The London Hazards Centre Factsheet
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Clinical waste: universal precautions

Many workers are at risk from diseases associated with contact with blood, body fluids and other forms of clinical waste at work. Employers must have safe systems of work in place to ensure workers, patients or members of the public are not put at risk.

What is clinical waste?

Clinical waste includes blood, faeces, vomit, saliva, mucous, urine, semen and vaginal fluids, waste human and animal flesh following operations and anything that may be contaminated with them such as swabs, bandages, hypodermic needles, sharps, tissues, clothing etc.

FURTHER INFORMATION:

LHC factsheets (all available free on line at www.lhc.org.uk):
– Sharps.
– Infectious diseases in the workplace.
– Dermatitis in the workplace.

Clinical Waste Disposal, GMB, free from http://www.gmb.org.uk/docs/ViewADocument.asp?ID=95&CatID=10

Safe disposal of clinical waste. Health and Safety Commission's Health Service Advisory Committee (HSAC). £10.50. From HSE Books, 01787 881 165.

Hospital laundry arrangements for used and infected linen. Department of Health. HSG (95)18. Available free from: http://tap.ukwebhost.eds.com/doh/coin4.nsf/page/HSG-(95)18?OpenDocument

What are the hazards?

Many different types of infection can occur when these agents come into contact with broken skin or with the eyes, nose and mouth. It is important to consider all biological wastes as infectious. Examples of diseases are the various forms of hepatitis, e-coli infection, TB, BSE, MRSA, as well as ill health such as digestive problems including diarrhoea etc.

Who is at risk?

Many hospital staff including nurses, cleaners, handlers, laundry workers, doctors, surgeons; veterinary staff; waste disposal workers; laboratory workers; residential nursing home staff; dentists and dental staff; post-mortem room staff.

Vaccination

Employers should offer workers involved with clinical waste vaccinations against Hepatitis B and Tetanus. Unison strongly recommends this.

Universal precautions

Employers should ensure that workers exposed to clinical waste hazards follow these universal precautions and that necessary procedures and equipment are in place.

- Education
- Personal hygiene
- Protective barriers
- Contamination prevention
- Safe handling and disposal

Education

a) Employers must provide information on the health hazards and risks from clinical waste to their employees, any contractors such as cleaning staff, students, trainees and voluntary workers.
b) Workers should be trained in why they need and how to use their personal protective equipment as well as the safe handling and disposal of clinical waste.
c) All people at risk must be told who to report to if exposed and where to go for immediate treatment.

Personal hygiene

a) Frequent hand washing is one effective way to prevent the spread of infectious diseases in a workplace. Employers must provide hygienic washroom facilities including hot water, soap, disposable towels or a hot air hand dryer at all worksites.
b) Wash your hands thoroughly. Wet the soap and lather hands for at least ten seconds, especially after contact with body waste or with any contaminated objects or surfaces.
c) Wash and scrub under your fingernails and cuticles with a small brush. Rinse hands thoroughly before drying.

Protective barriers

a) Wherever possible, wear gloves if you are likely to have contact with clinical waste.

NB. Latex gloves have a risk of allergy associated with them. However in certain circumstances they are regarded by workers as much better than other types as nitrile gloves are not considered a universal replacement. It is therefore necessary to restrict their use to only essential circumstances such as where there is a risk of contamination with blood or other body fluids. They should not be used for general procedures. Workers should be screened for latex allergy and offered an alternative.

b) The Personal Protective Equipment at Work Regulations requires employers to provide and maintain personal protective equipment in good condition, to train the worker on their use and to ensure they are used.
c) Protective barriers reduce your risk of exposure to potentially

infectious material through contact with broken skin or mucous membranes. Cover existing wounds, skin lesions and all breaks in the skin with waterproof dressings.

d) quality latex or vinyl gloves must be provided by the employer for any worker who has contact with blood, body fluids and faeces. Again, check that the users are not allergic to latex gloves.

e) Gloves are also necessary for disinfecting contaminated surfaces and disposing of used materials and biological waste. (Wash hands thoroughly with warm water and soap after removing gloves).

f) Change your gloves after each task or exposure and dispose of as contaminated waste.

g) Protective eye glasses and a mask must be provided and used where blood, body fluids or faeces are likely to splash on to the mucous membranes of the eyes, nose or mouth.

h) Gowns, laboratory coats, or aprons must be provided and worn where clothing is likely to be soiled. Contaminated clothing and linen should be laundered at at least 80 degrees Celsius or done by a specialist company or incinerated.

i) To minimise your exposure during emergency mouth-to-mouth resuscitation, mouthpieces or other resuscitation devices should be provided. Resuscitation devices should be disposable and available in every first aid kit.

Cleaning and disinfecting of contaminated areas

a) Wear gloves and use disposable towels to minimise direct contact with blood, body fluids or faeces. Where there is a spillage of any liquid that may be contaminated this should be cleaned up with disinfectant grains/powder to soak up the spillage instead of liquid disinfectant as this spreads the contamination. Spillages must be cleaned up immediately.

b) Equipment used should be of the disposable single use kind. Where this is not possible all contaminated equipment must be thoroughly washed and disinfected.

Safe handling and disposal of contaminated material

a) Special precautions must be observed when disposing of clinical/biological waste and materials which have become contaminated. Training must be provided for employees (and volunteer workers) by the employer.

b) The employer must have a written Disposal of Contaminated Waste Procedure for the safe disposal of contaminated waste. The government recommends a member of senior management is appointed clinical waste control officer to oversee the clinical waste policy. The procedure should include the following:

i) Dispose of waste in a puncture-resistant container lined with a leak-proof plastic bag. Post a biological waste symbol on the container.

ii) Consider all biological waste as infectious.

iii) Wear puncture-resistant gloves and handle all contaminated wastes carefully to avoid direct contact.

iv) Hold only the outside of the container when emptying it. Never reach into the container.

v) Do not load the container beyond its capacity or compact the contents. Compaction can compound contamination of the work area.

vi) Never mix biological waste with other domestic or workplace rubbish.

vii) Sharp objects which can cut or puncture your skin may also be carrying infectious materials. Always handle needles, broken glass and other sharps carefully. Follow safe 'sharps' practice.

viii) Specimens from patients with known or suspected high risk infections (Hepatitis, HIV) should be conspicuously labelled with risk stickers and forms and transported in approved containers.

HSC framework

The Health and Safety Commission's Health Service Advisory Committee (HSAC) says the basic framework of an effective policy on clinical waste would cover:

- Identification of categories of clinical waste.
  HSAC recommends five different categories (see HSAC 'safe disposal of clinical waste').
- Means of segregation.
- Specification of containers/ enclosures to be used.
- Storage.
- Transport.
- Handling before disposal.
- Training needs for staff at all levels.
- Personal protection.
- Accident and incident reporting, investigation and follow-up.
- Spillage.
- Final disposal.

All employers dealing with clinical waste should have a specific clinical waste policy. Control of Substances Hazardous to Health (COSHH) assessments and risk assessments should be an integral part of the policy.