

17 GUIDELINES ON THE DISPOSAL OF SANITARY WASTE

There are two categories in which sanitary waste can be classified:

Human hygiene (not hazardous)

Offensive/hygiene wastes are the product of a healthy population (not known to be infectious). However, when handled, there is a residual health risk, which should be assessed, and appropriate precautions should be implemented. In addition, the waste can be offensive in appearance and smell.

- human and animal waste (faeces)
- incontinence pads
- catheter and stoma bags
- nappies
- sanitary waste
- nasal secretions
- sputum
- condoms
- urine
- vomit and soiled human bedding from a non-infectious source
- medical/veterinary items of disposable equipment such as gowns, plaster casts etc
- plasters (minor first aid or self care) generated by personal use
- animal hygiene wastes (animal bedding, dog faeces etc)
- wastes from non-healthcare activities.

Infectious waste

- a) If it comes from a person who is known to have an infectious disease (e.g. from an isolation area) or if it is saturated with, or containing free-flowing blood or other body fluids, it must be segregated and treated as clinical waste.
- b) If it comes from a person who is receiving cytotoxic drugs, it must be segregated and managed as a cytotoxic waste.

Risk assessment:

It is a legal requirement for employers or organisations to carry out risk assessment of their specific activities to identify where control measures need to be put in place, such as:

1. identifying hazards
2. identifying those potentially at risk
3. assessing the risks from those hazards.

Where assessment shows that the risk is not adequately controlled then steps should be taken to control the risk of injury and ill health. Vaccinations should also be considered as an additional control measure.

Waste producers should ensure that hazardous/special waste and significant quantities of offensive/hygiene waste are securely contained and identified before going into the waste management stream. Healthcare waste generated from healthcare practices or produced by healthcare workers in the community should be considered infectious unless otherwise assessed by a healthcare practitioner. Municipal waste from domestic first aid and self-care – of a type that does not involve the need for a healthcare practitioner – is assumed to be non-infectious unless a healthcare practitioner indicates otherwise. This would include nappies and sanitary products. Offensive/hygiene waste should only be processed by licensed facilities capable of safe handling and disposal.

Disposal guidelines as approved by Waste Industry Safety and Health (WISH) forum

Human hygiene (not hazardous)

For female visitors and employees, bins to dispose feminine products should be installed in all female and unisex toilets. Sanitary products should not be flushed down the toilets as this might block sewage pipes at treatment plants and septic tanks resulting in sea and environmental pollution.

A yellow bag with black strip is also used to store human hygiene (not hazardous) and will require disposal at a suitably permitted or licensed landfill or alternative treatment facility. This waste should not be compacted unless in accordance with the conditions of an environmental waste management licence. Where compaction is authorised the operator should have procedures in place to contain, minimise and monitor bio-aerosol release.

Liquid offensive waste cannot be sent for disposal to landfill but should be disposed off through the normal sewage system. Where wastes are not adequately identified then waste producers should be contacted and you may need to contact the Environment Agencies. Producers of offensive/hygiene wastes should ensure that robust segregation of materials is practised. This will enable materials to be properly labelled, stored, transported and treated. Where waste management organisations find that these wastes are not properly segregated then producers should be notified and improvement sought.

Collection/safe transport of offensive/hygiene wastes

A safe system of work should include:

- bag/receptacle collection procedures and clear roles and responsibilities for all staff
- collections frequent enough to ensure the storage capacity of the site is not exceeded
- effective recording of the receipt and transfer of waste materials (this can help in the identification of poor segregation and labelling by producers and clients)
- handling of bags kept to a minimum and materials transferred, transported or handled to prevent rupturing of bags. Bags should not be manually compacted to increase capacity
- collectors and loaders only removing bags that are clearly marked/labelled
- arrangements for reporting spillages, inadequate or incorrect packaging and labelling of excessively heavy consignments – collectors/loaders need to know who to tell and how to contact them
- a safe system for avoiding spillages during transportation, placing bags within wheeled bins or other suitable rigid containers, or loading them directly into leak proof vehicles or containers, can reduce the risk of spillage
- spillages/leakage of wastes stored at the customer's site should be dealt with by site staff following their own organisation's cleanup- procedures
- provision of appropriate personal protective equipment, what to do in an emergency/ sharps injury, as well as fire and first aid procedures.

Disposal and handling of infectious waste

Organisations should provide coloured waste receptacles specifically for each category of waste. The colour-coding system aims to ensure immediate, easy and unambiguous (clear) identification and segregation of the waste, which you are handling or going to treat. Liquid infectious wastes need to be placed in capped or tightly stoppered bottles or flasks; large quantities would need a containment tank. Solid or semi-solid wastes should be packed in durable, tear-resistant plastic bags. Special packaging is required for items to be incinerated. These need to be put in combustible containers. Similarly items to be sterilised by steam need containers that allow the passage of steam and air. Clean clothes can be used to wrap items that need to be autoclaved or sterilised.

Chemical disinfections, also known as high-level disinfections (HLD), are the preferred treatment for liquid infectious wastes. It can also be used for solid infectious waste treatment. The chemical disinfectants are hazardous to skin and mucous membranes, and it should not be applied without wearing gloves and goggles. Treatment should be at an approved facility prior to landfill disposal or supervised burial in a landfill in a scheduled area.

Carts and recyclable containers used for transport of healthcare waste should be disinfected after each use. Sanitary staff and sweepers must wear proper protective clothing at all times when handling infectious waste including face masks, aprons, boots, and heavy duty gloves, as required.

