

## COLLECTION OF CLINICAL WASTE

### 1. INTRODUCTION

- 1.1 This report is presented to address two issues relating to the collection of clinical waste:-
  - 1.1.1 The need to continue operating a second clinical waste vehicle for three days per week to meet the Council's responsibilities under the current health guidance notes, in contrast to earlier forecasts that one collection vehicle would be required.
  - 1.1.2 To respond to concerns expressed by the Industrial Relations Committee over the collection of low grade clinical waste within the normal domestic waste stream.
- 1.2 The report also identifies the financial implications for both issues, together with a corresponding request for supplementary budget approval.

### 2. BACKGROUND

- 2.1 At the Industrial Relations Committee it was reported that there had been a change in legislation controlling the collection of clinical waste. In particular, the Regulations now allowed for the disposal of some types of low grade clinical waste which were not considered infectious, such as stoma bags and incontinence pads, through the ordinary household waste collection system. The Employee Side expressed concern about the health risks that this represented to the refuse collectors and vehicle fitters who may come into contact with the waste. It is accepted that there will always be an element of contaminated material in domestic waste, but employee representatives consider that it is not acceptable to compound the situation by the introduction of an increase in this potentially hazardous material.
- 2.2 Members noted that there was no point in challenging the change in legislation but suggested it should be possible to review the Council's own working practices and procedures to address the concerns raised. It was agreed that the Employers' Side would investigate a suitable way forward as a matter of urgency.
- 2.3 For many years the Council has offered a separate collection of clinical waste. This service is free to all NHS patients receiving treatment in the community. Low grade Clinical Waste was collected in yellow bags and clinical sharps (such as hypodermic syringes) were collected in clinical sharps boxes. Compared to many other councils, New Forest District Council has always offered an extensive clinical waste collection service and currently collects clinical waste from about 300 NHS patients at their home addresses.

### 3. CHANGE IN LEGISLATION

- 3.1 New guidance on the disposal of clinical waste was introduced in September 1999. This guidance was published jointly by the Health and Safety Executive and the Environment Agency in a document called "Safe Disposal of Clinical Waste". The new guidance announced a number of legislative changes affecting the collection, transport, handling and disposal methods of clinical waste.

The new guidance also relaxed the definition of certain types of low grade clinical waste from household sources.

3.2 The major implications of the new legislation on clinical waste for this Council and other Councils who collect Clinical Waste are as follows:

3.2.1 With effect from 1<sup>st</sup> January 2002 all clinical waste has to be collected in a separate container within a dedicated collection vehicle. The carriage by road of loose clinical waste sacks is no longer permitted.

3.2.2 Certain items of healthcare waste from household sources are no longer classified as clinical waste and can be disposed of as normal household refuse. This applies to incontinence pads and stoma bags – a separate household clinical waste collection need not be set up for these items.

3.3 The guidance document “Safe Disposal of Clinical Waste” gives the following instructions about human hygiene waste – wastes that can be considered to be low grade and disposed of as normal household refuse:

*“Section 12*

*Some waste from human hygiene may contain micro-organisms for example:*

- *Sanitary towels;*
- *Tampons;*
- *Nappies;*
- *Stoma bags;*
- *Incontinence pads; and*
- *Other similar wastes, provided that they do not contain sharps.*

*The following wastes may also contain micro-organisms:*

- *Pregnancy kits;*
- *Blood cholesterol testing devices; and*
- *Condoms.*

*When such waste is generated in the home, the source population is generally healthy, and the waste is not considered to be either infectious or clinical waste. The householder may put it into the domestic waste, provided it is adequately wrapped and free of excess liquid.*

*Section 13*

*Similar wastes may also be generated in the home by people who are undergoing medical treatment. In these cases, the patient’s general practitioner may, in consultation with the local Consultant for Communicable Disease Control, identify a specific risk associated with the illness, and make appropriate arrangements for the disposal of the waste. If there is no specific risk associated with the patient’s illness, then such wastes are not clinical waste, since they do not present a significant risk, either to family members or others. The householder may put such waste into the domestic waste provided that it is adequately wrapped and free of excess liquid.”*

3.4 In response to these changes in legislation, this Council has been working with partners in Project Integra to come up with a common approach to the collection of clinical waste. The following action has been taken by this Council and is similar to the action that has been taken by other Councils in Hampshire.

- 3.4.1 Clinical Waste Audit. As the Council's Clinical Waste service has developed, demands on the service have grown continuously. Up until July 2001 there was a steady increase in the number of clinical waste collections. From November 2001 to March 2002 an audit was carried out of the Council's clinical waste collections to identify those customers who were properly entitled to the service. The effect of this Audit for all Waste Collection Authorities has been a reduction in the number of Clinical Waste collections.
- 3.4.2 Application Forms. In November 2001 an application form was introduced for all new clinical waste collections. The application form is strictly confidential and must be signed by a Doctor or District Nurse. The application form gives details of the waste and whether, in the opinion of the Doctor or District Nurse, it is infectious.
- 3.4.3 Containerised Collections. On 1<sup>st</sup> January 2002 containerised collection of Clinical Waste was introduced throughout Hampshire. The Clinical Waste collection vehicles now carry 820 litre wheeled containers. All yellow sacks or sharps boxes are put directly into the 820 litre wheeled bin at the point of collection. At the disposal point the full 820 litre wheeled bins are exchanged for empty containers. This new system has greatly increased the cost of clinical waste collection for this Council.

#### 4. REDUCTION IN CLINICAL WASTE COLLECTIONS

- 4.1 There has been a reduction in the number of clinical waste collections made by the Council since November 2001. There are two reasons for this:
- 4.1.1 The audit of clinical waste has reduced the number of NHS collections.
- 4.1.2 The Council increased the charge for commercial clinical waste from £1.90 per sack to £4.00 per sack on 1<sup>st</sup> March 2002.

The numbers of clinical waste collections is shown in Table 1 below.

**TABLE 1**

	Number of yellow Clinical Waste sack Collections		CLINICAL WASTE SACKS SOLD	Number of Clinical Sharps box collections		TOTAL TONNES COLLECTED
	NHS	Commercial		NHS	Commercial	
Oct-01	1607	411	1660	140	46	17
Nov-01	1864	376	1450	352	50	16
Dec-01	1540	394	1290	133	32	14
Jan-02	1517	342	2312	361	29	15
Feb-02	1195	311	3310	398	38	13
Mar-02	927	275	1070	105	36	13
Apr-02	638	236	680	249	23	11
May-02	560	241	1320	191	22	11
Jun-02	923	274	910	158	78	9
July-02	828	274	600	33	45	8

- 4.2 Table 1 shows that there has been a reduction in the number of clinical waste collections from both NHS and commercial sources. This reduction has not been as great as anticipated. Because of this it has still been necessary to utilise both the clinical waste vehicles to carry out the Council's collections. The necessity for the continued use of two vehicles even with the reduction in the customer base and volume is in no small part due to the time needed to service customers and distances that have to be covered to carry out the service.

## **5. HEALTH AND SAFETY IMPLICATIONS**

- 5.1 The new guidance on the definition of clinical waste (Safe Disposal of Clinical Waste – paragraphs 12 and 13) has inevitably resulted in more items of unpleasant waste going into the domestic waste stream, notably incontinence pads and stoma bags.
- 5.2 It is accepted that there will always be the possibility of infectious material in household waste collection and that extra care is needed to try to protect employees from the risk of contamination. Although there is only a small possibility that employees may contract an infection from the waste there are a few more robust bacteria and viruses that may remain in the system. Apart from the chance of infection from human waste any inadvertent contact with either skin or clothing is very unpleasant and should be prevented as far as is possible as part of the general welfare of the employees.
- 5.3 In order to try to reduce the risk of health and safety to the Council's refuse collectors and also to the vehicle mechanics who have to repair refuse collection vehicles, the following action has been taken:
- 5.3.1 Discussions have taken place with District Nurses to ensure that patients requiring a clinical waste collection are correctly referred.
- 5.3.2 Customer Services have worked closely with the Clinical Waste collectors to identify those patients whose waste is particularly unpleasant. These patients will continue to require separate Clinical Waste collections.
- 5.3.3 Extra black sacks have been issued to householders disposing of (non infectious) incontinence pads and stoma bags together with advice on safe disposal. Householders are advised to double wrap incontinence pads and to rinse out stoma bags before disposal.
- 5.4 It was resolved by the Industrial Relations Committee (minute 11) on 18<sup>th</sup> July 2002 that Cabinet be advised to:
- 5.4.1 Arrange for low grade clinical waste to be collected through the Council's Clinical Waste Collection service; and
- 5.4.2 That they authorise the officers to use their discretion to allow such waste to be disposed of through the normal domestic waste stream where it will not cause any problem.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 There will be financial considerations associated with this report. It was originally anticipated that there would be a substantial reduction in both NHS collections and commercial clinical waste customers, and this would enable the service to be operated with one vehicle and driver. Although there has been a considerable reduction in the number of collections, the remaining customer base and the travelling time associated with a geographically wide distribution has meant that the second clinical waste collection vehicle and driver are still needed and are currently being used three days per week.
- 6.2 The additional cost of operating the second clinical waste collection vehicle for three days per week is £15,420 per annum. This cost is additional to the anticipated cost of operating the service and was not allowed for in the 2002/03 Expenditure Plan.
- 6.3 The additional cost of implementing the Industrial Relations Committee recommendations for the removal of difficult waste from the household waste stream and collection as clinical waste is £10,180 for a full year. The cost for the current year will be £4,240, assuming commencement on 1<sup>st</sup> November 2002 to allow time for contacting customers and work programming.
- 6.4 Dependent on future service demands and opportunities presented by the Commercial Services Partnership with Test Valley Borough Council, there may be scope for the reorganisation of the service. In the meantime, there is the need to resolve the immediate issue of operational costs within current budget considerations.

## **7. ENVIRONMENTAL IMPLICATIONS**

- 7.1 There are no direct environmental implications.

## **8. CRIME AND DISORDER IMPLICATIONS**

- 8.1 There are no crime and disorder implications.

## **9. PORTFOLIO HOLDER'S COMMENTS**

- 9.1 The Portfolio Holder supports the recommendations in this report.

## **10. CONCLUSION**

- 10.1 Recent changes in legislation have increased the quantity of unpleasant human waste entering the household waste system. Whilst there is always the possibility of such wastes being put into black refuse sacks in any case all action should be taken to minimise or remove risk of exposure by ensuring as much of the contaminant as possible is removed at source. On 18<sup>th</sup> July 2002 the Industrial Relations Committee recommended a way forward to minimise the risk to the Council's refuse collectors dealing with healthcare waste. Whatever solution is found and agreed to the problem of inadvertent exposure to contamination there will inevitably be a cost implication.

- 10.2 The Council has not been able to operate the clinical waste collection service with just one vehicle. The additional cost of operating the second clinical waste collection vehicle is £15,420 per annum.
- 10.3 The second clinical waste vehicle can accommodate the collection of "difficult waste", in accordance with the IRC recommendations, for an additional cost of £4,240 in the current year and £10,180 for a full year.

## 11. RECOMMENDATIONS

- 11.1 That Cabinet approve a supplementary estimate of £19,660 for 2002/03 and the full year effect of £25,600 be included in the 2003/04 expenditure plan.

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### **Background Papers:**

Industrial Relations Committee  
(18 July 2002)  
Collection of Clinical Waste (Report F)