

Table 1 – Clinical waste found in laundry 1995/96

(Extracted from a management newsletter in a major hospital)

ITEM RECEIVED	SEP	OCT	NOV	DEC	JAN	FEB
Incontinence pads	4	10	189	108	138	311
Urine bags	30	16	14	12	18	26
Urine bottles	5	3	9	21	15	26
Bed pans		2	15	11	14	12
Needles	3	2	5	3	8	15
Syringes	1	5	6	5	6	4
Scissors	1	5	1	3	3	7
Oxygen masks		1	11	12	8	3
Thermometers		5	3	3	9	4
Other medical equipment	1	3	10	12	30	34
Dressings			8	2	6	7
Medication		5	14	7	6	5
Tubing	1	1	4	9	5	11
Waste (bags of)	5	4	4	7	9	6
Rubbish (individual items)			11	6	26	15
Misclassified laundry			1		18	35
Toiletries	2	1	7	11	4	5
Paper roll			7	4	5	2
Razors		3	1	1	1	1
Shoes/slippers (pairs)	1		10	13	5	4
TV remote controls		1		1	3	1
Hearing aids/specs/dentures		2	5	2	4	3
Patient record sheets			2			2
Other patient belongings	1		9	4	13	9
Cutlery			7	3	1	6
Other	1	2	17	7	57	37

reduction of risks.

What Should Safety Representatives Do?

To ensure that employees and others are protected from the risks associated with clinical waste, Safety Representatives should check that the employer:

- has a specific policy which clearly identifies the working procedures for handling and disposing of clinical waste.
- can show clearly that clinical waste is being disposed of properly. This should include written evidence from the employer about how they check that Group A and B clinical waste is actually incinerated.
- ensures that community nurses are given appropriate containers for the handling of clinical waste. There should also be clear procedures about how such waste in to be disposed of.
- ensures that all staff who may have to handle clinical waste are given appropriate health and safety training.

If you require any further details, please contact your Branch Secretary or Regional Organiser.

References (1) The Sunday Times: 10:3:96

The safe disposal of clinical waste is vital to protect health care employees and members of the public. Every year, many employees are injured or suffer infections caused by contact with clinical waste. Much of this contact could have been prevented if Health Service Managers operated and monitored effective procedures to separate clinical waste from other materials.

In addition, it is becoming clear that some NHS Trusts are using rogue contractors⁽¹⁾ to dispose of clinical waste. A recent investigation has discovered that hundreds of tons of clinical waste which should be incinerated, is being dumped instead.

Following a number of complaints from GMB members, the Union conducted a survey within the NHS membership on clinical waste, during March 1996. This report contains a summary of the survey findings.

CLINICAL WASTE DISPOSAL

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IN THE PUBLIC SERVICES SECTION

GMB – BRITAIN'S GENERAL UNION

22-24 Worple Road,
London SW19 4DD

General Secretary: John Edmonds

National Officer: Mick Fisher

National Secretary: Mick Graham

Tel: 0181 947 3131 Fax: 0181 944 6552

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What is Clinical Waste?

Clinical waste is the hazardous or offensive element of wastes from health care treatment and research. It includes human and animal tissue or excretions, drugs, swabs and dressings and contaminated instruments.

The Health and Safety Commission's Health Service Advisory Committee(HSAC), have classified clinical waste into the following Groups:

GROUP A

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

Waste materials, where the assessment indicates a risk to staff handling them, for example from infectious material disease cases.

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

GROUP B

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

GROUP C

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

GROUP D

Certain pharmaceutical products and clinical wastes.

GROUP E

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

What are the Hazards?

It is clear that some of the clinical waste can be infectious. Contact with it could infect employees, or others, causing illness. This is particularly a problem in hospitals where strict procedures should apply about the handling and disposal of clinical waste.

Some of the waste can cause direct injury. Needles, surgical instruments etc. can be extremely dangerous. Often sharp, they can cause deep cuts. If they are contaminated as well, they can cause injury and possibly infect people at the same time.

While the disposal of waste is of concern, health care workers are at risk when the clinical waste is being separated prior to disposal. Of particular concern are those who work in laundries; are involved with disposal of clinical waste; and employees such as District Nurses and others who are required to carry clinical waste from domestic residences of people they treat.

The photograph shows the clinical waste found in a laundry processed in one trust over 3 days. The waste includes 'sharps' which should have been disposed of separately and can be an extremely dangerous for employees handling the laundry. Table 1 on the back page, shows the amount of clinical waste found in the laundry over a six month period. The recording of such items started in September 1995, so an initial rise could be expected over the first few months, as people got used to recording the items. However, the Table clearly shows that an unacceptable amount of clinical waste is ending up in laundry.

There should be strict precautions applying in Wards and operating theatres to ensure such waste is kept out of the laundry. The fact that slippers, TV Remote controls and patients' property is also getting into the laundry indicates that procedures for dealing with the laundry are not being effectively monitored by managers.



Legal Position

The Management of Health and Safety at Work Regulations 1992 require employers to assess any significant risk to the health and safety of their employees. Such an assessment is also required under the Control of Substances Hazardous to Health Regulations 1994.

Following the risk assessment, the employer must then implement such measures that will either eliminate the risk altogether or adequately reduce the risk.

The HSC HSAC also advise that there should be a competent person given specific responsibility for ensuring the effective implementation of the clinical waste policy. The position should be held by a senior manager.

It should also be noted that disposal of clinical waste should be in compliance with the Environmental Protection Act 1990.

GMB Survey Results

The following findings have been made on the GMB's survey:

- Over a third of the respondents reported accidents involving clinical waste during the last twelve months. This is likely to be an underestimate since many staff do not have access to such information. Most of these accidents were needle-stick or puncture injuries.
- Almost half of the respondents reported being given no health and safety training or information on clinical waste. One reason given for this is because there is an assumption that certain ancillary/domestic staff will not come across such waste when, in reality, they do.
- Ancillary staff sometimes identify doctors and nurses as the source of clinical waste hazards – doctors dropping needles, bags overfilled and clinical waste appearing on returned catering trays, for example.
- Unless clinical waste is incinerated by the hospital, many respondents did not know what happened to it after it left the hospital. Only half the respondents could identify the final disposal process of the clinical waste they dealt with. Some also reported problems with storage and the length of time it lay before being collected.
- District and community nurses expressed concerns about the disposal of clinical waste as part of the patient's domestic refuse. They were concerned that hospital guidelines on clinical waste do not address the issues of disposal of clinical waste in community health settings.
- More than half of the respondents felt that provisions for protective areas, clothing, fume extraction, ventilation, humidity and temperature control were unsatisfactory.
- Safety Representatives reported that risk assessments, especially COSHH assessments were not being carried out. Most Safety Representatives also reported that even when risk assessments were carried out, they were not consulted nor given access to information before it is distributed, although most are allowed to carry out health and safety inspections at least every three months.
- In most cases, Safety Representatives reported that there had been no workplace visits or inspections by Health and Safety Executive Inspectors, nor by HM Inspectors of Pollution, nor by Environmental Health Officers.

General Precautions HOSPITALS

Each hospital should have a specific policy for dealing with clinical waste. This policy should be written and available for GMB Safety Representatives to see. The HSC's Health Service Advisory Committee states that the basic framework of an effective policy on clinical waste would cover:

- 1 Identification of categories of clinical waste.
- 2 Means of segregation.
- 3 Specification of containers/enclosures to be used.
- 4 Storage.
- 5 Transport.
- 6 Handling before disposal.
- 7 Training needs for staff at all levels.
- 8 Personal protection.
- 9 Accident and incident reporting, investigation and follow-up.
- 10 Spillage.
- 11 Final disposal.

The degree of detail and overall form of a clinical waste policy should reflect circumstances. The COSHH assessments must be an integral part of the policy in terms of identification and elimination or

SHARPS

Sharps should never be placed in receptacles used for the storage of other wastes. They should be placed in a safe manner into properly constructed containers. Such containers should comply with British Standard 7320 or its equivalent. This standard specifies that containers must:

- be puncture resistant and leak proof even if they topple over or are dropped;
- be capable of being handled and moved while in use with minimal danger of the contents spilling or falling out;
- be provided with a handle(s), that is not part of any closure device. The position of the handle must not interfere with the normal use of the container;
- be provided with an aperture which in normal use, will inhibit removal of the contents but will ensure that it is possible to place items intended for disposal into the sharps container using one hand, without contaminating the outside of the container; have a closure device attached for sealing when 3/4 full or ready for disposal;
- have a horizontal line to indicate when the container is 3/4 full, and marked with the words 'warning - do not fill above the line'; be made of materials which can be incinerated; be yellow
- be clearly marked with the words 'Danger', 'Contaminated Sharps Only', 'Destroy by incineration' or 'To be incinerated'.