-style-type: none"> • Incontinence pads • Nappies • PPE - Gloves, aprons • Wound Dressings 	 Domestic waste bag <ul style="list-style-type: none"> • Paper towels • Non contaminated couch roll • Tissues • Food waste 	 Recycling waste stream <ul style="list-style-type: none"> • Plastic bottles • Drinks cans / Food Tins • Paper • Cardboard
 Non medicinal Sharps (e.g. Bloods) Dispose in an orange lidded container	 Medicinal Sharps Dispose in a yellow lidded container	 Cytotoxic & Cytostatic Medicinal Sharps Dispose in a purple lidded container	 Medicinal Waste (inc POM, OTC) Dispose in a blue lidded container

Waste segregation is a legal responsibility, under Duty of Care for everyone



Dry Mixed Recycling

What can you recycle?

To make life easier, we have a single bin for the following recyclates

	Cardboard NO Coffee Cups or Contaminated Food Packaging
	Plastic Bottles Clear and Coloured Plastic Bottles
	Tins and Cans Clean and Empty Food and Drink Cans
	Paper NO Tissues, Hand Towels or Napkins

Resourcing the world



Working in
Partnership with



CONFIDENTIAL WASTE DISPOSAL

**This console is for the secure disposal of
confidential information ONLY**

YES

Personal Identifiable information i.e.
Name, DOB, address, personal email,
National insurance number etc.

Corporate sensitive information i.e.
Site plans, Trust financial information,
minutes and reports, contract costs and
performance



NO

Domestic and food waste – use black bag waste bin

Newspapers and magazines – use clear bag mixed
recycling bin

Trust Published information e.g. leaflets,
policies and procedures – use clear bag mixed
recycling bin

Plastic wallets – use black bag waste bin



All paper is securely shredded and recycled by Restore Datashred,
if you require assistance please
contact: uk.veolia.solentandsouthernnhs.mailbox@veolia.com

Appendix S: COVID-19 amendments to policy

Level 4 National Emergency

Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step down date when normal policy and procedures will resume.

Known changes to policy due to COVID-19 restrictions

April 2020;

All pre-acceptance audits are to be extended until advised

9th April 2020:

All waste produced in the community is to be disposed of in a black bag within the patients household. The waste must be stored for 72 hours before being put out for collection by the local authority, within the normal household waste collections.

Further updates and how those changes affect the delivery and adherence to this policy can be found at:

<http://intranet.solent.nhs.uk/EmergencyZone/Wuhan%20Coronavirus/Forms/AllItems.aspx>