

HEALTHCARE WASTE (CLINICAL WASTE) POLICY

This policy complies with Department of Health Safe Management of Healthcare Waste version 2.0: England April 2012

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DOCUMENT CONTROL

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1. INTRODUCTION

- 1.1 The management of Healthcare Waste affects all areas of Trust activity. All staff have a legal responsibility to ensure that the waste they produce is disposed of correctly by understanding the controls and procedures detailed in this policy.
- 1.2 The Environment Agency is the regulatory body with legislation and directives issued by the European Union. Many of the statutory requirements place a criminal liability on those responsible where contraventions take place.
- 1.3 All NHS Trusts have a duty of care for the total waste process from the point of origin to final disposal and in addition have a responsibility to ensure their waste has minimum impact on the environment.
- 1.4 The underpinning ethos is the separation of all waste into specific waste streams with appropriate disposal procedures that are safe and have a minimum impact on the environment.

2. PURPOSE AND SCOPE

- 2.1 This policy is intended for use as reference information detailing the proper handling, storage and transportation arrangements for healthcare waste generated.
- 2.2 The importance of correct segregation at source and the implications of non-compliance with the policy must be fully understood by all staff in order to prevent risk of injury to individuals, or escape of controlled wastes into the environment.

3. DUTIES AND RESPONSIBILITIES

- 3.1 **Chief Executive** - Takes overall responsibility for compliance with directives, guidelines and legislation. They may delegate responsibilities to members of his management team but will retain overall responsibility.
- 3.2 **Chief Operating Officer**- Has operational control of the waste handling and disposal process.
- 3.3 **Head of Estates and Facilities** - Is responsible for ensuring suitable contracts are in place that have specifications to comply with all legislative and best practice guidelines.
- 3.4 **Facilities Manager/Facilities Leads** - Will monitor all elements of waste process ensuring full compliance with procedures by Trust personnel and the contractor. Final disposal arrangements will be monitored and an annual audit of the Trusts waste procedures undertaken.
- 3.5 **Service Managers** - Are responsible for implementing the agreed policies and procedures within their area.

- 3.6 **Matrons/Ward Managers/Team Leaders** - Will be responsible for ensuring the correct segregation of waste, secure storage and correct handling. They will be responsible for ensuring staff are aware of their individual responsibilities.
- 3.7 **District Nursing Leads** – The District Nurse Leads are responsible for implementing the agreed policies and procedures within their areas of work including communication with the waste contractor surrounding patients still requiring a collection service and those no longer requiring a collection service.
- 3.8 **All Staff** - Are responsible for their actions. They should ensure procedures are adhered to and that appropriate protective equipment is used as detailed in the procedures.

4. EXPLANATION OF TERMS USED

4.1 **European Waste Classifications** – a system of classifying all types of wastes as an aid to waste segregation into differing waste streams.

4.2 **Healthcare Waste (Clinical Waste)** can be defined as follows by Department of Health Version 2.0: England April 2012. Safe Management of Healthcare Waste:

- any waste which consists wholly or partly of human tissue blood or other bodily fluids, excretion, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion being waste, which may cause infection to any person coming into contact with it.

4.3 **Segregation** - means that different types of clinical waste need to be kept separate (not mixed) so that staff, patients and other individuals involved in the chain of waste disposal are not put at risk.

4.4 **Duty of Care** – the statutory responsibilities of organisations and individuals.

5. PROCEDURES FOR THE HANDLING AND MANAGEMENT OF HEALTHCARE (CLINICAL) WASTE

5.1 Healthcare Waste Types

Waste generated within the Somerset Partnership NHS Foundation Trust may be categorised as follows:

1. Anatomical Waste (recognisable body parts including placentas)
2. Dental Amalgam
3. Vac Therapy and Suction canisters (Infectious liquid waste)
4. Highly Infectious Clinical Waste Category A
5. Larvae (Maggots)

6. Potentially Infectious/Infectious waste
7. Sharps – partially discharged containing pharmaceutical residues
8. Medicinal Products
9. Purple oral medicine syringes
10. Non-infectious Health waste
11. Gypsum

6. COLOUR CODING SYSTEM

6.1 The table below shows the colour coding system associated with the different categories of clinical waste and therefore the segregation that is essential for the safe management of Healthcare Waste.

Colour coding	Description
Red	Anatomical waste for incineration including Placentas Treatment/Disposal is incineration in a suitably permitted facility.
Orange	Waste which may be “treated” Treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, using alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration. Consigned as EWC 18-01-03.
Yellow	Waste which requires disposal by incineration Treatment/disposal required is incineration in a suitably permitted or licensed facility.
Purple	Cytotoxic and cytostatic waste Treatment/disposal required is incineration in a suitably permitted or licensed facility.
White	Dental Amalgam Treatment/recovery required is in a suitably permitted or licensed facility.
Blue	Medicinal Products Waste medicines, pharmaceutical products (including legal intoxicants). Consigned as EWC 180109 contained in Blue Lidded container disposal by incineration.
Tiger Striped	Non-infectious Soft Clinical waste Soft clinical soft generated from the treatment of patients who are not known to be infectious. This may include sanitary ware and nappies Deep landfill in a suitably permitted or licensed facility.

Purple Striped	<p>Soft Clinical waste contaminated with Cytotoxic and Cytostatic medicines</p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.</p>
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7. ANATOMICAL WASTE INCLUDING PLACENTAS

Red	<p>Anatomical</p> <p>Anatomical waste, which includes recognisable body parts and placenta, require disposal by incineration in a suitably licensed or permitted facility. The waste should be transferred in red UN-approved rigid containers with red lids and clearly labelled.</p> <p>Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.</p>
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7.1 This waste includes: limbs, prosthesis and any human tissue. They should be labelled with the date of disposal department /ward and site/hospital name. They should then be placed in secure storage.

7.2 Red Anatomical containers are EWC Code 18-01-02.

8. DENTAL AMALGAM

White	<p>Dental Amalgam</p> <p>Treatment/recovery required is in a suitably permitted or licensed facility.</p>
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Healthcare workers employed within dental and podiatry services have their own operating procedures that identify the method of handling waste, generated within the community and should be followed. They should be labelled with the date of disposal department /ward and site/hospital name. They should then be placed in secure storage. Please see Appendix H for the Waste Collection Arrangements for the Dorset and Isle of Wight Dental Services

8.1 White Amalgam containers are EWC Code 18-01-10.

9. INFECTIOUS LIQUID WASTE INCLUDING VAC THERAPY AND SUCTION CANISTERS

Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
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- 9.1 These should be treated as infectious waste and disposed of in yellow lidded anatomical waste container. Disposal arrangements need to be made for collection; they should **never** be placed in the domestic waste stream.
- 9.2 Suction Canister generated in an inpatient environment should be placed into a Yellow topped container marked EWC CODE 18-01-02.
- 9.3 Vac Therapy canisters generated in the patient own home or community should be placed into a yellow leak proof container.

10. INFECTIOUS WASTE – SOFT CLINICAL WASTE

Orange	Infectious Waste disposal by alternative treatment (heat disinfection) or incineration Treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, using alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration. Consigned as EWC Code 18-01-03.
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- 10.1 **Definition:**
Healthcare Waste that is Infectious or Potentially Infectious Waste e.g. incontinence pads, swabs, dressings etc.
- 10.2 **Disposal:**
Incineration or Alternative treatment process (Heat Disinfection).
- 10.3 **Documentation:**
A Consignment Note will be issued by the approved contractor for each collection detailing the date and time of collection, the type of waste, the weight and the address of the disposal facility. All consignment notes will be held at the site of origin.
- 10.4 Handling Healthcare waste bags and Storage
- Healthcare waste bags in use will be kept in fully enclosed bins capable of containing any leakage or spillage. The bins should have a pedal action lid.
 - All bins shall be positioned so as not to present a hazard to staff, patients or visitors.

- All bins will be cleaned on a regular basis or if visibly contaminated
- Healthcare waste sacks must not be stored, kept or allowed to accumulate in corridors, wards, or in places, which are unsuitable, i.e. areas having public access.
- Bags must be removed from the bins when they are 2/3 full or at the end of each day. Care must be taken to avoid overfilling clinical waste bags.
- Staff removing healthcare waste sacks from bins must wear the appropriate personal protective equipment (gloves and disposable aprons).
- bags should be handled by the neck only and handling kept to a minimum
- waste bags and security tags must be sourced from an NHS approved contractor.
- The sacks must be marked with the date of disposal and the post code at which they are generated must be written on the sack in black marker pen in the panel provided on the sack. They should then be placed in secure storage prior to transfer to a waste compound. The healthcare waste wheelie bin will be kept locked at all times.
- Whilst being carried, bags must always be held away from the body.
- Staff must never put their hands inside a clinical waste sack.
- A sack that is leaking should be placed inside another sack and swan necked and tied.
- Staff must never put their hands inside a clinical waste sack.
- Should Healthcare Waste be observed in a domestic waste sack, the whole sack of domestic waste must be placed inside a clinical waste sack and secured in the appropriate manner.
- Should Household Waste be observed in a Healthcare Waste sack, it must remain within the Healthcare Waste sack and be treated as Healthcare Waste.
- Wheelie bins must be kept locked at all times.
- Waste must remain securely contained from the point of origin to final disposal.

10.5 Transport:

The transportation of this waste must be undertaken by a licensed and approved contractor using dedicated vehicles. A consignment note will be completed detailing the quantity and type of waste collected – see above.

10.6 Spillages

In the event of a spillage the waste should be re-bagged, together with any paper towels used to absorb liquids, the area swept, sluiced or mopped with a solution of hot water and sanitiser, rinsed and allowed to dry. Personal protective equipment as detailed below must be worn. An incident form must be completed.

10.7 Personal protective equipment:

Rubber gloves and apron. Ensure hands are washed following the handling of waste.

10.8 Training:

Ward Managers/Team Leaders/Matrons need to ensure all staff are fully competent and are aware of their responsibilities. Staff must be capable of recognising Healthcare Waste, handling it appropriately, placing it in the correct waste stream and ensuring storage wheelbins are kept locked at all times.

10.9 Monitoring:

Ward Managers/Matrons/Team Leaders are responsible for day to day monitoring of the waste process.

The Facilities Manager/Hotel Services Manager will undertake random checks of the handling, storage, transportation and disposal procedures. This will involve visits to the contractor's plant in order to monitor final disposal arrangements.

The Health and Safety Inspection team will periodically assess the waste process.

The Environment Agency is empowered to undertake un-announced visits in order to check waste handling and disposal processes.

11. SHARPS – PARTIALLY DISCHARGED AND POTENTIALLY CONTAMINATED WITH MEDICINAL PRODUCTS

Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. EWC CODE 18-01-03/18-01-09
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11.1 Definition:

Used, partially discharged syringes, ampoules, sharp instruments, purple oral medicinal syringes.

11.2 Disposal:

Incineration at a licensed and approved facility.

11.3 Documentation:

A Consignment Note will be issued by the approved contractor for each collection detailing the date and time of collection, the type of waste, the weight and the address of the disposal facility. Consignment notes will be kept on file at the point of origin.

11.4 Segregation, Container and Storage

This waste should be collected in yellow-lidded sharps boxes:

- boxes must be used correctly – assembled properly, not overfilled and the lid securely closed once full.
- the boxes must be sourced from an NHS approved contractor and must be labelled with the name of the person assembling the box and the name and address of the Unit.
- sharps boxes must be stored securely awaiting collection in a locked and secure wheelibin.

12. WASTE MEDICINES/DRUGS

Blue	Medicines/Drugs (including legal intoxicants) - Waste which requires disposal by incineration Incineration in a suitably permitted or licensed facility.
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12.1 All waste medicines will be disposed of via the clinical waste contractor.

12.2 Controlled Drugs (CD's)

Controlled drugs have a specific denaturing process prior to dispatch for final destruction. Please refer to the Controlled Drugs Policy Appendix G which has a Standing Operating Procedure 7 - Disposal/Destruction of Controlled drugs on Wards detailing this process.

12.2 Procedure of Waste Medicines/Drugs

- Medicinal waste will come in two types – solids (pills and powders) and liquids (ampoule contents etc). There is great danger that a chemical reaction could take place, causing heating, fire or even explosion.
- Waste medicines should, as far as possible, be disposed of in their original packaging (receptacles) keeping liquids separate from solids.
- Solids still in their original blister packs or are bagged/bottled, should be collected and placed in blue lidded container for Pharmaceutical waste.
- Where the pills are loose or the liquids container has lost its closure (stopper/cap), a suitable receptacle that is compatible with the product should be used. Once a suitable receptacle is found, the procedures above can be followed.

12.3 Storage of Waste Medicines/Drugs:

- the medicine waste containers will need to be kept secure at all times. At ward level the container will be held within the locked clinic suite and hence security is maintained. Security arrangements will have to be site specific and it is the responsibility of the ward manager to put arrangements in place and to ensure they are adhered to.
- medicine waste containers awaiting collection should NOT be stored in the clinical waste wheelie bins.
- the reception office will need to be able to store the medicine waste in a locked cupboard.

12.4 Collection of Waste Medicines/Drugs:

- the driver will visit the reception office to obtain a signature. Medicine waste containers will need to be in this reception office ready for collection.
- the driver will complete an appropriate waste consignment note for the medicine waste a copy of which should be held on file at site.

12.5 Legal intoxicants (Legal highs)

Legal intoxicants also known as legal highs are intoxicating drugs and other suspicious substances. Refer to the Substance Use Management on Trust Premises Policy (Patients and Visitors). If removal by the police is not possible then destruction as per Controlled Drugs policy must be undertaken.

13. CYTOTOXIC/CYTOSTATIC - SOFT CLINICAL WASTE

 <p>Purple Striped</p>	<p>Soft Clinical waste contaminated with Cytotoxic and Cytostatic medicines Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.</p>
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13.1 Any dressings, swabs or soft waste contaminated with blood, faeces, urine and cytotoxic or cytostatic medicines should be disposed of in a yellow/purple striped sack. A list of cytotoxic or cytostatic medicines is included in Appendix A.

13.2 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste. Cytotoxic and Cytostatic waste EWC CODE 18-01-08* and 18-01-03*.

14. SHARPS – PARTIALLY DISCHARGED CONTAMINATED WITH CYTOTOXIC OR CYTOSTATIC MEDICINES

Purple	<p>Waste which requires disposal by incineration</p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. EWC CODE 18-01-03/18-01-08.</p>
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14.1 Definition:

Used, partially discharged syringes, ampoules used in connection with cytotoxic or cytostatic medicines should be disposed of in the purple lidded sharps container. A list of cytotoxic or cytostatic medicines is listed in Appendix A.

14.2 Disposal:

Incineration at a licensed and approved facility.

14.3 Documentation:

A Consignment Note will be issued by the approved contractor for each collection detailing the date and time of collection, the type of waste, the weight and the address of the disposal facility. Consignment notes will be kept on file at the point of origin.

14.4 Segregation, Container & Storage

This waste should be collected in purple lidded sharps boxes, which are labelled with the name of the person assembling the box together with the name and address of the Unit. Note:

- boxes must be used correctly – assembled properly, not overfilled and the lid securely closed once full.
- the boxes must be sourced from an NHS approved contractor and must be labelled with the name of the person assembling the box and the name and address of the Unit.
- sharps boxes must be stored securely awaiting collection in a locked and secure wheelie bin.

15. IV FLUID POUCHES WITHOUT DRUG RESIDUE

Tiger Striped	<p>Waste which requires disposal by Deep landfill</p> <p>Disposal required is Deep landfill in a suitably permitted or licensed facility</p>
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15.1 IV Fluid pouches/ giving sets used for infusions without drugs must be disposed of in a Tiger striped bags.

- remove anysharps sharps and put the sharp into yellow sharps bin and the pouch into the Tiger striped bag.

- 15.2 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.
- 15.3 Tiger striped sacks containing this category of waste are EWC CODE 18-01-04.

16. NON INFECTIOUS SOFT CLINICAL WASTE

 <p>Tiger Striped</p>	<p>Non-infectious Soft Clinical waste Soft clinical waste generated from the treatment of patients who are not known to be infectious. This may include sanitary and incontinence pad waste and nappies Disposal required is Deep landfill in a suitably permitted or licensed facility.</p>
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- 16.1 **Waste Assessment**
It is very important that when each healthcare worker carries out a procedure an assessment of the waste is carried out to determine it is to be classified as Infectious or Non-infectious. This assessment will be based on the professional assessment, clinical signs and symptoms, and any prior knowledge of the patient. The criteria for wound assessment should be based on the **Delphi process in Appendix F**.
- 16.2 Non-Infectious Soft Clinical waste produced during healthcare intervention by the Healthcare worker from a patient not known or not suspected to have a disease or infection caused by a micro-organism or its toxin and must be disposed of in a Tiger striped bags.
- 16.3 Offensive waste including nappies, sanitary and incontinence waste produced by the patient during self-care the patient can dispose of in their own domestic waste.
- 16.4 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.
- 16.5 Tiger striped sacks containing this category of waste are EWC CODE 18-01-04.
- 16.6 **Teeth**
As the disposal of teeth from dental premises is unlikely to cause offence, dental practitioners may treat this as non-anatomical infectious waste. It is common practice for non-amalgam teeth and spicules to be placed in the yellow-lidded sharps receptacle. Dental practitioners must ensure that all waste is treated appropriately, and teeth containing amalgam (see 'Amalgam – white containers') should be segregated and sent for appropriate recovery/disposal (see the Defra website and the 'Dental practices' sector guide).

16.7 Foetal remains

Disposal of foetal remains should be in accordance with available guidance:
* The Royal College of Nursing has published 'Sensitive disposal of all foetal remains, guidance for nurses and midwives'.

* The Human Tissue Authority provides information on disposal following pregnancy loss.

* The Human Tissue Authority also has a Code of Practice on removal, storage and disposal of human organs and tissues.

The key issue is about open and sensitive communication with the mother (or parents) and for bereavement managers (or other relevant staff) to be aware of the issues and make arrangements that meet the wishes of the parents in the most sensitive manner possible. Different options such as burial, cremation or incineration are provided. This will involve close liaison with the families involved.

17 HIGHLY INFECTIOUS HEALTHCARE WASTE CATEGORY A

Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility
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- 17.1 This category of waste is unlikely to be found within the clinical environment. This classification includes all other wastes classified as highly infectious waste. This high infectious waste must be placed in yellow sack.
- 17.2 This classification is defined as 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 humans or animals. The United Nations produces a list of infectious substances classified with Category A and includes EBOLA FEVER, VIRAL HAEMORRHAGIC FEVER, SMALLPOX and so on. Full details can be found in Appendix B.
- 17.3 This waste must be placed in a yellow sack and kept secure until it can be transferred to the waste compound and kept in a separate bin for collection under special arrangements by the waste contractor.
- 17.4 Any dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than cytotoxic or cytostatic medicines waste from highly infectious patients should be disposed of in a yellow sack.

18 LARVAE (MAGGOTS)

- 18.1 Disposal of Larvae. Larvae are sterile until they are introduced into the wound. Once they have been in contact with tissue or body fluid they should be considered contaminated, therefore once removed from the wound the larvae should be disposed as Healthcare waste (clinical) waste. The larvae and any dressings should be placed in a yellow clinical waste bag and sealed. The clinical waste bag should then be placed inside the cardboard

container provided with the larvae. The container should be disposed of as Healthcare (clinical) waste. Larvae should be treated as waste which required disposal by incineration (yellow category).

19 GYPSUM

- 19.1 Plaster casts can be produced by a range of healthcare procedures including dentistry, podiatry and fracture clinics within MIU. In most cases, these casts and related material are not infectious. These materials, if they enter a normal landfill with other waste including residues from clinical waste disposal, may produce hydrogen sulphide gas. For this reason it is prohibited from landfill. If any gypsum waste is produced:
- the practice should put in place procedures to identify and segregate the small proportion that is genuinely contaminated and poses a risk of infection – this may then be disposed of in the orange bag;
 - Fracture Clinics within MIU,s where the major part of the material must be segregated into an appropriate container

20 INTERNAL TRANSPORTATION

- authorised staff will transfer Healthcare (Clinical) waste using designated equipment to secure storage.
- segregation of waste streams must be maintained at all times i.e. Yellow bags/Orange bags/Sharps/Anatomical/Cytotoxic are all separate streams.
- any containers and or bags not labeled or locked correctly must not be removed until this has been rectified.
- the Ward Manager/Matron/Team Leader or their designated deputy must be notified regarding any irregularities within the waste handling and storage process.
- all waste must be stored securely at all time.
- handling of loose bags must be kept to a minimum.
- appropriate personal protective equipment must be worn whilst handling any waste i.e. gloves and apron.

21 REMOVAL FROM SITE

- collection of Healthcare Waste will be by the approved contractor.
- a consignment note must be signed by a member of staff on site to enable the Contractor to remove the waste. The consignment note will describe the type of waste(s) collected and the quantity.
- the contractor must hand a copy of the consignment note to the member of staff.
- the consignment notes must be held for three years. They will normally be kept on site by the Matron/Ward Manager/Team Leader.

22 PROCEDURE FOR THE DISPOSAL OF HEALTHCARE WASTE AND SHARPS FROM PATIENTS HOMES (DOMICILARY) EWC CODE 18-01-03/18-01-09

22.1 Waste assessment

It is very important that on each visit to a patient in the community the Healthcare professional working in the patient's home **must** carry out an

assessment of the waste to determine it is to be classified as Infectious or Non-infectious each time they visit to carry out a procedure that will generate waste. This assessment will be based on the professional assessment, clinical signs and symptoms, and any prior knowledge of the patient. The criteria for wound assessment should be based on the **Delphi process in Appendix F. The assessment process is summarised in a process flow chart in Appendix D with guidance notes on how to use the process flow chart in Appendix E.**

- 22.2 Healthcare workers working in the patient's home must complete a Domiciliary Waste Record form in Appendix C and file this with the patient notes.
- 22.3 It is likely that any Infectious Clinical waste is Category B Infectious clinical waste. Category A is highly Infectious Clinical waste listed in Appendix B.
- 22.4 Following the assessment the clinical waste generated will be described within the following types within the Assessed Waste Types table below.
- 22.5 If the health care worker identified a requirement for the collection of Infectious Healthcare Waste a copy of Appendix G. Home Patient Clinical waste collection request form must be given to the appropriate District Nurse Team Lead. The Team Leader or member of the team will communicate with the contractor the start date for collection, any change in requirement and when the collection service is no longer required.

Assessed Waste Types Table

	Non-infectious	Infectious soft clinical waste	All Soft Clinical waste contaminated with Cytotoxic and Cytostatic medicines	All sharps waste (Domiciliary setting only)	Non-infectious Soft Clinical waste	IV Fluid pouches/ giving sets used for drug infusions
Waste Description	Any Non infectious dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than Cytotoxic or Cytostatic medicines waste.	Any infectious dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than Cytotoxic or Cytostatic medicines waste.	Any dressings, swabs or soft waste contaminated with Cytotoxic or Cytostatic medicines should be disposed of in a yellow/purple striped sack. A list of Cytotoxic or Cytostatic medicines is included in Appendix 1	All sharps contaminated with all pharmaceutical products, including un-discharged, partially discharged and fully discharged sharps, broken glass ampoules, infusion sets. Small quantities of unused medicines in original packaging. Both plastic and or metal single use instruments.	Non-Infectious Soft Clinical waste produced during healthcare intervention by the Healthcare worker from a patient not known or not suspected to have a disease or infection caused by a micro-organism or its toxin. This may include IV Fluid pouches/ giving sets used for infusions without drugs Offensive Waste includes nappies, sanitary and incontinence waste	IV Fluid pouches/ giving sets used for drug infusions must be disposed of in a Yellow Burn Bin. Do not remove sharps, put into yellow lidded burn bin.
Waste packaging	Dressing pack small white bag	Orange sack	Purple striped yellow bag	Purple top sharps bin	Tiger Striped	Yellow burn bin
Disposal method	Patient Domestic waste bin	Contractor collection	Contractor collection	Transported by the health care professional back to base	Contractor collection	Contractor collection

22.7 NON Infectious SOFT Clinical waste

Small White "Dressing pack" bag	Any Non infectious dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than Cytotoxic or Cytostatic medicines waste.
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22.8 Any Non-infectious dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than Cytotoxic or Cytostatic medicines waste should be disposed of in a Dressing pack white bag within the patient Household waste.

22.9 Infectious SOFT Clinical waste Category B

Orange	Waste which may be "treated" Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facility, using alternative treatment plants (ATPs).
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22.10 Any infectious dressings, swabs or soft waste contaminated with blood, faeces, urine and medicines other than cytotoxic or cytostatic medicines waste should be disposed of in an orange sack.

22.11 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.

22.12 Orange sacks are Category B Infections EWC Code 18-01-03* 18-01-09.

22.13 Handling Clinical Waste Sacks

22.14 Staff handling clinical waste sacks must wear the appropriate personal protective equipment (gloves and disposable aprons). The sacks must be tied up securely when they are 2/3 full or at the end of each visit. Care must be taken to avoid overfilling clinical waste bags.

22.15 The sacks must be marked with the date of disposal and the post code at which they are generated must be written on the sack in black marker pen in the panel provided on the sack. The waste should be kept secure at the patient's home prior to collection by the contractor.

22.16 Whilst being carried, sacks must always be held away from the body.

22.17 A sack that is leaking should be placed inside another sack, re-labelled and tied closed.

22.18 Staff must never put their hands inside a clinical waste sack.

22.19 **All Sharps WASTE (Domiciliary setting only) PURPLE TOP SHARPS BIN**

Sharps bins must be specifically designed for the purpose (BS7320) and comply with UN 3291 packaging. No other container should be used. Sharps bins must be correctly assembled according to the manufacturer's specific instructions. These instructions must be available and should be found printed on the side of the sharps bin.

22.20 In a Domiciliary setting the Purple top Sharps bin can be used for the following:

- all sharps contaminated with pharmaceutical including Cytotoxic/Cytostatic pharmaceuticals, including un-discharged, partially discharged and fully discharged sharps, broken glass ampoules, infusion sets
- small quantities of unused medicines in original packaging.
- this waste is classed as hazardous
- both plastic and or metal single use instruments

22.21 Where needles and syringe bodies are one unit, they should always be disposed of together.

22.22 Healthcare workers are responsible for ensuring that sharps bins are assembled correctly and when no more than $\frac{3}{4}$ full, locked.

22.23 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and the date of disposal completed on the label. Purple top sharps bins are EWC CODE 18-01-03* and 18-01-09.

22.24 Containers must be sealed marked with the date of disposal and the staff base post code in black marker pen and transported back to base for disposal. If the bin is not more than $\frac{3}{4}$ full it must be transported securely in the boot of the vehicle with the aperture in the closed position. The car must be kept locked when unattended.

22.25 **Cytotoxic/Cytostatic SOFT CLINICAL WASTE**

Purple Striped	<p>Soft Clinical waste contaminated with Cytotoxic and Cytostatic medicines</p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.</p>
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22.26 Any dressings, swabs or soft waste contaminated with blood, faeces, urine and cytotoxic or cytostatic medicines should be disposed of in a yellow/purple striped sack. A list of cytotoxic or cytostatic medicines is included in Appendix A.

22.27 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste. Cytotoxic and Cytostatic waste EWC CODE 18-01-08* and 18-01-03*.

22.28 **IV FLUID pouches used for drug infusions**

Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility
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22.29 IV Fluid pouches/ giving sets used for drug infusions must be disposed of in a Yellow Burn Bin.

- Do not remove sharps, put into yellow lidded burn bin
- Full containers must be sealed marked with the date of disposal and the staff base post code in black marker pen and transported back to base for disposal.

22.30 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.

22.31 Burn bins containing this category of waste are EWC CODE EWC 18-01-06/07, 18-01-09.

22.32 **IV Fluid pouches WITHOUT drug residue**

Tiger Striped	Waste which requires disposal by Deep landfill Disposal required is Deep landfill in a suitably permitted or licensed facility
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22.33 IV Fluid pouches/ giving sets used for infusions without drugs must be disposed of in a Tiger striped bags.

- Remove the sharps and put the sharp into yellow sharps bin and the pouch into the Tiger striped bag

22.34 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.

22.35 Tiger striped sacks containing this category of waste are EWC CODE 18-01-04.

 <p>Tiger Striped</p>	<p>Non-infectious Soft Clinical waste Soft clinical waste generated from the treatment of patients who are not known to be infectious. This may include sanitary and incontinence pad waste and nappies Disposal required is Deep landfill in a suitably permitted or licensed facility.</p>
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Offensive waste produced during healthcare intervention by the Healthcare worker from a Non-Infectious patient and must be disposed of in a Tiger striped bags. Offensive Waste includes non-infectious nappies, sanitary and incontinence waste.

Offensive waste including nappies, sanitary and incontinence waste produced by the patient during self care the patient can dispose of in their own domestic waste.

- 23.1 Remove any sharps and put the sharp into yellow sharps bin and the pouch into the Tiger striped bag.
- 23.2 The Hazardous waste regulations require all waste to be identified by the use of a European Waste Catalogue Code (EWC) a six-figure number and a written description of the waste.
- 23.3 Tiger striped sacks containing this category of waste are EWC CODE 18-01-04.
- 23.4 **Stoma/catheter bags**
If the patient self medicates with no healthcare worker intervention and if the patient is infectious or non infectious, the patient is able to dispose of the own stoma and catheter waste into the patients household waste stream.
- 23.5 If the bags are changed by a healthcare worker the bag must be disposed of as infectious waste into the orange-bag waste stream.
- 23.6 **Wound drains/bags and Vacuum therapy canisters**
These should be treated as infectious waste and disposed of in yellow lidded anatomical waste container. Disposal arrangements need to be made for collection; they should **never** be placed in the patient's household waste.
- 23.7 **Medicines**
Medicines prescribed to the patient belong to the patient and if the patient has finished using them the patient or the patient's representative should be advised to return them to a pharmacy, ideally the one that dispensed them.
- 23.8 **Controlled Drugs (CD)**
The majority of CDs used in the community have been prescribed to the patient and therefore belong to the patient. The same principle

should be adopted as for medicines with regards to returning waste CD's to the dispensing pharmacy.

23.9 On the rare occasions when the patients do not have any next of kin, families and relatives removal of Controlled drugs must be discussed with the appropriate Locality Manager.

23.10 **Infectious Waste Collections from Premises**

Waste left at the patient's home is still the responsibility of the Healthcare worker and therefore the proposed waste container must be stored safely at the patient's home avoiding vermin and with regard to access by children and others. The safe place for storage must be agreed by the patient and documented clearly in the nursing notes.

23.11 All infectious clinical waste other than sharps containers must be collected from the patient's home by the approved Clinical Waste Contractor. Where ongoing interventions are foreseeable it is advisable where possible to have a single collection each week to minimize the costs of transport.

23.12 To avoid confusion and incomplete instructions being given please complete the Waste Collection Instruction form (Appendix F) electronically and e-mails it to the approved Clinical waste contractor.

24 EXPOSURE TO CYTOTOXIC MATERIALS

24.1 Any person believed to have been inadvertently exposed to cytotoxic materials must:

- seek expert medical advice as soon as possible.inform your manager of the incident and complete an incident form.
- report incident to Occupational Health during normal working hours to arrange follow up.
- contact your GP.

25 TRAINING REQUIREMENTS

25.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in is policy re accessible to staff within the Learning and Development Section of the Trust Intranet.

25.2 Managers should ensure that an appropriate level of training and information is provided to all staff – such training should include:

- identification of waste categories
- segregation of waste
- handling and storage of waste
- procedures for reporting and dealing with spillages
- appropriate protective clothing and equipment

26 EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine

protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

27 MONITORING COMPLIANCE AND EFFECTIVENESS

27.1 Monitoring arrangements for compliance and effectiveness

- overall monitoring will be the responsibility of the Estates and Facilities Governance Group
- annual waste report
- Pre-acceptance waste audits in accordance with the Environment Agency requirements
- Duty of Care audits – visit to contractors plant
- PLACE assessments

27.2 Responsibilities for conducting the monitoring

- Estates and Facilities Governance Group will receive an annual waste report produced by the Facilities Manager.
- Facilities Manager and Facilities Leads will undertake audits of waste handling during the Environment Agency Pre-acceptance waste audits.

27.3 Methodology to be Used for Monitoring

- Pre-acceptance waste audits in accordance with the Environment Agency requirements
- complaints monitoring
- incident reporting and monitoring
- Duty of care audits - visits to contractors plant

27.4 Process for Reviewing Results and Ensuring Improvements in Performance Occur.

Audit results will be presented to the Infection Prevention and Control Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This group will be responsible for ensuring improvements, where necessary, are implemented.

28 COUNTER FRAUD

The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

29 RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

29.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 20:	Duty of candour

29.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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29.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

- Hazardous Waste Regulations
- Health and Safety at Work Act
- Landfill Directive
- Carriage of Dangerous Goods Act
- Department of Health Version 2.0: England (Safe Management of Healthcare Waste)
- NHS Carbon Reduction Commitment

30 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

30.1 **Cross reference to other procedural documents**

Mattress policy

Cleaning of Equipment and Decontamination policy

Health and safety policy

Wound Management (including Maggot Therapy) policy

Dental policies

Infection Prevention and Control policy

Somerset Partnership NHS Foundation Trust Sustainable Development Plan

Learning Development and Mandatory Training Policy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Staff Training Matrix (Training Needs Analysis)

Serious Incident Requiring Investigation Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

31 APPENDICES

31.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	List of Cytotoxic/ Cytostatic Medicines
Appendix B	Category A Infectious Waste
Appendix C	Domiciliary Waste Record
Appendix D	Domiciliary Clinical waste assessment process flow chart
Appendix E	Process flow chart guidance notes
Appendix F	Wound assessment based on the Delphi process
Appendix G	Waste Collection Instruction form
Appendix H	Waste Collection Arrangements for the Dorset and Isle of Wight Dental Services

**List of Cytotoxic / Cytostatic Medicines adapted from
Table 2 HTM to include BANs where appropriate**

Aldesleukin	Fulvestrant	Testolactone
Alemtuzumab	Ganciclovir	Testosterone
Alitretinoin	Ganirelix acetate	Thalidomide
Altretamine	Gemcitabine	Thioguanine
Amsacrine	Gemtuzumab ozogamicin	Thiotepa
Anastrozole	Goserelin (Zoladex)	Topotecan
Arsenic trioxide	Hydroxycarbamide	Toremifene citrate
Asparaginase	Ibritumomab tiuxetan	Tositumomab
Azacitidine	Idarubicin	Tretinoin
Azathioprine	Ifosfamide	Trifluridine
Bacillus Calmette-Guérin Vaccine (BCG)	Imatinib mesilate	Trimetrexate glucuronate
Bexarotene	Interferon alfa-2a	Triptorelin
Bicalutamide	Interferon alfa-2b	Uramustine
Bleomycin	Interferon alfa-n1	Valganciclovir
Busulfan	Interferon alfa-n3	Valrubicin
Capecitabine	Irinotecan HCl	Vidarabine
Carboplatin	Leflunomide	Vinblastine sulfate
Carmustine	Letrozole	Vincristine sulfate
Cetorelix acetate	Leuprorelin acetate	Vindesine
Clorambucil	Lomustine	Vinorelbine tartrate
Chloramphenicol	Megestrol	Zidovudine
Choriogonadotropin alfa	Melphalan	
Chlormethine hydrochloride	Menotropins	
Cidofovir	Mercaptopurine	
Cisplatin	Methotrexate	
Cladribine	Methyltestosterone	
Colchicine	Mifepristone	
Cyclophosphamide	Mitomycin	
Cytarabine	Mitotane	
Ciclosporin	Mitoxantrone HCl	
Dacarbazine	Mycophenolate mofetil	
Dactinomycin	Nafarelin	
Daunorubicin HCl	Nilutamide	
Denileukin	Oxaliplatin	
Dienostrol	Oxytocin	
Diethylstilbestrol	Paclitaxel	
Dinoprostone	Pegaspargase	
Docetaxel	Pentamidine isethionate	
Doxorubicin	Pentostatin	
Dutsteride	Perphosphamide	
Epirubicin	Pipobroman	
Ergometrine/ methylergometrine	Piritrexim isethionate	
Estradiol	Plicamycin	
Etramustine phosphate sodium	Podofilox	
Estrogen-progestin combinations	Podophyllum resin	
Estrogens, conjugated	Prednimustine	
Estrogens, esterified	Procarbazine	
Estrone	Progesterone	
Estropipate	Progestins	
Etoposide	Raloxifene	
Exemestane	Raltitrexed	
Finasteride	Ribavirin	
Floxuridine	Streptozocin	
Fludarabine	Tacrolimus	
Fluorouracil	Tamoxifen	
Fluoxymesterone	Temozolomide	
Flutamide	Teniposide	

CATEGORY A INFECTIOUS WASTE

Crimean-Congo haemorrhagic fever virus
Ebola virus
Flexal virus
Guanarito virus
Hantaan virus
Hantavirus causing haemorrhagic fever with renal syndrome
Hendra virus
Junin virus
Kyasanur Forest disease virus
Lassa virus Machupo virus
Marburg virus
Monkeypox virus
Nipah virus
Omsk haemorrhagic fever virus
Sabia virus
Variola virus

Domiciliary Waste Record

Community Team

Patient Name

Address and Post Code

Telephone number: Home and Mobile

Will this patient visit generate Infectious Clinical waste Yes No

Predicted quantity of waste per week Small Standard Large

How many collections will be required? Per week once only

Is there a suitable place for the waste to be stored prior to collection?

Yes No

Has the householder given consent to this storage Yes No

Please state where the waste will be stored prior to collection.....

NB. Waste cannot be left on the street.

Have you arranged a suitable method of disposal?

Yes (Please state No

Is there a communal waste collection from this residence?

Yes No

Does the patient consent to correct quantity of Healthcare waste suitable packaged to be placed in their domestic waste?

Yes No, method of disposal is:.....

Does the Patient/Householder consent to the Waste contractor entering their property/grounds to collect the waste?

Yes No

Date of assessment.....

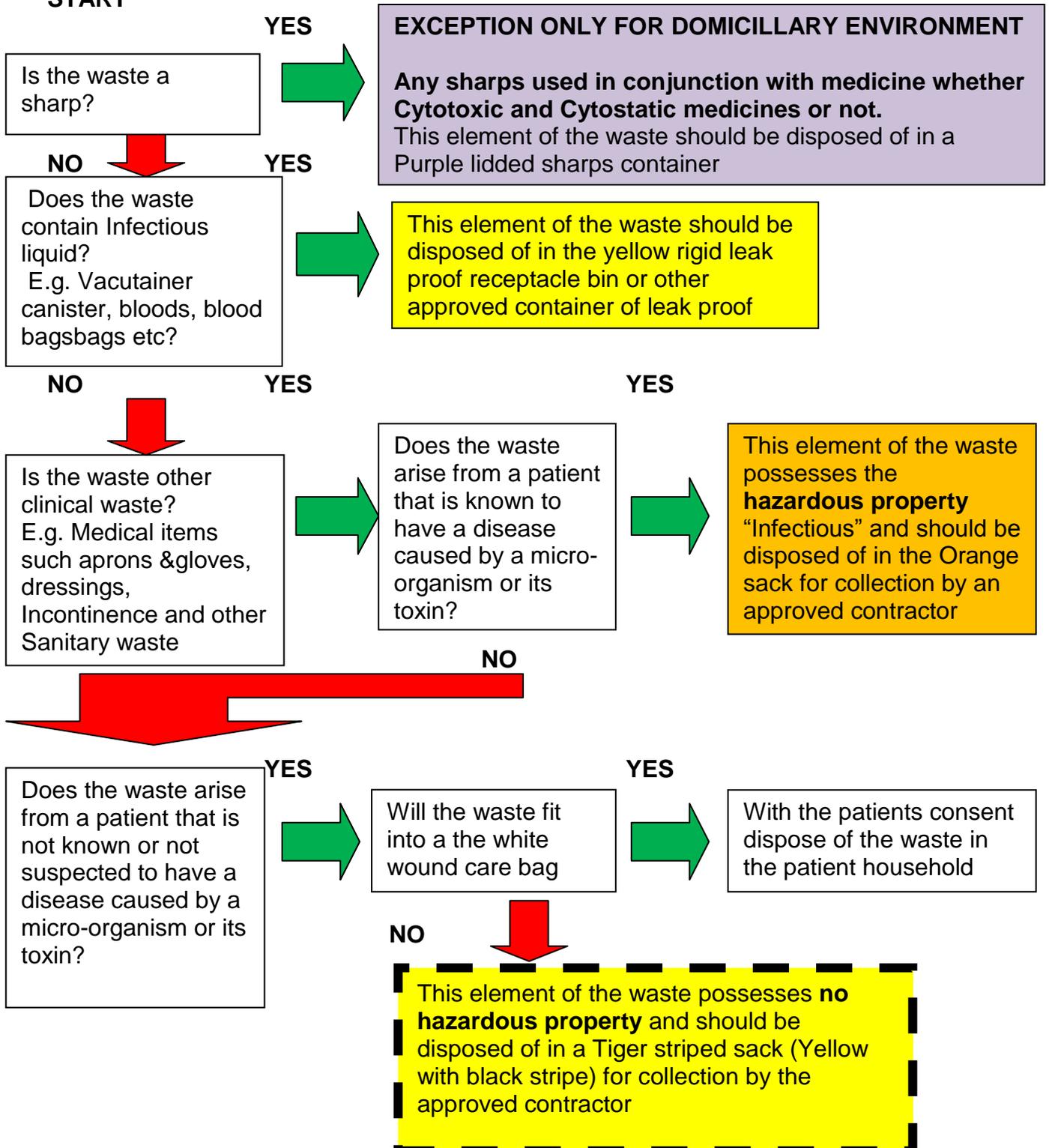
Name of staff assessing.....

Staff signature.....

Domiciliary Clinical waste assessment process flow chart

This chart provides an assessment procedure to determine if the Healthcare (Clinical) waste has infectious or offensive properties in a domiciliary environment and the packaging (sack or container) to use for onward treatment, disposal or incineration.

START



Guidance notes for Domiciliary Clinical Waste Assessment process flow chart

1. Start at the top left answering the question in the first box on the left. You will note the positive answer box on the right is coloured to indicate the colour of container of bags and follows the colours within the protocol.
2. If the answer to the first box is no then go to the next box on the left and answer the question repeat this process reading down the process flow chart.
3. Once at the third tier of the process flow chart you are required to determine by either using your own professional judgment or the Delphi system in Appendix F to establish if the waste is from a patient that is known to have a disease caused by a micro organism.
4. If the answer to this is yes then the waste must be placed in an Orange bag and collection arranged by completing the form in Appendix G attaching it in an email to the contractor and completing the waste record form Appendix C.
5. If the waste is not arising from a patient that is not known or not suspected to have a disease caused by a micro-organism or its toxin you are required to determine if the waste you must decide if it can be contained in a White wound care bag in which case it can go in the patient waste bin.
6. If this waste is not arising from a patient that is not known or not suspected to have a disease caused by a micro-organism or its toxin is too large a volume for the White wound care bag then a Tiger striped bag must be used and collection arranged by completing the form in Appendix F attaching it in an email to the contractor and completing the waste record form Appendix C.

Wound assessment based on the Delphi process (European Wound Management Association 2005)

Signs and symptoms of infection	Probability of wound be infected
Is there a presence of erythema/cellulitis?	High
Is there a presence of puss/abscess?	High
Is the wound not healing as it should or has healing been delayed?	Medium
Is the wound inflamed and has it changed appearance?	Medium
Is the wound producing a pungent smell?	High
Is the wound producing an increased purulent exudates?	Medium
Has the wound increased in pain?	High
Has there been an increase in skin temperature?	Medium/Low
Is the patient on antibiotics for an infection present in the wound?	High
Are you thinking of swabbing for infection?	High

Note: It must be recognised that this is not an exhaustive list of signs and symptoms of wound infection and that different types of wound will present differently. This tool is to assist in the basic assessment of all wounds in order to correctly categorise whether the waste produced contains an infectious fraction and therefore infectious waste. Further information and advice regarding assessment of wound infections should be sought from your local tissue viability specialist nurse.

If the wound assessment indicates that the wound is infected, all associated contaminated dressings should be classified as infectious waste and packaged for appropriate treatment and disposal. This will usually be in an orange sack.

If there are any other reasons why the waste may present a risk of infection, it should be classified as infectious waste and disposed of appropriately.

Home Patient Request

Email once completed ask@medisort.co.uk, Fax: 01903 723645

Name of staff requesting collection:

Locality / address:

Phone number:

Date Request sent:

Email:

Patients Name:

Patients Address:

.....

.....

Post Code:

Contact Number:

Bags Qty:

Sharps Qty:

Collection Frequency: One Off / Weekly / Fortnightly / 4 Weekly / Adhoc

Collection Notes:

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New Contractor Form updated April 2016

Waste Collection Arrangements for the Dorset and Isle of Wight Dental Services

Dorset

Clinical Area	Clinical Waste and Sharps	Specialist Dental Waste
Canford Heath	the SLA for the buildings	Rentokil-Initial
The Browning Centre	the SLA for the buildings	Rentokil-Initial
Dorset County	the SLA for the buildings	SRCL

Isle of Wight

All 4 sites for specialist dental and clinical waste are handled by the SLA with the landlords, this is because there are strict licence requirements for all waste leaving the island on the ferry.