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Clinical Waste

Management
in the
Community

A Guide To Managing Waste



ENVIRONMENT
AGENCY



This guide raises and responds to a series of questions that concern many producers of clinical waste in the community and offers a list of measures that can be put into place to ensure that waste arising from healthcare activities is safely and effectively managed.

This Guide has been produced by the Midlands Region of the Environment Agency in consultation with the Office of the Director of Public Health, West Midlands, Regional Office of the NHS Executive, The Health and Estates Facilities Managers Association and the Health and Safety Executive.

Do you know
the answers to the
following questions:

What is clinical waste?

Where does clinical waste come from?

**What are the risks involved from
coming into contact with clinical
waste?**

**How are the risks identified
and minimised?**

What controls apply to clinical waste?

**What measures can be taken
to reduce exposure to the risks?**



This guide will assist you in assessing the risks involved during the storage, collection, transportation and disposal of clinical waste and the actions that can be taken to improve clinical waste management in the community.

It is intended to raise awareness of the issues involved in managing clinical waste and does not necessarily explain how the actions can and should be implemented.

Further guidance will be prepared.

What is Clinical Waste?

The definition of waste resulting from healthcare activities is set out in the Controlled Waste Regulations 1992. In the publication "Safe Disposal of Clinical Waste" (Health Services Advisory Committee 1992), clinical waste is categorised into five risk assessment groups:

Group A



All human tissue, including blood (whether infected or not), animal carcasses and tissue from veterinary centres, hospitals and laboratories, and all related swabs and dressings.

Waste materials where the assessment indicates a risk arising from, for example infectious diseases.

Soiled surgical dressings, swabs and other soiled waste from treatment centres.

Group B



Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.

Group C



Microbiological cultures and potentially affected wastes from pathology departments (laboratory and post mortem rooms) and other clinical or research laboratories.

Group D



Certain pharmaceutical products and chemical waste

Group E



Items used to dispose of urine, faeces and other bodily secretions or excretions assessed as not failing within Group A. This includes disposable bed pans, incontinence pads, stoma bags and urine containers.

The majority of clinical waste generated in the community falls into Groups A, B, D or E. Some waste that would usually be classified as Group E may be treated as household waste if it originates from a healthy individual e.g. sanitary towels, tampons, nappies, stoma bags, incontinence pads, pregnancy kits etc.

Waste producers may have also come across the term "healthcare risk waste" which comes from the following sources: biological, infectious, chemical (including toxic and pharmaceutical materials such as cytotoxics), sharps (including needles, scalpels, sharp broken materials) and radioactive material. In general terms these wastes are those falling within the HSAC Groups A to D but may also include Group E if the waste contains infectious material.

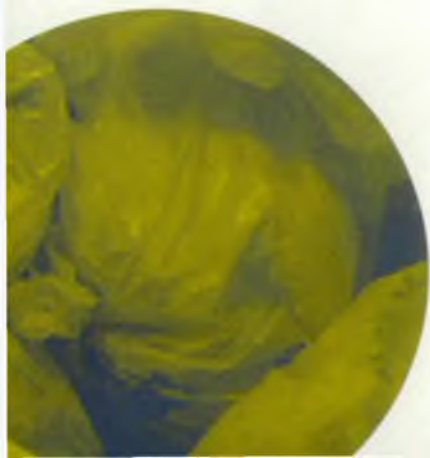
Although unlikely, waste producers may also be producers of "special waste" as defined in the Special Waste Regulations 1996. Clinical waste that may be special will include prescription only medicines and wastes posing high risk.

Where does clinical waste come from?



Waste from healthcare activities is generated from a wide variety of premises including: surgeries and clinics, nursing and residential homes, pharmacies, veterinary practices, private dwellings, research establishments, funeral parlours etc.

The current policy that advocates early release of patients from hospital and the rise in community care facilities and residential homes have all contributed to an increase in clinical waste generated, within the community.





What are the risks involved from coming into contact with clinical waste?



Any person coming into contact with clinical waste, whether it be through ingestion, inhalation or inoculation, is potentially exposed to a health risk. To develop a disease, a person has to come into contact with a contaminated waste and the infection has to enter the body in a sufficient amount to induce the disease.

The principal hazards associated with exposure to clinical waste and, in particular, from contact with waste in Groups A, B, C and D, are:

Infection, following, for example, needle stick injuries

Toxicity from wastes such as pharmaceuticals and other chemicals





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How are the risks identified and minimised?



Although waste produced from healthcare activities carries a potentially greater risk of serious injury and infection than that derived from the normal domestic waste stream, the extent of that risk should be placed into context. The EC Priority Waste Stream analysis suggests that only 20% by volume of healthcare waste is hazardous enough to justify treating it as clinical and that most healthcare waste storage containers contain household type waste.

An assessment of the extent of risk is vital in arriving at the most appropriate storage, collection, transport and disposal arrangements for clinical waste. Except for households, the identification of clinical waste at source is the responsibility of the waste producer. A local risk assessment will need to be carried out to determine which wastes are clinical and whether or not they can be classified as non-infectious. If the risk assessment identifies a need to treat as clinical waste, the waste must be placed into the correct storage container and the most appropriate waste disposal stream.

- All sharps must be disposed of within UN type approved containers and not enter the domestic waste stream.

- Infectious waste requires storing in an UN type approved container, either sharps boxes or yellow plastic bags. By the end of 2001, all healthcare risk wastes must be carried in rigid UN type approved containers.
- Toxic waste such as cytotoxic drugs or other pharmaceutical or chemical products should be returned to the pharmacy or hospital that supplied them.
- Non-infectious waste may be disposed of with household waste, but it may be necessary for such waste to be wrapped before it is placed in the storage receptacle.

In a domestic situation, the healthcare worker needs to advise the householder on the safest and most suitable method of disposal and provide the correct storage receptacles. For example, if a large quantity of waste is generated then arrangements should be made for the local authority to provide a clinical waste collection service. Local authority waste collection authorities have a duty to collect household waste, but in the case of clinical waste they have to be requested to do so, and they may make a charge. The responsibility for ensuring the safe disposal of waste generated during treatment by an employee, such as a district or community nurse, lies with the employer, who must consider all the

circumstances involved. Whether waste, for example, a sharps container, is returned to base by the employee, or larger quantities are collected separately by the employer, or special arrangements are made for collection by the local authority, is a decision which is made by the employer, bearing in mind the local circumstances.

If waste has to be treated as clinical, the assessor should:

- Instruct the householder on the most appropriate waste disposal technique, for example sharps boxes, wrapping waste in plastic to avoid smells, fill levels for sacks.
- Normally provide an initial supply of storage containers, sharps boxes or yellow

bags. Yellow bags of an approved type are required, but regulations in force phase out the use of sacks for certain waste in favour of rigid containers.

When undertaking a domestic clinical waste collection service, the local authority will undertake its own risk assessment to identify any specific difficulties and to determine how replacement containers are to be delivered. Most local authorities offer a separate collection service for clinical waste, mainly for Group E waste, being generated by private householders. In some areas, the local authority will collect sharps.

What controls apply to clinical waste?



Because of the risk of injury or infection from clinical waste, care must be taken at every stage of its handling, storage, collection, transport and disposal. Other than householders, who usually have their household waste collected by the local authority, anyone who imports, produces, carries, keeps, treats or disposes of controlled waste is subject to the Duty of Care imposed by section 34 of the Environmental Protection Act 1990. The aim of this duty is to ensure that there is no unauthorised or harmful deposit, treatment or disposal of the waste to prevent escape of waste whether that waste is in their control or that of another, and to ensure that any transfer of the waste is to an authorised person and that a written description of the waste is also transferred. The Environmental Protection (Duty of Care) Regulations 1991 impose requirements for documentation on the transfer of controlled wastes. Therefore waste should be taken to a treatment and disposal facility regulated by the Environment Agency or the local authority. The producer of the waste is required, although in practice this is done by the appointed contractor, to provide a written description of the waste, quantity etc, to allow safe handling and disposal. So that the waste enters the correct waste disposal stream, it is recommended that simple instructions are given on the storage and waste segregation arrangements within the producer's premises.

In following the Duty of Care, waste producers should pass their waste to a waste carrier, registered with the Environment Agency, who must take the waste to an authorised or licensed disposal facility. Usually, only Group 1 waste can be taken to landfill sites and municipal incinerators. All other types of waste should be taken to authorised high temperature incinerators.



FILL LINE
! WARNING DO NOT !
FILL ABOVE THE LINE



DANGER
DESTROY BY
INCINERATION

**CONTAMINATED
GLASS**



What measures can be taken to reduce exposure to the risks?



The increasing volumes of clinical waste and the potential risk of exposure to people and the environment emphasises the need to adopt safe and effective practices for healthcare waste management. To avoid clinical waste going astray from its proper waste management route and the resultant likelihood of prosecution and fines, the following actions should be taken by everyone who produces, keeps or stores, transports, treats or disposes of clinical waste.



Area	Action to Take	Action Taken
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Waste Collection		YES/NO
	<p>Waste collectors should provide waste producers with clear and simple information about what is expected from them and how the waste will be removed from their premises</p>	
	<p>Use waste carriers registered with the Environment Agency</p>	
	<p>Make sure your waste is taken in the correct containers to a licensed or authorised facility</p>	

Waste Disposal		YES/NO
	<p>Make sure that a written description of the waste is given to the waste collector</p>	
	<p>Employ reputable and registered contractors</p>	
	<p>Make sure that the waste is taken to a facility that is licensed by the Environment Agency or local authority</p> <p><i>Do not under any circumstances take clinical waste to the local authority public waste reception sites for disposal</i></p>	

Area	Action to Take	Action Taken
Waste Management Policy		YES/NO
	Find out about Health and Safety Legislation	
	Find out about the Special Waste Regulations 1996	
	Establish a waste management policy	
	Implement the policy through working procedures	
	Review the policy from time to time to make improvements	
	Keep records of the types and quantities of waste generated and the date of its removal	
	Train all staff so that they are aware of waste management procedures	
	Designate a person to have overall responsibility for managing waste and make sure that they are aware of the legal requirements	
	Find out about the Duty of Care and associated regulations	

Area	Action to Take	Action Taken
Waste Generation and Storage		YES/NO
	Read "Safe Disposal of Clinical Waste" HSAC 1992	
	Try to reduce the quantity of waste generated	
	Try to segregate the waste according to type	
	Use the correct storage containers and correctly identify them	
	Dispose of drugs in a safe and proper manner	
	Make sure that needles or syringes are <i>not</i> placed in plastic bags or left in public places	
	Find out about the Carriage of Dangerous Goods Act 1996	

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For general enquiries please call your local Environment Agency office. If you are unsure who to contact, or which is your local office, please call our general enquiry line.

**ENVIRONMENT AGENCY
GENERAL ENQUIRY LINE**

0645 333 111

The 24-hour emergency hotline number for reporting all environmental incidents relating to air, land and water.

**ENVIRONMENT AGENCY
EMERGENCY HOTLINE**

0800 80 70 60

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