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**Waste Management Policy**

**including procedures for dealing with accidental spillages in relevant settings**

**March 2025**

**Document Profile**

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| December 2023 | 2.2 | Guidance for spillage of sharps added  Use of Clinell Universal Detergent Wipes for minor spillages in non-clinical settings such as Baby Steps  Minor formatting changes  Hyperlinks to other FNHC policies removed  DeptIHE changed to I&E | Rachel Foster |
| March 2025 | 3 | Transferred to current template  Minor updating and formatting for clarity and understanding  References updated  Roles and responsibilities updated and redefined  Recycling practices updated  FNHC no longer supply proprietary biohazard kits - content updated to reflect this and Appendix 2 removed | Updated by Head of Quality and Safety |
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This policy was originally adapted from Health Facilities Scotland (2010) Scottish Health Technical Note 3, NHS Scotland Waste Management Guidance Part B Waste Management Policy Template

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# INTRODUCTION

## Rationale

Family Nursing & Home Care (FNHC) works across a wide range of settings and as a result, produces various categories of waste. The proper management of waste is an essential part of ensuring that the organisation’s activities do not cause harm to public health nor to the environment. Thus, all waste must be safety managed. This policy advocates for waste minimisation to reduce the associated environmental and carbon impacts of waste.

The aim of this policy is to categorise the different types of waste generated by Family Nursing & Home Care such that it may be segregated into appropriate receptacles to allow identification, safe handling and the correct final means of disposal. This is a requirement of the Waste Management (Jersey) Law 2005 (updated 2024). This policy also contains procedures for dealing with accidental spillages in relevant settings.

## Scope

This policy applies to all staff working for or on behalf of Family Nursing & Home Care. It includes all types of waste generated across the organisation.

## Role and Responsibilities

**Chief Executive Officer**

The CEO has overall accountability for the proper management of waste within FNHC.

**Director of Governance and Care**

The Director of Governance and Care is responsible for ensuring that the organisation has an appropriate policy and other relevant procedures in place that enables Family Nursing & Home Care to meet its legal obligations in relation to the management and disposal of waste. They are also responsible for ensuring that effective processes are in place for monitoring the safe handling and disposal of waste.

**Registered Managers and other Service Leads**

Registered Managers and other service leads are responsible for ensuring that processes are in place:

* to enable staff to access this policy and other relevant procedural documents
* to monitor adherence with the requirements of this policy within their respective areas
* for a secure supply of relevant equipment required for safely managing waste
* enable staff training and relevant updating, where this is required

**Facilities and Premises Manager**

The Facilities and Premises Manager is responsible for ensuring that all FNHC premises have the appropriate waste facilities for the activities carried out on those premises. They are also responsible for ensuring that the contracted Waste Carrier has the appropriate license/s for the types of waste that they remove.

**Individual Responsibility**

It is the responsibility of all staff involved with the generation or handling of waste to be aware of and follow the correct management and safety procedures associated with the waste produced. This includes identifying and reporting any potential/actual risks to themselves or others.

# POLICY

## Waste Minimisation

Family Nursing & Home Care has an obligation to address local targets for reducing waste and for dealing with it in more sustainable ways. However, many types of healthcare waste cannot be safely recycled and direct treatment or disposal is the most appropriate management option.

The Waste Hierarchy are useful in assessing options for the management of other waste.

A diagram of several different types of waste

Description automatically generated

(New South Wales Environment Protection Authority, 2022)

If waste must be disposed of, proper segregation is required to ensure it reaches the correct treatment, recovery and disposal facility, thereby minimising waste management costs to the organisation.

## Waste Classification

“All wastes produced in a healthcare setting are healthcare wastes, including clinical waste, offensive waste and other non-clinical waste and resources” (DoH 2022 p.48). Healthcare waste that is not legally defined as ‘hazardous’ is classified as non-hazardous waste.

|  |  |
| --- | --- |
| **HAZARDOUS WASTE** | **NON-HAZARDOUS WASTE** |
| Waste which has the potential to cause actual harm whether it is to an individual person, the environment and/or the general public.  **All health care waste, whether produced in a hospital or a community setting, is assumed to be infectious waste until it is assessed by the health care practitioner**  Includes:   * infectious waste * waste contaminated with blood/body fluids from patients with a known blood borne virus and/or from patients with a confirmed or suspected infection e.g. C.Difficle, Norovirus * sharps * medicinal waste:   + expired, unused, split and contaminated pharmaceutical products, drugs, vaccines and sera that need to be disposed of appropriately.   + cytotoxic and cytostatic medicines. It also includes discarded items contaminated from use in the handling of pharmaceuticals, such as bottles or boxes with residues, connecting tubing, syringe bodies and drug vials. * health care chemicals and hazardous properties   + batteries   + x-ray photo-chemicals   + radioactive waste | Waste that is non-infectious but may cause offence due to the presence of recognisable healthcare waste items, body fluids or odour.  Includes:   * offensive/hygiene waste such as:   + incontinence and other waste produced from human hygiene   + sanitary waste   + nappies   + dressings   + gloves   + medical consumables (i.e. packaging)   + catheter and stoma bags   + nasal secretions   + sputum   + vomit   + soiled bedding   + gowns   + plasters   NB. non-hazardous offensive/hygiene waste includes **any** blood or bodily fluid-stained waste that is:  a) **non-infectious** and  b) **does not contain** pharmaceutical or chemical substances   * domestic/household waste * recyclable materials * food waste * paper and packaging |

## Waste Assessment

The arrangements for handling waste clearly apply wherever Family Nursing & Home Care services are being provided e.g. clinics; patients’/clients’ homes; care homes, parish halls, within schools etc. The correct handling of waste generated in the provision of health and social care activities ensures that inappropriate clinical waste e.g. ‘sharps’ does not enter the domestic waste stream.

When staff administer care outside of FNHC premises, they must carry out a risk assessment to ensure that the decision on waste disposal is consistent with this policy and procedures.

Health and safety and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. Clinical waste needs to be segregated using a step-by-step approach to ensure it is disposed of appropriately, depending on the hazard it poses (RCN 2014).

Step 1 Assess if the waste is health care clinical waste?

Step 2 Assess for the medicinal waste properties of a clinical waste, including:

* Expired, unused, split and contaminated medicinal products
* Discarded items with contaminated medicinal residues
* Secretions, excretions or other body fluids containing residual medicines
* Anatomical waste containing residual medicines.

Step 3 Assess the chemical waste properties of a clinical waste. Does the waste contain chemicals that are dangerous substances?

Step 4 Assess for the infectious waste properties of a clinical waste:

* Does the waste arise from a patient known or suspected to have a disease/infection caused by a micro-organism or toxin?
* Is the waste a sharp?
* Is the waste an anatomical waste?

If the answer to any of the questions is YES treat as hazardous clinical waste

## Waste Segregation

Segregation of waste at the point of production into suitable colour-coded receptacles is vital to good waste management.

The Government of Jersey Infrastructure and Environment department has developed a colour-coded waste segregation system and process ([see Appendix 1](#_Appendix_1_Jersey)) for the management of healthcare waste.

## Waste Packaging

The purpose of waste packaging is to ensure that specific waste is safely presented by the producer and can be disposed of through the appropriate waste stream. The correct container should be selected from the range of waste containers available from FNHC Stores. The packaging should include a basic description of the waste it contains e.g. sharps.

Black bags are available from the Stores Department for ‘domestic waste’ generated within FNHC premises. Yellow bags are available for ‘clinical waste’ (hazardous infectious waste) and white bags for non-hazardous ‘offensive waste’. Yellow ‘sharps’ bin containers (yellow/purple lids) are also available from Stores.

## Waste Collection

The cleaning contractor removes domestic waste from FNHC premises to on-site bins and these bins are emptied as per local/Parish arrangements. Similar arrangements should be in place in premises where the cleaning is the responsibility of the premise’s landlord.

Healthcare waste from FNHC-run clinics must be placed by clinic staff in a suitable and secure container to await collection by a registered waste contractor.

Evidence of the waste contractor’s registration to carry healthcare waste must be verified by the Facilities and Premise Manager when contracts are agreed and at suitable intervals thereafter.

## Waste Audits

Operational Leads are required to monitor their area’s procedural arrangements, risk register and incident analysis.

Waste audits are important for demonstrating compliance with local waste management standards and long-term sustainability. It is recommended that line managers periodically monitor the effectiveness of waste segregation and minimisation (HCS 2019).

## Training

Statutory or mandatory requirements may lead to a need to increase competence levels or capabilities within FNHC. The appropriate level of training will be provided to staff, based on risk and a training needs assessment. Advice and guidance on available training can be obtained from the Education & Development Department or via the FNHC Education and Training Prospectus.

## Immunisation

Family Nursing & Home Care offers Hepatitis B immunisation to any staff who are involved in exposure prone activities. This is undertaken by the organisation’s Occupational Health Provider.

## Incident reporting and recording

All persons and workers engaged in healthcare and in waste management should report **all** incidents or “near misses” involving spillage of clinical or other hazardous waste, exposure to broken glass from potentially infected sources and inappropriate exposure to needles and other sharps, whether causing injury or otherwise. Reporting should follow the organisation’s incident reporting procedures.

Where an incident has occurred involving a sharp or needle stick injury then the appropriate procedure for dealing with such an incident must be followed. See the FNHC Sharps Injury and/or Blood or Body Fluid Exposure Procedure[.](https://www.fnhc.org.je/media/43003/sharps-injury-and-or-blood-or-bodyexposure-procedure-2018.pdf)

# PROCEDURE

## Clinical settings

### Bags

All appropriate healthcare waste generated in FNHC clinics should be placed in either yellow or white bags depending upon their classification i.e. clinical/infectious waste must be disposed of in a clinical (yellow) bags; non-infectious healthcare waste (offensive waste) must be disposed of in a high specification approved white bag (see segregation chart [Appendix 1](#_Appendix_1)).

Some liquid wastes require to be stabilised with a self-setting compound to reduce the risk of leakages or spillages. Where this is required, further advice should be sought. However, where a small amount of liquid needs to be disposed of, this can be discharged onto a piece of absorbent material e.g. folded kitchen roll placed in the bottom of a ‘sharps bin’.

Each bag should be filled to no more than three quarters full and/or weigh no more than 4 kg and be securely sealed.

To seal:

* hold the bag by the neck and twist until tight
* fold over the neck of the bag to form a “swan neck”
* place a ratchet-type plastic tag around the folded neck and tighten until a sturdy seal has been made
* ensure each bag is clearly labelled with location of generating area

**N.B. To avoid bursts and spillages, never overfill bags and do not throw them. Never place sharp or similar objects into bags as these can rupture and cause injury. Never place sharps bins into waste bags.**

All bins in Family Nursing & Home Care clinics will be colour coded to indicate the waste type and the waste stream that it is intended for, to ensure bags can be replaced correctly on a recurring basis.

### Sharps Bins

**Yellow or gray with yellow lid**: These bins are for disposing of used sharps (except cytotoxic related items), which comprise syringes, needles, scalpels and similar metal parts, cartridges, glass ampoules and vials, broken glass and any other small sharp instruments. These must be safely used, discarded intact and placed carefully into the sharps bin. This includes: drug-free water-based, saline-based and glucose-based medicinal products etc and includes sharps that are integral to or contained in associated intravenous giving sets, bags and tubes.

**Yellow with purple lid**: For disposal of used sharps and other items used in the administration of cytotoxic medicines.

The person making up a sharps bin ready for use should complete the information required for this step as per the label on the bin.

Sharps bins should only be filled to the fill line i.e. not more than three quarters full.

When full, the sharps bin must be sealed and the label must be completed ready for uplift, stating the department/premises location where the waste was generated, the name of the person sealing the bin and disposing of the waste and the date of disposal, before storing and presenting it for collection

Even if not full, sharps bins should be disposed of after three months (NICE 2012 updated 2017).

**N.B. to avoid sharps incidents and spillages, never attempt to overfill bin containers. Ensure sharps containers are correctly assembled, and temporarily closed between uses.** **Never place other waste bin containers into bag containers. Never discharge any medicines to drains or down the sink.**

### Medications

It is not appropriate to dispose of any medication down the sink or toilet or to place it in the waste bin. It should always be returned to a pharmacy for destruction. Patients and/or their families/carers should be encouraged to dispose of all medication that is no longer required by returning it to the pharmacy (ideally the dispensing Pharmacy) for destruction. Only in exceptional circumstances and following a documented assessment of the risks, should staff be involved in the disposing of a patient’s medication. See FNHC Medicines Policyfor further guidance.

The exceptions to this are Fentanyl patches (see FNHC Medicines [Management SOP 9](https://www.fnhc.org.je/media/43303/standard-operating-procedure-medicines-management-20520.pdf) for details of disposing of fentanyl patches) and medicinally-contaminated items such as giving sets and syringes that have been used for the administration of medication.

Otherwise for all un-discharged, surplus medicinal products, including vaccines, involved in the patient administration of medicines in clinics (normally involving partially used needles/syringes, vials or other giving sets, and any opened or prepared medicines left at the end of the administration session) shall be disposed in the appropriate waste bin container. NEVER discharge medicinal products, e.g. antibiotics, vaccines, hormones, steroids to drains or down the sink.

Any medication left in a syringe (e.g. when a syringe driver has been discontinued before all the medication has been delivered) and any other small or ad hoc arisings should be discharged onto a suitable absorbent material which has been placed in a sharps bin.

In the event of this medication being a controlled drug, its disposal should ideally be witnessed and should be recorded in the relevant documentation, as per the [FNHC](https://www.fnhc.org.je/media/43303/standard-operating-procedure-medicines-management-20520.pdf) Medicines Management SOP [9](https://www.fnhc.org.je/media/43303/standard-operating-procedure-medicines-management-20520.pdf) and/orFNHC Ambulatory Syringe Pump Policy[**.**](https://www.fnhc.org.je/media/43093/appendix-3-hss-pp-cg-0223-02-ambulatory-syringe-pump-policy.pdf)

### General Storage and Disposal

Waste bags/sharps bins should be presented for collection in a safe manner to avoid spillage or injury. They must also be marked with the department’s identity.

Family Nursing & Home Care staff and registered waste contractors are instructed NOT to uplift any waste bags/sharps bins which are not properly presented, which have not been correctly sealed or are not marked with the department’s identity. Near-miss and non-compliance reporting should be undertaken in such instances.

Sealed waste bags/sharps bins may be uplifted manually in small quantities and taken directly, without setting down, to the secure on-site healthcare waste store, or to the collection vehicle, prior to off-site disposal.

Where this is not possible, such as due to the distance and/or time to reach the healthcare waste store, appropriate risk-based measures must be taken to ensure that the risk of unauthorised access to the wastes is minimised.

Waste bags/sharps bins should ideally be collected daily by the registered waste contractor. However, where this is not practicable, they should be placed into a lock-fast wheeled, UN-type approved, intermediate bulk container. These intermediate bulk containers should be colour-coded to avoid any miss-segregation and to reduce any further manual handling. Such wheeled bins must remain secure and locked and strictly within the control and confines of the healthcare facility concerned.

It is not considered best practice for the waste management contractor’s wheeled bins to be brought into the clinical setting or through areas where there is public access, as these bins are only cleaned to basic waste industry standards and may be a source of infection. Where the waste management contractor’s wheeled bins are to be brought into the building, this must be subject to a formal risk assessment to identify and mitigate the level of risk of infection, which may arise.

## Patients’ Own Homes

When staff administer care outside of FNHC premises, they must carry out a risk assessment to ensure that any waste is disposed of appropriately. Advice and support can be sought as appropriate e.g. from the Environmental Protection Team, Health & Community Services Infection Prevention and Control Team

Most healthcare waste generated in patients’ homes can be disposed of with the normal domestic/household waste. It should, however, first be ‘double bagged’.

This is still considered acceptable practice because here in Jersey:

* the definition of healthcare waste in Article 4 of the Waste Management (Jersey) Law 2005 (updated 2024) excludes household waste
* all such waste in Jersey is incinerated
* the amount of waste generated is usually relatively small

*(SoJ 2005 updated 2024)*

There is an expectation that patients will provide suitable plastic bags e.g. intact grocery bags or bin liners for FNHC staff to use in the appropriate disposal of waste generated whilst carrying out health care activities in the home environment.

The exception to this is clinical waste that could result in a penetrating injury (‘sharps’), medicinal waste and waste that poses significant infection risk.

Any ‘sharps’ must be disposed of in an appropriate ‘sharps’ container and surplus medicinal products disposed of as per the FNHC Medicines Policy[.](https://www.fnhc.org.je/media/43305/medicines-policy-2020-final.pdf) All used sharps bins should be returned to Le Bas or be subject to specific collection arrangements.

## Office Settings

### Confidential Waste

Confidential paper and documents, which are not shredded at source, must be stored securely on site for collection and off-site shredding and recycling.

Confidential waste for secure shredding should be placed inside the designated bins. The bins should be marked “confidential waste”. When these bins need to be emptied Reception Staff at Le Bas should be notified and they will arrange for the contractor to remove and replace these bins.

Options for disposal by incineration or similar secure alternative means of disposal for difficult confidential waste can be arranged.

Further guidance on information security and related aspects of confidential waste, including shredding, should be sought from Family Nursing & Home Care’s Caldicott Guardian or Information Governance Officer (IGO).

The IGO should also be contacted if any documents have been inadvertently placed in this waste stream and need to be retrieved. A key for unlocking the confidential waste bins is held by the IGO. Also see FNHC Records [Management Policy**.**](https://www.fnhc.org.je/procedural-document-library/search/?q=records+management+policy)

### Non-Confidential Waste

Where possible, segregation systems should be put in place to segregate office paper from food or other contaminants. Clean (uncontaminated) paper should be managed through the local recycling scheme.

Other recyclable non-confidential wastes, including cardboard and other packaging should also be recycled, wherever possible.

Soiled waste, including food waste, should be disposed of in the black (domestic waste) stream.

### Domestic Waste

Domestic waste generally arises ancillary to the delivery of healthcare services in both clinical and non-clinical settings.

Domestic waste should be placed into the appropriate black stream bag containers to suit local care setting procedures. Please note that within office environments, these bags may be light weight white bags rather than black bags.

The bags should be filled to no more than three quarters full but must weigh not more than 4kg and be securely sealed.

**N.B. black bags must NOT be sealed using healthcare waste ratchet tags. Bursts and spillages can be avoided by not overfilling bags. Never place sharp or similar objects into bag containers as these can rupture the bag and/or cause injury. Never place other waste bin containers into bag containers**

Broken crockery must be placed in a rigid cardboard box and sealed. It should be identified as broken crockery and it will be uplifted by the cleaning company or landlord’s arrangement depending upon the facility in question.

Waste suitable for recycling should be placed into the appropriate green stream collection container system where this is available. Jersey has a number of locality-based recycling schemes for:

* Paper and card, cardboard and clean packaging
* Glass
* batteries
* electricals
* lightbulbs
* ceramics

Batteries should not be placed in domestic waste bins. They can be recycled at various recycling points including the pink battery recycling tubes available in the reception at Le Bas and many supermarkets and shops. Battery terminals should be covered with insulating tape prior to disposal (Central Alerting System 2017)

Unwanted electrical and electronic equipment should not be placed in the domestic waste stream and wherever possible collection systems should be in place to return items to suppliers via “take back” systems. Where “take-back” systems are not available, advice may need to be sought from the Facilities and Premises Manager or refer to [Recycling:small electrical items](https://www.gov.je/Environment/WasteReduceReuseRecycle/WhyRecycle/pages/material.aspx?rid=36) regarding the most appropriate disposal route.

More information can be found at [Recycling (gov.je).](https://www.gov.je/Environment/WasteReduceReuseRecycle/Pages/default.aspx)

### Other Waste

Assessment should be made, where reasonably practicable, to avoid utilising any outmoded technology or techniques that have to rely on dangerous or hazardous substances, which can be dangerous to use and may pose health hazards to staff and service users.

In many cases manufacturers and suppliers facilitate “bring back” and recovery schemes to reduce such risks and impacts. These schemes should be investigated and utilised wherever possible.

Batteries from medical devices, and/or those containing ‘heavy metals’ such as mercury, lithium, nickel, cadmium etc. should be disposed of in accordance with current regulations. Heavy metal batteries are used in equipment such as hearing aids, mobile phones and calculators. Their terminals should also be covered with insulating tape prior to disposal (Central Alerting System, 2017) by the appropriate route.

Printer cartridges should be placed inside the packaging of the replacement cartridge and returned to the Receptionist at Le Bas Centre who will arrange for its return to the supplier.

For infrequent, ad hoc items that require disposal, advice should be sought from the Facilities and Premises Manager or [Recycling](https://www.gov.je/environment/wastereducereuserecycle/Pages/default.aspx).

## Dealing with Accidental Spillages

### General Precautions

Deal with any spillage of blood/body fluids as soon as patient safety permits.

Spillages of blood/bodily fluids should only be dealt with by those with the appropriate knowledge and skills to do so.

Wear appropriate Personal Protective Equipment (PPE) e.g. gloves and disposable apron for all procedures.

If broken glass is involved, it must be carefully removed and placed in a sharps container. Care should be taken to prevent sharps injury.

### Spillage of Cytotoxic Waste in any Location

In the unlikely event of FNHC staff being required to deal with a spillage involving cytotoxic medication (including oral cytotoxic medication) the Oncology Department at Jersey General Hospital must be contacted for advice which will include how to safely dispose of the waste generated. Out of hours the person ‘on call’ for Oncology should be contacted via the hospital switchboard (01534 442000).

Refer also, where appropriate, to the FNHC SOPs for theAdministration of Subcutaneous Methotrexate for Inflammatory Arthritis in Adults[.](https://www.fnhc.org.je/media/43121/app-8-guidelines-and-sop-for-the-administration-of-subcutaneous-methotrexate-for-adults.pdf)

### Spillages in clinical settings (this does not include patient/client homes):

Appropriate spillage handling equipment should be available (see SOP Provision and Maintenance of First Aid Kits and Biohazard Spillage Handling Equipment).

For blood and/or bodily fluid spills, ‘Clinell Spill Wipes’<https://gamahealthcare.com/products/spill-wipe-range> are available. Staff who deal with a spillage are responsible for ensuring that the equipment is replaced after use.

The expiry date of biohazard spillage handling equipment/supplies should be monitored and replaced before the expiry date. Where equipment/supplies are in the care of a specific service, that service is responsible for monitoring expiry dates and stock replacement. Monitoring will also take place during the twice-yearly Internal Health and Safety Premises Reviews.

Hazardous substances that form part of spillage handling equipment should be stored in a locked cupboard in accordance with COSHH requirements.

A COSHH risk assessment must be available for all spillage handling substances where this is a requirement (see link in the Assure Portal)

Where infectious, hazardous or dangerous substances are suspected, details must be referred to the Health & Community Service’s Infection Prevention and Control Team or Consultant Microbiologist for advice on specific procedures. Additional guidance can be sought from product material safety data sheets from the Health & Safety Executive/COSHH web pages [COSHH.](https://www.hse.gov.uk/coshh/)

When using  [Clinell Peracetic Acid Wipes](https://gamahealthcare.com/clinell-peracetic-acid-wipes) or the [Clinell Spill Wipes,](https://gamahealthcare.com/products/spill-wipe-range) follow the instructions for use provided with them.

Blood/bodily fluid spillages occurring in healthcare facilities should be managed as follows:

* small spillages - wipe with an appropriate wipe such as Clinell Peracetic Acid wipes (formally known as Clinell Sporicidal Wipes) or use ‘Clinell Spill Wipe’
* larger spillages - use a ‘Clinell Spill Wipe’
* all waste generated from dealing with spillages should be discarded into the appropriate waste stream/s
* wash and dry hands

#### Spillages from clinical/hazardous and offensive waste stream bags

If the bag is damaged, carefully place it into a second bag of the appropriate waste stream. Where there is a further danger of rupture, use double bags or place into an appropriate bin container.

If the spillage is small, clean the area using Clinell Peracetic Acid Wipes if available. Otherwise, use a Clinell Spill Wipe. Larger spillages will require use of a Clinell Spill Wipe.

Dispose of all waste into the appropriate waste stream.

Wash and dry hands

#### Spillage from clinical waste stream bin containers

Fingers or hands should never be allowed to come into contact with sharps waste.

For general spillages, using a disposable scoop or tweezers, carefully replace spillage into a second appropriate bin container for the correct waste stream.

Once all sharps are removed - if the spillage is small, clean the area using Clinell Peracetic Acid Wipes if available. Otherwise, use a Clinell Spill Wipe. Larger spillages will require use of a Clinell Spill Wipe.

Dispose of all waste into the appropriate waste stream.

Wash and dry hands

**N.B Spillages from clinical waste bags or bin containers should be notified to the appropriate manager immediately and reported via Assure.**

### Spillages occurring in patients / client’s own homes

#### Blood spillage on impervious flooring only:

Soak up as much of the spillage as possible with anything disposable e.g. kitchen roll and place directly into a suitable disposable plastic bag

If available, use a good quality thick bleach e.g. Domestos (diluted 1 part bleach to 10 parts cold water).

Cover area with paper towels, newspaper or kitchen roll and gently pour on bleach solution.

Leave for at least two minutes then wipe up with paper towels

Discard into a plastic carrier bag or bin liner

Clean area with hot water and detergent using disposable cloths, rinse and dry

Clean the bucket in fresh water and detergent, rinse and dry

Dispose of PPE and cloths into the plastic carrier bag or bin liner, tie and double bag this and discard with the normal household waste

Wash and dry hands

#### Spillage of blood and other body fluids on carpets, fabrics or soft furnishings:

Soak up as much of the spillage as possible with anything disposable e.g. newspapers, kitchen roll, etc. and place directly into a suitable disposable plastic bag (double bagged)

Clean the area over with a solution of General-Purpose Detergent and hot water, using any cloths that can be discarded.

All used cloths should be placed in the plastic bag, (double bagged) tied and discarded with the normal household rubbish.

If any soft furnishings e.g. curtains etc. have become soiled, advise the patient/client to either machine-wash on a hot wash (if the fabric allows) or take to the dry cleaners (check care instructions).

Wash and dry hands

#### Sharps Spillage

Where there has been a spillage of sharps, on no account should staff try to pick up the waste.

Instead, the area of the incident should be sealed off, and whatever implement is practical, available and safe (for example tongs, tweezers or dustpan & brush) should be used to carefully pick / sweep up the waste and tip it into an appropriate undamaged sharps bin.

Fingers or hands should never be allowed to come into contact with the waste and care must be taken to ensure that no fragments of the waste remain in the brush, if this is what has been used.

#### All other spillages

Soak up as much of the spillage as possible using paper towels, newspaper or kitchen roll and place directly into a plastic bag or bin liner

Clean the area with hot water and detergent using disposable cloths, rinse and dry

Clean the bucket in fresh water and detergent, rinse and dry

Dispose of PPE and cloths into the plastic carrier bag or bin liner, tie and double bag this and discard with the normal household waste

Clinell Universal Detergent Wipes (or similar product) may be used for small spillages. Wash and dry hands

### Spillages in non-clinical settings such as child and family groups

Small spillages of body fluids such as vomitus or urine may be cleaned up using Clinell Universal Wipes (or similar product)

Any blood spillages should be cleaned up with Clinell Peracetic Acid Wipes or Clinell Spill Wipe (or equivalent).

# MONITORING COMPLIANCE

Results of waste audits can be used to monitor compliance. Analysis of any related incidents reported via the Assure risk management system can be used to identify any common themes/areas of concern.

# CONSULTATION PROCESS

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Date** |
| Stuart Waddingham | Deputy Operational Lead – Adult Nursing Services | 14th January 2025 |
| Gill John | Team Leader – Children’s Community Nursing Team | 14th January 2025 |
| Elaine Walsh | Director of Finance | 14th January 2025 |
| Laura Baker | Premises and Facilities Manager | 14th January 2025 |
| Teri O’ Connor | Registered Manager Home Care | 14th January 2025 |
| Alan Keen | Store Support and Procurement Officer | 14th January 2025 |

# EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

**Always:**

* Putting patients first
* Keeping people safe
* Have courage and commitment to do the right thing
* Be accountable, take responsibility and own your actions
* Listen actively
* Check for understanding when you communicate
* Be respectful and treat people with dignity
* Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

## EQUALITY IMPACT SCREENING TOOL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage 1 - Screening** | | | | | | | | | | |
| Title of Procedural Document: Waste Management Policy (includes dealing with accidental spillages) | | | | | | | | | | |
| Date of Assessment | | 3.01.25 | | Responsible Department | | | | | Governance | |
| Completed by | Elspeth Snowie | | | Job Title | | | Head of Quality and Safety | | | |
| **Does the policy/function affect one group less or more favourably than another on the basis of**: | | | | | | | | | | |
|  | | | | | | **Yes/No** | | **Comments** | | |
| Age | | | | | | No | |  | | |
| Disability  *(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)* | | | | | | No | |  | | |
| Ethnic Origin *(including hard to reach groups)* | | | | | | No | |  | | |
| Gender reassignment | | | | | | No | |  | | |
| Pregnancy or Maternity | | | | | | No | |  | | |
| Race | | | | | | No | |  | | |
| Sex | | | | | | No | |  | | |
| Religion and Belief | | | | | | No | |  | | |
| Sexual Orientation | | | | | | No | |  | | |
| **If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.** | | | | | | | | | | |
| **Stage 2 – Full Impact Assessment** | | | | | | | | | | |
| **What is the impact** | | | **Level of Impact** | | **Mitigating Actions**  **(what needs to be done to minimise / remove the impact)** | | | | | **Responsible Officer** |
|  | | |  | |  | | | | |  |
| **Monitoring of Actions** | | | | | | | | | | |
| The monitoring of actions to mitigate any impact will be undertaken at the appropriate level | | | | | | | | | | |

# IMPLEMENTATION PLAN

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Person** | **Planned timeline** |
| Policy to be uploaded to the Procedural Document Library | Education and Development Administrator | Within 2 weeks following ratification |
| Email to all staff | Education and Development Administrator | Within 2 weeks following ratification |
| Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff | Education and Development Department | Within 2 weeks following ratification |
| Relevant staff to sign (via Virtual College) that they have read and understood policy. | All staff notified via Virtual College. | Within 2 months of notification |

# GLOSSARY OF TERMS

**COSHH –** Control of Substances Hazardous to Health

**Healthcare Waste –** any waste produced by, and as a consequence of, healthcare activities

# REFERENCES

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# APPENDICES

## Appendix 1 Jersey Healthcare Waste Segregation (States of Jersey, 2018)