

Clinical Waste – Temporary Workers

Version Control Sheet

VERSION	DATE OF REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
1	24/11/2022	Registered Manager, (William King)	Active	Policy for Temporary Clinical Workers

Purpose

Clinical24 Staffing Limited 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 patient or residents it cares for, and those employed/engaged in the pursuance of its activities. The identification, segregation, storage and disposal of healthcare waste, be it infectious, or offensive, represents an essential element of this duty of care.

Statement

Clinical 24 work with its clients to take seriously the requirements for a structured approach on the safe management of healthcare waste, (including Clinical Waste), special waste and the recycling or recovery of all other residual waste.

It should ensure that health, safety, environmental, and financial risks are effectively managed and integrated within a generic risk assessment.

Clinical 24 acknowledges that waste management can only be effective when everyone, (staff and others) take responsibility for waste.

All workers employed by Clinical24 Staffing Limited 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 patient or residents, 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

5 Categories of waste within healthcare workplaces

Waste category	Descriptions and examples
Hazardous healthcare waste	
Healthcare, (including clinical) Waste	Waste produced as a direct result of healthcare activities, which may pose a risk of infection and / or is medically contaminated
Other (non-healthcare) special wastes	Waste with hazardous characteristics produced from support, (non-healthcare) activities, such as paints, batteries, and waste electrical and electrical equipment. (WEEE).
Source- segregated recyclates	Glass, paper, card, plastics, cans and other metals
Construction waste	Waste from minor estates and capital project works
Food Waste	Unwanted food from kitchen / catering
Residual waste	The fraction of waste that remains once all special waste, recyclates, and food have been removed at source. This is typically described as “Black Bag” or “domestic “ Waste.

Risk Assessment

Workers 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	Healthcare Waste, (including Clinical Waste).	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	Healthcare Waste, (including Clinical Waste).	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

Clinical24 Staffing Limited's 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	Waste from an infection or is infectious is	The vast majority of "bagged" infectious waste produced in the community will be	Alternative treatment to render it safe

	dressings, bandages and some plastic single-use instruments can be treated	disposed of in orange bags	placed in the orange waste stream. Therefore, the use of orange bags in the community is recommended	
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
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	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 can vary greatly):

- Contaminated dressings from a wound assessed by the 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 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 Clinical24 Staffing Limited's 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 Clinical24 Staffing Limited 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 Clinical24 Staffing Limited worker for people in their own homes, it is their 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 Clinical24 Staffing Limited has two options.

Option 1 – collection from the premises/ householder

Only if the householder consents to the storage of the waste can Clinical24 Staffing Limited 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, Clinical24 Staffing Limited worker cannot legally leave the waste.


This problem should be discussed with the client and the Registered Manager of Clinical24 Staffing Limited in order to explore all options of convenient and safe resolution. Healthcare organisations, such as Clinical24 Staffing Limited, and their staff 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 – Clinical24 Staffing Limited Worker transports waste

Clinical24 Staffing Limited 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 Clinical24 Staffing Limited 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.

Next Review

Reviewed by:	Miriam Palk presented to UK Clinical & Corporate Governance and Risk Management Committee for renewed approval
Title:	Head of Nursing
Signed:	
Last Review Date:	24/11/2022
Actions:	No changes 12 month review

Date Approved by Clinical & Corporate Governance and Risk Management Committee:

Next Review Date: November 2023