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Community Health Oxfordshire Policy Group

256 Waste Management Policy

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1. Introduction

Community Health Oxfordshire (CHO) requires a comprehensive Waste Management Policy to meet the requirements of the Health and Safety At Work Act 1974, the Control of Substances Hazardous to Health Regulations (COSHH), the Environmental Protection Act 1990, the Hazardous Waste Regulations 2005, Health Technical Memorandum 07-01: Safe Management of Healthcare Waste and the regulation requirements of the Care Quality Commission (2009). This will ensure the health, safety and welfare of its employees, patients, clients and any others on its premises and in the environment at large.

The safe and effective disposal of health care waste begins with the staff that generate any waste.

For the purposes of this policy the producer is the healthcare worker, ward or department that is the initiator of the waste product.

2. Definition

Community Health Oxfordshire will proactively manage hazards /risks associated with waste, faced by staff patients and visitors in order to provide a safe environment. This will be achieved by providing adequate resources for staff to adhere to this policy. In order to meet its duty of care, waste will be disposed of correctly to comply with the European Waste Regulations, and Hazardous Waste Regulations.

3. Scope

This policy applies to all CHO staff including those managed by a third party e.g. agency staff or contracted domestic staff and premises where they work, and compliments the Risk Management and Health & Safety Policies.

4. Aim

The aim of the waste policy is to ensure that the risks of exposure by healthcare workers and patients, to potentially infective materials within waste, are reduced to a minimum. This will be achieved through the correct disposal of infectious, hazardous and other waste.

5. Accountability and Responsibility

The Director of Infection Prevention and Control (DIPC) is the nominated board member charged with the responsibility for infection control, and will ensure that necessary management arrangements are in place to minimise the risks of healthcare associated infection from healthcare generated waste.

All managers and anyone required to support and manage staff are responsible for ensuring that their staff are aware of this policy and that they understand and adhere to the actions contained within it.

Individual staff are responsible for following the policy and taking immediate action and obtaining appropriate advice from the infection control team whenever necessary.

Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMHT) have a Designated Waste Lead who also manages some of the waste contracts for Community Health Oxfordshire. They can provide advice and guidance on waste management.

The designated waste lead will carry out an initial audit of waste on each site that they manage and make recommendations. The ongoing day to day responsibility for waste management and the actioning of the recommendations from the designated waste lead will then be passed to a waste champion for that area.

The Infection Control Team will provide advice and guidance on safe practices and procedures for handling infectious and non infectious waste. The Infection Control team will include a brief overview of waste management within the infection control annual training programme.

The Medicines Management pharmacist shall provide guidance on safe practices for the safe handling and disposal of pharmaceutical waste.

The Health and Safety Advisor shall provide advice and support to staff as required on legislative requirements for waste disposal

Waste Champions are required for each CHO site and will be responsible for ensuring that the actions from the initial waste audit are implemented. They will also be responsible for undertaking all future waste audits for their area.

Ward and Department Managers are responsible for overseeing the implementation of this policy and all waste management procedures within their clinical areas. This includes ensuring that staff are trained in correct waste segregation and disposal.

Ward and clinic staff are responsible for ensure that waste is disposed of into the correct waste stream. Waste segregation is covered as part of staff induction and within the mandatory infection control training. They are not responsible for checking the contents of full waste bags.

Domestic staff in ward and clinic settings are responsible for emptying waste containers and closing waste sacks using the swan neck method. Full waste sacks are to be closed using the above method without the need to confirm its contents with trained staff.

Contractor Staff, including PFI Partners must ensure that their staff complies with correct waste segregation and handling when on site.

6. Review

The CHO infection control team will monitor and update this policy when there is a change in national direction or after three years as part of the infection prevention and control rolling work programme, whichever is sooner.

Infection control

Guidance on infection control and the management of health care waste is described in detail in two documents.

These are the “Health Act 2009 Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance” (DH 2009) and the Health Technical Memorandum 07-01 (HTM 07-01) (2006) and HTM 07-01 draft document (2010). This policy update has been written based on the 2010 draft document.

These documents do not replace the requirement to comply with other legislation such as the Health and Safety at Work Act 1974) and the Control of Substances Hazardous to Health Regulations (1994).

7. Monitoring

In addition to the waste audits carried out by the CHO designated waste lead and waste champions, audits of waste segregation and disposal within community hospitals will also be undertaken as part of the yearly infection control team unannounced environmental audit programme. Any site that scores overall less than 85% for its environmental audit will be re audited. Thus some sites may have their waste management audited more than once within a 12 month period.

8. Training

Staff that generate waste need to be made aware that they are personally responsible for complying with agreed local procedures. Managers have a responsibility to ensure that all staff are trained to handle all types of waste and implement these waste guidelines.

Training will take place as part of staff induction to their new environment. This should be the responsibility of the manager responsible for that area, e.g. Support Services manager, Matron, Ward Manager, Team leader or the person responsible for inducting a new member of staff to the environment.

As part of any induction programme all staff involved in handling health care waste should be given training, information and instruction in:

- The segregation of healthcare waste and what goes into what waste stream.
- The risks associated with health care waste, its segregation, handling, storage and collection
- Personal hygiene
- Any work procedures that apply to their particular type of work
- Procedures for dealing with spillages and accidents
- The appropriate use of personal protective clothing (PPE)
- Offering immunisation via occupational health
- Details of substances hazardous to health to which they are likely to be exposed

(HTM 07 01 Safe Management of healthcare waste, DH 2010)

All staff that may be required to move bags of hazardous/clinical waste by hand within a particular location must be trained to:

- Check that the storage bags are effectively sealed
- Ensure that the waste origin is marked on the receptacle (bag or bin)
- Tags are applied to waste sacks

- Handle the bags by the neck only
- Know the procedure in the case of accidental spillage
- Check that the seal of any storage bag is unbroken when movement is complete
- Ensure that the origin of the waste is clearly marked using the correct
- Understand the special problems in relation to disposal of sharps, medicines and any hazardous products used within the workplace.

(HTM 07 01 Safe Management of healthcare waste DH 2010)

A record of training undertaken by staff must be kept by the person's manager.

9. Healthcare Waste Collection, Segregation, and Storage

Background

Regulations governing the management of healthcare waste changed in July 2005. The Hazardous Waste (England and Wales) Regulations were introduced which brought changes in the way healthcare premises manage their waste. The Department Of Health (2007) published guidance and best practice for the Safe Management of Healthcare Waste (HTM 07-01) to provide precise European-wide definitions of healthcare waste and best practice on its management within the NHS.

The key change was that the Special Waste Regulations 1996 were replaced by the Hazardous Waste Regulations 2005. Hazardous waste is now defined as a list within the European Waste Catalogue. Each waste stream is defined by a waste code. Healthcare waste falls into section 18 of the EWC. i.e. 18 01 03* = Infectious healthcare waste.

Section 18 codes are

EWC code	Description of Waste
18 01 XX	Waste from natal care diagnosis, treatment or prevention of disease in humans
18 01 01	Sharps except 18 01 03*
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of dangerous substances
18 01 07	Chemicals other than those listed in 18 01 06
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08*

Anyone that produces more than 200kg of Hazardous waste (including healthcare waste) per annum is now required to be registered with the Environment Agency before it can be collected for disposal. Sites which are registered are also subject to Environment Agency inspection and monitoring.

10. Duty of care

The statutory requirements covering duty of care in waste management are contained in Section 34 of the Environmental Protection Act (EPA) 1990 and the Environmental Protection (Duty of Care) Regulations 1991. Everyone involved in the management of waste, regardless of the need for a licence or a permit, has a duty of care to ensure that waste is managed appropriately.

The statutory duty of care applies to everyone in the waste management process. It requires that those involved in the management of waste prevent its escape and that all reasonable measures are taken to ensure that the waste is dealt with appropriately from point of production to the point of final disposal.

Producers of waste (other than households) must ensure that there is a written description, adequately describing the type and quantity of waste produced that accompanies any transfer of waste from the point of production to the point of final disposal (HTM 07 01 Safe Management of healthcare waste, DH 2010)

For the purposes of this policy the producer is the healthcare worker, ward or department that is the initiator of the waste product.

11. Classification of Healthcare Waste

Healthcare waste is classified into four categories

- Clinical waste (hazardous/infectious)
- Non clinical waste (non hazardous)
- Hazardous waste (domestic/household)
- Non hazardous waste (domestic/household)

(HTM 07 01 Safe Management of Healthcare Waste DH 2010)

12. Clinical Waste

Clinical Waste is defined as:-

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

And

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”

(HTM 07 01 Safe Management of healthcare waste, DH 2010)

This category of waste will be disposed of by treating it to render it safe (usually by heat treatment) before disposal. Treatment can only take place in a suitably licensed or permitted facility. This waste stream must not contain amalgam, medicines or anatomical waste (HTM 07 01 Safe Management of Healthcare Waste DH 2010).

Chemicals should not be placed in clinical waste. This includes hand gels, photo- chemicals (as used in radiology), disinfectants and cleaning chemicals (HTM 07 01 Safe Management of Healthcare Waste DH 2010).

13. Non Clinical Waste

All Non-clinical Waste from hospitals (with the exception of Hazardous waste) are classified under the provision of the Environmental Protection Act 1990, Controlled Waste Regulations 1992, as controlled waste.

Non- clinical waste is described as:

- Non-clinical Domestic waste placed into black bags.
- Recyclable materials such as cardboard, paper, plastic etc.
- Broken furniture.
- Confidential waste.
- Electrical waste

14. Hazardous Waste

Hazardous waste is defined by the Hazardous Waste Regulations 2005, as any waste which contains any of 12 key hazardous elements. These are

H1	Explosive
H2	Oxidising
H3A	Highly Flammable
H3B	Flammable
H4	Harmful
H6	Toxic
H7	Carcinogenic
H8 C	Corrosive
H9	Infectious
H10	Toxic for reproduction

H11	Mutagenic H
H12	Substances that release toxic gases

Infectious waste is determined by H9 = Infectious

Any waste within the European Waste Catalogue that is hazardous is marked with an asterisk e.g. 18 01 08 which relates to cytotoxic and cytostatic waste.

Hazardous Waste can also be used to describe other items such as waste chemicals, waste oils, florescent light tubes, computer or TV monitors, fridge freezers and some electrical items which contain lead, batteries, or mercury etc.

15. Waste Segregation

Waste holders/sharps bins supplies

Colour coded waste sacks and/or containers that meet UN approved standards are to be used for the disposal of healthcare waste.

Each ward and department must ensure they have appropriate waste sacks and sharps bins which are colour coded and clearly labelled to determine the waste stream.

Waste bins must be foot pedal operated, easy to clean and fire retardant in line with the NHS Cleaning Standards Manual and Hospital Fire Code HTM 05-01 (HTM 07 01 Safe Management of Healthcare Waste, DH 2010).

Waste bags (clinical and domestic) sharps bins and mattress disposal bags are available from e-procurement.

16. Procedure for the Segregation and Handling of Clinical Waste within healthcare

Orange Clinical Waste Sacks

These should be used for all soft clinical waste which includes

- Contaminated PPE
- Dressings (that do not contain any medicines)
- Small pieces of tissue e.g. warts, verruca's etc
- Couch roll contaminated with body fluids

Clinical waste must be segregated at source by clinical staff and placed into UN approved orange clinical waste sacks or sharps bins. Waste that goes into this waste stream includes absorbent pads, soiled dressings, soiled surgical wipes and tissues, gloves, aprons, contaminated cleaning cloths, empty non medicated IV bags and lines, nappies, sanitary pads, swabs, soiled disposable drapes and face masks.

Clinical waste bags must never be left to overflow and should be changed when $\frac{3}{4}$ full. Once the bags/bins require emptying, they are to be collected by the domestic staff, the top closed using the swan neck method and an identification waste tag is to be applied. Clinical waste bins do not need checking by qualified staff to ensure that the content is correct. All staff disposing of waste have a responsibility for ensuring it is placed into the correct coloured bin.

Each healthcare ward/department/clinic etc must ensure that they have an adequate supply of foot operated clinical waste bins that are colour coded Yellow.

Clinical waste bags must not be removed from any inpatient clinical area or clinics, without having a CHO ID tag attached to ensure full traceability. Once an ID tag is attached the waste can be moved to the nearest waste disposal holding area to await collection.

17. Sharps

These are items (or parts of items) of healthcare waste that could cause cuts or puncture wounds. These include needles, scalpels, blades, patient ends of infusion sets (HTM 07 01 Safe Management of Healthcare Waste, DH 2010).

They must be disposed of in colour coded sharps containers, which are to be collected when $\frac{3}{4}$ full. The coloured lid of a sharps container is defined by how the waste it contains will be treated and disposed of.

Within CHO, the sharps bins that will be used by all inpatient and clinical areas will have a yellow base and a yellow lid. The only exception to this is when Cytotoxic/cytostatic drugs are administered and this waste is disposed of into a yellow bin with a purple lid.

Yellow Lidded Sharps Bins

These sharps bins are to be used for the disposal of blood glucose lancets, scalpels contaminated needles, venflon's, cannula's and items such as used ampoules, glass vials, and syringes that have been used or are contaminated with residues of Prescription Only Medicines (POM's) and pre filled syringes no longer required/out of date.

All such containers should be sealed when $\frac{3}{4}$ full, labelled correctly with date the container was first used, location, a signature of the person assembling/disposing of and the date closed.

This waste is incinerated.

Yellow bin and Purple Lidded Waste Bins (Cytotoxic/Cytostatic)

These waste bins are to be used for the disposal of any medicines, sharps, syringes and giving sets used in the administration of cytotoxic or cytostatic medication.

All such containers should be sealed when $\frac{3}{4}$ full, labelled correctly with date the container was first used, location, a signature of the person assembling/disposing of and the date closed.

This waste is incinerated.

18. Pharmaceutical Waste

Yellow bin and blue lidded waste bin (Pharmaceutical Waste)

Medicinal products are not to be disposed of by washing down a sink or flushing down the toilet.

Pharmaceutical Waste includes all pharmacy waste such as liquid medicines in their bottles, tablets loose or in foils, unopened medicines vials and non hazardous nebulisers.

Within community hospitals, expired, unused, split and contaminated medicinal products, drugs, vaccines, etc are to be disposed of in a yellow bin with a blue lid. No other waste is to be disposed of in this waste stream.

All such containers should be sealed when $\frac{3}{4}$ full, labelled correctly with date the container was first used, location, a signature of the person assembling/disposing of and the date closed.

Controlled drugs are to be disposed of through a process of denaturing using special kits. Tablets and liquid medicine is added to the kit which is then sealed for 24 hours prior to the whole kit being placed into the blue lidded bin. Controlled drugs are not to be added straight from the packet to the bin without being denatured first. Denaturing kits can be obtained through e-procurement as "controlled drug destruction kit".

19. Procedure for the Segregation and Handling of Domestic Waste within healthcare

Domestic and Recycling Waste

Non-infectious domestic type waste generated in hospitals is classified under the provisions of the Environmental Protection Act 1990 and the Controlled Waste Regulations 1992.

Non-infectious waste is:

- General household/domestic waste generated at ward and department level.

- Broken furniture
- Recyclable waste
- Confidential waste

All domestic type waste which isn't suitable for recycling, i.e. food waste, contaminated food packaging, dead flowers, paper hand towels, uncontaminated paper couch roll, non-recyclable packaging, polystyrene and fruit is to be disposed of as domestic waste. It is to be placed in a black waste sack. Aerosol cans are not to be disposed of as domestic waste. These are to be disposed of in the hazardous waste box on all community hospital sites.

Domestic waste must be segregated at source and placed into the appropriate colour waste sack. Each ward/ department/clinic etc must ensure they have an adequate supply of foot pedal operated domestic waste bins which must be clearly labelled to determine their use.

Any recyclable material must be removed from domestic waste and black bags must never contain any clinical waste e.g. gloves, aprons, dressings etc that have been in contact with blood or body fluids.

Large items of domestic/household waste i.e. broken furniture or hazardous waste such as waste chemicals or hazardous electrical goods disposal can be arranged through the estates helpdesk

20 Shredding

Paper that is confidential can be shredded. Whether this is via a shredding company or in an electrical shredder, this needs determining locally by the team concerned. If an electrical shredder is purchased this must be a cross shredded shredder.

21. Recycling

Where possible, local arrangements should be made for cardboard and Ink cartridge recycling.

22. Glass/bottles

This waste has the potential to cause harm by breaking the wall of a plastic bag. Therefore, any bottles and glass must be disposed of within the orange solid wall disposable bins with orange lids. Please ensure you have enough for your ward area/department.

All such containers should be sealed when $\frac{3}{4}$ full, labelled correctly with date the container was first used, location, a signature of the person assembling/disposing of and the date closed

23. Community nursing/community services

Clinical waste generated by the community nursing service, children's services etc, needs to arrange to have their waste collected through the local council waste department.

Whilst awaiting collection, the waste should be stored away from children, pets and pests. A waste transfer notice is not required when clinical waste is collected from domestic premises and schools. (HTM 07 01 Safe Management of Healthcare Waste, DH 2010). If small amounts of NON infectious clinical waste are produced on an ad hoc basis, the healthcare worker may consider whether this can be placed in the domestic refuse (with the householder's permission).

For ease of use, one sharps bin can be used by CHO staff visiting patients within in their home/community setting. A yellow bin with a yellow is to be used unless Cytotoxic/cytostatic drugs are used. In this case a yellow bin with a purple lid must be used.

All sharps containers (regardless of colour combinations) should be sealed when $\frac{3}{4}$ full, labelled correctly with the date the container was first used, location it is from, a signature of the person assembling/disposing of and the date closed.

Community Phlebotomy only can continue to use yellow sharps bins and orange lids as NO medicinal waste is contained within their sharps used. All such containers should be sealed when $\frac{3}{4}$ full, labelled correctly with date the container was first used, location, a signature of the person assembling/disposing of and the date closed.

Controlled drugs for disposal that are not returned to pharmacies for destruction, should be added to denaturing kits. This includes any liquid CD drugs in syringes. The kit and the syringe should then be placed in the yellow bin with a blue lid.

24. Self medicating patients and sharps

Patient who self medicate using injectables should use a sharps container to dispose of their sharps waste. This should be disposed of through the GP/pharmacy. The person prescribing treatment should advise on collection arrangements. It is no longer acceptable to dispose of sharps waste within domestic waste (HTM 07 01 Safe Management of healthcare waste DH 2010).

25. Maggots

Any maggots used in wound care should be disposed of in an airtight rigid yellow container marked UN3291. This container is then to be placed in an orange bag with any other clinical waste and disposed of. The container should come with the sterile maggots when they are ordered.

26. Gypsum

Plaster casts are generated from a variety of sources within CHO including Minor Injuries Units, Dental departments, podiatry, etc. in the majority of cases, these casts are not infectious. However, Gypsum plaster cast is prohibited from landfill as it will give off hydrogen sulphide gas (HTM 07 01 Safe Management of Healthcare Waste, DH 2010) and therefore, cannot be disposed of as domestic waste.

The material must be separated into an appropriate container and sent for gypsum recycling arranged through a specific contractor. Please liaise with estates helpdesk to arrange specific collections.

27. Amalgam Waste

Amalgam waste in any form should be placed in a white rigid receptacle with a mercury suppressant. This waste should be sent to a suitable licensed waste facility where a mercury recovery process prior to final disposal is undertaken. Dental departments are responsible for arranging this through the Estates helpdesk.

All dental departments should have an amalgam separator installed to capture any amalgam contained in waste water (HTM 07 01 Safe Management of Healthcare Waste, DH 2010).

28. Single use instruments

These are now commonly used both within community inpatient areas and community based services. Contaminated plastic, metal and wood where there is no risk of sharps injury can be disposed of in orange bags.

Any of these that have sharp areas are to be disposed of in yellow sharps bins with yellow lids.

29. Staff Health and Waste Handling

All staff whose role may include the handling of healthcare waste shall be suitably immunised as advised by CHO's Occupational Health Department.

When handling healthcare waste, staff must wear appropriate personal protective equipment (PPE) in accordance with CHO's Standard Precautions Policy.

All staff must undertake good hand hygiene practice as per the Hand Hygiene policy after handling any healthcare waste.

30. Waste Storage

Clinical and domestic waste must be segregated and stored within separate designated areas in the sluice of community hospital wards prior to collection. Waste is to be collected at regular intervals throughout the day and moved to the main collection storage area.

In health centres, dental practices etc, an area must be identified where waste bins can be stored securely prior to collection. This area should be of a surface that can be easily cleaned if any waste leaks. All receptacles used for the storage and transportation of waste must be compliant with the required UN Approved packaging standard.

Central Waste storage compounds must be sited away from food preparation areas, general storage areas and public access routes.

Waste compounds must be secured when unattended, enclosed and sited on an appropriate surface, have sufficient foul drainage, good ventilation and display appropriate hazard signs. The provision of a hose point is desirable for wash down purposes. Care must be taken to ensure there is no potential for cross contamination of any adjacent surface water drainage systems.

Clinical and Non-clinical waste within the waste compound must be clearly segregated and all wheelie bin lids must be kept closed and locked to prevent any cross contamination or access by rodents and vermin.

Access to waste compounds shall be by trained authorised personnel only

31. Disposable Curtains

Any disposable curtains undergoing routine changing at 4 months (as per CHO cleaning policy) can be recycled. These curtains must not be contaminated with blood or body fluids. Any disposable curtains that are visually contaminated with bodily fluids must be disposed of into orange clinical waste sacks

Enviro Bags are available from the manufacturer. When six bags have been filled, contact Customer Service line Tel: 0121 783 5777 and they will be collected by the company and recycled.

Please download the form for recycling from
http://www.marlux-medical.co.uk/products/about_the_curtains.php

32. Mattress disposal

Any mattresses contaminated by blood and body fluids that cannot be cleaned or have soaked through the mattress cover into the foam, must be disposed of as clinical waste. Clinical waste mattress disposal bags are available from e – procurement.

Any mattresses that are not contaminated with body fluids can be disposed of as domestic waste (HTM 07 01 Safe Management of Healthcare Waste, DH 2010).

33. Handling and Disposal of Hazardous Waste

Hazardous Electrical Items

Many electrical items which are currently classified as domestic household appliances are now governed by the Waste Electrical, Electronic, Equipment Directive (WEEE Directive).

This requires most electrical items to be recovered, recycled, or reused and not disposed of at landfill. Any department wishing to dispose of large electrical items such as fridges, freezers, washing machines, and electrical equipment used within a clinical environment etc, must first ensure the items have been fully decontaminated. A decontamination certificate must be attached to any item that is being disposed of. This can be found as appendix 3 in the CHO Decontamination policy.

When electrical items are replaced, where possible, please use a company who is able to arrange for the old item to be collected at the time of delivery of the new item. Any problems with collection please contact the estates helpdesk.

Waste batteries, battery backup units, light tubes or any other electrical item containing lead or mercury, must be placed in the hazardous waste box on each community hospital site.

34. Hazardous Waste Consignment Notice

Hazardous wastes for disposal must have an appropriate European Waste Code (EWC) and entered onto a Hazardous Waste Consignment Notice in accordance with the requirements of the Hazardous Waste Regulations 2005 and Environmental Protection Act 1990.

A new waste consignment notice is produced by the waste company annually. A copy of this is kept by OBMH estates department.

35. Waste Transfer Notice (WTN)

A WTN is a document that must accompany any transfer of waste between different holders. This allows other people who handle the waste to know what they are handling and how they can manage it safely.

The WTN must contain enough information about the waste to enable anyone coming into contact with it to handle it safely, and either dispose of it or allow it to be recovered within the law. Specifically, the waste transfer notice must state

- The quantity of waste by weight where possible
- How it is packaged
- Receptacle type
- Waste description
- Source of the waste

As the producer, you are in the best position to describe your waste accurately. It is not acceptable to use non-specific terms, e.g. 'general waste' or 'inert waste'. Both you and the waste carrier must sign the WTN before the waste leaves your site.

Waste transfer notices must be kept for 2 years by the Site Service Managers/managers for the area. This is your record of the type and quantity of waste you transferred, how it was packaged, when you transferred it, where it went and who you transferred it to. These are all requirements of the duty of care.

36. District Nursing and waste transportation

Under no circumstances are district nurses and other community based staff to transport clinical waste bags within their cars. Patients, who require clinical waste collection, must have this set up by their community nursing team through the local council. However, the contents of clinical waste that will be collected is determined by the individual council.

Sharps bins can be carried within the vehicle but must be clean, less than $\frac{3}{4}$ full and have a working temporary close mechanism. They must be dated and signed as above.

37. References

- Health Technical Memorandum 07-01: Safe Management of Healthcare Waste
- Safe Disposal of Healthcare Waste, Health Services Committee 2005
- Health Technical Memorandum 2065, Segregation of Waste Streams in Infectious Areas
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- The Health and Safety At Work Act 1974
- The Special Waste Regulations (1996)
- The Management of Health and Safety Regulations 1992
- The Control of Substances Hazardous to Health Regulations 1994
- The Environmental Protection Act 1990
- The Duty of Care Regulations 1991
- The Landfill (England and Wales) Regulations 2002
- The Hazardous Waste Regulations 2005
- The Transport of Dangerous Goods by Road and Rail Regulations 1997
- The Transport of Infectious Substances Regulations 2005

- Health Act (2009) Code Of Practice For Health And Adult Social Care On The Prevention And Control Of Infection And Related Guidance, Department Of Health
- Care Quality Commission (2009) Quality and Standards
- Trust Policies on Health and Safety, Controlled Drugs and Manual Handling
- Waste Electrical, Electronic, Equipment Regulations (WEEE) 2007
- Healthcare Waste Minimisation (Good Practice Guide) 2000
- CHO infection control policy
- CHO Standard Precautions Policy
- CHO hand Hygiene Policy (2010)
- European Waste Catalogue 2005

38. Consultation

This policy was circulated and received comments from members of the infection control and decontamination forum. This group has representation across all of CHO services

Attendee	Role
Briony Moffat	Podiatry Team Leader
Martin New	OBMHT Estates Manager
Jill Elliot	Home IV therapy Team
Amanda Evans	Lead Dental Nurse
Paul Irving	Ward Manager, City Hospital
Janette Mills	Senior Practitioner Health Protection Agency
Amanda Le Conte	Infection Control Lead Oxfordshire PCT
Mandy Mckendry	Patient Safety Manager
Rosalind Mitchell	Decontamination Lead, salaried dental service
Stephanie Shipway	Deputy Ward Manager, Wallingford Hospital
Joy Dadswell	Community Children's Services
Sue Smith	Healthcare Manager, Continuing Care
Kate Walsh	Healthcare Manager, Continuing Care
Karen Hickey	Dental Nurse Team Manager
Maggie Webb	Unit Manager
Pete McGrane	Out of Hours Manager
Xante Cummings	Unit Manager
Amanda Jones	Unit Manager
Marie Fitzgerald	Unit Manager
Ann Helsdon	OBMH Estates and Waste Lead

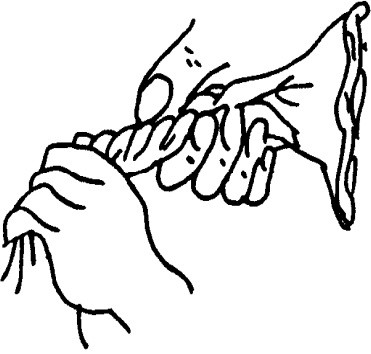

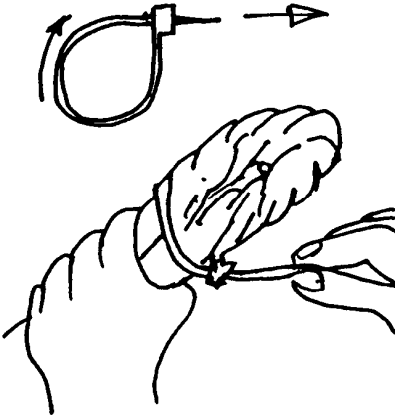
Appendix 1

CLINICAL AND DOMESTIC
HEALTHCARE WASTE
SEALING OF BAG PROCEDURE
USING PLASTIC TAGS

(All staff sealing bags must wear gloves and aprons)

Each tag has a unique traceable serial number which allows easy identification.

Each bag should be sealed as follows using the 'Swan-neck' method:

		
<p>1. Plastic bags must be sealed when no more than three-quarters full.</p>	<p>2. Twist firmly then double over.</p>	<p>3. Seal firmly using the coded tag.</p>

Finally: Feed the tag end through the block and pull, securing the bag. During this operation a ratchet type sound will be heard, confirming the operation of the locking mechanism.