



Family Nursing
& Home Care

Waste Management Policy
including procedures for dealing
with accidental spillages in relevant
settings

2 June 2021

Amended December 2023

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
December 2023	2.2	<ul style="list-style-type: none"> Guidance for spillage of sharps added Use of Clinell Universal Detergent Wipes for minor spillages in non-clinical settings such as Baby Steps Minor formatting changes Hyperlinks to other FNHC policies removed DeptIHE changed to I&E 	Rachel Foster
May 2022	2.1	Requirements for dealing with accidental spillages updated (section 3.4)	Clinical Effectiveness Facilitator

April 2021	2	Previous policy transferred to new template. Previous appendices (Waste Management Procedures and Procedures for Accidental Spillages) now part of main text All content reviewed and updated in line with latest evidence-based guidance Department for Infrastructure is now Department for Infrastructure, Housing and Environment (DeptIHE)	Mo de Gruchy
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This policy was previously adapted from Health Facilities Scotland (2010) Scottish Health

Technical Note 3, NHS Scotland Waste Management Guidance Part B Waste Management Policy Template available at

<http://www.hfs.scot.nhs.uk/search/?q=waste+management+policy&start=0&sa.x=13&sa.y=1>

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1. INTRODUCTION

1.1 Rationale

Family Nursing & Home Care (FNHC) provides healthcare services across a wide range of settings, resulting in a corresponding production of various categories of clinical and domestic waste. The proper management of healthcare waste is an essential part of ensuring that healthcare activities do not pose a risk or potential risk of infection and are securely managed, as well as an opportunity to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

The aim of this policy is to categorise the different types of healthcare waste generated such that it may be segregated into appropriate receptacles to allow identification, safe handling and the correct final means of disposal, as required by the Waste Management (Jersey) Law 2005. This policy also contains procedures for dealing with accidental spillages in relevant settings.

1.2 Scope

This policy applies to all employees of FNHC who may be required to deal with infectious/clinical, offensive/hygienic and domestic waste as part of their role.

1.3 Role and Responsibilities

Chief Executive Officer

The CEO has overall accountability for the proper management of waste within FNHC.

Head of Quality, Governance & Care

The Head of Quality, Governance & Care is responsible for the overall development and drawing up guidance for proper waste management, monitoring and promoting compliance with this policy

Operational Leads

Operational Leads must ensure that their staff are trained in the relevant aspects of waste management and that there is compliance of FNHC policies and procedures. This should be in the form of induction training and relevant updates via the mandatory training schedule.

Individual Responsibility

It is the responsibility of all FNHC staff involved with the generation or handling of waste to be aware of and follow the correct management and safety procedures associated with the waste produced. This includes identifying and reporting any potential/actual risks to themselves or others.

2. POLICY

2.1 Waste Minimisation

The best financial and environmental option is not to produce waste in the first place. This is because whether waste goes for recovery, recycling or disposal, it is still a product that the organisation has usually bought, handled and is then having to pay for disposal of. Avoiding producing the waste at all reduces both buying costs and disposal costs.

As an organisation FNHC has an obligation to address local targets for reducing waste and for dealing with it in more sustainable ways. However, the Waste Hierarchy (see below) recognises that many types of healthcare waste cannot be safely recycled and direct treatment or disposal is the most appropriate management option. The Waste Hierarchy are useful in assessing options for waste management.



Why is there waste at all? Could steps be taken to avoid it arising in the first place? Could better means of procurement avoid the production of waste? Could better practice or alternative clinical techniques be employed?

If practice or techniques cannot change, can the amount of waste generated be reduced/minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items/materials be safely used again for the same or some different purpose?

All wastes are commodities or resources with a value. Can some items or materials be recovered by segregating and separating them from the conventional disposal route where they can be sent for safe recycling, composting or energy recovery?

If the waste must be disposed of has it been properly segregated to ensure it reaches the correct treatment, recovery and disposal facility thereby minimising FNHC waste management costs?

2.2 Waste Classification

Waste regulation requires a unified approach to the classification of health care waste, produced as a consequence of health care activities in hospital and community settings (DoH 2013). This classifies health care waste into two types - Hazardous and Non-Hazardous.

HAZARDOUS WASTE	NON-HAZARDOUS WASTE
<p>Waste which has the potential to cause actual harm whether it is to an individual person, the environment and/or the general public.</p> <p>All health care waste, whether produced in a hospital or a community setting, is assumed to be infectious waste until it is assessed by the health care practitioner</p> <p>Includes:</p> <ul style="list-style-type: none"> Infectious waste Waste contaminated with blood/body fluids from patients with a known blood borne virus and/or from patients with a confirmed or suspected infection e.g. C.Difficile, Norovirus Sharps Medicinal waste: <ul style="list-style-type: none"> Expired, unused, split and contaminated pharmaceutical products, drugs, vaccines, and sera that need to be disposed of appropriately. Cytotoxic and cytostatic medicines It also includes discarded items contaminated from use in the handling of pharmaceuticals, such as bottles or boxes with residues, connecting tubing, syringe bodies and drug vials. 	<p>Waste that is non-infectious but may cause offence due to the presence of</p> <p>recognisable healthcare waste items, body fluids, or odour</p> <p>Includes:</p> <ul style="list-style-type: none"> Offensive/hygiene waste such as: <ul style="list-style-type: none"> Incontinence and other waste produced from human hygiene Sanitary waste Nappies Dressings Gloves Medical consumables (i.e. packaging) Catheter and stoma bags Nasal secretions Sputum Vomit Soiled bedding Gowns Plaster casts Plasters

<p>Health care chemicals and hazardous properties</p> <ul style="list-style-type: none"> ✓ Batteries ✓ X-Ray photo-chemicals ✓ Radioactive waste 	<p>Theatre drapes</p> <p>NB. Non-hazardous offensive/hygiene waste includes any blood or bodily fluid stained waste that is: a) non-infectious and b) does not contain pharmaceutical or chemical substances</p> <ul style="list-style-type: none"> ✓ Domestic/household waste ✓ Recyclable materials ✓ Food waste ✓ Paper and packaging
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2.3 Waste Assessment

The arrangements for handling wastes clearly apply wherever FNHC care services are being provided e.g. clinics; general medical practices; parish halls, or within schools. However, similar arrangements require to be made by healthcare professionals when administering care in residential or nursing homes and in patients homes to ensure that inappropriate clinical waste e.g. 'sharps' does not enter the domestic waste stream.

When healthcare professionals administer care outside of FNHC premises, they must carry out a risk assessment to ensure that the decision on waste disposal is consistent with this policy and procedures.

Health and safety and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. Clinical waste needs to be segregated using a step by step approach to ensure it is disposed of appropriately, depending on the hazard it poses (RCN 2007).

Step 1 Assess if the waste is health care clinical waste?

Step 2 Assess for the medicinal waste properties of a clinical waste, including:

- Expired, unused, split and contaminated medicinal products
- Discarded items with contaminated medicinal residues
- Secretions, excretions or other body fluids containing residual medicines
- Anatomical waste containing residual medicines.

Step 3 Assess the chemical waste properties of a clinical waste.

- Does the waste contain chemicals that are dangerous substances?

Step 4 Assess for the infectious waste properties of a clinical waste

- Does the waste arise from a patient known or suspected to have a disease/infection caused by a micro-organism or toxin?

- Is the waste a sharp?
- Is the waste an anatomical waste?

If the answer to any of the questions is YES treat as hazardous clinical waste

2.4 Waste Segregation

Segregation of waste at the point of production into suitable colour-coded receptacles is vital to good waste management. The HTM 07-01 document recommends a UK standardised national colour-coded waste segregation system as best practice and to ensure compliance with waste regulations (DoH 2013).

To provide a more cost effective solution for disposing of healthcare waste locally, the States of Jersey Department for Infrastructure, Housing and Environment (DeptIHE) has introduced a local colour-coded waste segregation system and process (see Appendix 1).

2.5 Waste Packaging

The purpose of waste packaging is to ensure that specific waste is safely presented by the producer and can be disposed of through the appropriate waste stream. The correct container should be selected from the range of waste containers available from FNHC Stores. The packaging should include a basic description of the waste it contains e.g. sharps.

Black bags are available from the Stores Department for 'domestic waste' generated within FNHC premises. Yellow bags are available for 'clinical waste' (hazardous infectious waste) and white bags for non-hazardous 'offensive waste'. Yellow 'sharps' bin containers (yellow/purple lids) are also available from Stores.

2.6 Waste Collection

The cleaning contractor removes domestic waste from FNHC premises to on-site bins and these bins are emptied as per local/Parish arrangements. Similar arrangements should be in place in premises where the cleaning is the responsibility of the premise's landlord.

Healthcare waste from FNHC-run clinics must be placed by clinic staff in a suitable and secure container to await collection by a registered waste contractor.

Evidence of the waste contractor's registration to carry healthcare waste must be verified by the Business Division when contracts are agreed and at suitable intervals thereafter.

2.7 Waste Audits

Operational Leads are required to monitor their area's procedural arrangements, risk register and incident analysis.

Waste audits are important for demonstrating compliance with local waste management standards. It is recommended that line managers periodically monitor the effectiveness of waste segregation and minimisation (HCS 2019).

2.8 Training

Statutory or mandatory requirements may lead to a need to increase competence levels or capabilities within FNHC. The appropriate level of training will be provided to staff locally, based on risk and training needs assessment. Advice and guidance on available training can be obtained from the Education & Development Department or via the FNHC Education and Training Prospectus.

2.9 Immunisation

FNHC offers Hepatitis B immunisation to any staff who are involved in exposure prone activities. This is undertaken by the organisations Occupational Health Provider **FNHC Sharps Safety Policy**

2.10 Incident reporting and recording

All persons and workers engaged in healthcare and in waste management should report **all** incidents or “near misses” involving spillage of clinical or other hazardous waste, exposure to broken glass from potentially infected sources and inappropriate exposure to needles and other sharps, whether causing injury or otherwise, following FNHC’s Incident Reporting procedures.

Where an incident has occurred involving a sharp or needle stick injury then the appropriate procedure for dealing with such an incident must be followed, as per the **FNHC Sharps Injury and/or Blood or Body Fluid Exposure Procedure**.

3. PROCEDURES

3.1 Clinical settings

Bags

All appropriate healthcare waste generated in FNHC clinics should be placed in either yellow or white bags depending upon their classification i.e. Clinical/infectious waste must be disposed of in a clinical (yellow) bags; Non-infectious healthcare waste (offensive waste) must be disposed of in a high specification approved white bag (see segregation chart Appendix 1).

Some liquid wastes require to be stabilised with a self-setting compound to reduce the risk of leakages or spillages. A range of self-setting compounds is available. However, where a small amount of liquid needs to be disposed of, this can be discharged onto a piece of absorbent material e.g. folded kitchen roll placed in the bottom of a ‘sharps bin’.

Each bag should be filled to no more than three quarters full and/or weigh no more than 4 kg and be securely sealed.

To seal:

- Hold the bag by the neck and twist until tight;
- Fold over the neck of the bag to form a “swan neck”

- Place a ratchet-type plastic tag around the folded neck and tighten until a sturdy seal has been made.
- Ensure each bag is clearly labelled with location of generating area

N.B. To avoid bursts and spillages, never overfill bags and do not throw them. Never place sharp or similar objects into bags as these can rupture and cause injury. Never place sharps bins into waste bags.

All bins in FNHC clinics will be colour coded to indicate the waste type and the waste stream that it is intended for, to ensure bags can be replaced correctly on a recurring basis.

Sharps Bins

Yellow with yellow lid: These bins are for disposing of used sharps (except cytotoxic related items), which comprise syringes, needles, scalpels and similar metal parts, cartridges, glass ampoules and vials, broken glass and any other small sharp instruments. These must be safely used, discarded intact and placed carefully into the sharps bin. This includes: drug-free water-based, saline-based and glucose-based medicinal products etc and includes sharps that are integral to or contained in associated intravenous giving sets, bags and tubes.

Yellow with purple lid: For disposal of used sharps and other items used in the administration of cytotoxic medicines.

Sharps bins should only be filled to the fill line i.e. not more than three quarters full.

When full, the sharps bin must be sealed and the label must be completed ready for uplift, stating the department/premises location where the waste was generated, the name of the person sealing the bin and disposing of the waste and the date of disposal, before storing and presenting it for collection

Even if not full, sharps bins should be disposed of after three months (NICE 2012 updated 2017).

N.B. to avoid sharps incidents and spillages, never attempt to overfill bin containers. Ensure sharps containers are correctly assembled, and temporarily closed between uses. Never place other waste bin containers into bag containers. Never discharge any medicines to drains or down the sink.

Medications

It is not appropriate to dispose of any medication down the sink or toilet or to place it in the waste bin. It should always be returned to a pharmacy for destruction. Patients and/or their families/carers should be encouraged to dispose of all medication that is no longer required by returning it to the pharmacy (ideally the dispensing Pharmacy) for destruction. Only in exceptional circumstances and following a documented assessment of the risks, should staff be involved in the disposing of a patient's medication. See **FNHC Medicines Policy** for further guidance.

The exceptions to this are Fentanyl patches (see **FNHC Medicines Management SOP 9** for details of disposing of fentanyl patches) and medicinally-contaminated items such as giving sets and syringes that have been used for the administration of medication.

Otherwise for all un-discharged, surplus medicinal products, including vaccines, involved in the patient administration of medicines in clinics (normally involving partially-used needles/syringes, vials or other giving sets, and any opened or prepared medicines left at the end of the administration session) shall be disposed in the appropriate waste bin container. NEVER discharge medicinal products, e.g. antibiotics, vaccines, hormones, steroids to drains or down the sink.

Any medication left in a syringe (e.g. when a syringe driver has been discontinued before all the medication has been delivered) and any other small or ad hoc arisings should be discharged onto a suitable absorbent material which has been placed in a sharps bin.

In the event of this medication being a controlled drug, its disposal must be witnessed and recorded in the relevant documentation, as per the **FNHC Medicines Management SOP 9** and/or **FNHC Ambulatory Syringe Pump Policy**.

General Storage and Disposal

Waste bags/sharps bins should be presented for collection in a safe manner to avoid spillage or injury. They must also be marked with the department's identity.

FNHC staff and registered waste contractors are instructed NOT to uplift any waste bags/sharps bins which are not properly presented, which have not been correctly sealed or are not marked with the department's identity. Near-miss and non-compliance reporting should be undertaken in such instances.

Sealed waste bags/sharps bins may be uplifted manually in small quantities and taken directly, without setting down, to the secure on-site healthcare waste store, or to the collection vehicle, prior to off-site disposal.

Where this is not possible, such as due to the distance and/or time to reach the healthcare waste store, appropriate risk based measures must be taken to ensure that the risk of unauthorised access to the wastes is minimised.

Waste bags/sharps bins should ideally be collected daily by the registered waste contractor. However, where this is not practicable they should be placed into a lock-fast wheeled, UN-type approved, intermediate bulk container. These intermediate bulk containers should be colour-coded to avoid any miss-segregation and to reduce any further manual handling. Such wheeled bins must remain secure and locked and strictly within the control and confines of the healthcare facility concerned.

It is not considered best practice for the waste management contractor's wheeled bins to be brought into the clinical setting or through areas where there is public access, as these bins are only cleaned to basic waste industry standards and may be a source of infection. Where the waste management contractor's wheeled bins are to be brought into the building, this must be subject to a formal risk assessment to identify and mitigate the level of risk of infection, which may arise.

3.2 Patient's own homes

When healthcare professionals administer care outside of FNHC premises, they must carry out a risk assessment to ensure that any waste is disposed of appropriately. Advice and support can be sought as appropriate e.g. from the Environmental Protection Team, Health & Community Services Infection Prevention and Control Team

Most healthcare waste generated in patients' homes can be disposed of with the normal domestic/household waste. It should, however, first be 'double bagged'.

This is still considered acceptable practice because here in Jersey:

- the definition of healthcare waste in Article 4 of the Waste Management
- (Jersey) Law 2005 excludes household waste
- all such waste in Jersey is incinerated
- the amount of waste generated is usually relatively small

(SoJ 2005)

There is an expectation that patients will provide suitable plastic bags e.g. intact grocery bags or bin liners for FNHC staff to use in the appropriate disposal of waste generated whilst carrying out health care activities in the home environment.

The exception to this is clinical waste that could result in a penetrating injury ('sharps'), medicinal waste and waste that poses significant infection risk.

Any 'sharps' must be disposed of in an appropriate 'sharps' container and surplus medicinal products disposed of as per the **FNHC Medicines Policy**. All used sharps bins should be returned to Le Bas or be subject to specific collection arrangements.

3.3 Office settings

Confidential waste

Confidential paper and documents, which are not shredded at source, must be stored securely on site for collection and off-site shredding and recycling.

Confidential waste for secure shredding should be placed inside the designated bins. The bins should be marked "confidential waste". When these bins need to be emptied Reception Staff at Le Bas should be notified and they will arrange for the contractor to remove and replace these bins.

Options for disposal by incineration or similar secure alternative means of disposal for difficult confidential waste can be arranged.

Further guidance on information security and related aspects of confidential waste, including shredding, should be sought from Family Nursing & Home Care's Caldicott Guardian or Information Governance Officer (IGO).

The IGO should also be contacted if any documents have been inadvertently placed in this waste stream and need to be retrieved. A key for unlocking the confidential waste bins is held by the IGO. Also see **FNHC Records Management Policy**.

Non-confidential waste:

Where possible, segregation systems should be put in place to segregate office paper from food or other contaminants. Clean (uncontaminated) paper should be managed through the local recycling scheme.

Other recyclable non-confidential wastes include cardboard and other packaging.

Soiled waste, including food waste, should be disposed in the black (domestic waste) stream.

Domestic waste:

Domestic waste generally arises ancillary to the delivery of healthcare services in both clinical and non-clinical settings.

Domestic waste should be placed into the appropriate black stream bag containers to suit local care setting procedures. Please note that within office environments, these bags may be light weight white bags rather than black bags.

The bags should be filled to no more than three quarters full, but must weigh not more than 4kg and be securely sealed.

N.B. black bags must NOT be sealed using healthcare waste ratchet tags. Bursts and spillages can be avoided by not overfilling bags. Never place sharp or similar objects into bag containers as these can rupture the bag and/or cause injury. Never place other waste bin containers into bag containers

Broken crockery must be placed in a rigid cardboard box and sealed. It should be identified as broken crockery and it will be uplifted by the cleaning company or landlord's arrangement depending upon the facility in question.

Alkaline, single cell batteries are classified as 'domestic waste'. Alkaline batteries are used to power clocks, torches, instruments, toys and remote controls. Alkaline batteries should be subject to segregated recovery and their terminals should be covered with insulating tape prior to disposal (Central Alerting System 2017). Battery recycling bins should be used.

Domestic waste suitable for recycling should be placed into the appropriate green stream collection container system where this is available. Jersey has a number of locality-based recycling schemes for:

- Paper and card, cardboard and clean packaging
- Printer and toner cartridges
- Drinks cans
- Glass bottles
- Other glass and wood

More information can be found at [Recycling \(gov.ie\)](https://www.gov.ie/recycling).

Other waste

Assessment should be made, where reasonably practicable, to avoid utilising any outmoded technology or technique that has to rely on dangerous or hazardous substances, which can be dangerous to use and may pose health hazards to patients and health workers.

In many cases manufacturers and suppliers facilitate “bring back” and recovery schemes to reduce such risks and impacts. These schemes should be investigated and utilised wherever possible.

Batteries from medical devices, and/or those containing ‘heavy metals’ such as mercury, lithium, nickel, cadmium etc. should not be disposed of in the domestic waste stream; instead they should be disposed of in accordance with current regulations. Heavy metal batteries are used in equipment such as hearing aids, mobile phones and calculators. Their terminals should also be covered with insulating tape prior to disposal (Central Alerting System, 2017) by the appropriate route.

Printer cartridges should be placed inside the packaging of the replacement cartridge and returned to the Receptionist at Le Bas Centre who will arrange for its return to the supplier.

Unwanted electrical and electronic equipment should not be placed in the domestic waste stream and wherever possible collection systems should be in place to return items to suppliers via “take back” systems. Where “take-back” systems are not available advice should be sought from Government of Jersey Infrastructure and Environment (I&E) regarding the most appropriate disposal route.

For infrequent, ad hoc items that require disposal, advice should be sought from I&E regarding the most appropriate disposal route.

3.4 Dealing with Accidental Spillages

General precautions:

Deal with any spillage of blood/body fluids as soon as patient safety permits.

Spillages of blood/bodily fluids should only be dealt with by those with the appropriate knowledge and skills to do so.

Wear appropriate Personal Protective Equipment (PPE) e.g. gloves and disposable apron for all procedures.

If broken glass is involved, it must be carefully removed and placed in a sharps container. Care should be taken to prevent sharps injury.

Spillage of Cytotoxic Waste in any Location

In the unlikely event of FNHC staff being required to deal with a spillage involving cytotoxic medication (including oral cytotoxic medication) the Oncology Department at

Jersey General Hospital must be contacted for advice which will include how to safely dispose of the waste generated. Out of hours the person 'on call' for Oncology should be contacted via the hospital switchboard (01534 442000).

Refer also, where appropriate, to the **FNHC Guidelines and SOPs for the Administration of Subcutaneous Methotrexate for Inflammatory Arthritis in Adults.**

Spillages in clinical settings (this does not include patient/client homes):

Appropriate spillage handling equipment should be available (see SOP Provision and Maintenance of First Aid Kits and Biohazard Spillage Handling Equipment).

For blood and/or bodily fluid spills, proprietary Biohazard kits (see Appendix 2) are currently available in some areas, however these will be replaced in time with 'Clinell Spill Wipes' <https://gamahealthcare.com/products/spill-wipe-range>. Staff who deal with a spillage are responsible for ensuring that the equipment is replaced after use.

The expiry date of biohazard spillage handling equipment/supplies should be monitored and replaced before the expiry date. Monitoring should take place during the twice yearly Internal Health and Safety Premises Reviews. Where equipment/supplies are in the care of a specific service, that service is responsible for monitoring expiry dates and stock replacement.

Hazardous substances that form part of spillage handling equipment should be stored in a locked cupboard in accordance with COSHH requirements.

A COSHH risk assessment must be available for all spillage handling substances where this is a requirement (see link in the Assure Portal)

Where infectious, hazardous or dangerous substances are suspected, details must be referred to the Health & Community Service's Infection Prevention and Control Team or Consultant Microbiologist for advice on specific procedures. Additional guidance can be sought from product material safety data sheets from the Health & Safety Executive/COSHH web pages [COSHH](#).

When using a proprietary biohazard kit, [Clinell Peracetic Acid Wipes](#) or the [Clinell Spill Wipes](#), follow the instructions for use provided with them.

Blood/bodily fluid spillages occurring in healthcare facilities should be managed as follows:

- small spillages - wipe with an appropriate wipe such as Clinell Peracetic Acid wipes (formally known as Clinell Sporidical Wipes) or use a proprietary biohazard kit or 'Clinell Spill Wipe'
- larger spillages - use a proprietary biohazard kit or 'Clinell Spill Wipe'
- all waste generated from dealing with spillages should be discarded into the appropriate waste stream/s
- wash and dry hands

Spillages from clinical/hazardous and offensive waste stream bags:

If the bag is damaged, carefully place it into a second bag of the appropriate waste stream. Where there is a further danger of rupture, use double bags or place into an appropriate bin container.

If the spillage is small, clean the area using Clinell Peracetic Acid Wipes if available. Otherwise, use a proprietary Biohazard Kit or Clinell Spill Wipe. Larger spillages will require use of a proprietary Biohazard Kit or Clinell Spill Wipe.

Dispose of all waste into the appropriate waste stream.

Wash and dry hands

Spillage from clinical waste stream bin containers:

Fingers or hands should never be allowed to come into contact with sharps waste.

For general spillages, using a disposable scoop or tweezers, carefully replace spillage into a second appropriate bin container for the correct waste stream.

Once all sharps are removed - if the spillage is small, clean the area using Clinell Peracetic Acid Wipes if available. Otherwise, use a proprietary Biohazard Kit or Clinell Spill Wipe. Larger spillages will require use of a proprietary Biohazard Kit or Clinell Spill Wipe.

Dispose of all waste into the appropriate waste stream.

Wash and dry hands

N.B Spillages from clinical waste bags or bin containers should be notified to the appropriate manager immediately and reported via Assure.

Spillages occurring in patients / client's own homes

Blood spillage on impervious flooring only:

Soak up as much of the spillage as possible with anything disposable e.g. kitchen roll and place directly into a suitable disposable plastic bag

If available, use a good quality thick bleach e.g. Domestos (diluted 1 part bleach to 10 parts cold water).

Cover area with paper towels, newspaper or kitchen roll and gently pour on bleach solution.

Leave for at least two minutes then wipe up with paper towels

Discard into a plastic carrier bag or bin liner

Clean area with hot water and detergent using disposable cloths, rinse and dry

Clean the bucket in fresh water and detergent, rinse and dry

Dispose of PPE and cloths into the plastic carrier bag or bin liner, tie and double bag this and discard with the normal household waste

Wash and dry hands

Spillage of blood and other body fluids on carpets, fabrics or soft furnishings:

Soak up as much of the spillage as possible with anything disposable e.g. newspapers, kitchen roll, etc. and place directly into a suitable disposable plastic bag (double bagged)

Clean the area over with a solution of General Purpose Detergent and hot water, using any cloths that can be discarded.

All used cloths should be placed in the plastic bag, (double bagged) tied and discarded with the normal household rubbish.

If any soft furnishings e.g. curtains etc. have become soiled, advise the patient/client to either machine-wash on a hot wash (if the fabric allows) or take to the dry cleaners (check care instructions).

Wash and dry hands

Sharps Spillage

Where there has been a spillage of sharps, on no account should staff try to pick up the waste.

Instead, the area of the incident should be sealed off, and whatever implement is practical, available and safe (for example tongs, tweezers or dustpan & brush) should be used to carefully pick / sweep up the waste and tip it into an appropriate undamaged sharps bin.

Fingers or hands should never be allowed to come into contact with the waste and care must be taken to ensure that no fragments of the waste remain in the brush, if this is what you have used.

All other spillages

Soak up as much of the spillage as possible using paper towels, newspaper or kitchen roll and place directly into a plastic bag or bin liner

Clean the area with hot water and detergent using disposable cloths, rinse and dry

Clean the bucket in fresh water and detergent, rinse and dry

Dispose of PPE and cloths into the plastic carrier bag or bin liner, tie and double bag this and discard with the normal household waste

Clinell Universal Detergent Wipes (or similar product) may be used for small spillages.
Wash and dry hands

Spillages in non-clinical settings such as child and family groups

Small spillages of body fluids such as vomitus or urine may be cleaned up using Clinell Universal Wipes (or similar product)

Any blood spillages should be cleaned up with Clinell Peracetic Acid Wipes or Clinell Spill Wipe (or equivalent).

4. CONSULTATION PROCESS

Name	Title	Date
Judy Foglia	Director of Governance Regulation and Care	10/05/2021
Elsbeth Snowie	Clinical Effectiveness Facilitator	26/04/2021
Teri O'Connor	Home Care Manager	07/05/2021
Tia Hall	Operational Lead Adult Nursing	07/05/2021
Michelle Cumming	Operational Lead Child and Family Services	07/05/2021
Clare Stewart	Operational / Clinical Lead Out of Hospital Services	07/05/2021
Elaine Walsh	Director of Finance	07/05/2021
Claire Whelan	Head of Information Governance & Systems	07/05/2021
Laura Baker	Premises/Facilities Officer	07/05/2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Forms/templates to be uploaded to Central Filing	Head of Information Governance and Systems	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

Results of waste audits can be used to monitor compliance. Analysis of any related incidents reported via the Assure risk management system can be used to identify any common themes/areas of concern.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See Equality Impact Statement at Appendix 3.

8 GLOSSARY OF TERMS

COSHH – Control of Substances Hazardous to Health

9 REFERENCES

Central Alerting System (2017) *Guidance for the correct use and disposal of batteries used in health and social care equipment*. Available at [EFA 2017 003 Guidance for disposal of batteries.pdf](#) Last accessed 26th April 2021

Department of Health (2013) *Health Technical Memorandum 07-01: Safe management of healthcare waste*. Available at: [HTM 07-01 Final.pdf \(publishing.service.gov.uk\)](#) Last accessed 20th April 2021

Health and Community Services (2018) *Standard Infection Control Precautions (SICP)*. Available at: [P Standard Infection Control Precautions Policy.pdf](#) Last accessed 22nd April 2021

Health and Community Services (2019) *Infection Prevention and Control Hospital Healthcare Waste Policy*. Available at: [P IPaC Hospital Healthcare Waste Policy.pdf](#). Last accessed 20th April 2021

Health and Community Services (2020) *Infection Control Guidance for Registered Homes, Care agencies, Children's healthcare facilities and day centres*. Available at [Policy template HCS](#) Last accessed 22nd April 2021

National Institute for Clinical Excellence (2012 updated 2017) *Infection prevention and control of healthcare-associated infections in primary and community care, NICE clinical guideline 139*. Available at www.nice.org.uk/cg139 Last accessed 26th April 2021

NSW Environment Protection Authority (2017) *The Waste Hierarchy*. Available at: [The waste hierarchy \(nsw.gov.au\)](#) Last accessed 21st April 2021











Royal College of Nursing (2007) *Safe Management of Healthcare Waste: RCN Guidance*. London, Royal College of Nursing.

States of Jersey (2005) *Waste Management (Jersey) Law 2005*. Available at: [Waste Management \(Jersey\) Law 2005](#). Last accessed 20th April 2021

10 APPENDIX

Appendix 1 Jersey – Healthcare Waste Segregation Chart

Jersey - Healthcare Waste Segregation Chart

Category	Classification	Type of Disposal Bag	Description	Examples	Destination
OFFENSIVE WASTE	Non-Hazardous	High Specification Approved White bag 	<u>Non-infectious waste</u> that may cause offence due to the presence of recognisable healthcare waste items, body fluids, or odour.	<ul style="list-style-type: none"> Incontinence pads <u>AND</u> waste from human hygiene Nappies, Dressings & Gloves Medical consumables (i.e. packaging) Catheter & stoma bags Nasal secretions, Sputum, Sanitary waste, Plasters, Theatre drapes & Gowns Non hazardous Offensive Waste includes ANY blood or bodily fluid stained waste that is: <ul style="list-style-type: none"> a) <u>NON-INFECTIOUS</u> and b) <u>DOES NOT CONTAIN</u> pharmaceutical / chemical substances 	Jersey Energy from Waste Plant at La Collette
INFECTIOUS WASTE (not contaminated with chemicals)	Hazardous (but treatable)	Yellow bag 	<u>Infectious waste</u> that can be rendered safe through treatment	<u>Known or suspected</u> infected swabs, wound dressings, bandages, blood contaminated waste (excluding sharps)	High Temperature Incineration for Hazardous Clinical Waste
INFECTIOUS WASTE (contaminated with medicines or chemicals)	Hazardous	Yellow bag	<u>Infectious waste</u> that can not be rendered safe through treatment due to the presence of chemicals or medicines (does not include	Laboratories that produce medicinally contaminated infectious waste, sample vials or diagnostic kits containing chemicals, materials used to clean up biological spills that are contaminated with chemical disinfectants.	
ANATOMICAL WASTE	Hazardous	Red bag or tub 	Body parts and any surgical residue (includes all anatomical waste independent of if it is infectious or chemically preserved)	Body parts, organs, blood bags and blood preserves	
SHARPS	Hazardous	Yellow sharps bin 	Any items, used or unused, that could cause cuts or puncture wounds and have not been contaminated with cytotoxic & cytostatic wastes.	Needle syringes, scalpels, blades, infusion sets, broken glass, sharp instruments. 	
CYTOTOXIC & CYTOSTATIC WASTE	Hazardous	Yellow bin with purple lid 	Waste that contains or has been contaminated with cytotoxic or cytostatic medicines (hormone and cancer treatment medicines)	Contaminated sharps, used vials, syringe bottles or tubing, contaminated gloves 	
MEDICINAL WASTE	Hazardous	Yellow bin with blue lid 	Return to Pharmacy (Any waste medicines (or waste contaminated with medicines) that are not cytotoxic or cytostatic)	Tablets, liquid medicines, inhalers 	
AMALGAM WASTE	Hazardous / Special Waste	Various Approved Containers 	Primarily found in Dental profession. Waste dental amalgam is classified as hazardous/special waste	Unwanted amalgam, old fillings, teeth with fillings, grindings, surplus amalgam that cannot be used, residue from separators, capsule packaging	Gate 11, Bellozanne

IT IS YOUR LEGAL RESPONSIBILITY AS A WASTE PRODUCER OR CARRIER TO :

- UNDERSTAND WHAT WASTE YOU PRODUCE, CLASSIFY IT ACCORDINGLY, USE AN APPROVED CORRECTLY COLOURED BAG OR BOX & ENSURE THAT YOUR WASTE IS DISPOSED OF AT THE APPROPRIATE SITE
- ENSURE THAT YOUR WASTE IS CAN BE IDENTIFIED BY LABELLING THE BAG OR BOX - CLEARLY IDENTIFYING THE SOURCE OF THE WASTE

READ NOTES BELOW CAREFULLY TO ENSURE YOUR WASTE IS ACCEPTED

- ONLY APPROVED HEAVY DUTY (minimum 50 micron) WHITE 'OFFENSIVE WASTE' BAGS WILL BE ACCEPTED AT THE ENERGY FROM WASTE PLANT, OTHER COLOURS OR POOR QUALITY BAGS WILL BE REJECTED.
- ALL BAGS, WHETHER WHITE OR YELLOW, MUST BE TIED OFF WITH CABLE TIES TO PREVENT HEALTH & SAFETY ISSUES TO WASTE HANDLERS. UNTIED BAGS OR BAGS WITHOUT CABLE TIES WILL BE REJECTED.
- ALL YELLOW BAGS, MUST BE APPROVED FOR CARRIAGE OF HEALTHCARE WASTE BY DEPARTMENT FOR INFRASTRUCTURE & CONFORM TO UN3291 SPECIFICATION.
- FAILURE TO COMPLY WITH THIS DOCUMENT MAY RESULT IN A FINE OR REFUSAL TO ACCEPT YOUR WASTE.

Appendix 2 Proprietary Biohazard Kits

Proprietary Biohazard Kit– see list of contents on box

These kits are likely to include the following items but kits may vary:

- Over sleeves
- Disposable gloves
- Scoop and scraper
- Bonded wipes
- Disinfectant wipes
- Disinfectant spray
- Superabsorbent powder/granules
- Biohazard waste bags

During the twice-yearly health and safety review of premises, spillage-handling equipment should be checked; including expiry dates. Please note, in some areas, some of the equipment may be located elsewhere as a standard item for that area e.g. aprons, gloves. However, please check availability.

Examples below of Biohazard Kits available for use in some locations



(Photographs courtesy of Linda Huard FNHC)

Appendix 3 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Waste Management Policy including Procedures for dealing with accidental spillages in relevant settings			
Date of Assessment	26 th April 2021	Responsible Department	Clinical
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
Age	No		
Disability (Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)	No		
Ethnic Origin (including hard to reach groups)	No		
Gender reassignment	No		
Pregnancy or Maternity	No		
Race	No		
Sex	No		
Religion and Belief	No		
Sexual Orientation	No		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			