



Waste Management Policy

Inmind Reference:	OPS21
Category:	Operational Policy
Version Number:	V1.1
Reviewed on:	February 2019
Next review date:	February 2021
Lead Officer:	Operations Director
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
Essential Standards of Quality and Safety: Outcome 8 – Cleanliness and Infection Control Health & Social Care Act Regulation 12 – Cleanliness and Infection Control
Codes of Practice:
Purpose:
To ensure that all clinical waste is handled with due care and attention to reduce risks to health and safety of staff, service users and visitors.

Version Control Table		
Date Ratified	Version Number	Status
November 2016	V1.0	Closed
February 2019	V1.1	Live

Date	Key Revision
February 2019	Ratified and put on new policy template

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

1.0 RATIONALE

- 1.1 Section 34 of the Environmental Protection Act (1990) imposes a 'duty of care' on any person who produces, carries, treats or disposes of clinical waste. The legislation aims to create and maintain a standard of safe working practice that minimises the impact of clinical waste at a personal, organisational and environmental level.

2.0 NON-CLINICAL WASTE

- 2.1 Further guidance about handling waste can be found in the Collection and Disposal of Waste Regulations (1988) and the Hazardous Waste (England & Wales) Regulations 2011.
- 2.2 The unit produces large quantities of 'household' waste, which must be disposed of hygienically.
- 2.3 Kitchen waste should be handled with particular care.

- 2.4 Waste food must be disposed of immediately, using bins that are covered with tight fitting lids and kept clean.
- 2.5 The tops of bins must be kept clean and free from traces of waste food.
- 2.6 Housekeeping staff will empty all household waste bins daily or when they are threequarters full. Household waste bins will be emptied by removing the black bin liners, sealing them immediately with a wire tie and taking them to the outdoor waste bins for non-clinical waste collection.
- 2.7 At no time, must clinical waste be disposed of using non-clinical bins, either outdoors or indoors.
- 2.8 After emptying, waste bins must be cleaned both inside and out to high disinfectant standards.
- 2.9 Staff who handle non-clinical waste must wear disposable aprons/gloves and dispose of them after each job and wash their hands.
- 2.10 Staff must keep their nails short and clean and free from snags.
- 2.11 Where food/drink has been contaminated by waste the Registered Manager must be informed immediately. The Registered Manager will ensure that the contaminated food/drink is disposed of immediately.
- 2.12 Where non-food items have been contaminated by waste they must be washed to high disinfectant standards or where this is not possible/ hygienic, disposed of immediately.
- 2.13 Confidential office waste will be shredded immediately.
- 2.14 All other non-confidential office or other non-clinical household waste should be disposed of using household waste-bins.

3.0 AEROSOLS

- 3.1 Aerosols are not permitted to be kept by service users.

4.0 CLINICAL WASTE

- 4.1 The unit has a strict policy on the disposal of clinical waste, including sharp needles/ clinical instruments, which should always be adhered to.
- 4.2 Adequate supplies of separate 'yellow' clinical waste bags will be available to staff, who will ensure that one is present during any procedure where clinical waste will be produced.
- 4.3 Staff handling clinical waste must wear disposable aprons and gloves, which must be thrown-away after a single use and before carrying out any other tasks.

- 4.4 Staff will ensure that they keep their nails short and clean and free from snags.
- 4.5 Where food/ drink/ non-food items have been contaminated by clinical waste the manager/ senior staff must be informed immediately. The manager/ senior staff will ensure that the contaminated item is disposed of immediately.
- 4.6 Yellow clinical waste bags must be sealed with strong wire ties or other suitable sealing methods and removed immediately to the special clinical waste bins outside, distinguishable by their colour and logo.
- 4.7 Clinical waste is removed regularly by an operator with a valid licence for incineration.

6.0 HANDLING AND DISPOSAL OF SHARPS

- 6.1 Staff must handle clinical devices that are used for cutting, injecting or other intrusive procedures ('sharps') with utmost care at all times to avoid accidental pricking or cutting of themselves.
- 6.2 Staff will ensure careful preparation prior to the procedure, by ensuring:
 - 6.2.1 Double gloving always.
 - 6.2.2 Sharps are placed unopened on a tray, on a flat, uncluttered surface near to where the procedure will take place.
 - 6.2.3 Specialist sharps bins are used and placed on a flat, uncluttered surface near to where the procedure will take place
 - 6.2.4 All safety procedures are strictly observed
 - 6.2.5 The handling of sharps is kept to a minimum.
- 6.3 Procedures should be carried out carefully and all sharps deposited in to the specialist sharps bins immediately afterwards. Sharps must not be passed from hand to hand or carried across rooms for disposal in case of trip accidents.
- 6.4 Needles must not be recapped, bent, broken or disassembled before disposal.
- 6.5 Great care must be taken when retrieving instruments or needles from wounds.
- 6.6 Only approved sharps bins will be used that conform to UN3291 and BS 7320 standards are to be used. They must not be placed upon the floor
- 6.7 All sharps bins must be disposed of before they are filled above the indication mark that indicates they are full.
- 6.8 The specialist sharps bins must be disposed of using the same procedures for clinical waste.

7.0 SHARPS INJURIES

- 7.1 Should a sharps injury occur the nurse in charge must be informed?
- 7.2 Bleeding from the wound should be encouraged and the area must be washed immediately under hot water or saline solution before covering with a suitable dressing.
- 7.3 Every injury must be reported to the Registered Manager and entered in to the Home's accident book in accordance with the Home's incident reporting policy.
- 7.4 With informed consent blood, should be taken from both the staff member and the resident and stored for possible further testing.
- 7.5 Claims for compensation could be affected by a failure to report the injury.

8.0 TRAINING

- 8.1 All staff working within the unit, who may at times be required to handle clinical waste material, will be subject to annual infection control training.