



Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Safe disposal of waste, including sharps

**SAFE DISPOSAL OF WASTE,
INCLUDING SHARPS**

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This document has been adopted as a Policy by:

Organisation:

Signature: Name:

Job title:

Adoption date:

Review date:

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1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

The management of healthcare waste, including sharps, is an essential part of ensuring that General Practice activities do not pose a risk or potential risk of infection and are appropriately managed. Waste is potentially hazardous and, if not disposed of correctly can result in injury or infection.

All staff are responsible for the safe management and disposal of waste and should understand how waste should be segregated and stored prior to collection or disposal. This is driven by the need to reduce environmental impact, comply with waste regulations and other national guidance such as the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*, and reduce costs associated with waste management.

Contingency plans and emergency procedures should be in place in the event of contamination from waste.

Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SCIPs and TBPs Policy for General Practice'.

When caring for patients in relation to any new or emerging infection, staff should refer to the latest national infection prevention and control guidance.

2. Responsibilities

Staff in General Practice have a responsibility for ensuring that waste is dealt with appropriately from the point of generation to the point of final disposal. All staff should be trained and aware of waste procedures. It remains the legal responsibility of the General Practice, not the waste contractor, to ensure full compliance with environmental waste regulations. Waste, including sharps, should be:

- Correctly segregated
- Appropriately labelled
- Packaged appropriately for transportation

- Stored safely and in a secure place away from areas of public access within the premises
- Described accurately and fully on the accompanying documentation when removed from the premises
- Recorded and copies of the waste documentation retained, including record keeping
- Transferred to an authorised waste contractor for transport to an authorised waste disposal site
- Monitored, audited and the way in which waste arrangements work, should be reviewed

Further information can be found in *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*.

3. Disposal of waste

- All waste, including sharps should be segregated correctly (see Section 5) as per your local policy and in accordance with your waste contractor.
- When handling waste, appropriate personal protective equipment (PPE) should be worn, and hands cleaned after removing PPE.
- Always dispose of waste, including sharps, immediately and as close to the point of use as possible.
- All waste bags should be no more than 2/3 full and no more than the approved UN maximum weight shown on the bag or packaging. They should be securely tied using a plastic tie or secure knot using a swan neck to close.
- Waste bags should be labelled with the address and date prior to collection by the waste contractor (some waste contractors may undertake this) to ensure traceability if an incident occurs.
- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag.
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag.
- Waste bins in clinical areas and toilets should be lined and foot pedal operated with a lid. Always use the foot operated mechanism to open the lid to prevent hand contamination.
- Waste bins in other areas, e.g. office, should have a liner, but do not need to have a lid.

4. Disposal of sharps



Refer to 'Safe management of sharps and inoculation injuries Policy for General Practice'.

- Sharps should be placed into the correct colour coded sharps container (see Section 5).
- Sharps containers must be situated in a safe and secure place, not accessible to patients or visitors.
- In rooms or areas where sharps containers do not need to be moved, they should be wall-mounted near the point of use, i.e. where the sharp is used.
- At no time should a sharps container be placed on the floor.
- Sharps containers should comply with the UN3291 and British Standard BS7320.
- The correct size of the sharps container to be used should be determined according to the volume of sharps generated.
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded when assembled.
- Sharps containers must not be used for any other purpose than the disposal of sharps, e.g. no packaging, wrappers, gauze.
- Sharps should be placed into the sharps container by the person using them.
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container.
- Always use the temporary closure mechanism on the sharps container when not in use.
- Sharps containers must **not** be filled above the 'fill line' as this could result in sharps protruding through the aperture.
- The aperture must be 'locked' prior to disposal.
- Sharps containers must be disposed of when the fill line has been reached.
- Sharps containers must not be placed inside waste bags prior to disposal.
- Sharps containers must be dated and signed when locked and disposed of.

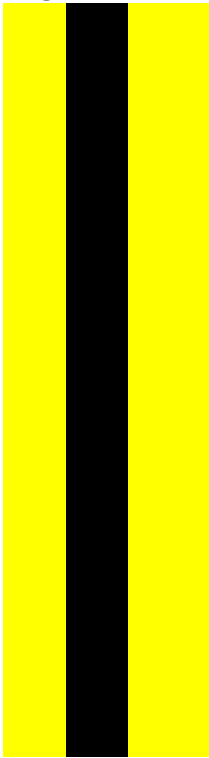

5. Assessing waste, including sharps, for segregation

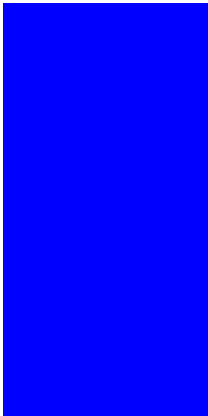
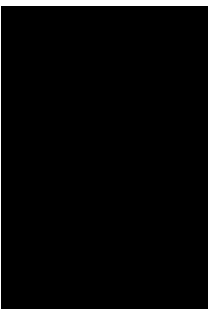
Waste, including sharps, should be assessed by the member of staff at the time it is produced and segregated in the correct colour waste stream identified below.

Further information can be found in the *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*.

Guide for correct colour waste streams		
Colour stream	Description	Disposal type
Yellow: Yellow bag or yellow lidded sharps container 	Healthcare waste contaminated with non-hazardous pharmaceuticals or chemicals Examples are: <ul style="list-style-type: none"> Pharmaceutically contaminated sharps and syringe bodies Contaminated dressings that contains active pharmaceutical properties 	For incineration in a suitably permitted or licensed facility or alternative treatment at a suitably permitted facility
Domestic and offensive waste must not be placed in this waste stream		
Orange: Orange bag or orange lidded sharps container 	Clinical waste (infectious only), Waste from a patient with a confirmed or suspected infection which poses a potential infection risk. Examples are: <ul style="list-style-type: none"> Contaminated PPE, e.g. gloves, aprons, facial protection Infectious dressings and swabs that do not contain an active pharmaceutical Very small pieces of human tissue Used phlebotomy needles and syringe bodies contaminated with body fluids, but not medicines 	Can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licensed facility
Domestic and offensive waste must not be placed in this waste stream		

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Guide for correct colour waste streams		
Colour stream	Description	Disposal type
<p>Yellow and black striped: Yellow and black striped bag</p> 	<p>Offensive (non-infectious) Waste from patients with no confirmed or suspected infection which may be contaminated with body fluids.</p> <p>Examples are:</p> <ul style="list-style-type: none"> • Sanitary waste • Nappies from otherwise healthy children, etc • Used non-infectious PPE • Uncontaminated dressings • Contaminated couch roll • Stoma or catheter bags* • Cardboard vomit/urine bowls* • Incontinence pads • Female hygiene waste, nappies <p>*Note: Liquids, e.g. urine, faeces, vomit, should not be placed in this waste stream, if present they should be discarded into a slop hopper or toilet before containers are disposed of.</p>	<p>May be landfilled in a permitted or licenced waste facility</p>
<p>Mixing of waste is prohibited - offensive waste must be separated from the clinical waste stream</p>		
<p>Purple: Purple bag or yellow and purple striped bag. Purple lidded sharps container</p> 	<p>Cytotoxic or cytostatic medicine waste</p> <p>Waste classified as hazardous consisting of, or contaminated with, cytotoxic and/or cytostatic medicines.</p> <p>Examples are:</p> <ul style="list-style-type: none"> • Medicine containers with residues of cytotoxic or cytostatic medicines (bottles, infusion bags or syringe barrels) • Items contaminated with cytotoxic or cytostatic medicines, e.g. swabs • Used sharps from treatment using cytotoxic or cytostatic medicines 	<p>Must be sent for incineration in a permitted or licenced waste facility</p>

Guide for correct colour waste streams		
Colour stream	Description	Disposal type
Blue: Blue lidded sharps container 	Medicinal waste classed as non-hazardous Non-infectious, non-cytotoxic or cytostatic. Examples are: <ul style="list-style-type: none"> • Unused medicines in original packages • Part empty containers containing residues of medicines • Empty medicine bottles • Medicated, e.g. antibiotic, infusion bags 	For incineration in a permitted or licenced waste facility
Black: Black bag (clear or opaque bags may be used) 	Domestic/municipal waste Non-hazardous paper, includes items normally found in household waste. Examples are: <ul style="list-style-type: none"> • Newspapers • Food waste • Paper towels from handwashing • Uncontaminated couch roll • Packaging 	For landfill at a suitable permitted facility

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6. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 27 IPC Policy documents for General Practice

- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC inspection preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

7. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health (2022, updated 2023) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*

NHS England (2022, updated 2023) *National infection prevention and control manual (NIPCM) for England*