

Standard Operating Procedure

COVID – 19

PPE Waste

**PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD
THIS SOP WITH YOUR LINE MANAGER**

What is this procedural document about?

This procedural document highlights the procedures that must be read by all Clinicians, Portering staff and IFM staff responsible for the safe management of PPE waste.

Am I able to deviate from the procedure?

No, the procedure is written for the wellbeing of you and your colleagues so they **MUST** be followed in full.

When must it be read?

The procedures must be read immediately and where possible with your line manager.

What if I have any further questions?

If you have questions, please contact your line manager who will then collate the questions and seek answers from Waste & Sustainability Manager and the Infection Control Team.

1. Introduction

This Safe Operating Procedure (SOP) provides Clinicians, Portering staff and IFM staff with the information they need to ensure that PPE waste is correctly segregated, contained, identified, handled and transported to ensure its safe management and disposal.

2. Purpose/Scope

This SOP outlines the procedure for the safe management of PPE waste. The most recent national guidance is the wards are now classified as COVID-19 infected wards, regardless if the virus is present or not. This means a higher level of personal protection equipment must be provided to and worn by anyone handling infectious waste.

3. PPE

Personal Protective Equipment is available for all staff to wear and free of charge. This level or provision is also extended to IFM staff which again is provided to them *free of charge. The type of PPE provided is in line with national guidance. Please remember that it is important for the individual wearing the face mask to drink regular fluids during their breaks to keep hydrated. Your line manager will inform you of the PPE you are required to wear and this will include a face mask, disposable apron, disposable latex gloves and any other item that your line manager advises you. Under current guidance, the face mask can be worn up to 8hrs before it is replaced. A new face mask must be worn after break times and when entering a Red zoned area. The wearing of the rest of your PPE garments can last for each session.

*Assuming their individual stock levels are depleted.

4. Donning and Doffing of the PPE

The individual must be provided with training and instructions on the correct way to fit and remove the PPE and this is provided by the Trust to all relevant staff. Masks should be changed following breaks, eating and drinking. Your line manager will arrange for these things to happen

5. Disposal of Used PPE (Waste)

The individual must be provided with training and instructions on the correct way to fit and remove the PPE and this is provided by the Trust to all relevant staff. In the majority of circumstances where PPE is deemed essential then once used it should be routinely treated as **Non-Infectious, Offensive Waste** and disposed of into the appropriately labelled internal waste bin for Offensive waste. The only exceptions to this are where a clinician determines a high risk of infection, as a result of known or suspected cases of COVID-19 or other infectious diseases. Under these circumstances PPE waste should be treated with the same precautions as other Infectious waste and disposed of in an Infectious waste bin.

6. Hand hygiene

Hand hygiene is essential to reduce the transmission of infection in health and other care settings. All staff should decontaminate their hands with alcohol based hand rub after handling PPE waste and when entering and leaving the ward environment. Remember government advice to wash hands for at least 20 seconds. Please remember to follow the hand hygiene rules as required by the clinical team members.

7. Offensive Waste Segregation

Internal bins provided at Face Mask and Hand Wash Stations will, in the vast majority of cases be designated and labelled for Offensive Waste, (excluding COVID-Secure Wards). These should be lined with a single Tiger-Striped (Black & Yellow) liner.

Unless an infection risk is known or suspected then all used PPE should be disposed of into the Offensive Waste Stream.

Offensive waste must be segregated in the relevantly labelled internal bin designated specifically for Offensive waste. Do not mix Offensive and Infectious waste items.

An example of the Offensive waste internal bin label used by the Trust



8. Infectious Waste Segregation

Any items that have come into direct contact with a service user who is either confirmed or suspected to have COVID-19 must be treated as infectious waste. This includes but is not limited to the following:

- Tissues and Paper Towels
- Disposable Cutlery and Cups
- Food Wrappers
- Dressings & Swabs
- Incontinence Pads
- Used PPE
- Other disposable items generated by either the service user or Clinician during their treatment / care.

In the interest of reducing the volume of infectious waste please ensure that all outer packaging is removed and recycled before an item is taken onto any ward or clinical area. *If this is taken into an isolation or higher risk area, then it is likely to become contaminated and therefore must be disposed as infectious clinical waste.*

In addition:

- All **food waste** must still be disposed of in black bags bags.
- All **confidential waste** must be put into confidential bins.
- Where **medicines** are prepared in a clean area, pharmaceutical waste must be separated into the blue containers as normal
- All **sharps waste** must be put into the relevant receptacle with an appropriately coloured lid (Orange or Yellow) as per HTM07-01, and these do not need placing in an orange bag <https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>

Infectious waste must be segregated in the relevantly labelled internal bin designated specifically for infectious waste. Do not mix Infectious waste with non-infectious waste items.

An example of the Infectious waste internal bin label used by the Trust



INFECTIOUS WASTE

Example **Infectious or Potentially Infectious Waste:**
Soiled Dressings, Used Swabs, Waste Items contaminated with blood
Must not contain any Non-Infectious Waste Items

Hazardous Non-Medicinally Contaminated Infectious

(EWC: 18 01 03, 18 02 02)

ORANGE BAGS ONLY

Please ensure all bags are swan-necked & sealed with a Trust issued Site Identification Tag
prior to decanting to external bins

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Additional internal bins are available for essential distribution and can be ordered along with additional bin labels by emailing: wastesegregation.lypft@nhs.net

9. Double Bagging of Waste

Unless a local arrangement has been agreed, for example with the IFM provider, then double bagging of either Infectious or Offensive waste should not be routinely carried out.

10. Sealing of Clinical Waste Bags

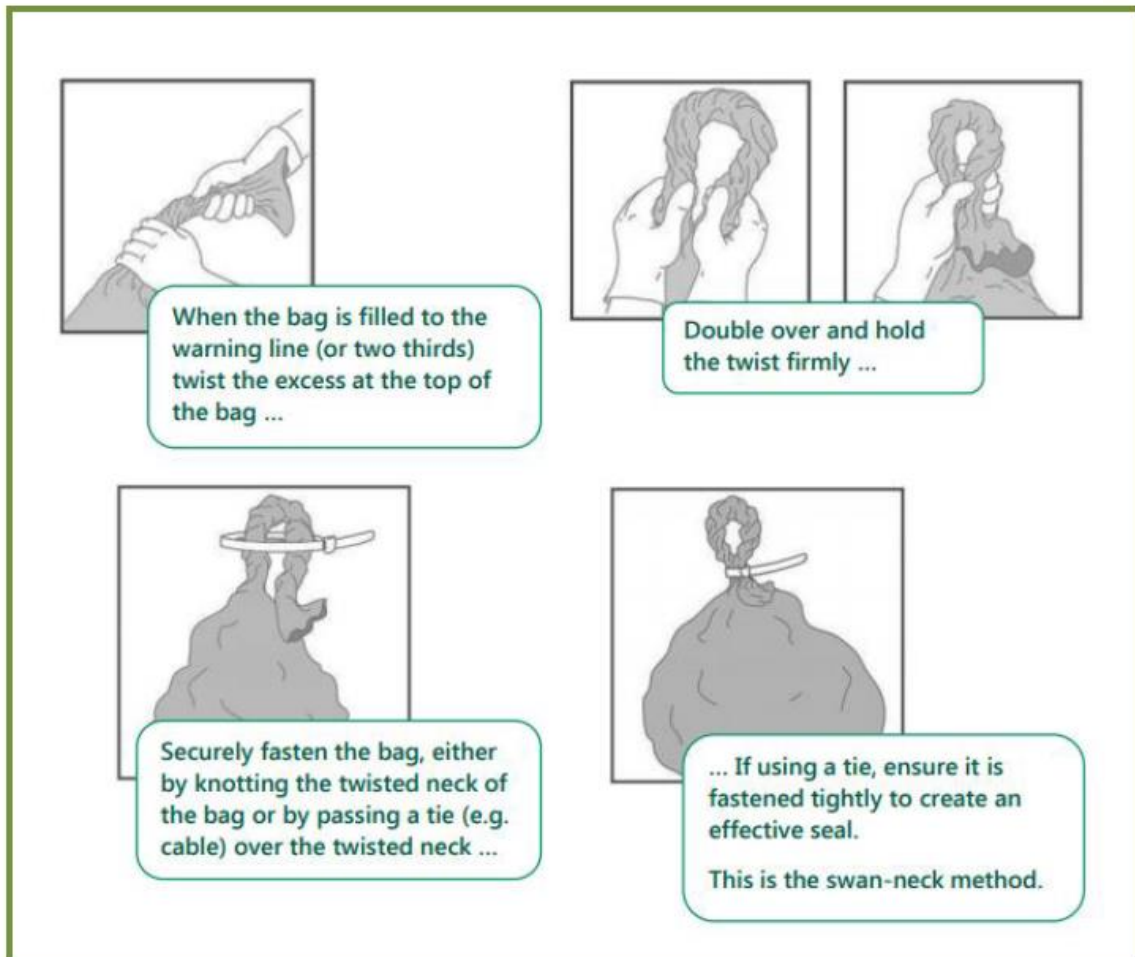
Bags should only be filled up to the filling line (two thirds full) then closed using the below “Swan Neck” method and sealed using a Trust issued, identification bag-tie. Once sealed the Clinician must write on the date and ward number/location on the bag with a permanent marker pen.

All sites should have a stock of bag-ties for both Infectious (orange & Black) and Offensive (Yellow & Black) waste bags.

Additional bag-ties can be ordered by emailing: wastesegregation.lypft@nhs.net

Sealing Clinical Waste Bags

Swan Neck Method



ENSURE CORRECT TIE IS USED

ORANGE – INFECTIOUS / YELLOW – OFFENSIVE



ENSURE WARD/LOCATION & DATE IS WRITTEN ON BAG

11. Storing of Sealed Waste Bags Whilst Awaiting Decant Into External Bins

If resources allow then it is preferable that any sealed bagged infectious and Offensive waste is removed to the external bins immediately, however temporary storage is permitted for short periods of time. Under no circumstances should bagged waste be temporarily stored for longer than 8 hours.

Sealed bagged waste can be temporarily stored if it is clearly segregated from other bagged wastes in an appropriate container (either a wheeled or non-wheeled bin or wheeled cage

used solely for either Infectious or Offensive waste). The storage location must be secure and agreed locally between Clinicians and Trust Porters or IFM.

12. External Storage of Waste Bags

Bagged Infectious and Offensive waste must be segregated in the relevantly labelled, UN approved external bin designated specifically for either Offensive or Infectious waste. Do not mix Infectious waste bags with Offensive waste bags. External bins must be kept locked at all times and stored in a secure location whilst awaiting collection and disposal by the Waste Contractor.

The responsibility for decanting bagged waste into external bins should be locally agreed but generally speaking for PFI sites this is performed by IFM staff and for owned and leased sites this is performed by either Trust Clinicians or Trust Porters.

Due to the anticipated increase in Offensive waste (Used PPE) during this time we ask that you monitor external bin levels and communicate any concerns to your line Manager who will relate them back to the Waste and Sustainability Manager for action. We will increase bin capacity and/or amend collection frequencies as required to assist with the safe management of waste.

Community Teams / clinical staff working in people's homes

Clinical staff working in people's homes should follow the same segregation and bagging guidance as above.

Bagged waste including used PPE and closed off sharps containers can be brought back to the base site in appropriately labelled, red or grey, reusable transportation boxes. The contents of these boxes should then be decanted directly into the appropriate external bin for collection.