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Policy on Waste Management and Segregation of Waste		

Policy on Waste Management and Segregation of Waste	
Developed by: Director of Nursing Office, Clinical Nurse Managers The Village Residence	Date Developed: June 2022, Sept 2023
Developed By: Nursing Department.	Date Approved: June 2022, Sept 2023
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The Village Residence WASTE MANAGEMENT POLICY

The Village Residence is s committed to maintaining a waste management system that is safe, efficient, cost effective and respectful of the environment”.

AIMS:

- To protect public health & safety.
- To provide a safe working environment for staff.
- To minimise the environmental impact of waste generation, transport, treatment and disposal.
- Reduce waste handling and disposal volumes and costs without compromising health care standards.

OBJECTIVES:

Foster commitment from all staff and management to actively participate in

1. Waste avoidance
2. Waste reduction
3. Waste reuse
4. Waste recycling programs
 - To comply with Environmental, Safety and Welfare legislation and Policies.
 - To adopt and implement the Waste Management Policy throughout the site of The Village Residence and Boyne View House.
 - Introduce a continuing waste management education program for all staff to increase

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awareness of Occupational Health and Safety issues and waste minimisation principles.

- Adopt policies and procedures to minimise the environmental impact of waste treatment and disposal.

Waste Management Hierarchy

The three principal policy documents that provide the framework on which to base waste management practices are as follows:

Waste Management - Changing Our Ways, Department of Environment & Local Government 1998, Preventing and Recycling Waste - Delivering Change, Department of Environment & Local Government 2002, and

Waste Management, Taking Stock and Moving Forward, Department of Environment & Local Government 2004.

Responsibility of Holder of Waste.

It is the responsibility of Michael McCaul and Jolly Varghese as the holders of waste to comply with relevant waste management legislation. As a generator or holder of waste Michael McCaul and Jolly Varghese is responsible for ensuring that the waste is properly stored, transported and disposed of in compliance with statutory requirements.

The holder of waste can be defined as person in charge, or any other person having possession or control of the waste. The holder of waste must ensure that anyone that the waste is passed onto such as a waste contractor is authorised to take it. If the waste is illegally disposed of those responsible will be legally accountable for this. This obligation has no time limit and extends until the waste has either been finally and properly disposed of or recovered. The holder of waste should ensure that at a minimum:

All waste is stored and disposed of properly to ensure that it will not cause environmental pollution or cause a health and safety risk,

Waste is only handled by individuals or companies that are authorised to deal with it, and

A record is kept of all wastes.

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Responsibilities of Michael McCaul and Jolly Varghese

Ensure that waste contractors hold a valid waste collection permit.

- i. Obtain a copy of their waste collection permit.
- ii. Check that each waste contractor is permitted to carry the waste concerned from your Local Authority (EWC – European Waste Catalogue codes for healthcare risk waste and non risk waste should be stated on the waste collection permit).
- iii. Check that the vehicle registration used to carry waste is listed on waste collection permit.
- iv. Ensure that all appropriate documentation – Waste Transfer Form (WTF) is completed before the hazardous or risk waste leaves site.
- v. Ensure waste is being taken to an EPA licensed facility for processing i.e. processing/treatment facility or landfill.

Waste Prevention/Minimisation/ Reuse

Avoiding waste generation is the best option for dealing with waste. The amount of risk waste can be reduced by proper segregation of risk waste and non-risk waste. Waste audits indicate that non-risk waste placed in the risk waste stream increase the volumes of risk waste, which is five times more expensive to treat. There are many means of preventing no risk waste some examples which are listed below:

Prevention

Packaging - Ensure all purchasing contracts have a measure put in place to reduce and prevent packaging. Try to reduce packaging by asking suppliers to cut down on product packaging and get a guarantee that suppliers will take back bulky packaging items such as pallets, cardboards and plastic outer wrapping.

Refills - Use refillable dispensers where possible e.g. soap, paper towels etc. Use refill toner cartridges for printers, copiers and fax machines.

Cleaning products - Purchase nontoxic cleaning products to avoid hazardous waste disposal.

Food - Waste audits indicate that 75% of food waste is food ordered for residents, but not consumed. To prevent food wastage provide different portion sizes and remove unpopular menu choices. Try and source products locally and check that they are from a renewable resource and/or a

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recycled material. If waste cannot be prevented then effort must be made to minimise it or segregated so that it is suitable for recycling.

Minimisation

Cardboard - Change to reusable packaging for daily deliveries.

Paper - Print on both sides of the paper. Place posters near printers with instructions for double sided printing. Use e-mail memos instead of leaving notes. Store data on disc rather than paper copies.

Equipment - Try to purchase durable equipment to increase life of product. Buy products that are guaranteed by a warranty.

Batteries - Use rechargeable batteries where possible. After prevention and minimisation reuse is **the next best option when dealing with waste. Reuse/Recycling***

Cooking oil - Install equipment in kitchens to filter waste oil so it can be reused.

Paper - Reuse scrap paper for internal notes. Shredded paper can be reused for packages.

Stationery - Reuse interoffice envelopes, file folders and boxes.

Cardboard - Reuse boxes for outgoing deliveries.

Furniture - Repair and donate old furniture and equipment to charity. www.wastechange.ie

Crockery - Reuse ceramic instead of polystyrene or plastic.

Glass - Glass should be chosen over plastic as it is easier to recycle.

Healthcare Waste

Healthcare Waste is defined as solid or liquid waste arising from healthcare or health related facilities.

Municipal Waste. Consists of general household items

Canteen/Food Waste* Food residue and peelings

Cooking Oil/Grease/Fats, Used oil

Paper & Cardboard

Confidential Waste

Textiles

Glass

Metal

Plastic

Consumable items pertaining to the use of medical equipment

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Incontinence wear, stoma bags, urinary drainage bags

Construction & Demolition (C&D)

Waste Green Waste Bulky

Waste Wastewater

Batteries, Fluorescent Tubes, Ink Jet Cartridges

paints, engine oil, cleaning agents, weed killer, chemicals.

Priority Waste Stream Project Group Definitions

(a) Healthcare: The medical activities such as diagnosis, monitoring, treatment, prevention of disease or alleviation of handicap in humans, including related research) performed under the supervision of a medical practitioner).

(b) Healthcare Waste: The solid or liquid waste arising from healthcare.

(c) Healthcare Risk Waste: • Biological (recognisable anatomical waste)

- Infectious (see note 3)
- Chemical, toxic or pharmaceutical including cytotoxins
- Sharps (e.g.. needles, scalpels, sharp broken materials)

Categories of Healthcare Waste Potentially Infectious Waste

1. General

- a) Blood and items visibly soiled with blood
- b) Contaminated waste from residents with transmissible infectious diseases
- c) Incontinence wear/nappies from residents with known or suspected enteric pathogens
- d) Items contaminated with body fluids other than faeces, urine
- e) Other healthcare infectious waste

2. Laboratory waste

- f) Specimens and potentially infectious waste from pathology departments

3. Sharps j) any object which has been used in the diagnosis, treatment or prevention of disease that is likely to cause a puncture wound or cut to the skin

Non-risk waste

Domestic waste Includes normal household and catering waste, all non-infectious waste, non-toxic, non-radioactive waste and non-chemical waste

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8. Confidential material includes shredded waste documents of a confidential nature

9. Medical equipment Assessed as non-infectious, i.e. not contaminated with blood or hazardous body fluids, e.g. plastic bottles, plastic packaging, etc.

10. Potentially offensive material Assessed as non-infectious, i.e. not contaminated with blood or hazardous body fluids, e.g. nappies/incontinence wear, stoma bags, etc.

Segregation

The management of the healthcare waste by segregation is central to the approach advocated in the Health Services Waste Policy. Segregation at the point of origin, aided by suitable and consistent packaging, is vital in enabling different forms of waste to be handled, transported and disposed of in a manner which is safe and consistent with the nature of the waste. The risk of waste spreading infection is very low when handled properly. The application of the definitions for the different types of waste already implies the use of informed judgement in categorising and segregating the waste. The first level of segregation involves the division of healthcare waste into "risk" and "non-risk" waste.

Non-Risk Waste

The majority of healthcare waste - arguably well in excess of 80% - is non-risk waste. The term non-risk is used to distinguish the waste from waste which has a defined risk. It does not imply that the waste is without risk, particularly if it is carelessly handled. Arrangements, outside the scope of these guidelines, which conform to the requirements of the local waste authority, should be agreed for its disposal. Generally, there are no particular requirements for segregation within the non-risk waste stream but particular recycling schemes or special local packaging arrangements may involve a degree of further segregation. It should be noted that certain waste materials such as incontinence wear, urinary drainage bags etc. which is assessed as non-infectious, are not classified as healthcare risk waste.

Healthcare Risk Waste

Experience has shown that about 95% of the healthcare risk fraction of waste from hospitals can be satisfactorily treated by non-incineration disinfection technology. Once properly packaged, the bulk of the waste can be presented for collection in a single stream and a distinction need only be made for the remaining 5%, or so.

Packaging of Non-Risk Waste

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The majority of non-risk waste is of a domestic nature and requires no specific packaging measures. It is disposed of as domestic or commercial waste, usually in black plastic sacks, bins, skips or containers.

Packaging of Healthcare Risk Waste

Two different types of packaging's are used for healthcare risk waste, bags or sacks, and rigid containers in the form of bins or sharps boxes. The bags are made of plastic film or, sometimes, plastic or wax-coated paper. Rigid containers are generally made from plastic but corrugated cardboard is also used. The bags are used to hold soft materials that do not contain sharp objects or liquids. Rigid containers are used for other forms of waste and for waste containing small amounts of free liquids. Rigid containers are also used for infectious substances and other risk wastes, such as used sharps, pharmaceuticals/ cytotoxic material etc. which may be inherently hazardous. Identifiable anatomical material, such as organs, recognisable body parts placentas and other such wastes containing liquid, must be packaged in robust rigid leak-proof containers that contain sufficient absorbent material to prevent leakage.

The first level of segregation involves the division of healthcare waste into risk and non-risk waste. Risk waste is classified as Dangerous Goods under ADR requirements, therefore, the Medical Waste packaging must be UN Approved.

Two different types of packaging are used for healthcare risk waste, bags and rigid containers. Yellow plastic bags should not be used for sharp or breakable items or for liquids.

There are no particular packaging and segregation requirements for non-risk waste but segregation where possible to meet the requirements of recycling schemes should be completed.

☐ Non-risk waste is usually packaged in black or transparent bags. However transparent bags provide for ease of identification of waste types and prevent cross-contamination with risk waste.

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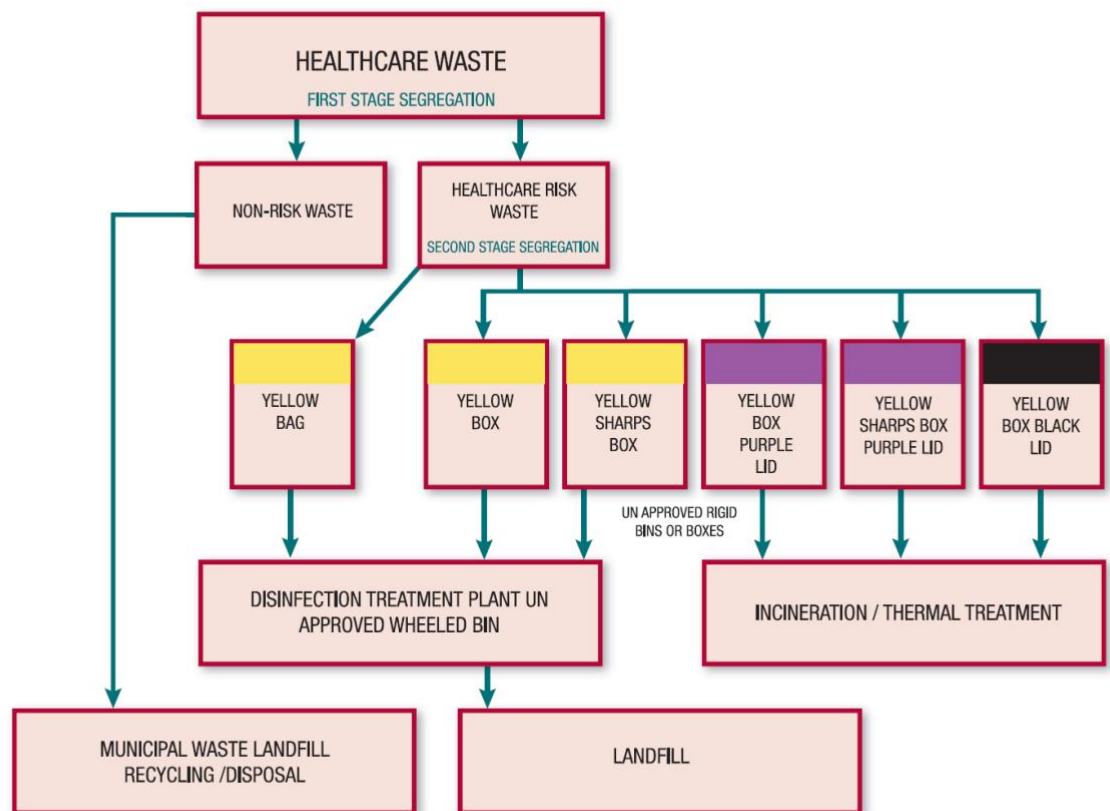


Figure 7: Healthcare Waste - Basic segregation and packaging schematic

Storage

The following are typical examples of best practice for storage of healthcare waste.

Residential

In residential facilities like hospitals, waste should be stored at a central location with sub-collection stations at designated locations within the centre.

Central Waste Store Specification (External and Internal)

Sufficient capacity for the frequency of collection including additional storage space for missed collections or accumulations during public holidays,

Separate covered storage area for clean healthcare risk waste bins prior to distribution,

Appropriate warning signs indicating the presence of healthcare risk waste/biohazard displayed at all entrances,

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If flammable wastes are stored, a no smoking policy must be enforced, < secure from interference by unauthorised persons, children or animals,

Easily accessible to collection vehicles,

Equipped with spillage kits and washing/ cleaning and disinfection facilities for dealing with spillages etc.

In this service the following storage containers are used for segregation of waste.



HEALTH RISK WASTE WHEELED-BIN

Storage Capacity
770 Litres

Dimensions
785w x 1260d x 1370h mm



DOMESTIC WASTE WHEELED-BIN

Storage Capacity
1100 Litres

Dimensions
985w x 1380d x 1370h mm + 200mm for wheels

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FOOD WASTE WHEELED-BIN

Storage Capacity
240 Litres

Dimensions
580w x 725d x 1075h mm

Recycling paper/cardboard



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Transportation

The transportation of healthcare risk waste is governed by several sets of regulations dealing with different concerns relating to the materials transported. The main regulations are:

- The Carriage of Dangerous Good by Road Act 1998 (no. 43 of 1988)
- The Carriage of Dangerous Good by Road Regulations, 2007 (S.I. No. 288/289 of 2007)
- S.I. No. 147 of 1998 – Waste Management (Movement of Hazardous Waste) Regulations, 1998 • The Waste Management (Collection Permit) Regulations, 2007 (S.I. No. 820 of 2007) Rules aimed at improving safety in the transportation of all types of dangerous goods have been agreed internationally for different modes of transport. These set down very specific requirements for the classification, packagings, labelling and documentation of dangerous goods as well as the training of personnel involved in the transport of such dangerous goods. Some forms of healthcare waste are included in the dangerous substances classification.

The transportation of healthcare waste is governed by several sets of regulations dealing with different concerns relating to the materials transported.

All waste carriers require waste collection permits/licenses. Waste Transfer Form (WTF), TFS forms and Dangerous Goods/ADR requirements apply to hazardous/healthcare risk waste.

Every step of the waste management chain is strictly regulated.

As waste generators we should remember that we have a responsibility to ensure that waste sent offsite is managed in a responsible manner.

Working correctly with your waste service provider can ensure this objective.

The following list gives some ideas of best practice.

It is up to each generator to keep abreast of the relevant environmental health and safety legislation.

Do Assessing/sorting our waste

< Do determine the source, nature and quantity of waste generated i.e. is it recyclable or non-recyclable? Is it nonhazardous or hazardous waste? A specialist waste contractor is required to deal with hazardous waste.

< Do segregate our waste streams correctly on-site.

< Do not place hazardous waste with other non-hazardous waste.

< Do ensure that hazardous waste is not mixed with other categories of hazardous waste or with non-hazardous waste.

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- < Do not put liquid slops or cooking oil into compactors. This can lead to a discharge, during uplift or transport, causing slippage hazards.
- < Do provide the service provider with a safe means of access and egress from your on-site waste storage area at agreed times.
- < Do train staff to store and handle waste streams correctly on-site. Getting the Documentation right
- < Do develop a written waste procedure.
- < Do provide information to the waste service provider on safe working procedures on-site and any temporary hazards associated with the collection and handling of the waste.
- < Do obtain documentary proof of waste transfer, receipt and final recovery or disposal by the waste service provider(s) involved.
- < Do realise that movement of hazardous waste within the state must be accompanied by a Waste Transfer Form (WTF) in accordance with the Waste Management (Movement of hazardous Waste) Regulations.
- < Do be aware that waste transferred out of the state must comply with the requirements of the Trans frontier Shipment (TFS) Regulations.
- < Do keep detailed records of all hazardous waste shipments for a minimum of five years. These records should include TFS and WTF documentation.

Waste Transfer Form (WTF Form)

When hazardous waste (including healthcare risk waste) is transported off-site within Ireland a Waste Transfer Form (WTF) Must be completed by the consignor and accompany the waste during carriage in accordance with Waste Management (Movement of Hazardous Waste) Regulations 1998 (S.I. No. 147).

Health & Safety Considerations

Handling

The general principles when handling healthcare waste are as follows:

- < Appropriate Personal Protective Equipment (PPE) should be worn when handling waste and all employees handling infectious waste must be vaccinated (Refer to Immunisation Guidelines for

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Ireland, National Immunisation Advisory Committee of Royal College of Physicians of Ireland, 2002 edition), and

< Waste bags, boxes and containers should be closed when two-thirds full or at the manufacturer's fill line and labelled, tagged and securely sealed to prevent spillages,

< Containers holding liquid must have sufficient absorbent material or jellying agent to prevent leakages from the container.

< Porters/care assistants should not remove bags/containers unless they are labelled/tagged appropriately,

< Manual handling of waste bags/ containers should be minimised,

< Waste bags should be picked up by the neck only and should not be thrown or dropped to avoid puncture or other damage,

< To prevent the risk of injury waste bags should not touch the body during handling and containers should be carried by the handle,

< Wash hands thoroughly after handling waste with soap and hot water.

Spillages

All spillages from healthcare risk waste bags or containers should be treated as potentially hazardous and dealt with as follows:

< Do not leave spillages unattended. A member of staff should remain in the area while another gets assistance

< Adequate protective clothing should be worn when cleaning up spillages

< In the event of a spillage of healthcare risk waste, the Department Manager should be informed and the area should be disinfected

< All staff involved in any aspect of packaging storage and transport of healthcare risk waste should receive standard precaution training as appropriate to their task this should include:

< Hand hygiene,

< Proper use of appropriate Personal Protective Equipment (PPE)

< Management of blood and body fluid spillage.

Sharps

Do not recap needles after use. A needle stick injury should be dealt with as follows:

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< Clean the wound,

< Encourage bleeding immediately by squeezing the site of the injury and wash with warm water and soap,

< Do not suck the wound,

< If there is a protruding foreign body/ object, do not press on the object.

< Apply firm pressure on either side of the wound and build up padding on either side of the object, Secure with a bandage and seek medical advice immediately,

Report to Person in Charge

Person in Charge will arrange an appointment within Casualty Department of Our Lady of Lourdes Hospital.

Waste Tracking and Record Keeping

All healthcare risk waste containers should be traceable to the point of generation (for example in hospitals from the ward/section where the waste originated from).

A tagging or bar coding system provides a tracking system for healthcare risk waste.

The following information should be recorded to assist traceability:

< details of point of generation

< date of collection

< tags and tracers reference numbers

< waste type and quantities

< details of waste contractor and carriers

< destination of waste

< disposal/treatment methods It is the waste generators responsibility to ensure that the despatch documentation is in order and completed correctly.

Annual audits of the waste contractor should be carried out this should include the waste carrier and facility of destination.

Tagging records should be kept on file for three years and copies of completed Waste Transfer Form kept on file for a minimum of five years (for hazardous waste only).

Waste Audits

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Sample Waste Management Questionnaire		
Question	Interviewee's Comments	Guidance
Responsibility		
1. Has a person responsible for waste management, within the hospital, been identified? If yes, Who?		Allocate responsibility for the implementation, assessment and updating of the sites waste management plan to a named individual.
Waste segregation		
2. Are wastes segregated into appropriate categories? Non-Risk Waste. Risk Waste. Hazardous. Recyclable Waste.		Cost can be reduced and risks minimised if wastes are segregated appropriately. The indiscriminate mixing of hazardous and non hazardous waste will result in the whole load having to be disposed of by the more expensive hazardous waste disposal method.
3. Are staff aware of segregation requirements via training, written procedures or notices?		Successful waste management depends upon staff using the facilities properly.
Storage containers		
4. Are appropriate containers used for storing waste? UN approved yellow containers for risk waste.		The size of the container should be appropriate for the volumes of waste produced and the fabric of the container should be compatible with the nature of the waste. Controls are necessary to ensure correct use.
5. Are the containers sensibly located?		Place the containers in a suitable location to encourage users to segregate recyclables and to avoid accidental contamination from incorrect waste types and to minimise handling and transport.
6. Are the containers suitably labelled?		Labelling ensures correct segregation and makes operators aware of any associated hazards.

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Waste handling

7.	Are wastes handled in a safe manner? Use of personal protective equipment?		Containers for waste are likely to be placed close to the point of production, where they will be moved to an outside area for collection for transport and disposal. Ensure that appropriate safety measures are in place.
8.	Are containers lidded and tagged where appropriate? Are they locked/lockable?		To prevent spillage and littering of site. Healthcare risk waste should be tagged and secure before leaving the area of production.

Waste storage area

9.	How and where is the waste stored?		Store waste in a secure designated area to minimise potential harm to the environment, employees and waste contractors. Ensure proper supervision and inspect regularly. Provide safe access and egress for both the placing of waste into storage and for its removal by waste contractors.
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Sample Waste Management Questionnaire

Question		Interviewee's Comments	Guidance
Waste storage area			
10.	How long are wastes stored prior to transport?		Records should be kept of wastes stored. Procedures should be in place to prevent the build up of particular types of waste which may be difficult to dispose of or cause a potential hazard, e.g. fire risk, spillage or leakage.
11.	What safety and emergency procedures are in place?		The external waste storage area should be covered with a hardstanding material resistant to corrosion and suitably impervious. If hazard liquid wastes are stored, the area should be bunded. If flammable wastes are stored, a no smoking policy must be enforced.
12.	Are records kept of waste produced and of their safe and correct disposal?		Details of dates, quantities, disposal methods, disposal location, contractor and costs should be recorded and centrally accessible.
13.	Are transfer notes completed for all controlled wastes and hazardous wastes generated on the site?		Transfer notes for hazardous waste should be kept on site for five years for inspection as part of the Duty of Care requirements. However, all hazardous waste consignment notes must be kept on site for a minimum of five years.
14.	Are all waste carriers permitted or licensed?		All waste carriers should be licensed under the Waste Management (Collection Permit) Regulations, 2001; S.I. No. 402 of 2001. Copies on file.

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Procedures

15.	What procedures exist covering general waste management operations?		Detailed procedures are required to cover segregation, handling, containers, labelling, safety requirements and hazardous disposal or handling methods required. Include records of tracking tags for risk waste.
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Costs

16.	How are recovery/disposal costs allocated?		Identify the disposal costs for each type of waste. Seeing disposal costs allocated to a particular hospital/department/section raises the incentive of producers to reduce waste generation and manage waste properly.
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Recycling and waste minimisation

17.	Are ways of reusing waste reviewed?		Consider reusing cardboard boxes, envelopes or using shredded paper as protective packaging.
18.	Are opportunities for recycling pursued?		Continue to assess the cost effectiveness of introducing new recycling schemes.

SEGREGATION & PACKAGING OF HEALTHCARE RISK & NON-RISK WASTE

RISK WASTE

YELLOW BAG



- All blood-stained items and all items soiled with body fluids assessed as infectious
- Suction catheters & tubing
- Incontinence waste from known or suspected enteric infections

• **NO SHARPS OR FREE LIQUIDS**

YELLOW SHARPS BIN (with blue or red lid)



- Needles, Syringes & Scalpels
- Contaminated slides & glass
- Sharps tips of clear IV giving sets
- Blood stained glass
- Stitch cutters
- Guide wires/trocars
- Razors

• **NO FREE LIQUIDS**

YELLOW 30/60 LITRE RIGID BIN (with yellow lid)



- Blood administration sets (never disconnect line from bag)
- Contained blood and body fluids
- Non-cultured laboratory waste (including autoclaved microbiological cultures)
- Disposable suction liners
- Redivac drains (ensure drain closure sealed)
- Sputum containers
- Chest drains

• **NO SHARPS OR FREE LIQUIDS**

RISK WASTE

YELLOW 30/60 LITRE RIGID BIN (with purple lid)



- Cytotoxic drugs including infusion lines, left over drug preparations and personal protective equipment used.
- Small quantities of residual medicines or pharmaceuticals left over after administration to patients.

• **NO SHARPS OR FREE LIQUIDS**

YELLOW SHARPS BIN (with purple lid)



- Contaminated cytotoxic sharps, needles, syringes, sharp instruments and broken glass

• **NO FREE LIQUIDS**

YELLOW RIGID BIN (with black lid)



- Non-autoclaved microbiological cultures
- Large / recognisable anatomical body parts
- Placentas with additional leak proof containment
- Large solid metal objects and instruments

• **NO SHARPS OR FREE LIQUIDS**

NON-RISK WASTE

CLEAR BAG



- Incontinence wear (from non-infectious patients)
- Oxygen face masks
- Empty urinary drainage and empty stoma drainage bags
- Clear tubing (e.g. oxygen, urinary catheters, ventilator, naso gastric, IV lines with tips removed)
- Enteral feeding equipment
- Non contaminated gloves, aprons and masks
- Empty continuous ambulatory peritoneal dialysis (CAPD) bags
- All other household non-risk, non-recyclable waste

• **NO SHARPS OR LIQUIDS**

RECYCLABLE WASTE

GREEN BAG



- Mixed Dry Recyclables - Paper, Cardboard, Tetra Packs, Plastic Packaging / Wrappings, Tins/Cans, Plastic Bottles

• **NO SHARPS OR LIQUIDS**

PLEASE NOTE:

- 1) Do not use waste bags for sharp or breakable items or for liquids
- 2) Close healthcare risk waste bags using "swan neck" when 2/3 full
- 3) Sign and seal sharps bins correctly when 3/4 full or at manufacturers fill line
- 4) Label all healthcare risk waste appropriately at point of generation
- 5) Apply traceability tags to all healthcare risk waste at point of generation
- 6) Use long sharps bins for large trocars, knives, stapling guns etc.
- 7) For all 30/60 litre rigid bins, add absorbent material or gelling agent in sufficient quantities to hold the fluid and prevent leakage.
- 8) For further details on healthcare risk waste, please refer to www.dohc.ie/publications

 **An Roinn Sláinte**
DEPARTMENT OF HEALTH

Endorsed by:  **IPS** Infection Prevention Society

YELLOW BAG	<p>ALL BLOOD-STAINED OR CONTAMINATED ITEMS INCLUDING:- DRESSINGS, SWABS, BANDAGES, PERSONAL PROTECTIVE EQUIPMENT (GOWNS, APRONS, GLOVES)</p> <p>SUCTION CATHETERS, TUBING AND WOUND DRAINS</p> <p>INCONTINENCE WASTE FROM KNOWN OR SUSPECTED ENTERIC INFECTIONS</p> <p>i. BAGS MUST NOT BE USED FOR SHARP ITEMS, BREAKABLE ITEMS OR LIQUIDS</p> <p>DO NOT OVERFILL</p> <p>BOX MUST BE SECURELY CLOSED WITH CABLE TIE TAPE WHEN 2/3 FULL MAXIMUM</p>
YELLOW RIGID BIN OR BOX WITH YELLOW LID	<ul style="list-style-type: none">BLOOD AND BLOOD ADMINISTRATION SETSBODY FLUIDS (not in bulk)SEE NOTE RE LIQUIDS BELOWDISPOSABLE SUCTION LINERSREDIVAC DRAINSBIOLOGICAL HISTOLOGY WASTENON-CULTURED LAB WASTE & AUTOCLAVED MICROBIOLOGICAL CULTURESSPUTUM CONTAINERS FROM KNOWN OR SUSPECTED TB CASES <p>DO NOT OVERFILL</p> <p>BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE</p>
YELLOW SHARPS BIN OR BOX	<p>USED SHARP MATERIALS SUCH AS:</p> <ul style="list-style-type: none">NEEDLESSYRINGESSCALPELSSHARP TIPS OF I.V. SETSCONTAMINATED SLIDESBLOOD-STAINED OR CONTAMINATED GLASSSTITCH CUTTERSGUIDE WIRES/TROCHARSRAZORS <p>DO NOT OVERFILL</p> <p>NOT FOR LIQUIDS</p> <p>BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE</p>
YELLOW RIGID BIN OR BOX WITH PURPLE LID	<ul style="list-style-type: none">NON-SHARPS HEALTHCARE WASTE CONTAMINATED WITH CYTOTOXIC/CYTOSTATIC MEDICINES OR OTHER TOXIC PHARMACEUTICAL PRODUCTS <p>SEE NOTE REGARDING LIQUIDS BELOW</p> <p>DO NOT OVERFILL</p> <p>BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE</p>
YELLOW SHARPS BIN OR BOX WITH PURPLE LID	<ul style="list-style-type: none">NEEDLES, SYRINGES, SHARP INSTRUMENTS AND BROKEN GLASS CONTAMINATED WITH CYTOTOXIC/CYTOSTATIC MEDICINES OR OTHER TOXIC PHARMACEUTICAL PRODUCTS <p>DO NOT OVERFILL</p> <p>NOT FOR LIQUIDS</p> <p>BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE</p>
YELLOW RIGID BIN OR BOX WITH BLACK LID	<ul style="list-style-type: none">PLACENTAS (SEE NOTE BELOW RE ABSORBENT MATERIAL)LARGE ANATOMICAL BODY PARTSBSE/TSE RELATED BLOOD OR TISSUECONTAMINATED LARGE METAL OBJECTS (SEE 6.4.1.1.4) <p>DO NOT OVERFILL</p> <p>BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE</p>
BLACK BAG* - FOR NON-RISK WASTE	
<ul style="list-style-type: none">INCONTINENCE WEAR (from non-infectious patients)OXYGEN FACE MASKSEMPTY URINARY DRAINAGE BAGSCLEAR TUBING (e.g. oxygen, urinary catheters, ventilator, I.V., N.G.)ENTERIC FEEDING BAGSGIVING SETS WITH TIPS REMOVED	
YELLOW RIGID BIN OR BOX WITH BLUE LID*	
<ul style="list-style-type: none">UN-REGULATED MEDICINAL/ PHARMACEUTICAL SUBSTANCES i.e. products not classified as DANGEROUS GOODS under ADR Regulations <p>Note: These waste substances are best managed by returning them for disposal to the pharmacy in their original packaging.</p> <p>If the products belong to a different "dangerous goods" class e.g. toxic or flammable solids, liquids or aerosols, they must be packaged and labelled in</p>	
LIQUIDS: Dangerous Goods Regulations require the use of absorbent material or gelling agent to prevent any spillages from UN packaging containing healthcare risk waste involving free liquids unless the container is specifically approved for liquids. All significant quantities of liquid must be in "leak-proof" containers.	

Policy on Waste Management and Segregation of Waste

Standard Precautions

Cover all cuts and abrasions



Apply a waterproof dressing

Get immunised against Hepatitis B infection: if you might be in contact with blood, body fluids or human tissue

Hand hygiene



Wash and dry your hands thoroughly:

- Before and after all patient contact;
- After contact with blood, body fluids, mucous membranes or broken skin;
- After gloves have been removed.

Alcohol based hand rubs or gels may be used as an alternative to hand washing if hands are visibly clean

Personal Protective Equipment



- For contact with blood or body fluids; wear gloves and disposable plastic apron
- In addition, if splashing/spraying of blood or body fluids anticipated; wear goggles/mask or visor plus gloves and disposable plastic apron/fluid repellent gown
- Change Personal Protective Equipment (PPE) between patients/clients.

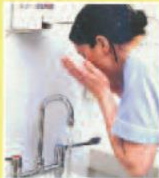
Sharps



- Assemble sharps box correctly, do not overfill
- Position sharps box in a safe place close to point of use
- Discard all sharps/sharp items in a sharps box immediately after use
- Do not re-cap, bend, disassemble or break needles
- The user is responsible for disposing of sharps

Sharps injury/Splash of blood

- Encourage the puncture site to bleed
- Wash area with water
- Apply waterproof dressing
- Identify source patient (if appropriate). Seek medical advice and follow up
- Notify head of department/person in charge
- Record incident/accident on appropriate form. Always follow local policy.



When a splash of blood/body fluids occurs to the eyes, nose, mouth or broken skin:

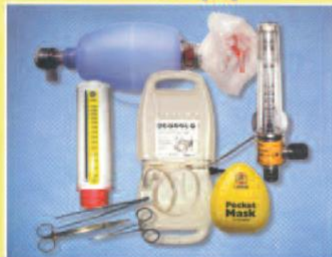
- Wash immediately with water or a normal saline solution and proceed as outlined above

Management of blood spills



- Wear appropriate personal protective equipment (PPE) such as gloves, disposable plastic apron.
- Decontaminate all blood spills with a chlorine based disinfectant or suitable alternative. Follow the manufacturers instructions and always follow local policy

Medical devices/ Patient care equipment



- Ensure medical devices labelled as "Single Use Only" are not reprocessed or reused
- This symbol means "Single Use Only"
- Ensure "Reusable Equipment" is appropriately decontaminated between patients.

Environmental cleaning/ decontamination



Ensure all environmental surfaces, particularly those in contact with patients/residents, are routinely cleaned with detergent and water (and disinfected when required). Always follow local policy

Waste Laundry



- Segregate all healthcare risk and non-risk waste in appropriate bag/container such as
 - risk waste in yellow bag
 - non-risk waste in clear or black bags.
- Place soiled, fouled or infected linen in an alginate or water soluble bag before placing in laundry bag

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