Introduction

The aim of this document is to facilitate the safe handling, storage and disposal of clinical waste during the course of working with LASS/LASS Social Enterprise Ltd.
Guidance is given on measures to protect workers against occupational infection with blood borne viruses.

This document should be read in conjunction with:

- LASS/LASS Social Enterprise Ltd. Health and Safety policy and procedures
- LASS/LASS Social Enterprise Ltd. Rapid HIV testing guidelines
- LASS/LASS Social Enterprise Ltd. guidelines on needle stick injury

Responsibilities

The CEO together with the Finance and Corporate Services Manager will be responsible for:

- The overall management of health and safety aspects of the service.
- Ensuring that these guidelines are followed across the service and reviewed.
- Agreeing specifications with contractors and monitoring the service to ensure contractors fulfil the specified requirements of the contract.

Managers will be responsible for:

- Implementing the agreed guidelines within their service areas.
- The overall health and safety aspects of service provision in their designated area including undertaking and reviewing risk assessments and vaccinations of workers.
- Ensuring that all staff are aware of their individual responsibilities.
- Ensuring that induction and in-house training is completed as outlined in these guidelines.

Staff and volunteers are responsible for:

- Awareness of and compliance with agreed guidelines within their service.
- Awareness of their individual responsibilities.
- Taking up recommended vaccinations (or signing disclaimer).

Definitions:

Clinical Waste

- All waste which is contaminated with blood or other potentially infectious bodily fluids.
- This includes used lancets, skin puncture devices, swabs and tissues that are used to stop blood flow after skin puncture and materials used to clean up body fluids.

Blood-Borne Viruses

- This document covers known blood-borne viruses (BBVs) including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
- There are practical advantages in adopting common infection control policies to prevent the transmission of BBVs and this is reflected in the guidance.

Sharps Safes

- Containers that are puncture resistant, of adequate depth and capacity and conform to British Standards (BS7320).

LASS/LASS Social Enterprise Workers

- This policy covers all paid LASS/LASS Social Enterprise Ltd. employees and volunteer workers.

Needle Stick/Sharps Injury

- Skin puncture caused by contaminated needles.
- “Sharps” in this context are any sharp edged instruments, broken glassware or any other item which may be contaminated in use by blood or body fluids and which may cause laceration or puncture wounds.
Training:

Employees and Volunteers
- Training will be given to all staff and volunteers as part of HIV testing training and a record of this kept on their file. Team Leaders will be responsible for ensuring that this happens.

The following must be covered:
- Potential risks of transmission of BBV’s.
- Guidelines on Handling and Storage of Clinical Waste (as outlined in this document and from risk assessments completed).
- Guidelines on dealing with spillages.
- Effective and safe sealing and handling of sharp safes.
- Procedure following a needle stick injury (refer to LASS/LASS Social Enterprise Needle Stick Injury guidelines).

Cleaning Staff
- Contracted Cleaners and other cleaning staff/volunteers will receive information on the potential risks of needle stick injury on induction.
- The Finance and Corporate Services Manager will be responsible for ensuring that this happens.

The following will be covered:
- Ensure that cleaners are aware of the nature of the agency and answer any questions to reassure them about clinical waste and storage procedures.
- Any specific risks that may be associated with their role e.g. needle and syringes discarded in the bins, especially in the toilet area.
- Talk through this possibility and discuss the ways in which the risks can be minimised e.g. increased awareness and visual search, not putting hand directly into the bin to pull contents out.

If a needle/syringe (or sharp object) is found or spillage of bodily fluid, a paid worker needs to be told immediately, so that the incident can be dealt with.

Immunisations
- All paid staff and volunteers delivering testing or handling clinical waste will be advised to have a full course of Hepatitis B immunisations and a blood test to establish immunity.
- Dates will be recorded (refer to record sheet in Health and Safety Manual)
- Those who decline to be immunised will be advised of the potential risk and sign a disclaimer.

No LASS/LASS Social Enterprise Ltd. worker or volunteer will participate in the handling of clinical waste until induction in this area is completed.

Procedure for the Safe Handling of Clinical Waste
- All testing puncture devices and/or other containers or vessels containing used devices (e.g. boxes etc...) will be disposed of in an appropriately sized sharp safe container.
- Trained staff will be informed about the safe level to fill sharps containers (see instructions on sharps container) and how to close them securely once full. They will be encouraged to secure the sharp safe before returning it to storage or final disposal.
- Workers and volunteers MUST NOT attempt to search through bags or containers to separate out used equipment from other paraphernalia.
- Any large sharp safe containers that are damaged/punctured or overfilled will be placed by a trained member of staff into a larger sharp safe container which can then be sealed safely by the staff member.
- Once assessed as safe sharp safe containers will be stored in a designated area.
Spillage of Clinical Waste and Body Fluids

- The area where a spillage of clinical waste or body fluids occurs will immediately be closed to all but the person designated to deal with the incident.
- Any spillages will be dealt with immediately by a trained member of staff.
- Volunteers who discover spillages must inform a trained staff member immediately.
- All spillages will be reported to a manager and recorded in the incident book.

Clinical Waste Spillage

- Clinical waste will NEVER be handled directly.
- Items (e.g. needles/syringes or tissues contaminated with blood) will be put into a sharps safe container using the protective equipment supplied for this purpose:
  - Tongs/pincers – to pick up needle/syringes and sharps;
  - Dustpan and brush (it is recommended that latex gloves are worn) – to pick up needle/syringes and sharps;
  - Protective gloves (these gloves are not puncture proof and must only be used for spillages where there are no needles);
- All protective equipment and spillage kits will be accessible for trained staff. Equipment will be checked and cleaned or disposed of after use and re-ordered if necessary.

Spillages of Body Fluids

- When a spillage of body fluids occurs (e.g. blood, vomit, urine, faeces) spillage kits must be used and the instructions on the pack followed:
  1. Put on gloves and apron.
  2. Apply the absorbent disinfectant compound to the spillage. Allow to gel for at least 90 seconds.
  3. Scoop up gelled spillage and dispose of it along with the scoop, into the yellow bag provided.
  4. Spray the spill area with the disinfectant provided.
  5. Put gloves, paper towel and any other items that have been used into the yellow bag and seal with the twist tie. Dispose of the bag safely.
  6. Clean hands with the disinfectant wipe as a safety precaution.
  7. Once all waste has been placed safely into the yellow bag provided, the bag will be sealed and placed into a large sharp safe container stored in the area designated for clinical waste.
  8. Once a spill kit has been used a new one will be ordered to replace it.

Storage of Clinical Waste

- All clinical waste will be placed into an appropriately sized sharps container for storage.
- All sharps containers will be sealed, correctly signed and marked and placed into a designated area for clinical waste away from any public access.
- A risk assessment will be completed by the line manager within each service and an area designated for storage of clinical waste. It is recommended that this is an area that is away from public areas, is lockable and is specifically designated for clinical waste.
- It is the responsibility of trained staff to check designated clinical waste areas on a regular (defined within local risk assessments) basis to ensure that waste is stored safely.

Transport of Clinical Waste

- There are occasions when clinical waste will need to be transported from a satellite service or outreach visit to a designated place for safe disposal.
- A risk assessment will be undertaken with the manager before transportation takes place.
- All clinical waste will be placed in an appropriately sized sharp safe container.
- Small sharp safe containers (0.45 litre-1 litre) must be placed into a larger (30 litre) sharp safe, which is then sealed for transportation.
- The boot shelf must be put in place to cover the containers during transportation.
- Once the clinical waste is in the car the worker must go directly to the designated place for safe disposal.
- As a registered charity LASS/LASS Social Enterprise Ltd. is exempt from the need to have a licence to carry waste.
Disposal of Clinical Waste

- Clinical waste must be taken to and stored in designated areas only.
- LASS/LASS Social Enterprise Ltd. has a contract for disposal and incineration of clinical waste with a licensed contractor – PHS Group PLC- SEW/698036.

Document Control

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