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## 1. Waste in the Community

This Protocol follows: *Scottish Health Technical Note 3 NHS Scotland waste management guidance Part D: Guidance and example text for waste procedures (2015)*.

NHS Board staff have a responsibility to ensure the safe management of waste, wherever their healthcare and support services are delivered.

The healthcare professional must assess and classify the waste - *whether a used wound dressing is infectious or offensive waste, for example* – See: [Table 1.2](#).

Waste classification determines containment and treatment/disposal - See: [Table 1.1](#).

Consider the medical history of the patient and any clinical signs and symptoms of infection.

### 1.1 Offensive Waste / Domestic Black Stream Waste

Most Community Hygiene Healthcare waste will be classed as *non-hazardous offensive waste* –See: [Table 1.1](#).

Healthcare professionals should be reassured segregating waste into the offensive waste stream does not place others at increased risk, even if the waste contains non-infectious faeces, urine or blood and body fluids from a screened population See: [Table 1.1](#).

Maternity waste can be classified as offensive (providing no other suspicion of infection is present) for women who have been screened for blood-borne viruses antenatally and where there is no known indication of change to their status.

<b>Note 1:</b>	<i>Placentas are defined as Anatomical waste and require specific management).</i>
<b>Note 2:</b>	<i>The domestic waste option can only be used with the householders permission and offensive waste items should be double-bagged (using a sandwich type bag or bin liner) before placing in the householder's domestic waste bag.</i>
<b>Note 3:</b>	<i>Offensive waste in under 7kg volumes can be placed into the domestic black bag waste stream. Where in excess of 7kg is produced special uplift of this waste will need to be arranged. Contact Infection Control to discuss this.</i>

### 1.2 Offensive Waste / Domestic Black Stream Waste examples:

- Examples of these types of waste include stoma or catheter bags and incontinence pads contaminated with bodily fluids, where the assessment process leads you to believe the waste does **not** pose an infection risk;
- One example may be when a patient develops diarrhoea, however the cause is **not** thought to be infectious or a sample does **not** identify an infectious cause. Any waste would therefore be classified as offensive. Any subsequent change to the patient's condition – for example, a subsequent positive sample for C. difficile toxin and the presence of diarrhoea, would require reclassification of waste as infectious (Orange Stream Waste) from that point until the infection resolves.

### 1.3 Orange Stream Waste:

Orange stream healthcare waste is referred to as 'low risk' healthcare waste as it poses a low risk of infection but it is treated as infectious waste on a precautionary basis and, as such, is classified as *special (hazardous) waste*. Orange stream waste may include dressings, bed pads, bandages or protective clothing (gloves or aprons) contaminated with bodily fluids, where the assessment process leads you to believe the waste poses a **potential infection risk**.

#### 1.3.1 Orange Stream Waste Examples

- Orange bag waste typical examples may include: Soft waste, such as dressings from an infected wound, considered hazardous because there is a risk of infection to people coming into contact with it;
- For sharps and medicines refer to section 1.4
- Incontinence pads used by a patient with a gastrointestinal or urinary tract infection.

### 1.4 Yellow Stream Waste

Healthcare waste placed in the yellow stream requires specialist disposal including high temperature incineration. It is unlikely that yellow stream waste will be produced in the community (with the exception of Maternity) and advice should be sought from Infection Control if this is deemed necessary. The yellow waste stream includes:

- Anatomical and human tissue including recognisable body parts (organs and limbs, etc.);
- Medical devices and contaminated metal parts, including prostheses, pins, artificial joints, surgical metal instruments and surgical metal tools;
- vCJD agents, TSE agents, and associated surgical instruments, etc. from quarantine;
- Placenta items, foetal remains and the disposal of pregnancy losses;
- Teeth (with fillings, but excluding amalgam fillings);
- Highly infectious waste;
- Infectious chemical wastes;
- Pharmaceutical waste (medicinal products) other than those used in chemotherapy;
- Chemotherapy waste (cytotoxic and cytostatic waste) in a healthcare setting is restricted to source-segregation of antineoplastic (chemotherapy) wastes;
- Environmental control waste. This is waste arising from Estates and Facilities Departments related to the environmental control of healthcare systems to prevent or control infectiousness. This waste stream includes:
  - Biological and oils filter wastes from medical gas pipework / vacuum systems;
  - Ventilation or drainage systems related to clinical areas.

### 1.5 Sharps

All used sharps which **may pose a risk of infection** should be returned to an NHS Borders base, or be subject to specific collection arrangements, for treatment / disposal as orange stream waste.

Sharps waste generated by householders in the community through self-administration, such as the use of insulin by those with diabetes, is not considered infectious waste. Those prescribing the pharmaceutical product injected are required to provide the necessary equipment and instruction to ensure safe disposal. This may include a needle-clipping device and / or a sharps box. Sharps boxes for personal use (typically less than 0.5 litre capacity) are available in black for domestic use.

Purple lidded yellow bin	Cytotoxic or cytostatic medicines waste
Orange lidded yellow bin	Sharps not contaminated with medicines, cytotoxic or sytostatic waste
Blue lidded yellow bin	Needles and vials contaminated with medicinal products (non cytotoxic)
Red lidded yellow bin	Placenta waste

### 1.6 Anatomical Waste

This category includes placentas, which should be placed in a red lidded yellow container specifically for such wastes.

### 1.7 Peritoneal dialysis, haemodialysis waste, or dialysis waste

Peritoneal dialysis and haemodialysis waste items should be placed into orange stream rigid containers. Self-setting compounds or gel should be used to solidify the waste

### 1.8 Larval Therapy

Maggots (larval therapy) are not always considered to pose an infection risk when disposed of. However it is recommended they are either contained in a rigid sealable yellow container or double bagged in yellow bags and treated as infectious waste.

<b>Note 4:</b>	<i>Yellow waste stream is advised and not orange as maggots are disposed of in a similar way to anatomical waste which results in incineration.</i>
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### 1.9 Securing Bags and Transport of Waste in the Community

<b>Black bag</b>	Domestic waste should be double bagged for handling purposes with bags no more than three quarters full, carefully tied and placed in the householder's domestic waste stream. If special uplift has been arranged due to volume follow Note 3
<b>Orange Bags</b>	Should be double bagged for handling purposes with bags no more than three quarters full, swan neck tied: <ul style="list-style-type: none"> <li>the bag is held by the neck and twisted until tight;</li> <li>the neck of the bag is folded over to form a 'swan neck';</li> <li>a ratchet-type healthcare waste tag is placed around the folded neck, and tightened until a sturdy secure seal has been made</li> </ul> Transport as guidelines in 1.9 below
<b>Yellow bags</b>	Should be double bagged for handling purposes with bags no more than three quarters full, swan neck tied: <ul style="list-style-type: none"> <li>the bag is held by the neck and twisted until tight;</li> <li>the neck of the bag is folded over to form a 'swan neck';</li> <li>a ratchet-type healthcare waste tag is placed around the folded neck, and tightened until a sturdy secure seal has been made</li> </ul> Transport as guidelines in 1.9 below

Each bag must be sealed with a ratchet-type healthcare waste identification tag, or equivalent, which bears the identification of the hospital or department. A list of tag identification codes, colours, etc., and information on how to obtain supplies, should be available from Estates.

### 1.10 Transport of waste by Healthcare Staff

Waste should be transported to the nearest Health Centre and placed in the appropriate waste stream. A lidded plastic box should be used to transport the

sealed waste bags. The box should be decontaminated with Tristel Fuse after each use. The waste producer (you) is subject to a duty of care (legal requirement), and should ensure any container is clearly labeled in a manner that makes the subsequent holder (for example, a porter or waste handler/ collector) aware of its contents.

**Note 5:** *Waste should not be stored in vehicles overnight.*

When transporting waste in their own vehicles, health care workers should ensure that they are transporting the waste in suitable United Nations approved (*UN packaging instructions P621*) rigid packaging that is fit for purpose and capable of safely and securely containing the goods (in other words, is leak proof).

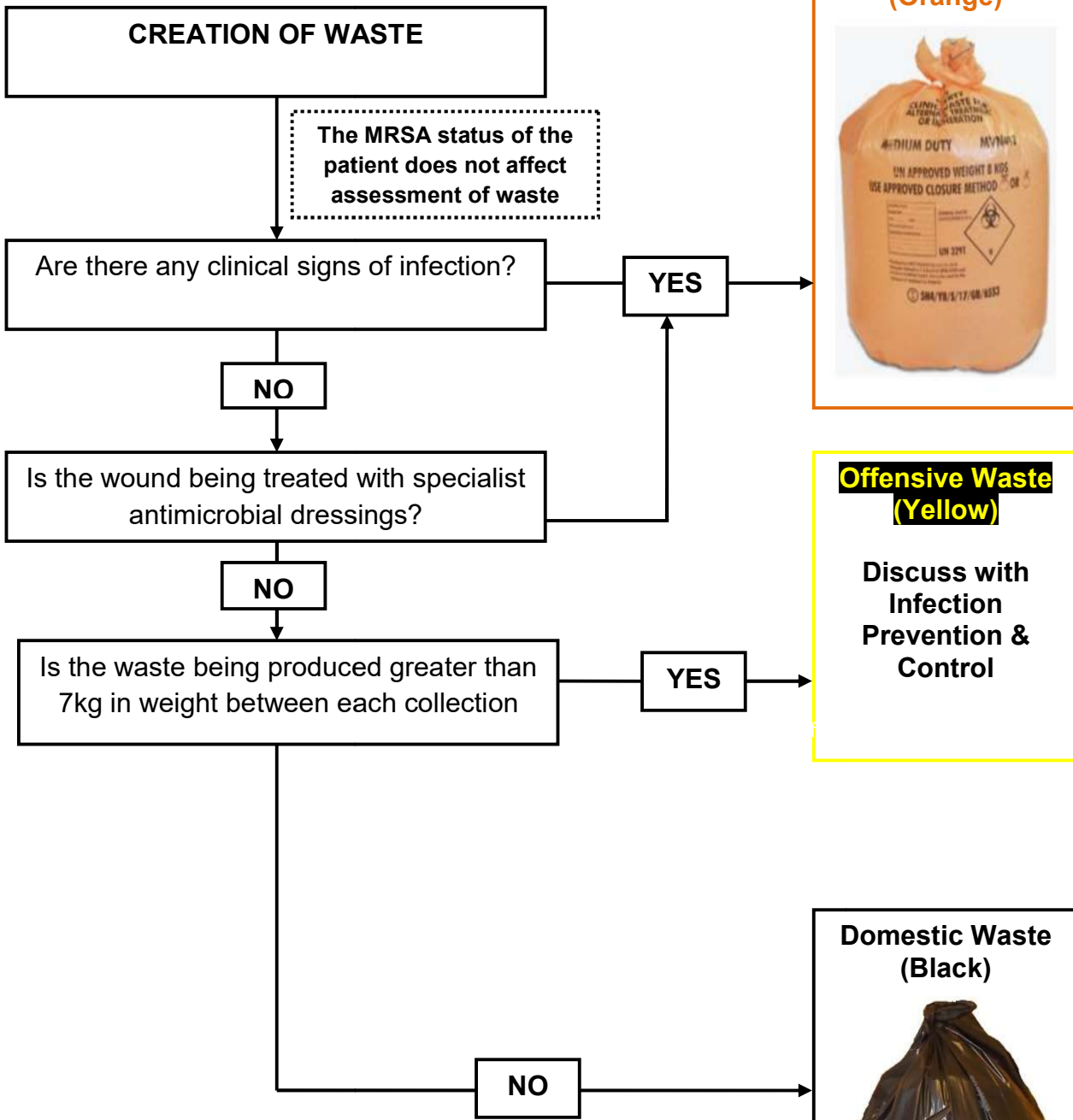

Spillage kits must be carried by the person transporting the waste (refer to waste policy spillage and decontamination procedures).

**Note 6:** *If the volume of waste produced cannot be safely transported by car please contact Infection Control for advice*

**2 Table 1.1 Waste classification**

Waste contains	Proposed General classification	Examples of waste	Exception to this rule
Urine, faeces, vomit and sputum.	<b>Offensive</b> (where risk assessment had indicated that no infection is present, and no other risk of infection exists).	Urine bags, incontinence pads, single-use bowls, nappies, PPE (gloves, aprons and so forth).	Gastrointestinal and other infections that are readily transmissible in the community setting (for example, verocytotoxin-producing <i>Escherichia coli</i> (VTEC), campylobacter, salmonella, chicken pox/shingles) Hepatitis B and C, HIV positive patients – only if blood is present
Blood, pus and wound exudates.	<b>Infectious</b> unless assessment indicates no infection present. If no infection, and no other risk of infection, then offensive.	Dressings from wounds, wound drains, delivery packs.	Blood transfusion items. Dressings contaminated with blood/wound exudates assessed not to be infectious. Maternity sanitary waste where screening or knowledge has confirmed that no infection is present and no other risk of infection exists.

3 Table 1.2 Community waste decision making tool

Sharps generated by practitioner should be disposed of using an appropriate sharps container. For one off visits, for removal of drains – these should be sealed in an appropriate small rigid yellow container for incineration and removed the clinician



**All waste must be segregated**  
Dispose of clean packaging separately, recycling where appropriate