Title of Policy:	**Clinical Waste**
Section:	**Health and Safety**

Purpose

Carers Choices has a clear duty and responsibility to protect, as far as reasonably practicable, the health, safety and welfare of those involved in its operations – notably the Clients it serves, and those employed/engaged in the pursuance of its activities (notably its Care Workers). The identification, segregation, storage and disposal of healthcare waste, be it infectious, or offensive, represents an essential element of this duty of care.

Statement

Employees of Carers Choices who work in the community attending to the many and varied care needs of Carers Choices Clients may be classified as producers of healthcare waste (specifically infectious waste) and are required to comply with waste regulations including the Hazardous Waste Regulations (Special Waste Regulations in Scotland) **and therefore need to ensure that waste is segregated, described, classified and disposed of appropriately.** Carers Choices aims to implement a rational approach to the assessment of infectious waste using a risk-assessment approach. Both infectious and offensive waste streams require management in community settings. Using this rational approach will reduce unnecessary costs and introduce potential carbon savings associated with the unnecessary treatment of non-infectious waste.

All Care Workers employed by Carers Choices will be provided with:

a) Appropriate training in relation to the identification, segregation, storage and disposal of healthcare waste

b) Clear instructions regarding the needs of all Clients, based upon their personal plan of care, so that adequate arrangements can be made, in advance, which ensure the safe and correct implementation of this policy and its requirements.

Procedure and Guidance

Categories of Hazardous Healthcare Waste

Waste category	Descriptions and examples
Sharps waste	Used or unused sharps (e.g. hypodermic, intravenous or other needles; auto-disable syringes; syringes with attached needles; infusion sets; scalpels; pipettes; knives; blades; broken glass)
Infectious waste	Waste suspected to contain pathogens and that poses a risk of disease transmission (e.g. waste contaminated with blood and other body fluids; laboratory cultures and microbiological stocks; waste including excreta and other materials that have been in contact with patients infected with highly infectious diseases in isolation wards)
Pathological waste	Human tissues, organs or fluids; body parts; foetuses; unused blood products

Waste category	Descriptions and examples
Pharmaceutical waste, cytotoxic waste	Pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals. Cytotoxic waste containing substances with genotoxic properties (e.g. waste containing cytostatic drugs – often used in cancer therapy; genotoxic chemicals)
Chemical waste	Waste containing chemical substances (e.g. laboratory reagents; film developer; disinfectants that are expired or no longer needed; solvents; waste with high content of heavy metals, e.g. batteries; broken thermometers and blood-pressure gauges)
Radioactive waste	Waste containing radioactive substances (e.g. unused liquids from radiotherapy or laboratory research; contaminated glassware, packages or absorbent paper; urine and excreta from patients treated or tested with unsealed radionuclides; sealed sources)
Non-hazardous or general health-care waste	Waste that does not pose any particular biological, chemical, radioactive or physical hazard

Notes:

Sharps waste

Sharps are items that could cause cuts or puncture wounds, including needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and pipettes. Whether or not they are infected, such items are usually **considered highly hazardous health-care waste and should be treated as if they were potentially infected.**

Infectious waste

Infectious waste is material suspected to contain pathogens (bacteria, viruses, parasites or fungi) in sufficient concentration or quantity to cause disease in susceptible hosts. This category includes:

- waste contaminated with blood or other body fluids

- Waste contaminated with blood or other body fluids include free-flowing blood, blood components and other body fluids; dressings, bandages, swabs, gloves, masks, gowns, drapes and other material contaminated with blood or other body fluids; and waste that has been in contact with the blood of patients undergoing haemodialysis (e.g., dialysis equipment such as tubing and filters, disposable towels, gowns, aprons, gloves and laboratory coats).

Pathological waste

Pathological waste could be considered a subcategory of infectious waste but is often classified separately – especially when special methods of handling, treatment and disposal are used. Pathological waste consists of tissues, organs, body parts, blood, body fluids and other waste from surgery and autopsies on patients with infectious diseases. It also includes human foetuses and infected animal carcasses. Recognizable human or animal body parts are sometimes called anatomical waste. Pathological waste may include healthy body parts that have been removed during a medical procedure or produced during medical research.

Pharmaceutical waste, including genotoxic waste

Pharmaceutical waste includes expired, unused, spilt and contaminated pharmaceutical products, prescribed and proprietary drugs, vaccines and sera that are no longer required, and, due to their chemical or biological nature, need to be disposed

of carefully. The category also includes discarded items heavily contaminated during the handling of pharmaceuticals, such as bottles, vials and boxes containing pharmaceutical residues, gloves, masks and connecting tubing.

Definition of Clinical Waste

Clinical waste is defined as:

a) ". . . any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

b) 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."

Clinical waste may be considered as infectious waste if it is:

"waste containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms."

Furthermore, waste is classified as infectious waste where:

- it arises from a patient known or suspected to have an infection, whether or not the causal agent is known, and where the waste may contain the pathogen; or
- where an infection is not known or suspected, but a potential risk of infection is considered to exist.

Offensive Waste

'Offensive waste' is non-clinical waste that's non-infectious and doesn't contain pharmaceutical or chemical substances but may be unpleasant to anyone who comes into contact with it. Examples of offensive waste may include:

- PPE used for patient care e.g. (gloves/aprons/masks)
- soiled dressings
- empty catheter/stoma bags
- incontinence pads
- contaminated paper towels (body fluids)
- sanitary products

Risk Assessment

Company Care Workers working in the community and in the household environment need to assess the waste they are producing for the hazardous properties it may contain, most notably, “infectious”.

To accurately assess whether the waste generated is infectious, a risk assessment should be performed. This should be based on the professional assessment, clinical signs and symptoms, and any prior knowledge of the patient. The usual contaminants associated with typical items of healthcare waste are blood and body fluids incorporating urine, vomit, sputum, faeces, pus and wound exudates. These general categories should be used to subcategorise the waste as either:

- infectious – waste from any known or suspected infection, and from any other cases where a risk of infection has been identified; or

- contaminated with body fluids more suited to the offensive classification (that is, lower risk wastes). The waste, the risk posed by the waste and the waste classification will always be classified the same regardless of the healthcare setting (for example whether in the acute hospital or the community environment). Examples of contaminated items are swabs/wipes, bandages, bed pads, equipment, protective clothing (gloves, aprons), single-use items.

Risk assessment approach to waste segregation based on likelihood of infection being present

Contaminant	Proposed general classification	Examples	Exception to this rule
Urine, faeces, vomit and sputum	Offensive (where risk assessment had indicated that no infection is present, and no other risk of infection exist)	Urine bags, incontinence pads, single-use bowls, nappies, PPE (Gloves, aprons and so forth).	Gastrointestinal and other infections that are readily transmissible in the community setting (e.g., verocytotoxin-producing Escherichia coli (VTEC), campylobacter, salmonella, chickenpox/shingles) Hepatitis B and C, HIV – only if blood is present.
Blood, pus and wound exudates	Infectious unless assessment indicates no infection present. If no infection, and no other risk of infection, then offensive	Dressings from wounds, wound drains, delivery packs	Blood transfusion items Dressings contaminated with blood/wound exudates assessed not to be infectious. Maternity sanitary waste where screening or knowledge has confirmed that no infection is present, and no other risk of infection exists.

Potential hazards from the use of cytotoxic and cytostatic medicines may also be relevant in some instances and with some drugs. This would prevent the waste being considered offensive.

Waste segregation and disposal in the home

Carers Choices' Care Workers are required to identify, segregate and arrange the safe disposal of healthcare/clinical waste.

Typical waste streams

Activity/cause	Waste type	Classification and colour coding	Justification	Disposal route
Healthcare visits of, for example, post-operative wounds that are infected.	Vast majority of soft infectious waste such as dressings, bandages and some plastic single- use instruments can be treated.	Waste from an infection or is infectious is disposed of in orange bags.	The vast majority of “bagged” infectious waste produced in the community will be placed in the orange waste stream. Therefore, the use of orange bags in the community is recommended.	Alternative treatment to render it safe.
Healthcare visits of, for example, post-operative wounds that are not infected.	Non-infectious dressings, single-use instruments, stoma bags, catheter bags, incontinence pads.	Waste classified as offensive/hygiene waste disposed of in yellow/black bags.	Used for recognisable healthcare waste that is neither infectious waste nor hazardous waste and is classified as non-hazardous offensive waste.	Municipal incineration/ energy from waste/landfill.
Midwifery and delivery (e.g. anatomical waste such as placentas).	Anatomical waste such as placentas.	Placed in an appropriate, red-lidded container.	A relatively small amount of waste produced in the community.	Disposal by incineration only.

Medicinal injections – for the administration of chemotherapy, antiviral and/or hormonal drugs.	Associated sharps and liquid residues of the medicinal products that are cytotoxic /cytostatic.	Placed in an appropriate, purple-lidded leak-proof sharps receptacle.	Sharps contaminated with cytotoxic/cytostatic medicinal products.	Disposal by incineration only.
Medicinal injections with non-cyto drugs.	Associated sharps and medicinal products that are determined to be non-cyto.	Yellow-lidded sharps receptacle. If the syringe contains residual liquid medicines, this container needs to be leak-proof.	Likely to be medicinally-contaminated sharps in the community.	Incineration.

Colour coding of waste bags

Colour	Waste Type	Description
Yellow	Waste which requires disposal by incineration	Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Orange	Waste which may be “treated”	Indicative treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration.

Purple	Cytotoxic and cytostatic waste	Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Yellow/black	Offensive/hygiene waste	Indicative treatment/disposal required is landfill or municipal incineration/energy from waste at a suitably permitted or licensed facility.
Red	Anatomical waste for incineration	Indicative treatment/disposal required is incineration in a suitably permitted facility.
Black	Domestic (municipal) waste	Minimum treatment/disposal required is landfill, municipal incineration/energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
Blue	Medicinal waste for incineration	Indicative treatment/disposal required is incineration in a suitably permitted facility.
White	Amalgam waste	For recovery

Dealing with non-infectious dressings

Where a dressing is assessed as not infectious, the following should be considered (noting that the type of dressings that are produced in the community by a healthcare Worker can vary greatly):

- Contaminated dressings from a wound assessed by the healthcare Worker as non-infectious can be treated as non-hazardous and should be contained and disposed of in the offensive/ hygiene stream.

- Any recognisable item of non-infectious healthcare waste cannot legally be disposed of in the black-bag waste stream and should therefore be disposed of in the offensive/hygiene waste stream.

  – Mixed domestic waste does contain small numbers of plasters, small dressings and incontinence products. Where the healthcare Worker produces the same or similar items, these - with the following considerations, can be double-bagged and placed in the domestic waste (with the householder's permission). The following should be considered:

  ✓ type of healthcare waste – if it looks like a healthcare waste and is not obviously a normal constituent of domestic waste, then it should not go in the black bag.

  ✓ the quantity produced – where a number of small dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive/hygiene waste. If, however, the amount produced is relatively small and consistent with that likely to be found in the household waste stream (for example that bought from a local pharmacy or supermarket by the householder), it may be discarded in the domestic waste.

  ✓ packaging – where such waste is placed in the domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange, as the waste is not deemed to be infectious – thin opaque plastic bags such as sandwich bags and bin liners are appropriate.

Disposal of Waste

- The collection of healthcare waste requires good communication between all parties including Carers Choices, Care Workers, healthcare organisations, the

local authority and other non-healthcare parties involved in the collection (for example waste contractors)

- The collection times and arrangements need to be clear to all parties to ensure the safe disposal of healthcare waste.

- In certain regions, there may be issues with similar colours used for other waste streams. For example, orange bags are used for recycling by some local authorities. In these situations, it is even more important for good communication, consultation with Company Care Workers and their safety representatives, and collaborative working between all parties to take place.

Transporting offensive or infectious waste from patients' homes

Where waste is generated by a Company Care Worker for people in their own homes, Carers Choices Care Worker is responsible for ensuring that the waste is managed correctly; **this is part of their duty-of-care.**

Managers need to ensure that arrangements are in place to ensure that the waste is packaged and labelled correctly and transported for appropriate treatment and disposal. Local options may vary, but in general Carers Choices has two options.

Option 1 – collection from the premises/ householder

Only if the householder consents to the storage of the waste can Carers Choices Care Worker producing the waste leave it in the home for later collection by an appropriate organisation (for example a waste contractor acting on behalf of the local authority or healthcare provider). If the householder declines to give consent, Carers Choices Care Worker cannot legally leave the waste.

This problem should be discussed with the Client and the Manager of Carers Choices in order to explore all options of convenient and safe resolution. Healthcare organisations, such as Carers Choices, and their employees have responsibility for the waste while it is being stored awaiting collection and for arranging that collection. While awaiting collection from the householder's home, the waste should be stored in a suitable place to which children, pets, pests etc do not have access. It is not appropriate to leave the waste unsupervised on the pavement awaiting collection.

Waste should be packaged and labelled appropriately, and adequate instruction should be given in relation to safe pre-collection storage. The householder should be provided with the correct containers/packaging to ensure correct disposal. The party collecting the waste should be provided with the information required under duty-of-care requirements. A consignment note is not required for the movement of hazardous waste from domestic premises. However, a consignment note should be completed and accompany the movement of the waste if not from domestic premises, as infectious waste is classified as hazardous waste.

Option 2 – Company Care Worker transports waste

Carers Choices Care Worker producing the waste can transport the infectious or offensive waste from the home environment back to base where waste collection and disposal arrangements are in place. Where Company Care Workers are transporting waste in their own vehicles, they should ensure that they are transporting the waste in suitable UN-approved rigid packaging, for example containers or drums.

CQC Registration and Inspection Compliance

Key Questions and Quality Statements applicable to this Policy	Care Quality Commission (Registration) Regulations 2009 applicable to this Policy
Safe • Involving People to Manage Risks • Safe Environments Well-Led • Environmental sustainability – sustainable development	Regulation 9: Person-centred care Regulation 10: Dignity and respect Regulation 12: Safe care and treatment

	Regulation 13: Safeguarding service users from abuse and improper treatment

Legislative Compliance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 applicable to this Policy	Other legislation relevant to this Policy
Regulation 12: Safe care and treatment	

Policy Reviewed on Date of Implementation by the Following Company Officer:

Full name:

Paul Ramsden

Job Title:

CEO

Signature:

P. Ramsden