

Standard Operating Procedure 1 (SOP 1)

Clinical and Offensive Waste

Why we have a procedure?

In accordance with HTM 07-01: Safe management of healthcare waste, waste must be segregated. It is the staff member's responsibility to ensure that they dispose of waste into the correct waste stream, failure to do so may result in the Trust or the staff member receiving a fine for non-compliance from the Environment Agency.

Health Technical Memorandum 07-01: Safe Management of Healthcare Waste contains the regulatory waste management guidance for the NHS in England including waste classification, segregation, storage, packaging, transport, treatment and disposal.

Clinical waste is defined as any waste which may cause infection to any person coming into contact with it. This may consist wholly or partly of: human or animal tissue; blood or other body fluids; excretions; drugs or pharmaceutical products; swabs or dressings; syringes; needles or other sharp instruments. It is waste which unless rendered safe may prove hazardous to any person coming into contact with it. This also covers any waste arising from: medical; nursing; dental; veterinary; pharmaceutical or similar practices, investigation, treatment, care, teaching or research. This includes the collection of blood for transfusion.

Offensive waste describes healthcare and similar municipal waste, apart from clinical and hazardous waste, which may cause offence to people by appearance or smell. Examples include nappies, feminine hygiene products, used but uncontaminated PPE (has not been in contact with an infected patient) and incontinence waste. This is non-infectious waste and does not require specialist treatment or disposal.

What overarching policy the procedure links to?

Waste Management Policy

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	✓	✓	all
Learning Disabilities Services	✓	✓	all
Children and Young People Services	x	✓	all

Who does the procedure apply to?





All staff involved in the disposal of clinical or offensive waste






When should the procedure be applied?

When segregating or disposing of any clinical or offensive waste

How to carry out this procedure

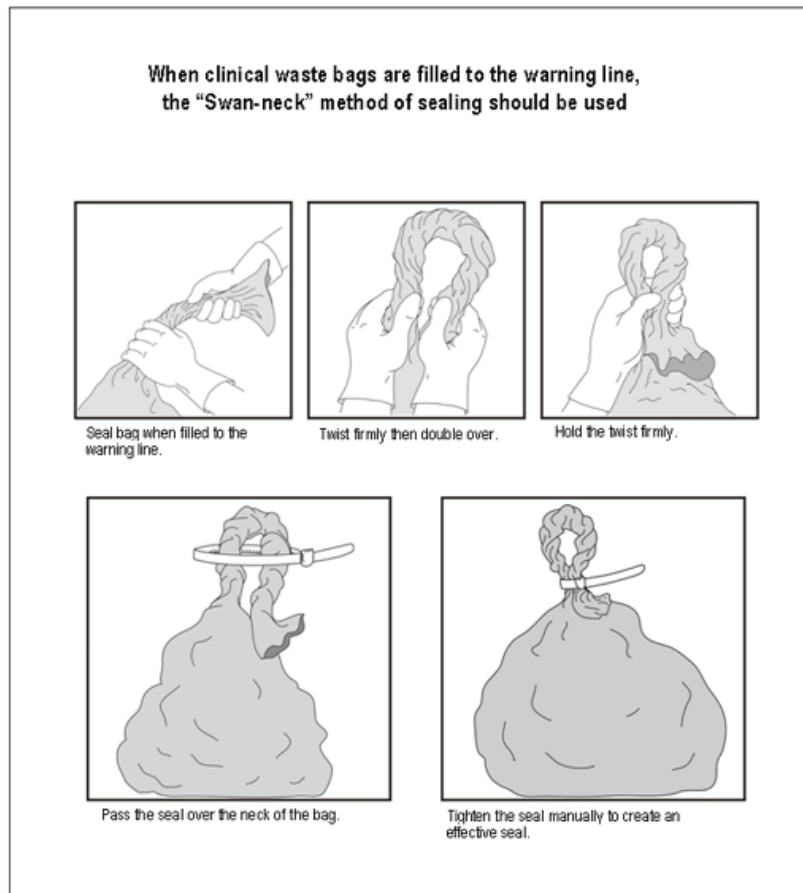
- Clinical wastes to be segregated at source from all other waste streams. The type and colour of containers used for each type of waste will accord with the following:

Container	Examples of Waste	Waste Stream Colour Code & Disposal Method
 <p>NO clinical waste or used personal protective equipment</p>	<p>Domestic Waste – Non-Recyclable</p> <ul style="list-style-type: none"> ✓ empty packaging ✓ dead flowers ✓ sweet wrappers ✓ used medicine tots ✓ food waste 	<p>Suitable for disposal in landfill sites therefore not suitable for contaminated items or patient identifiable material</p>
 <p>NO clinical waste or used personal protective equipment</p>	<p>Domestic Waste – Recyclable</p> <ul style="list-style-type: none"> ✓ waste paper (non-confidential) ✓ paper towels ✓ newspapers/magazines ✓ cardboard ✓ Plastics ✓ Tins 	<p>Suitable for disposal in landfill sites therefore not suitable for contaminated items or patient identifiable material</p>
 <p>NO sharps or domestic waste</p>	<p>Offensive Waste</p> <ul style="list-style-type: none"> ✓ 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 	<p>Treatable waste – can go for alternative treatment prior to ultimate disposal</p>
 <p>NO sharps or domestic waste</p>	<p>Clinical Waste</p> <ul style="list-style-type: none"> ✓ as above but from a patient with a known infection e.g. TB 	<p>For disposal by incineration only</p>

Container	Examples of Waste	Waste Stream Colour Code & Disposal Method
 <p>NO empty packaging, cotton wool, sterets, gloves etc.</p>	<p>Clinical Waste – Sharps</p> <ul style="list-style-type: none"> ✓ razors ✓ lancets ✓ scalpels/blades ✓ venepuncture needles/syringes <p>N.B. NOT for disposal of medicinally contaminated sharps</p>	<p>Treatable waste – can go for alternative treatment prior to ultimate disposal</p>
 <p>NO empty packaging, cotton wool, sterets, gloves etc.</p>	<p>Clinical Waste - Mixed Sharps</p> <ul style="list-style-type: none"> ✓ used needles/syringes used to administer medication <p>N.B. NOT for disposal of sharps contaminated with cytotoxic or cytostatic medicines</p>	<p>For disposal by incineration only</p>
 <p>NO empty packaging, cotton wool, sterets, gloves etc.</p>	<p>Clinical Waste - Mixed Sharps</p> <ul style="list-style-type: none"> ✓ used needles/syringes used to administer medication classed as cytotoxic or cytostatic 	<p>For disposal by incineration only</p>
 <p>NO paper towels, cotton wool, sterets, gloves etc.</p>	<p>Clinical Waste - Medicines</p> <ul style="list-style-type: none"> ✓ waste medicines in their original packaging e.g. minims, inhalers, tablets, capsules, lozengers, pessaries, suppositories, creams, ointments, ampoules, vials and liquids & lotions <p>NOT classed as cytotoxic or cytostatic</p>	<p>For disposal by incineration only</p>
	<ul style="list-style-type: none"> ✓ broken glass ✓ Aerosol <p>NOT suitable for empty medicine bottles – these MUST be disposed of in the blue lidded medicine waste bin (see above)</p>	<p>Suitable for disposal in landfill sites therefore not suitable for contaminated items or patient identifiable containers</p>

- Clinical and offensive waste must be discarded into the appropriate bags/bins. For specific guidance on the safe disposal of Sharps see **Standard Operating Procedure 2 (SOP 2) Sharps Waste**. When disposing of nappies, feminine hygiene products, used but uncontaminated PPE and incontinence waste a decision must be made by staff whether the waste is offensive or infectious. Infectious waste must be treated as clinical waste
- Gelled body fluids, Aprons, gloves and colostomy bags should not be macerated and should be disposed of via the offensive or infectious waste stream as appropriate
- All bags should be ¾ full or less
- Spilt or contaminated bags must be placed into a second bag
- Staff should wear the correct PPE when handling waste which is to be discarded as clinical waste

- Bags are to be tied and tagged when removed from the bin. Ensure they are securely sealed using a suitable plastic tie or secure knot - see swan neck method below:

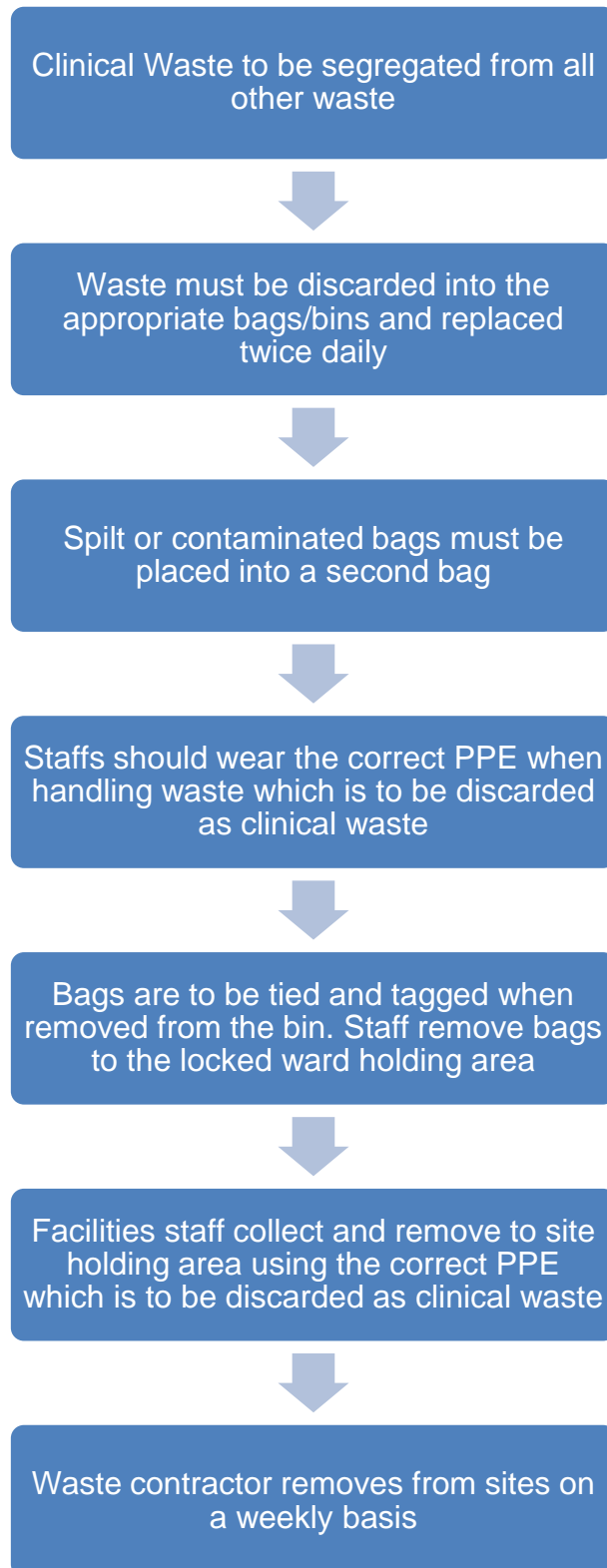


- All waste bags should be marked with the care provider details and dates to ensure they can be traced if an incident occurs
- Be careful when handling bags so they do not tear and keep at arm's length to avoid injury
- Staff remove bags to the locked ward holding area
- Facilities staff collect and remove to site holding area using the correct PPE which is to be discarded as clinical waste
- Waste contractor removes from sites on a weekly basis

For sites that are serviced by an out sourced contract the following procedure applies:

- Clinical Waste to be segregated from all other waste
- Waste must be discarded into the appropriate bins
- Waste contractor removes from sites as per the contract agreed

Clinical and Offensive Waste Flowchart



Where do I go for further advice or information?

- Site Facilities Coordinator
- Assistant Head of Facilities
- Infection Prevention and Control Team

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust's Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment

Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-COI-SOP-04-1
State if SOP is New or Revised	Revised
Policy Category	Control Of Infection Sub Category – Estates & Facilities
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPs and Governance
Policy Lead/Author Job titles only	Facilities Manager and Infection Prevention and Control Nurse
Committee/Group Responsible for Approval of this SOP	Infection Prevention and Control Committee
Month/year consultation process completed	n/a
Month/year SOP was approved	April 2019
Next review due	April 2022
Disclosure Status	'B' can be disclosed to patients and the public
Key words relating to this SOP	HTM 07-01, Healthcare waste, Segregation, Waste stream, Disposal, PPE

Review and Amendment History

Version	Date	Description of Change
1.1	Dec 2018	Title changes to persons who may give advice
1.0	Oct 2015	New Procedure established to supplement revised Waste Management policy