



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Procedure for Health Care Risk Waste Management

Procedure No. 403

| | Print Name | Title | Date |
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INTRODUCTION

The purpose of this document is to describe the procedures required for Health Care Risk Waste Management.

Scope

The procedures apply to the Segregation of Health Care Risk Waste and its Transportation within Ireland.

Responsibility

It is the responsibility of General Management to ensure that these procedures are implemented.

PROCEDURE

Segregation

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 in keeping with the nature of the Waste. Place appropriate bags and bins close to where the waste actually arises.

Yellow Plastic Bags

Designed for containment of 'soft' waste only. Blood stained or contaminated items, swabs, bandages, personal protective equipment i.e. gowns, aprons, gloves etc. Suction catheters and tubing. Incontinence waste from known or suspected enteric infections must never contain sharps or sharp items likely to puncture the bag. Filled to maximum of two thirds full and sealed at point of production by twisting, swan-necking and securing.

Yellow Rigid Containers with Black Lids

For containment of recognisable large anatomical waste or body parts. Blood or tissue suspected of CJD contamination. Non-autoclaved risk group 2 & 3 laboratory cultures. Large and/or bulk metallic objects i.e. titanium hip joints. Stabilised with absorbent material if volume liquids present. Filled to maximum of $\frac{3}{4}$ full and must be labelled with source and contents and shall be sent for incineration.

Secondary Containment Wheeled Bins

Primary containers placed in UN approved wheeled bins for off-site transportation and disposal. Bar coded to ensure traceability. Electronic tracking of bins from generation to final disposal with password protected website access to clients. Yellow bags, sharps boxes and rigid containers destined for STI treatment process contained within one wheeled bin. HCRW destined for 2 different routes must never be mixed together in one wheeled bin.

Separate C1 forms must be completed for each disposal route. Packaging which is not sealed properly, which is damaged, holed or leaking. Packaging which does not have an identifiable cable tie attached and not labelled to denote source and contents. Cytotoxic sharp and non-sharp waste. Recognisable anatomical waste i.e. limbs, organs. Waste containing CJD or Hazard Group 4 Pathogens Laboratory Waste requiring autoclaving. Large metal objects i.e. titanium hip joints, bulk metal objects. Bags which contain sharp items.

Primary Packaging-Colour Coding

A system of colour coding is used to assist the segregation process at ward level. Different coloured lids on containers denote the disposal route for each type of waste.

The following system is used;-

- Yellow containers with yellow lids for waste destined for STI plants.
- Purple lidded containers for cytotoxic waste and small quantities of pharmaceutical waste.
- Black lidded containers for recognisable anatomical waste, metal objects and non-autoclaved laboratory waste.

Primary Containment of HCRW

Ass personnel who handle waste have a responsibility in its correct disposal.

Most HCRW can be considered as solid waste. **Where quantities of liquid are present, an inner liner or absorbent material must be present to stabilise the liquid and prevent leakage.**

Should be filled to the marked fill line on the container, and never overfilled. Bags must be sealed by twisting, swan-necking and securing. Lid must be properly closed making the container spill-proof. **Must always be tagged and labelled** to ensure that the source and contents can be easily identified.

Transportation within Ireland

Under the Waste Management (Movement of Hazardous Waste) regulations 1998, Form C.I., which is the consignment note for consignments of Hazardous Waste transported within the State must be completed.

Consignor (MWHB or Hospital) completes and issues Section A to the Carrier.

White Copy is issued to the carrier.

Green Copy is issued to the Local Authority of Consignor

Blue Copy is issued to Local Authority of Consignee

Yellow Copy issued to Consignor

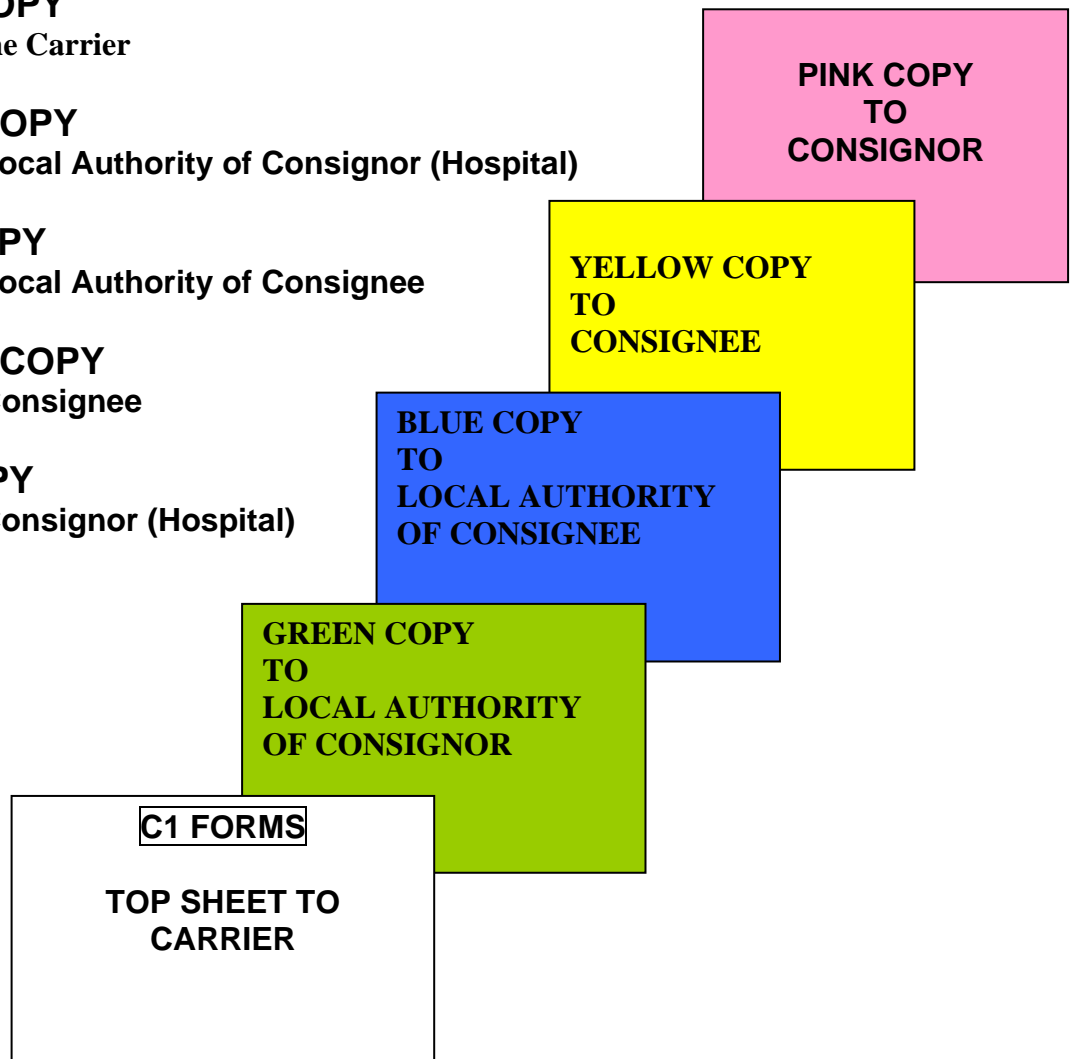
Please see schematic overleaf.

CI FORMS

Procedure when Transporting HCRW

Consignor (Hospital) completes and issues Section A to the Carrier

- **WHITE COPY**
*Issued to the Carrier
- **GREEN COPY**
Issued to Local Authority of Consignor (Hospital)
- **BLUE COPY**
Issued to Local Authority of Consignee
- **YELLOW COPY**
Issued to Consignee
- **PINK COPY**
Issued to Consignor (Hospital)



Healthcare Non-Risk Waste

Domestic

Includes normal household & catering waste. All non-infectious waste, non-toxic, non-radioactive and non-chemical waste.

Confidential Material

Includes shredded waste documents of a confidential nature.

Medical Equipment

Assessed as non-infectious, non-contaminated with blood or hazardous body fluids e.g. nappies/incontinence wear, stoma bags, clear tubing (oxygen, urinary catheters, ventilator, naso-gastric), non-contaminated gloves, aprons and masks.

Healthcare Risk Waste

Infectious Waste

General

- Blood & Items visibly soiled with blood
- Contaminated waste from patients with transmissible infectious diseases
- Incontinent wear from patients with known or suspected enteric pathogens
- Items contaminated with body fluids other than faeces, urine or breast milk i.e. pus, sputum or peritoneal fluid
- Other healthcare infectious wastes

Microbiological Cultures

- Specimens & potentially infectious waste from pathology departments

Biological

- Anatomical waste

Sharps

- 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.

Radioactive Waste

Toxic Waste

- Chemical Waste – discarded chemicals and medicines.