

Waste Management

Operating Practices and Procedures

1 Introduction

- 1.1 It is essential that all staff working on Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW) sites, regardless of which Trust employs them, are aware of and put into practice the correct procedures for the disposal of waste on our premises. Inappropriate management of the waste produced by our organisation can lead to possible health risks to staff, patients and the public, pollution to the environment and unnecessarily high expenditure through the disposal of waste through the incorrect channel.

- **Precautions are best identified through undertaking a Risk Assessment**

- 1.2 Where staff work on sites owned and managed by another organisation, their procedures/practices must be understood and applied. The ward/department should ensure they have available to them copies of all relevant policies/procedures of that organisation, e.g. waste procedures, reporting processes, etc. This provision of policies should be agreed with the organisations involved as part of the service level agreement.

2 Responsibilities

- 2.1 On behalf of the Board of Directors the Chief Executive assumes overall responsibility and accountability for all aspects of the safe handling and disposal of all waste associated with the Trust.
- 2.2 Through an approved comprehensive Waste Management Policy day-to-day responsibility for ensuring compliance is delegated to various groups/individuals. This does not detract from the Duty of Care that applies to any organisation or person who produces, carries, keeps, treats or disposes of controlled waste in their working environment.

3 Training and Education

- 3.1 In order to fully comply with its responsibilities regarding the safe and efficient handling of waste without risk to health, the Trust places great emphasis on the training and education of its entire staff involved in the processing of waste and in particular hazardous infectious clinical waste. All training delivered must be logged with the Trust's Training and Development Department (see **Appendix 2, Training Matrix**). It is the responsibility of Ward/Department Managers to ensure that their staff have the relevant training on handling of waste.

4 Immunisation

- 4.1 Staff handling healthcare waste should be offered appropriate immunisation, including Hepatitis B and Tetanus. Managers [should inform staff this facility is available](#) via the Trust's Occupational Health Department.

5 Audit

- 5.1 [Annual waste audits will be carried out on all the Trust's major premises.](#) The findings of these audits and any subsequent actions plans will be submitted to the Trust's [Sustainability, Waste and Transport Group](#) for approval. For assurance purposes the Trust will carry out a self-assessment of its waste activities using a set of Performance Indicators (see **Appendix 4**). These will be presented to the Infection, Prevention and Control ([IPC](#)) Committee. It is the responsibility of all staff associated with waste to be constantly monitoring that all processes are being carried out correctly.

6 Waste Segregation and National Colour Coding

- 6.1 Efficient and effective waste segregation is an essential part of the Trust's Waste Management Strategy. Waste disposal through an inappropriate channel, could create a risk to human life and/or the environment and may also lead to a prosecution.
- 6.2 Hazardous clinical waste is rendered safe by the Continuous Feed Augor Process (CFA process). This process is based on exposure to high temperatures. This process kills most but not all organisms and may therefore be unsuitable for Group 4 Pathogens. These Pathogens are rare, and where found, this waste must go for incineration. Clinical waste contaminated with [pharmaceutical \(or illicit\) drug material](#) should go for incineration.
- 6.3 A list of Group 4 pathogens can be obtained from the Infection Prevention Control Service. Advice on how to deal with Group 4 Pathogens **must** always be sought from a member of the IPC Team.
- 6.4 All waste will be bagged/contained at the point of origin and it is the responsibility of the department/clinical managers to ensure that waste is properly streamed. The colour coding system for waste is as follows: **See Page 3**

Most commonly used waste streams applicable to NTW:-

Waste Type	Waste Receptacle	EWC Code	Example Description	Exterior Bin Tag	Disposal Route	Specialist Officer for Advice
General Domestic Waste	Black Bag with label	20 03 01	Domestic/household waste such as used paper hand towels, food waste , flowers – similar to the type of waste produced in the home	No tag	Recycled / Landfill	Facilities Manager
Dry Mixed Recycling	Clear bag	20 01 01 20 01 39 20 01 40	Paper, cardboard, plastic bottles, plastic packaging types 1 to 5, metal cans. Items should be empty or rinsed out.	No tag	Recycled	Facilities Manager
Glass (domestic)	Magpie box	15 01 07	Coffee jars	Not applicable	Recycled	Facilities Manager
Batteries (domestic)	Recycling containers located at all Trust main receptions			No tag	Recycled	Facilities Manager
Confidential Waste	White plastic confidential waste sack. Supply chain code MVN331 (where a contract is in place) or shredded and put into black bags then domestic waste carts	20 01 01	Records, sensitive information	No tag	Recycled / Landfill	Facilities Manager
Used Toner and Printer Cartridges	Not applicable	08 03 17 08 03 18		Not applicable	Recycled	Facilities
Infectious Clinical Waste	Orange Bag with label	18 01 03	Any human tissue, disposable items and materials that have been used on patients that are known or suspected to have an infection (and may be contaminated with bodily fluids) e.g. gloves, aprons and used dressings NO medicinal waste	HT Infectious Waste for Alternative Treatment – orange tag *	Heat treated	Infection, Prevention and Control Team / Facilities Manager
Offensive /Hygiene Waste	Yellow bag with black stripes (tiger bag) with label Sanitary bins where a contract in place	18 01 04	Any healthcare waste which may cause offense and is not generated from a patient with a known or suspected infection, e.g. incontinence waste, urine, vomit, soiled dressing	HL Non-Hazardous healthcare Waste – Yellow/Black stripe (tiger) bag *	Deep landfill	Facilities Manager
Mattresses		20 01 03 18 01 03		Not applicable	Varies depending on the condition of the mattress	Seek advice from Infection Prevention Control Modern Matron who will advise on method of disposal

Waste Type	Waste Receptacle	EWC Code	Description / Examples	Exterior Bin Tag	Disposal Route	Specialist Officer for Advice
Sharps (excluding cytotoxic/cytostatic)	Yellow sharps container with yellow lid	18 01 03 18 01 09	All sharps such as needles, syringes, glass phials, small amounts of broken glass NOT contaminated with cytotoxic or cytostatic medicines	HS Infectious Sharps for Incineration – yellow tag *	Incinerated	Infection, Prevention and Control Team / Facilities Manager
Cytotoxic/Cytostatic waste and sharps (including cytotoxic/ cytostatic)	Yellow bag with purple stripe or yellow sharps container with purple lid	18 01 08	Syringes, needles, cartridges, empty or partially used injection vials/ampoules and other sharp instruments contaminated with Cytotoxic/ Cytostatic waste	HY Cytotoxic/Cytostatic Waste for Incineration – purple tag *	Incinerated	Infection, Prevention and Control Team / Facilities Manager / Pharmacy Technical Services Manager
Pharmaceutical Waste	Blue container with blue lid	18 01 09 18 02 08	Tablets, non-hazardous medicines. NO sharps or cytotoxic/ cytostatic medicines	HP Pharmaceutical Waste for incineration – blue tag *	Incinerated	Pharmacy Technical Services Manager
Construction and Demolition Waste	Varies depending on scheme	Various	Asbestos, paints, electronics, tubes, batteries (industrial)	Not applicable	Varies	Seek advice from Estates and Facilities
Electrical / IT Equipment	Separate container for the disposal of WEEE	20 01 35 20 01 36				Estates Manager / IT Manager
Mercury	Follow instructions on mercury spillage kit available on main hospital sites or seek advice from the Facilities Department	20 01 21	Sample Tube (from mercury spillage kit), thermometers	Not applicable	Specialist disposal	Facilities Manager
Dental Waste	Varies depending on the type of waste generated	18 01 10	Dental amalgam	Not applicable	Varies	Dental Practice, Northumbria Healthcare NHS Foundation Trust
Chemicals/Solvents	Follow guidance on Control of Substances Hazardous to Health – (COSHH) sheet for safe disposal.	18 01 05 18 01 06 18 01 07	Infectious waste containing chemicals	Not applicable	Refer to COSHH Sheet	Seek advice from the Facilities Department
Medical Devices	Refer to Medical Devices Policy Guidance Note MD-PGN-12	20 01 35 20 01 36		Not applicable		Medical Device Safety Manager

Notes:

- Pharmacy have their own Policy for disposal of pharmaceutical waste, refer to the Trust's Medicine Policy NTW(C)17
- Dental Waste - only qualified dental practitioners should consign this waste to the appropriate waste stream, container and disposal route

- * Carts used for the disposal of hazardous waste are fitted with a segregation disc to enable the waste to be correctly identified – see below pictures of the type of discs used, the examples shown are tagged as HL (offensive/tiger) and HT (orange hazardous infectious clinical)



7 Identification and Handling of Waste

7.1 Identification

- 7.1.1 All waste bags, containers and sharps boxes **must be** correctly sealed and identified/labelled, bearing the name of the hospital/unit, ward or department, where the waste was produced and the date and time of production.
- 7.1.2 As a daily routine or when two-thirds full (whichever comes first) bags must be removed from their holders and properly sealed. Appropriate approved signage must be located in areas where waste is generated and stored.

7.2 Handling of Domestic Waste

- 7.2.1 General domestic waste (paper **towels**, **food waste**, **plastic**, flowers, etc.) must be placed in a black bag. When two thirds full the bag should be tied using the swan neck and cable tie method (see **Appendix 5** for further guidance), **labelled**, then taken to the local cart/holding area awaiting collection prior to final collection and disposal.

Where a dry mixed recycling waste stream is in operation, the following items should be placed in a clear bag: paper, cardboard, plastic bottles, plastic packaging types 1 to 5 (this number denotes the type of plastic and is usually shown inside a recycling triangle logo stamped into the plastic), metal food and drinks cans. Items should be empty or rinsed out.

7.3 Handling of Glass (domestic) Waste

- 7.3.1 Glass, broken crockery and other sharp objects must not be disposed of in a black bag. Rigid plastic/broken glass or crockery etc. should be adequately protected by placing inside a cardboard/magpie box. Arrangements should then be made to have this taken to the cart/compactor.

7.4 Handling of Confidential Waste

- 7.4.1 Confidential waste should be either shredded and put into the normal domestic waste stream or placed into the white plastic confidential paper sack for collection and disposal, this only applies where an existing contract is in place in your location.

7.5 Handling of Cardboard Waste

- 7.5.1 In large Trust premises where cardboard bailers are in place, ward, departmental and domestic staff must segregate cardboard from normal domestic waste, and place it next to the carts or area where domestic waste is stored. This cardboard will then be compacted, bailed and taken away by an external contractor for recycling. Where a dry, mixed recycling waste stream is in operation, cardboard can also be placed in the external recycling skip. In other areas cardboard gets processed as domestic waste.

7.6 Handling of Hazardous Infectious Clinical Waste

- 7.6.1 All hazardous infectious clinical waste should be placed into an orange clinical waste bag. When two thirds full the bag should be tied using the swan neck and cable tie method (see Appendix 5 for further guidance), with the appropriate completed label attached. In accordance with local arrangements the bag should then be removed from the ward/department and placed into a locked yellow clinical waste cart (identified with a disc) or locked in a dedicated clinical waste storage area. When using carts they must always be checked to ensure the lockable lid is working correctly. If this is not operating correctly this must be reported to the Facilities Department.
- 7.6.2 Gloves and suitable protective clothing must be worn when handling hazardous infectious clinical waste.

7.7 Handling of Sharps and Needles

7.7.1 All sharps including needles, scalpel blades, broken ampoules etc. must be placed into a suitable sharps container with a purple lid complying with BS7320. No attempts must be made to re-sheath needles.

- **Never Fill a Sharps Container more than two thirds full**

7.7.2 Ensure sharps boxes are assembled properly, accordingly to the manufacturer's instructions.

7.7.3 All aspects of safe use must be considered when positioning a sharps box, in particular:

- Safe access for sharps disposal as near as practical to clinical activity
- Secure position, i.e. not near edge of shelf or trolley, **or on the floor**
- Unauthorised access by patients, visitors or children **must not be possible**
- Sharps boxes present a serious health and safety risk. They are colourful and attractive to children. This must be borne in mind at all times
- Keep sharps boxes away from direct heat

7.7.4 Sharps boxes must be used for the disposal of sharps only and **for no other purpose** (see Appendix 6 for details of sharps boxes available, including their NHS product code, [and refer to the Trust's NTW\(C\)23 – Infection, Prevention and Control policy, practice guidance note, IPC-PGN-3.1 - Safe Use and Disposal of Sharps](#)).

7.8 Disposal of Sharps Containers

7.8.1 Sharps containers should **not** be placed into any sack or bag for transportation and disposal. They must be sealed/locked (following the manufacturer's instructions) and [labels must be signed and dated on assembly and closure to enable traceability to source and to ensure that they can be closed and removed from use after three months. Contact porters for uplift.](#) Sharps containers should be placed directly into a yellow cart with a relevant [disc](#) or the designated secure storage area.

7.8.2 Only carts identified with a [relevant segregation disc](#) should be used as this denotes the contents of the cart will go away for incineration. Where carts are not used sealed sharps boxes must be stored in a lockable area prior to collection.

7.8.3 In the event of a sharps injury refer to the [Trust's NTW\(C\)46 - Inoculation Injury Policy](#).

- 7.8.4 Sharps or syringes found in non-clinical areas, i.e. hospital grounds; public toilets, etc. must be placed into a new sharps box using specific long handled forceps. [This duty is normally carried out by domestic, portering or estates staff](#). If advice is required a member of the Patient Safety Team should be contacted/Clinical Manager. Disposable forceps are held on each patient area and within the Domestic/[Portering](#) Departments or Estates Department on the main hospital sites.
- 7.8.5 Staff who are required to transport sharps in a hospital vehicle or their own car must do so to minimise any risk to themselves and others. The following rules must be applied:
- 7.8.6 Staff should ensure that they:
- Dispose of sharps immediately after use in a container suitable for transport, close the lid immediately after use and secure the container in the vehicle to avoid tipping
 - Follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms
 - Report any lid closing and locking mechanisms problems so that the suitability of the container can be reviewed
 - 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
 - Report any difficulty following a safe system of working
- 7.8.7 If staff cannot follow a safe system of working, this should be reported to their manager and additional support and facilities provided, for example placing sharps containers inside a robust secondary carrier or container.
- 7.8.8 Contaminated vehicles should be cleared as soon as possible without compromising safety, e.g. using a torch, a special tool/device to avoid hand contact, and Personal Protective Equipment (PPE), being wary of sharps hidden in crevices and fabrics.
- 7.8.9 The Patient Safety Department should be made aware of these types of incidents as soon as practicable and the appropriate Incident Form completed [via the Web Based Incident Reporting System](#).

7.9 Handling of Medicinal Hazardous Waste

- 7.9.1 Medicinal waste is classified into two categories:
- Cytotoxic and Cytostatic medicines ([see Appendix 9 for commonly used cytotoxic/cytostatic medication within the Trust](#))
 - Medicines other than those classified as cytotoxic and cytostatic

- 7.9.2 To minimise the number of waste streams and colour coding for the Trust, the medicinal residue in syringes should be disposed of using the same waste stream as sharps as this ensures they go for incineration (yellow sharps box with yellow lid). Any medicinal waste contaminated with cytotoxic/cytostatic medicines must be placed in a sharps box with purple lid and go for incineration.
- 7.9.3 Any other medicinal waste other than those identified above, advice must be sought from [Pharmacy](#) prior to any disposal. [Dispose of in blue body/blue lidded waste medicines containers.](#)

NO SHARPS ARE TO BE PLACED IN BLUE PHARMACY CONTAINERS

7.10 Handling of Dental Waste

- 7.10.1 As this can be various types of waste only the person who treated the patient should categorise the appropriate waste stream/container.
- 7.10.2 Further advice on any dental waste should be obtained from the Dental Practice operating from Northumbria Healthcare Trust.

7.11 Handling of Controlled Drugs ([see Trust's NTW\(C\)17 - Medicine Management Policy](#) , [practice guidance note – UHM-PGN-04 – Controlled Drugs](#)).

- 7.11.1 As these are subject to special legislative controls because they are potentially harmful; advice must be sought from the [Pharmacy](#) prior to disposal.

7.12 Medical Devices

- 7.12.1 [It is essential that equipment be disposed of in a safe and appropriate manner. Disposal of such items is governed by strict regulations and non-compliance putting people at risk could have legal implications for the Trust.](#)
- 7.12.2 [Disposal of medical devices will be done through an approved and accountable route. The Medical Devices Department in conjunction with Facilities and according to Trust's NTW\(O\)24 - Waste Management Policy and NTW\(C\)21 - Medical Devices Policy, will coordinate disposal within the Trust.](#)
- 7.12.3 Advice on the disposal of medical equipment can be obtained from the [Medical Devices Department, email \[MedicalDeviceADM@ntw.nhs.uk\]\(mailto:MedicalDeviceADM@ntw.nhs.uk\)](#)

7.13 Disposing of Chemical Waste

- 7.13.1 Chemical waste is waste which is not infectious and contains chemicals or chemical residue. Examples within a clinical environment include alcohol gel containers and aerosols. Elsewhere chemical waste includes reagent containers, alcohols and waste chemicals. If you have any chemical containers for disposal the first thing that you need to establish is does the product go down the toilet, sluice or drain; further details can be found on the COSHH data sheet. If it does then wash out the container with soap and water and put the container into the municipal waste (black bag). If it doesn't then it will need to be dealt with differently so contact your local Facilities Manager for further advice. The soft alcohol gel bags which are fitted into the wall mounted dispensers should also be cut open and washed out prior to disposal as above. Another type of container which will probably have at least one hazard symbol is an aerosol. A fully discharged aerosol can be placed in municipal waste but do not put accumulations of these containers in the same bag. Any aerosols which have contained prescription only medicines should be placed in a blue body/blue lidded waste medicines container.

7.14 Handling of Offensive Waste

- 7.14.1 This describes healthcare waste which may cause offence to people:
- For example, nappies, feminine hygiene products, incontinence waste, uncontaminated PPE, urine, vomit and soiled dressings
- 7.14.2 All offensive waste should be placed into a yellow bag with black lines (tiger bag). When two thirds full the bag should be tied using the swan neck and cable tie method (see Appendix 5 for further guidance), with the appropriate completed label attached.
- 7.14.3 In accordance with local arrangements the bag should then be removed from the ward/department and placed into a locked yellow container designated for offensive waste or locked in a dedicated waste storage area. When using carts they must always be checked to ensure the lockable lid is working correctly. If this is not operating correctly this must be reported to the Facilities Department.

NEVER MIX DIFFERENT TYPES OF WASTE IN THE SAME CART

- 7.14.4 Gloves and suitable protective clothing must be worn when handling offensive waste.
- 7.14.5 Wash hands after removing PPE.

7.15 Disposal of COSHH Items (Control of Substances Hazardous to Health)

- 7.15.1 In all circumstances when COSHH items are to be disposed of the disposal guidance on the COSHH data sheet must be followed. The COSHH disposal form should always be completed (**Appendix 8**) by the person who has identified the need for disposal.

7.16 Handling of Group 4 Pathogen Waste

- 7.16.1 For the purposes of processing and disposing of this category of waste only Group 4 Pathogens need to go for incineration.
- 7.16.2 Hazard Group 4 pathogens are viruses which are rarely encountered in the UK. They include the "haemorrhagic fever viruses" e.g. Lassa, Mopeia, Marburg, Ebola, Congo-Crimean, Bolivian, Argentine and Omsk haemorrhagic fever viruses as well as the causative agents of Kyasanur Forest disease, Russian Spring-Summer encephalitis and related viruses. Patients suspected of having an illness caused by any of these viruses must be sent to an appropriate high security isolation hospital (e.g. The Royal Free Hospital, London) and all specimens from such patients sent to a laboratory designated for handling this material.

8 Management of Spillages

8.1 General Arrangements

- a) Under no circumstances should patients or members of the public be allowed to assist or be involved in any way with the clearing or cleaning of spillages of bodily fluids
- b) All spillages must be regarded as potentially hazardous and be cleared immediately
- c) Only staff that have been appropriately trained and deemed competent in the management of spills should deal with any spillages. Training and advice for this purpose is available from your local IPC Modern Matron
- d) Departmental Managers will be responsible for ensuring that all personal protective equipment (PPE) as identified in the COSHH assessments is available at all times
- e) Gloves and all suitable personal protective equipment (PPE) must be provided and worn when dealing with all spillages;
- f) There is a contract in place, contactable via Estates for contamination levels that cannot be addressed by clinical and domestic staff. The Domestic Department will inspect the area after the contractor has completed the cleaning

8.2 Responsibility for Clearing of Spillages

- a) Clinical area - member of ward staff
- b) Non-clinical area - member of Domestic staff
- c) During transit - driver of vehicle
- d) Hospital grounds - Estates staff

8.2.1 Advice for the disposal of any waste associated with spillages can be obtained from a member of the IPC Team or Facilities [Manager](#).

8.3 Liquid Spillages - General Arrangements

8.3.1 Blood and body fluid spill wipes (Clinell) are a complete one pack solution for blood and body fluid spills. It is a high level disinfectant and will kill HIV, HEP B, C, Norovirus, C diff. Simply place wipe on the spill, leave to absorb for 30 seconds. It can absorb up to 1L of fluid. As it becomes wet, the spill is contained inside the super absorbent pad. The pack also contains two individually wrapped universal disinfectant wipes within sachets to complete the clean. Both wipes can be replaced back into the empty pack which is then sealed and disposed of in the correct waste stream, either offensive or clinical waste.

8.3.2 Access to the area should be restricted; by either locking off the area if appropriate or placing wet floor signs around it so as to limit exposure.

8.3.3 Never use chlorine releasing agent on spilled urine as a chlorine gas may be released

8.4 Mercury

8.4.1 Large quantities of mercury or hot, confined spaces significantly increase the airborne concentration and may require the use of a respirator designed for use with mercury. Seek further advice from a Patient Safety Officer/Facilities Manager. This, however, would be a very rare and exceptional circumstance.

8.4.2 The notes below summarise the spillage procedure:

- [Open all windows to ventilate the room](#)
- Remove all metal objects from fingers/hands/wrists
- Wear impervious disposable gloves
- Use the plastic pipette to collect up mercury metal and place in a secure sample tube

- Add a little hot water to the mixture of sulphur and slaked lime which is provided in the spill kit – mix/shake to form a slurry
- Sweep/scoop up and place in waste plastic tub
- Notify the Patient Safety Officer;
- Notify the porters that mercury waste requires collection
- Porters secure mercury waste, inform the local Facilities Manager who will arrange collection from a specialist waste contractor
- Complete [incident reporting form via the web based system](#)
- Ensure the spill kit is safely stored whilst awaiting collection
- Contact the Portering Department to have the mercury taken to a central secure area
- Portering staff are responsible for labelling the kit, completing a consignment note and arranging for collection by the contractor

8.4.3 Mercury spill kits are located on each of the Trust's main hospital sites, as follows:

- St Nicholas Hospital – [main reception](#)
- Walkergate Park – [clean linen cupboard](#)
- Ferndene – [main reception](#)
- St George's Park – [main reception](#)
- Northgate Hospital – [main reception](#)
- [Hopewood Park – Pod 4](#)
- Monkwearmouth Hospital – [Porters' Office](#)
- Tranwell Unit, Queen Elizabeth Hospital – [on top of emergency linen cupboard in store room on Fellside Ward](#)

8.4.3.1 [Facility Managers will annually check mercury spill kits are within date. If not, order a new or replacement kit and dispose of out of date substances.](#)

8.4.3.2 **For further advice contact a member of the Facilities Team or Patient Safety**

9 Electrical/Electronic Equipment

- 9.1 As many items are now classed as hazardous waste and come under the Waste Electrical, Electronic Equipment regulations (WEEE) advice must be sought from [Estates and Facilities](#)/IT Department prior to disposing of the item. There may be a charge levied to the ward/department for the costs incurred of disposing of this type of waste.

10 Specialist Advice

- 10.1 [Specialist waste products and waste materials not categorised or covered in detail in this policy, may present unique disposal problems and potential risks. If staff are in doubt, or are uncertain as to the identity of any waste, they should seek advice from the Facilities Department.](#)

11 Storage and Disposal of Waste

- 11.1 At ward level managers will be responsible for ensuring that the correct type of bags, labels, cable ties and sharps boxes are available at all times.
- 11.2 Correctly sealed and labelled containers must not be stored on ward corridors but taken directly to the assigned disposal room/corral and placed into the appropriate cart where applicable. In the event of the carts being full, the sharps box or bag should be taken back to the ward/department and placed in the dirty utility or similar secure area and the Portering/Facilities Department contacted.
- 11.3 The Facilities / Unit Manager depending on location must ensure that the disposal bay or corrals are cleaned on a regular basis.

12 Waste Generated in a Community Setting (Patients' Home)

12.1 Sharps

- 12.1.1 All sharps generated in the patients' home should be disposed of using [the correct coloured](#) sharps box. Where the sharps are generated in the patients' home, the secure sharps box can be transported in a clinician's car and taken to a designated collection point for storage until removed from the site. Once on the Trust hospital site the process contained within the guidelines must be followed. Collection points are available on all the Trust's main hospital sites.

12.2 Hazardous Clinical / [Offensive](#) Waste

- 12.1 [Other waste generated such as gloves/cotton wool can be disposed of in the patient's bin, to go via the household/domestic waste stream](#)

13 [All incidents involving spillages or associated with any aspects of the storage/disposal of waste, must be reported using the current Web-Based Reporting System.](#)