



<b>Title</b>	Infection Control Manual - Section 8 Sharps & Clinical Waste
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## 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 can be significant. It is essential that you 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**

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.

#### **Adverse Event recording**

Follow [Occupational Health policy on Needlestick/ Sharps / Contamination Injuries](#) and [NHS Borders Adverse Event Management Policy](#).

## 9.4 BLOOD (and other body fluid) SPILLAGE PROTOCOL

1. A spillage of blood and/or body fluids must be dealt with initially and immediately by Nursing Staff (or other appropriately trained HCW). This is not limited to clinical areas but applies to other areas within NHS premises including the corridors between the wards. All spillages must be treated as soon as is practicable and safe to do so.
2. The member of staff must then contact the General Services Supervisor to inform them of the spillage so that final arrangements can be put in place for the appropriate cleaning method.

### **Blood Spillage:**

Any Blood Spillage must be managed as potentially infective. All major blood spillages must be reported to the Infection Prevention Control Team or the hospital bleep holder out of hours.

The area should be cordoned off and appropriate signage displayed.

5. Blood spillage must be treated immediately with Actichlor Granules first, for hard floor areas. Follow link for procedure [Actichlor: Blood Spills](#). Actichlor Granules are available at ward level.
6. Make sure that any non-intact skin, e.g. cuts or scratches, are covered with a waterproof dressing.
7. PPE: gloves, apron (and facial protection if risk of splashes) must be donned before cleaning.

NB: Actichlor Granules must never be put directly on to Urine or Vomit.

- a. if blood has soaked into soft floor covering, apply a small volume of cold water initially and apply absorbent pad
- b. When blood is completely removed and disposed of in clinical waste, inform General Services Supervisor immediately who will arrange for completion of cleaning to be carried out

### **Body Fluids Spillage: (e.g. urine, sputum, faeces and vomit)**

1. Don PPE (as above);
2. Apply absorbent material such as a pad and remove gross contamination; and
3. Dispose of in clinical waste before applying Actichlor plus. **Follow link for procedure [Actichlor plus: General Environment](#)**. Actichlor plus is available at ward level.

**NB:** Actichlor plus must never be put directly on to Urine or Vomit before removal.

4. When body fluid is completely removed and disposed of in clinical waste, inform General Services Supervisor immediately who will arrange for completion of cleaning to be carried out.

### **Adverse Event recording**

Follow [Occupational Health policy on Needlestick/ Sharps / Contamination Injuries](#) and [NHS Borders Adverse Event Management Policy](#).

## 9.5 CLINICAL WASTE WITHIN PATIENT'S OWN HOME

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.

In order to ensure the safe and effective disposal of health care waste generated in the domestic environment, potential infection risk should be continually reviewed and documented as an integral part of the care plan.

Where there is any doubt about a particular situation the Infection Prevention and Control Team (IPCT) should be contacted.

### Disposal of Waste

Clinical Waste generated in a patient's home can include:

- human tissue
- blood or other bodily fluids
- drugs or other pharmaceutical products
- swabs or dressings
- syringes, needles or other sharp instruments
- any other healthcare related waste which may cause infection to a person coming into contact with it such as continence pads produced by someone suffering from an infectious disease, e.g. Salmonella.

If patients are treated in their home by an NHS clinician, any waste produced as a result is considered to be the healthcare professional's waste. If the waste is non-hazardous, and providing it is double bagged (opaque bags for this purpose can be ordered from supplies) and sealed, it is acceptable for the waste to be placed in the domestic waste. This is usually the case with sanitary products such as towels, nappies and continence pads (sometimes referred to as 'Sanpro' waste) and can include some wound dressings, etc.

If the waste requires more rigorous management, the healthcare professional should arrange the appropriate storage container and uplift the clinical waste for disposal ensuring that it is safe and practicable to do so, transporting in an approved container back to the hospital or health centre base for disposal. (Please ask the IPCT for advice if required).

## Sharps Management

Hypodermic needles and other hazardous healthcare wastes should never be disposed of in domestic waste; soft drink cans, plastic bottles or similar containers must not be used for the disposal of needles. Sharps bins can be obtained on prescription and the patient must be advised to keep them out of reach of others. They should be assembled correctly prior to uplift or the patient given full instruction for assembly. They can return them to their doctor for disposal when  $\frac{3}{4}$  full or a month old. The bin must be correctly labeled so that the source can be identified. They must return the bin safely, and not carry the box in public until they reach the health centre. If the patient is unable to do this safely, the health care worker may uplift for delivery to the health centre.

Staff transporting sharps in their work vehicles must ensure that they:

- follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms
- dispose of sharps immediately after use in an approved container for transport, close the lid immediately after use and secure the container in the vehicle to avoid tipping and general access
- Check the container at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle. If sharps have been spilled, do not use the affected area and, if necessary, the whole vehicle until made safe
- Contaminated vehicles should be cleared as soon as possible.

See also [Sharps & Clinical Waste Policy](#)

### **Staff experiencing difficulty with the safe transport of sharps:**

Staff should report this to their manager and complete a datix form. This includes difficulties experienced with equipment, particularly sharps containers; additional support and facilities should be provided.

## Medicines

In the case of pharmaceuticals (medicines etc), the recommended means of disposal is to return them to a pharmacist, or community staff can collect and dispose of at their health centre or base for processing through the clinical waste stream.

## Adverse Event Recording

Follow [Occupational Health policy on Needlestick/ Sharps / Contamination Injuries](#) and [NHS Borders Adverse Event Management Policy](#).