

Protocol for District Nursing Services - Setting up a Community Healthcare Waste Collection (With the exception of sharps bins, staff should not be transporting any waste (hazardous or non hazardous) between bases or patients' home).

Introduction

Where an employee of Wye Valley NHS Trust treats a patient at home the organisation has a duty of care to ensure that any 'infectious' waste produced is disposed of safely. The holder of the waste (the Wye Valley Trust staff member in this circumstance) is responsible for taking adequate steps to ensure the waste is managed safely and kept secure.

Risk Assessment – to determine if the waste is 'infectious'

A risk assessment must be completed to determine the appropriate waste disposal route. Please refer to appendix 1.

If the risk assessment indicates the waste to be;

1. Non-infectious – this waste can be placed into the normal household waste (black bag)

- Small amounts, up to ¼ of a normal sized sack per day, of non-infectious waste similar to those which would be generated by a householder e.g plasters, small dressings and incontinence products. These should be placed in a plastic bag first.
- Any packaging may be placed into the domestic waste however it should be placed into a bag first and any bags used should not be orange or yellow in colour.
 - NB Herefordshire Council have a very good recycling service so please make use of this for recyclable items such as cardboard.

2. Hazardous/Infectious -

- The waste produced should be disposed of by setting up a new 'infectious' waste collection.

Community Infectious Waste Collection Pack

All community nursing staff will be provided with these packs. A central supply is available from Leominster Community Hospital and will be distributed to each team base, via Sue Edwards phone 01568 614211.

Each pack contains:

2 x infectious waste sacks, 2 x numbered identity tags and patient information sheet (Appendix 2)

Notifying Herefordshire Council – call 01432 260051

Please do this while at the patient's property as you will need to inform the patient of their collection dates. You will be asked to provide the details outlined on appendix 2 so please ensure you have all of the details ready.

Collection Service

Short term - You will be provided with the two collection dates which will take place over the next 4 weeks for the 2 infectious waste sacks which you must record on appendix 2 and leave at the property.

If infection continues beyond a 4 week period then you will need to issue the patient with 2 more sacks using the Community Infectious Waste Collection Pack and again phone the council to advise that further collections are required and obtain 2 further collection dates for the patient.

Long term - If the customer has a known long term infection (will last longer than 2 months) you will need to specify this. Collections will be made once every 2 weeks until a District Nurse requests the collection to stop.

Ensure that the risk assessment & patient information/ sheets (appendix 1 and 2) are filed in the patient held record.

Reviewing the need for the Waste Collection Service

The District Nurse must set a review date when the pack is used. Such a review must include completion of Appendix 1. This should be filed in the patient held record and either the Infectious Collection Service renewed for an additional 2 weeks or a next review date set and recorded in the patient held record if the infection is likely to be long term (more than 2 months).

Discontinuing Waste Collection Service - call 01432 260051

When a long term waste collection is no longer required eg wound/patient no longer infected, patient deceased, Herefordshire Council MUST be notified.

Training

All staff will receive training on the management of waste during their induction and annual infection control updates.

Monitoring

The effectiveness of this protocol will be audited by the Infection Prevention Team using the Infection Prevention Society (IPS,2012) Quality Improvement audit tools. The audit will occur as a component of the annual audit programme or more frequently if identified through incident reporting or practice.

Appendix 1 - Assessments

A risk assessment must be performed based on any clinical signs / symptoms and prior knowledge of the patient to determine if any waste produced would pose a risk of infection.

Wound Assessment

This tool is to assist in the basic assessment of all wounds in order to categorise whether the waste produced contains an infectious fraction

When the assessment indicates that the **wound is infected**, all associated dressings etc should be classified as infectious waste and be disposed of using the 'Infectious' waste collection service.

Signs and Symptoms of Infection	Probability of Wound being Infected
Is there presence of erythema / cellulites?	High
Is there presence of pus / abscess?	High
Is the wound not healing as it should, or has healing been delayed?	Medium
Is the wound inflamed and has it changed appearance?	Medium
Is the wound producing a pungent smell?	High
Is the wound producing an increased purulent exudates?	Medium
Has the wound increased in pain?	High
Has there been an increase in skin temperature?	Medium/ low
Is the patient on antibiotics for a known wound infection?	High
Are you thinking about swabbing for infection	Medium

Infection Assessment

This should be based on a professional assessment, clinical signs and symptoms and any prior knowledge of the patient.

Waste from these patients must be collected as hazardous/infections waste:

1. Patients with a communicable infection e.g. blood borne virus, Tb, CJD.
2. Large amounts of healthcare associated waste (greater than ¼ bag/day) or waste that is grossly contaminated with blood/body fluids e.g. leg ulcer dressings

Antimicrobial resistant organisms e.g. MRSA

Known patients with MRSA fall into 2 categories;

1. Where a patient is colonized only and not being treated waste is not considered infected.
2. Where a patient is known colonized / infected and is receiving treatment the waste produced is classified as infectious waste.

Chemotherapy

Where a patient is receiving chemotherapy and producing waste contaminated with bodily fluids this should be treated as infectious.

Please complete details below and leave this in the patient's notes

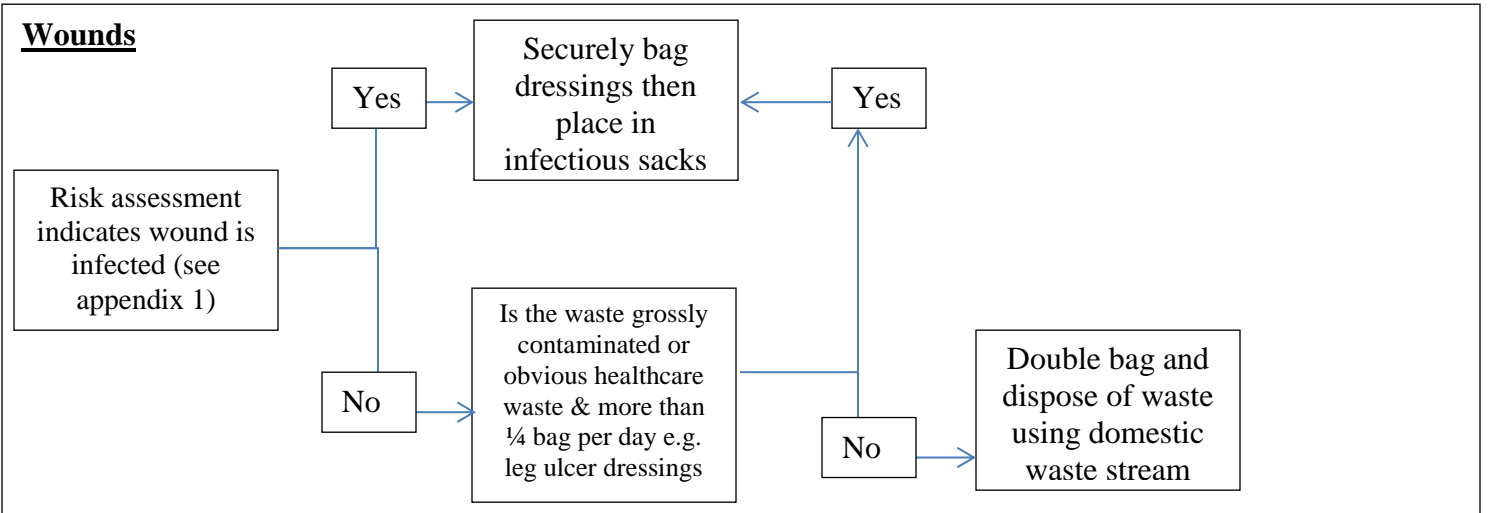
Date of assessment Infectious waste collection to be set up.... **Yes/ No**

Nurse Signature..... Review Date (+4 weeks)

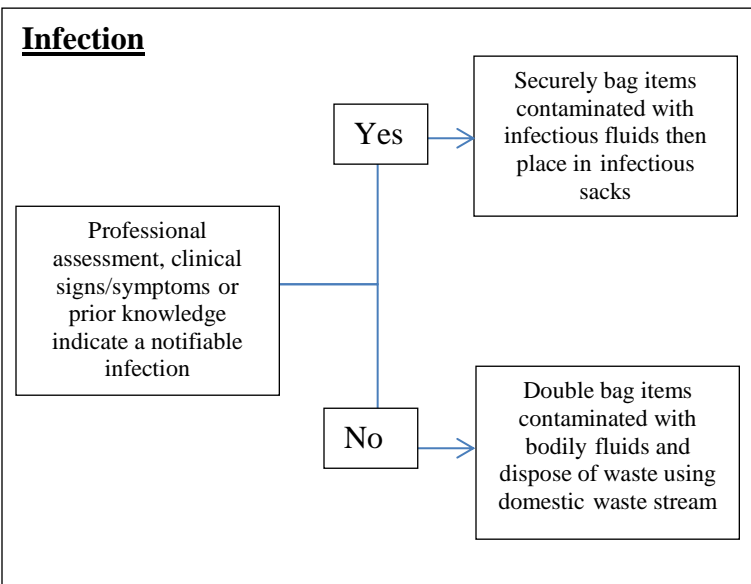
Print Name.....

Treatment & waste disposal route

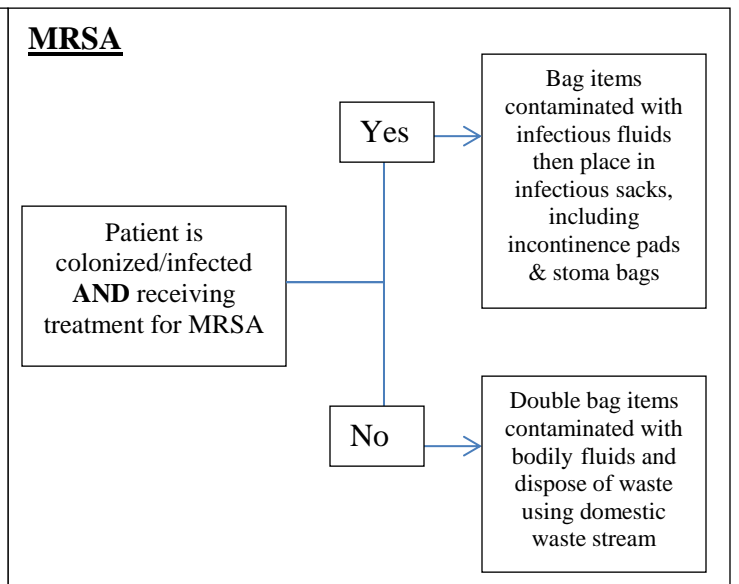
Wounds



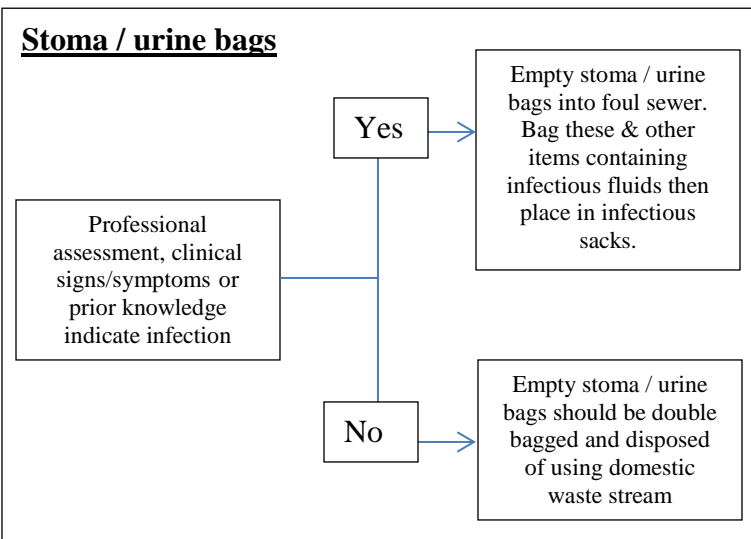
Infection



MRSA



Stoma / urine bags



Appendix 2 – Patient information sheet for setting up an infectious waste collection

Name of DN setting up service:

Date:

Patient Name: _____

Patient Tel: _____

Patient Address: _____

Patient Postcode: _____

Reason: Infected wound
 Leg ulcer dressings
 Notifiable infection, please state _____

Type of waste: Wound dressings
 Incontinence/stoma bags/urine bags
 Other, please state _____

Type of collection: Short term (2 collections over 4 weeks)
 Short term extended (2 further collections over 4 weeks)
 Long Term (more than 2 months)
 Long term – quantity of sacks per collection

Review Date (+4 weeks) _____

I have explained the service to the resident, collection dates & how long it is set up for - Yes/No

CUT HERE - - - - -

Leave this part in prominent location in patient's home e.g on entrance/exit door

Infectious waste collection service

- Bag waste before placing into infectious waste sack
- Only fill sack to ¾ full
- Ensure sack is easy to lift and does not weigh more than 9kg
- Ensure infectious waste sack is sealed with the approved security tag
- Please place sacks outside the front door by 06:30 on the dates of collection indicated below

Collection dates:

Short term 1st Collection
 2nd Collection
Long term: once every 2 weeks starting on

Person placing sacks out for collection _____

Specific collection location (if front door unsuitable) _____

Herefordshire Council reference number _____

Herefordshire Council - 01432 260051