STANDING OPERATING PROCEDURE

Subject	Management of Healthcare Waste SOP023	
Applicable to	All facilities management, clinical and care staff who work for or on behalf of Nottinghamshire Hospice.	
Date issued	9 May 2023	
Next review date	9 May 2026	
Lead responsible for Policy	Director of Finance and Resources	
Policy written by	Facilities and Transport Manager	
Notified to	Quality and Safety Committee 9 May 2023	
Authorised by	Quality and Safety Committee 9 May 2023	
CQC Standard	Safe	
Links to other Policies/Procedures	Personal Protective Equipment Policy for Infection Prevention and Control (CS020).pdf H&S Policy RM0001.pdf Reporting of Incidents and Accidents Policy OP002.pdf Waste Management Policy OP011	
Summary	This document provides the procedure set in place to manage all healthcare waste from the point of creation, collection, recording, storage and final disposal.	
Target Audience	Care Staff and Facilities Management	

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

1.	Introduction
	This procedure is to ensure that all parties involved in the production of and disposal of healthcare waste at Nottinghamshire Hospice will follow a standard procedure to ensure the:
	 safe and correct disposal of healthcare waste prevention of contamination or infection correct segregation of healthcare waste safe collection of healthcare waste correct recording of healthcare waste final disposal of healthcare waste
	Healthcare waste is not just hazardous or clinical waste, it includes all waste produced by a healthcare provider in operating their business, including recyclables, domestic waste etc.
2.	Segregation of Waste
	Staff are to identify the type of waste they have produced and dispose of it correctly.
	This segregation procedure will ensure that waste is correctly managed and that the correct categories enter the stipulated waste stream for final disposal.
	The Hospice site will segregate its healthcare waste according to the following streams:
	Non-Hazardous Offensive – Any waste which may have bodily fluids on it, but where the patient does not have a known infection. Used PPE, including gloves, aprons, masks. Incontinence and hygiene products, used bandages, dressings and tissues.
	Such items are to be placed into "tiger bags" which are situated in D41, the bathroom and all toileting facilities.
	Yellow/black
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Bags will be checked by maintenance and removed daily as required.

Hazardous Infectious – Any waste where body fluids from a patient who has a known infection could be present. Used PPE, including gloves, aprons, masks. Incontinence and hygiene products, used bandages, dressings and tissues. Staff should check patient notes to confirm.

Such Items are to be placed into "Orange bags" which are held in all clinical rooms.



Bags must be swan necked and sealed immediately.

Consideration must be made to double bagging if possibility of bag leakage present.

Staff must report such waste as soon as possible to allow maintenance staff to safely collect and remove it from treatment areas.

Hazardous Sharps – All sharps waste. This includes sharps with traces of medicine and/or blood.

Such items are to be placed into the approved "Sharps Bins" which are situated in the Robin Room, D41, D35 and D36 treatment rooms.



Bins are to be marked with the location in which they are situated and the dates between which they have been used.

Bins are only to be filled to 1/3 of capacity before sealing.

Bins will be collected quarterly or when reported as being at capacity.

Hazardous Medicines – Medicines including out of date or unused drugs.

These are to be placed within the approved disposal container situated in the treatment room D41.



They are to be marked with the location and dates of use.

Bins are only to be filled to 1/3 of capacity before sealing.

Bins will be collected quarterly or when reported as being at capacity.

Domestic Waste - Packaging waste, general waste from healthcare office or treatment locations. Staff should segregate waste into recyclable and general waste



Recyclable Waste



General waste

Such waste is collated by the cleaning staff daily and moved to the local council refuse containers held on site.

Waste collection for final disposal is conducted weekly.

3. Waste Containers

Only the issued and correctly colour coded containers and sacks are to be used for the disposal of healthcare waste.

Unused containers, sacks and bags will be stored by the maintenance department in a secure area.

	Used waste containers such as sharps bins and sealed tiger bags, will be stored securely and separately from unused containers and all other waste.	
	Healthcare Waste containers will be ordered as required by the Maintenance Manager.	
4.	Waste Collection Process	
	Healthcare waste collection will only be conducted by Maintenance Department staff. Staff will conduct a daily check of healthcare waste points each day.	
	Staff conducting the collection of healthcare waste are to read and comply with the control measures detailed within the Risk Assessment for this activity. PPE if required, must be worn by staff conducting the collection of waste.	
	Hand hygiene must be conducted after the handling of healthcare waste containers and bags.	
	Bags are to be swan necked and sealed. Prior to placing into storage, each bag is to be marked with the hospice details and tagged numerically.	
	Sharps/medicine bins are to be sealed shut and the sealing date entered onto the information label attached. Bins are to be tagged numerically prior to placing them into storage.	
	When a sharps/medical bin is collected, a new empty bin is to be immediately placed in the respective location as a replacement.	
5.	Recording of Healthcare Waste	
	All healthcare waste produced will be recorded, marked and identified through the use of numerical tamper proof seals. This process ensures the origin of the waste as it is handled and transported through to the final means of disposal.	
	The recording of healthcare waste will be conducted by the Maintenance Manager, with accessible records being held electronically for audit purposes.	

	Hazardous waste consignment notes will be cross referenced to the healthcare waste records; evidencing at audit the correct final disposal of healthcare waste through an Environment Agency approved contractor.	
6.	Storage of Healthcare Waste	
	All healthcare waste will be stored securely and separately from all other waste.	
	Sealed sharps/medicine bins are to be stored securely by the Maintenance Manager to prevent tampering or theft.	
	Sealed healthcare waste bags are to be stored in the purpose designed external storage bins. Access to these bins is controlled by the Maintenance Department. They are to be locked at all times when not in use.	
	Only sealed, marked and recorded healthcare waste is to be placed within these storage bins. Bags are to be placed and not thrown into the storage bins.	
	On no account are staff to lean or climb into the waste storage bins.	
7.	7. Final Disposal of Waste	
	The final disposal of healthcare waste will be conducted by an Environment Agency licenced contractor. Contracted collections will be conducted:	
	Monthly – Bathroom sanitary waste disposal	
	 Quarterly – Tiger bags and bagged healthcare waste. 	
	 Biannually – Sealed Sharps/Medicine Bins. 	
	Prior to the removal of such waste from the hospice site by the contractor, a copy of the completed and signed Hazardous Waste Consignment note must be provided to the Maintenance Manager or a Maintenance Assistant in their absence.	
	Each Hazardous Waste Consignment Note will be scanned and uploaded to the central registry for archive. Original copies are to be retained in the Hazardous Waste Records Folder held in the Maintenance Manager's office	

8. Healthcare waste disposal within patients' homes

The requirement to correctly dispose of all healthcare waste produced by care staff activity off site remains the responsibility of Nottinghamshire Hospice.

Care staff must still identify the type of waste they have produced and ensure that it is disposed of correctly. Care staff will need to understand the type of waste they are producing on domiciliary visits to accurately assess whether the waste is hazardous infectious or non-hazardous infectious (see **Appendix 1**).

Please see the table below for guidance.

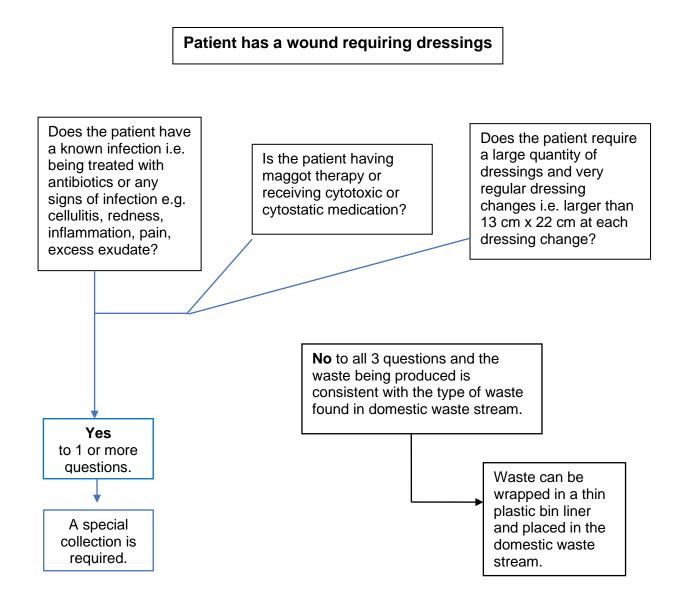
Details of waste	Colour of Disposal Bag/box
Small quantities of healthcare waste that is <u>not infectious</u> and <u>does</u> <u>not</u> require specialist treatment or disposal	Domestic waste stream (Black Bag Waste)
Large quantities of healthcare waste that is <u>not infectious</u> and <u>does</u> <u>not</u> require specialist treatment or disposal	Yellow / black 'tiger' striped bag waste
Infectious healthcare waste that requires specialist treatment or incineration	Yellow bag waste
All sharps except those contaminated with cytotoxic or cytostatic medication	Yellow sharps box
Cytotoxic Waste/sharps cytotoxic or cytostatic waste (see Appendix 2)	Purple Bio-bin or a purple lidded sharps bin for sharps

Hospice care teams and staff work in partnership with Community Care Services, who may already have disposal processes in place, specific to the needs of their respective patients. As part of the care partnerships, staff are to utilise these disposal arrangements for any healthcare waste which they produce.

Appendix 1 and 2 to this SOP are to be used by Hospice care teams and staff to identify the correct disposal route for healthcare waste.

To prevent cross contamination and to ensure hygiene effectiveness, healthcare waste produced in a patients' home is **not** to be transported in Hospice or personal vehicles for later disposal.

Disposal of Wound Care Waste Generated in Patients' Homes



Large heavily exudating wounds with or without signs of infection – If no existing arrangements are in place from other care provider contact the relevant Community Nursing Team

Appendix 2

Disposal of Cytotoxic or Cytostatic Waste Generated in Patients' Homes

Cytotoxic or cytostatic medicine is defined as anything with the following hazardous properties:

- Carcinogenic
- Toxic for reproduction
- Mutagenic

The definition of cytotoxic and cytostatic used in waste classification is much broader than the term "cytotoxic" as used in the BNF, and the BNF should NOT be used for waste classification (Ref1). Cytotoxic and cytostatic medicines are not just drugs used in chemotherapy.

Cytotoxic or cytostatic waste can include:

- Waste medicine
- Receptacles which are used to hold the medicine such as syringes, ampoules, bottles
- Where a drug is excreted in bodily fluids, the secretions, excretions or other bodily fluids, or anatomical waste, and/or items contaminated with these bodily fluids (catheters, stoma bags, dressings or personal protective equipment; gloves, aprons etc) can be contaminated with the cytotoxic or cytostatic medicine.

All clinical waste generated within a patient's home that is deemed cytostatic/cytotoxic must be placed into a rigid cytotoxic bin (a purple Bio-bin or a purple lidded sharps bin for sharps.) Whilst in the home this must be placed in a safe place; away from pets, children and vulnerable adults who may not be aware of the danger it poses. Once 2/3 full the bin should be sealed and transported back to the patient's health care centre for disposal.