



Title	Infection Control Manual - Section 9 Sharps & Clinical Waste
Document Type	Policy
Document Number	IPCT001/10
Version Number	3 rd Edition
Approved by	Infection Control Committee
Issue date	August 2011
Review date	September 2014
Distribution	All NHS Borders Staff
Prepared by	Infection Prevention Control Team
Developed by	Infection Prevention Control Team
Equality & Diversity Impact Assessed	No

8.1 DISPOSAL OF SHARPS POLICY

Aim: To dispose of sharps in a safe manner and in accordance with current legislation

Standards

All sharps, (including needles, syringes, broken clinical glass, blades, IV cannulae and introducers for IV giving sets, plus attached tubing) must be disposed of into an approved and appropriate sharps disposal unit. It is your responsibility as the user to ensure this happens immediately.

Always ensure you have a sharps disposal unit immediately to hand; never carry unsheathed sharps.

Do not re-sheath sharps (Dental practices refer to BDA guidelines).

Do not detach needles except when necessary, for example, to discharge contents into a specimen tube.

Sharps disposal units should be removed when three-quarters full or monthly, whichever comes first. It is your responsibility as the user to ensure this happens. Tag the sharps disposal unit using the correct number coded tag before uplift to indicate the source.

Do not over fill the sharps disposal unit. Shake the contents to settle; never pack down. There should be no protruding items and containers should never be filled above the fill line

Sharps containers must be assembled correctly, with date and named person clearly detailed on the label

Sharps boxes should be kept above floor level, out of the reach of children, preferably attached to a wall. The sharps disposal unit should be observable so far as is reasonably practicable and kept secure to prevent accidental or malicious access. There are containers available, e.g. the sharpsguard sharps disposal unit, which have a limited opening that impedes access by hands.

They should not be exposed to heat or direct sunlight.

Please ensure that temporary closures are used when containers are left unattended or during movement.

In areas such as Intensive Therapy and Operating Theatres, where there is a high volume of use, consideration can be given to the use of closures as not to impede work flow in a critical area.

When a sharps container is ready for disposal:

- the closure must be made permanent,
- label completed
- a ratchet tie applied for identification
- the closed container must be stored in a secure area until ready for uplift

Order the appropriate size for your needs and keep spare units in stock. Used sharps boxes from external agencies (Police, Scottish Borders Council) will be replaced at Health Care premises. Wash your hands before and after use.

For further advice, consult the Infection Prevention Control Team or the Occupational Health Service.

Remember, while there may be a low risk of infection from sharps injury, the consequences could be fatal. Consult Occupational Health immediately for advice in cases of all needle stick/sharps injury.

Adverse Event Recording

Follow Occupational Health policy on Needlestick / Sharps / Contamination Injuries and NHS Borders Adverse Event Management Policy.

8.2 CLINICAL WASTE POLICY

Aim: Dispose of clinical waste in a safe manner, adhering to current legislation

Clinical Waste coming to BGH is generated from NHS Borders and includes:

- health centres and General Practitioners surgeries
- nursing homes, registered with NHS Borders as requested
- dental practices / surgeries
- veterinary practices / surgeries as required

Clinical Waste is defined by the "Controlled Waste Regulations" 1992:

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, or 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.

Segregation of clinical waste

Bags (Colour coded Yellow).

Clinical waste must be placed in yellow plastic bags.

- plastic bags when used in high risk areas, infectious disease and isolation nursing units, haemodialysis and for the disposal of human tissue should be an NHS Borders approved bag.
- clinical waste generated at ward level, other than clinical waste from isolation rooms, must be placed in a yellow plastic bag within an appropriate container. When approximately $\frac{3}{4}$ full, the bag is removed from the container and secured at the neck using appropriate securement tags supplied by Estates

Department. *(All bags must be easily identified and those without identification tags will not be uplifted)*

- when a clinical waste receptacle is not immediately available ensure that any clinical waste [e.g. from a wound dressing] can be put in a smaller yellow bag for safe transport to a large clinical waste bin following the procedure
- staples must NEVER be used as they may cause injury to the handler
- closed bags must be placed in the designated storage area at the ward, i.e. the sluice room or dirty utility, to await collection for incineration

Do not leave closed bags in hospital corridors or out with designated storage areas of ward/ department

- within NHS Borders the general services staff will transport the waste from the wards/ departments to the incinerator in a Eurobin.
- Eurobins must be locked at all times when not in use
- All premises external to BGH will use an appropriate locked outside store where required

Care must be exercised to ensure that aerosols and glass waste are not put into yellow bags destined for incineration due to the potential explosion damage caused within the incinerator

Sharps – [See section 9.1 of the Infection Control Manual](#)

Bedpan Macerators

Only disposable pulp products, i.e. bedpans, urinals etc. and their contents should be disposed of in the bedpan macerator.

Disposable cloths and other disposable sanitary items must not be placed in macerator.

Operating theatre

- all theatre waste is placed in yellow bags and securely closed and tagged before leaving the theatre. A separate bag is used

for each operation and marked with the appropriate theatre identification

- amputated limbs and any other tissues, not being sent for pathological examination are double bagged in yellow bags. General Services are contacted immediately and informed that items for incineration are ready for uplift, at the duty disposal transfer area. The General Services Supervisor either goes their self, or arranges for a member of the General Services staff to go immediately to theatre via the ASDU corridor, where a member of the theatre staff passes the yellow bag over the divided door
- general services staff must never enter the clean theatre corridor but wait to be handed the yellow bag over the divided door. They will immediately take the yellow bag to the incinerator waste holding area and contact a member of the Works staff to ensure incineration as soon as possible
- at the request of the Theatre Staff, any other tissues not being sent for pathological examination are removed by the General Services staff from the dirty disposal area as described above
- sharps - During operations, used sharps are placed on to a discardopad, which is deposited into a sharpsafe box in the disposal room at the end of each operation.

Clinical waste bags from the Day Procedure Unit are labelled with a notice to delay incineration of their waste for 24hrs

Maternity unit

Wards 16 and 17 and SCBU as per ward policy

Labour Suite and Maternity Theatre Placentas - Placentas are placed in a placental yellow stream special waste container within a yellow plastic bag or double bagged in yellow bags and incinerated as soon as possible.

Community Deliveries - Placentas must be placed in the placentapak or doubled bagged as above and brought to the incinerator as soon as possible.

Blood and Blood products - A special macerator is sited in the Labour Suite dirty utility room for disposal of such waste.

Laboratory Waste

This is handled within the Area Laboratory according to local policy and protocols (following HSE guidance documents for Laboratory facilities and Containment Level 3 suites).

- Waste requiring autoclaving, prior to incineration, is stored in leak proof rigid containers within a demarked area of the autoclave room.
- Once autoclaved waste is placed in yellow clinical waste bags, tagged and placed in a Eurobin in the autoclave/disposal room.
- All other Laboratory waste is placed in yellow clinical waste bags, tagged and placed in a Eurobin in the autoclave/disposal room.
- Containment level 3 waste is taken directly from Containment suite in leak proof closed autoclave bags in a rigid container and placed directly into the autoclave and then autoclaved – the waste is then placed in yellow clinical waste bags, tagged and placed in a Eurobin in the autoclave/disposal room.
- Eurobins are removed by boiler house staff and taken for incineration.
- Protocols are in place for “supervised burns” i.e. direct supervised (by Senior Microbiology staff) incineration of bagged and tagged waste in case of autoclave failure.

Pharmacy waste

Pharmaceutical and chemical waste is disposed in pharmaceutical waste disposal bins located on wards. These are then collected for incineration.

Cytotoxic waste

Cytotoxic waste should be handled according to the Guidelines for handling Cytotoxic Drugs as per NHS Borders Clinical Intranet) and be returned to the BGH Pharmacy Department and disposed of offsite (clearly labelled as ‘cytotoxic waste’).

Dialysis waste

Dialysis Waste is double bagged in yellow bags (as per human tissue waste) and securely sealed with adhesive tape / tagged for incineration.

- BGH bags are uplifted by the General Services staff and taken to the incinerator holding area

Radioactive waste

(See quick reference guide: Nuclear medicine waste disposal, nuclear medicine department, BGH).

Storage precautions

- all clinical waste (excluding sharp disposal containers) should be placed in a yellow bag prior to incineration
- yellow bags must only contain clinical waste
- each bag should carry a clear identification tie, which identifies its place of origin (hospital, ward or department)
- clinical waste should be removed as frequently as circumstances demand
- when stored at premises external to BGH in an outside store, waste must be kept secure from unauthorised persons, domestic animals, birds, rodents and insects. The store must be kept locked

Transportation of clinical waste

A safe system of operation is ensured by a purpose-dedicated vehicle.

Emergency Disposal Procedures in the Event of Breakdown

In the event of the incinerator being unavailable for operation for a considerable period of time due to maintenance or breakdown, the BGH will dispose of its clinical waste via a specialist waste disposal contractor.

Handling of clinical waste: training required

All staff, in particular the General Services Staff, who are required to move bags of clinical waste by hand within a particular location will be trained to -

- check that the storage bags are effectively sealed
- ensure that the origin of the waste is clearly marked on the bag
- handle bags by the neck only

- know the procedure in the case of accidental spillage and to report accidents
- check that the seal of any storage bag is unbroken when movement is complete
- understand the special problems related to Sharps disposal.

Adverse Event recording

Contact OHS immediately if you sustain a needlestick/sharp or contamination injury. Follow Occupational Health policy on Needlestick / Sharps / Contamination Injuries and NHS Borders Adverse Event Management Policy.

8.3 BLOOD SPILLAGE PROTOCOL

ESTATES/FACILITIES DEPARTMENT

All major blood spillages must be reported to the Infection Control Nurse/Manager and or the General Services Supervisor. The following steps must be followed:

[Actichlor Plus General Environment](#) [Actichlor Plus Blood Spills](#)

It is important that the General Services staff ensure that all yellow bag waste, particularly from theatres, is placed carefully into the Eurobin, with the tied opening uppermost, to avoid accidental spillage within the bin.

If there is a noticeable amount of blood spillage which has accidentally occurred within the Eurobin, do not touch the contents of the eurobin before incineration.

If there is soiling with blood on the outside of the eurobin, this must be washed down using the pressure hose.

A long plastic apron, gloves and visor must be worn as the water pressure can create an aerosol, which may support blood particles

Where blood spillage occurs on a concrete floor or the ground outside:

1. Pressure-hose the spillage away to the nearest drain, using copious amounts of water
2. Always wear heavy-duty rubber gloves when handling clinical waste
3. Always wash your hands thoroughly after removing gloves
4. Make sure that any breakage of your skin, e.g. a cut or scratch is covered with a waterproof dressing.

Incident recording

Follow Occupational Health policy on Needlestick / Sharps / Contamination Injuries and NHS Borders Incident Recording Policy.

8.4 CLINICAL WASTE WITHIN PATIENT'S OWN HOME

This includes taking all reasonable steps to comply with statutory requirements and guidance from the Management Executive of the National Health Service in Scotland.

Managers will ensure clear procedures are in place and employees working in the Community Health Service must be aware of the importance of the Waste Disposal Policy and any other instructions given to them regarding the safe disposal of waste.

Risk Assessment

In order to ensure the safe and effective disposal of health care waste (including health care waste generated in the domestic environment) a risk assessment must be carried out.

A risk assessment can be defined as "the process of identifying hazards to patients, family and health care workers associated with health care waste and will provide objectivity in deciding the degree of risks and appropriate control measures" (RCN 1994).

This assessment is not a one-off event but should be continually reviewed and should be included as an integral part of the care plan. The person responsible for the care plan is responsible for ensuring that the appropriate waste disposal route is identified and actioned.

The outcome of each assessment will vary depending on the particular patient circumstances and the professional judgement of the person carrying out the assessment.

These guidelines should be referred to prior to carrying out the risk assessment, in order to provide reasonable continuity of care. The aim is to ensure that each practitioner begins the assessment from a universal base line, while allowing them scope within each specific situation. Where there is any doubt about a particular situation the Infection Control Nurse should be contacted.

A Risk Assessment should be completed on every client generating waste, utilising an assessment tool.