



Waste policy: The safe collection, segregation and disposal of healthcare waste

Version 11

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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
February 2012	Changing logo. Updating references. Minor clarity changes	IPC Team	6
April 2013	Safe transport of sharps containers in cars. Disposal of medicines	ICP Team	7
March 2015	Different disposal arrangements at some sites.	IPC Team	8
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Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
IPCC		22/02/2012	6
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IPACC	Reviewed and minor changes	14/12/2018	10
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EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

Name of Policy / Procedure / Service	Waste Policy: Safe collection, segregation and disposal of healthcare waste
Manager Leading the Assessment	Teresa Lewis
Date of Assessment	17/03/2015

STAGE ONE – INITIAL ASSESSMENT

<p>Q1. Is this a new or existing policy / procedure / service?</p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p>Q2. Who is the policy / procedure / service aimed at?</p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</p> <p><input type="checkbox"/> Yes</p> <p>√ No</p> <p>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</p>

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age	Yes/No
Disability	Yes/No
Gender	Yes/No
Race/Ethnic Origin	Yes/No
Religion/Belief	Yes/No
Sexual Orientation	Yes/No

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?

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1. Introduction

NHS organisations have a duty of care to ensure that all waste is managed in accordance with current legislation. Potential health risks associated with clinical waste must be recognised and minimised by the provision of appropriate protocols relating to the safe, effective management of waste. Thus potential risks can be minimised to patients, health care workers, waste disposal operatives, and to the general community. The 'Safe handling and disposal of clinical waste' is directly mentioned in The Health and Social Care Act (2012), and the Safe management of healthcare waste version: 2: England (DH 2013) .The producer of hazardous waste is legally responsible for that waste until it's final disposal by incineration, alternative treatment or landfill (DH 2012).

This document sets out arrangements within East Coast Community Healthcare (ECCH) for the collection, segregation and disposal of waste. It identifies different categories of waste and the measures required for each type.

2. Purpose and scope

This policy is for all staff employed by ECCH, to enable them to correctly manage waste. It should be read in conjunction with ECCH Waste Management Policy and Procedure.

3. Policy Statement

This policy will be implemented to ensure adherence to safe practice.

4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice. All healthcare staff as well as ECCH has a **legal duty** to treat all waste appropriately in particular infectious/hazardous

5. Policy Monitoring

It is the responsibility of all department heads/professional heads to ensure that the staff they manage adhere to this policy. They are also responsible for ensuring that annual risk assessments are performed and returned to the risk manager.

6. Review

This document will be reviewed by the Infection Prevention and Control Team in conjunction with the ECCH prescribing team every 2 years or sooner if required by new legislation etc

7. Non clinical waste

7.1. General paper waste (i.e. notepaper, magazines, newspapers etc.) must be disposed of as domestic waste in black plastic bags.

7.3. Confidential paper waste, (e.g. printed information providing a distinct reference to a named patient or member of staff, or letters, documents etc. relating to ECCH business activity) must be placed in confidential waste bin or shredded on site prior to disposal in clear plastic bags.

8. Clinical waste

The Department of Health issued Health Technical Memorandum 07-01: 'Safe Management of Healthcare Waste and most recently Safe management of healthcare waste version 2: England in March 2013.

The implications for practice are as follows:

- Need for segregation of waste at source
- Hazardous and non-hazardous waste cannot be mixed
- The need for segregation of cytotoxic and cytostatic medicines from other medicines which are not hazardous, but all need to be incinerated.
- Elimination, minimisation, recycling and recovery of waste and a drive to address the carbon impact related to waste.

All Healthcare workers, especially those in the community and in the household environment need to assess the waste they are producing for the hazardous properties it may contain, most notably, "infectious". **The risk assessment should be based on the professional assessment, clinical signs and symptoms, and any prior knowledge of the patient.** For signs and symptoms of infection please refer to The Royal Marsden Hospital Manual for Clinical Procedure

The usual contaminants of associated with typical items of healthcare clinical waste are blood and body fluids incorporating urine, vomit, sputum, faeces, pus and wound exudates. These general categories should be used to subcategorise the waste as either

- Infectious – waste from any known or suspected infection or where a potential risk of infection is considered to exist.
 - Yellow Bags – Infectious plus medicines or chemical contaminated waste, anatomical waste, but not cytotoxic/cytostatic medicines.
 - Yellow Lidded Sharps Bins – Sharps contaminated with non-cytotoxic/cytostatic medicines
 - Orange Bags – Infectious Waste. **Not** contaminated with medicines or chemicals
 - Orange Lidded Sharps Bins – Sharps not containing medicines
 - Purple Lidded Sharps Bins – Sharps contaminated with cytotoxic/cytostatic medicine

Exposed or inadequately protected sharps left in healthcare staff vehicles put occupants and service personnel at risk of needle stick injury.

Healthcare staff who travel in the community and carry sharps (used or unused) in the course of their work should follow a safe system of working at all times, in line with their local clinical and waste disposal policies. Sharps should always be stored safely and securely. (GOV 2013)

- Contaminated – contaminated with body fluids more suited to the offensive classification (that is, a lower risk). We do not have an offensive waste stream within ECCH; therefore please dispose as per orange waste stream.

Contaminant	Proposed general classification	Examples	Exception to this rule
Urine, faeces, vomit and sputum	Treat as Infectious Waste Orange bag/Sharps bin if no medicines Yellow bag/Sharps bin if contaminated with medicines	Urine bags, continence pads, single use bowls, nappies, PPE	Cytotoxic and Cytostatic medicines Hepatitis B and C, HIV – only if blood present.
Blood, pus and wound exudates	Treat as Infectious waste unless assessment indicates no infection present. Orange Bag/Sharps Bin if no medicines Yellow Bag/Sharps Bin if chemically or medicinally contaminated waste.	Dressings from wounds, wound drains.	Blood transfusion items. dressings contaminated with blood/wound exudates assessed not to be infectious and no other risk of infection District Nurses may use opaque bags

Notes:

All Category A and B species, and therefore any waste items, will be deemed infectious/hazardous under waste regulations irrespective of the contaminant matrix.

Typical waste streams from patients' homes'

Activity/cause	Waste type	Classification and colour coding	Justification	Disposal route
Healthcare visits of, for example, postoperative wounds that are infected	Vast majority of soft infectious waste such as dressings, bandages and some plastic single-use instruments can be treated	Waste from an infection or is infectious is disposed of in orange bags EWC: 18 01 03*	The vast majority of "bagged" infectious waste produced in the community will be placed in the orange Waste stream. Therefore, the use of orange bags in the community is recommended	Alternative treatment to render it safe
Healthcare visits of, for example, postoperative wounds that are not infected	Non-infectious dressings, single-use instruments, stoma bags, catheter bags, incontinence pads ¹	Waste classified as offensive/hygiene waste. ECCH do not have this waste stream therefore D/N's to dispose of in opaque bags	Used for recognisable healthcare waste that is neither infectious waste nor hazardous waste and is classified as non-hazardous offensive waste.	(Offensive-Municipal incineration/energy from waste/landfill) Orange bags- Alternative treatment to render it safe
Medicinal injections – for the administration of chemotherapy, antiviral and/or hormonal drug	Associated sharps and liquid residues of the medicinal products that are cytotoxic / cytostatic	Placed in an appropriate purple lidded leak-proof sharps receptacle EWC: 18 01 03* 18 01 08	Sharps contaminated with cytotoxic/ cytostatic medicinal products	Disposal by incineration only
Medicinal injections With non-cytotoxic/Cytostatic drugs	Associated sharps and medicinal products that are determined to be non-cytotoxic/Cytostatic drugs	Yellow-lidded sharps receptacle. If the syringe contains residual liquid medicines, this container needs to be leak-proof EWC: 18 01 03*	Likely to be Medicinally contaminated sharps in the community	Incineration
Packaging as a result of treating a patient Or other municipal wastes i.e. mixed domestic waste	Uncontaminated mixed waste e.g. cardboard, plastic ³	If not contaminated and non-infectious EWC: 20 03 01 Domestic disposed of in black/clear bags	Used packaging, whilst carrying out patient treatments in the home will in most circumstances not be infectious/clinical waste	Non-hazardous municipal incineration/energy from waste or landfill/ material recycling facilities/reuse

Notes:

1. There are exemptions to this (see 'Management of Category B infectious waste in the community' (Part 2)).
2. Not applicable to recognisable healthcare waste (e.g. plastic equipment); however, there are exemptions to this (see 'Management of Category B infectious waste in the community' (Part 2))

Community nurses should use the sharps receptacle appropriate to the waste they generate, e.g. a yellow leak-proof sharps receptacle with a purple lid for cytotoxic or cytostatic waste. **Orange-lidded sharps receptacles are generally not advisable for use in the community in England and Wales, unless the community nurse can**

ensure they are not used for medicinally contaminated sharps. In Scotland and Northern Ireland, orange-lidded sharps receptacles may be used for both medicinally uncontaminated or fully discharged syringes.

3. Sharps receptacles must be UN-type-tested and approved, tested and certified to BS 7320 (see 'Transport packaging and operations').

4. Sharps receptacles should be collected when filled to the fill line and should never exceed the permissible marked mass. The sharps receptacle should be collected after a maximum of three months, regardless of the filled capacity.

5. If unsure if medicine is classified as cytotoxic/cytostatic speak to pharmacist

Multi-resistant organisms such as MRSA – If the patient is **colonised** this does not affect the assessment of the waste. If they have an **infection** and are receiving treatment, and if the organism present in the waste generated, it must be treated as infectious waste.

8.1. Disposal of waste

Certain wastes generated in small quantities by individual healthy humans do not post a sufficient degree of hazard to be considered as clinical waste. Examples include: sanitary towels, tampons, nappies, stoma bags, incontinence pads. Such wastes, when generated in the domestic setting are considered as household waste. Where healthcare workers produce the same or similar items (for example that can be bought from a local pharmacy or supermarket by the householder) these can be double bagged in a plastic bag preferably opaque, not yellow or orange as not infectious, and placed in the domestic waste, with the householders permission.

Community Nurses should carry out a risk assessment of waste produced. If it is assessed as infectious or possibly infectious the waste **cannot legally** be placed in domestic waste stream. The waste should be double bagged (an opaque bag into an orange/yellow bag) and removed from the premises. If necessary with the householder permission the waste can be left in a secure U.N. approved transport container for collection later See sections 10.1 and 11

In some sites where ECCH staff work the disposal of clinical waste is the clinician's responsibility, therefore at the end of clinics the orange/yellow clinical waste bags must be removed by the clinician correctly tied up and placed in the designated area or outside yellow clinical waste bin. The outside clinical waste bin must be kept locked and in a secure compound. It is the clinician's responsibility when going to a new site to ascertain the local arrangements for clinical waste and where the key to the compound and bin is kept.

Cytotoxic and Cytostatic waste (purple stripped bags or purple lidded sharps bins) must be entered separately on the documentation which the waste contractor requires before removing the waste from site. Therefore ECCH Hotel Services must be informed of all cytotoxic/cytostatic waste for disposal and they will complete the documentation.

Staff must take cytotoxic/cytostatic waste to an ECCH site for disposal not to a site where cleaning is carried out by non ECCH staff. For further information of which sites are ECCH please contact line manager or ECCH Hotel Services.

A risk assessment should be undertaken in all areas that are used by clinical staff to ensure adequate provision for the waste generated this should be reviewed on an annual basis or if there is a change of service/use of the area.

In the event of a pandemic and the production of excess clinical waste extra waste collections may be needed.

The following infection control good practice must be followed by all staff members:

- Appropriate PPE must be worn when handling clinical waste including nitrile gloves and a single use, disposable apron.
- Hands must be washed following handling of waste.
- Disposable articles contaminated with blood, other body fluids or tissue should be disposed of in orange bags, which must conform to the current BS and UN standards.
- Disposable articles contaminated with non cytotoxic/non cytostatic medicines should be disposed of in a yellow bag or a yellow sharps bin.
- Cytotoxic or cytostatic medicines should be disposed of in a yellow bag with a purple stripe or purple lidded sharps bin
- Bags must never contain loose 'sharps. Datix (incident) forms must be completed if an item of sharps is discovered to be inappropriately disposed of.
- Yellow/orange waste bags should be sited within fire retardant, foot-operated and enclosed bins.
- The black/yellow/orange bags must not be filled more than two thirds full.
- When two thirds full, yellow/orange bags must be removed from the disposal bins, and must be securely sealed.
- Sealed yellow/orange bags must be stored in a locked clinical waste bin, in a locked vermin-proof enclosure until collection.
- Yellow/orange bags and sharps boxes are incinerated or heat-treated, so it is essential that they do not contain explosive items such as batteries, aerosol cans etc.
- Yellow/orange bags and sharps boxes must have their point of origin marked on them prior to disposal.
- Yellow/orange bags and sharps boxes in outside bins must only ever be collected and disposed of by a properly licensed operator.
- Yellow/orange bags and sharps boxes must be closed and consigned appropriately for collection.
- Staff must be able to access equipment to deal with any accidents, incidents and spillages of waste and must be appropriately trained to use any such equipment.
- Liquid waste Non medicinal can be discarded into the orange waste stream with absorbing gels/materials.
- Liquid medicinal waste should be disposed of into a yellow sharps bin for small quantities or into a yellow bag with absorbing gels/materials.

9. Medicines

Pharmaceutical Waste (or "Medicinal Waste") includes expired, unused, spilt, and contaminated pharmaceutical products and **residues** in bottles, medicines pots, vials, ampoules, needles, connecting tubing and syringe bodies.

Any medication, however small in size or volume **must not** be disposed of in domestic or orange bags, orange sharps bin or disposed of via the sewerage system.

All unwanted stock or patients own medicines excluding Controlled Drugs should be returned to the supplying pharmacy.

All other medicinal waste, however small in size or volume, if not cytotoxic or cytostatic medicine must be disposed of in a yellow lidded sharps bin.

Cytotoxic or cytostatic medicines must be disposed of into purple lidded sharps bin. **Sharps must only be disposed of into the appropriate sharps bin.** A small amount of liquid left in a glass container can be rinsed with a **small** amount of water and emptied into a yellow or purple container, depending if cytotoxic or cytostatic. **Important:** Remember the container must contain absorbent material to soak up the residue (hydri mat in Sharpspak sharps bin, vernagel etc).

For disposal of controlled drugs please see ECCH policy for safe and secure handling of medicines policy.

Non-pharmaceutically active liquids including glucose and saline solutions, sterile water and nutritional supplements (except fat containing products) can be emptied down foul sewer and placed in household waste providing it contains no sharps, and glass into the appropriate glass bin.

10. Storage precautions

Waste storage areas should be:

- Reserved for specific wastes only
- Well lit and ventilated
- Sited away from food preparation areas and general storage areas and routes used by the public
- Enclosed and secure with authorised access only
- Clearly marked with warning signs as appropriate
- On well drained, impervious hard standing, suitably constructed to provide containment, and which allows 'washing down'.

10.1 Waste storage in a household setting:

Only if the householder consents to the storage of the waste can the healthcare worker producing the waste leave it in the home for later collection by an appropriate organisation (for example a waste contractor acting on behalf of the local authority or healthcare provider). If the householder declines to give consent, the healthcare worker cannot legally leave the waste. This problem should be discussed with the householder and the manager of the healthcare worker in order to explore all options of convenient and safe resolution, such as attending a health centre.

Healthcare organisations and their employees have responsibility for the waste while it is being stored awaiting collection and for arranging that collection.

While awaiting collection from the householder's home, the waste should be stored in a suitable place to which children, pets, pests etc. do not have access. It is not appropriate to leave the waste unsupervised on the pavement awaiting collection.

Waste should be packaged and labelled appropriately, and adequate instruction should be given in relation to safe pre-collection storage. The householder should be provided with the correct containers/packaging to ensure correct disposal.

The party collecting the waste should be provided with the information required under duty-of-care requirements (see 'Legislation and healthcare waste' on duty of care responsibilities and 'Waste management licensing and permitting' for non-WFD exemptions).

A consignment note is not required for the movement of hazardous waste from domestic premises.

11. Transportation of clinical waste

- Clinical waste sacks should be collected for disposal as frequently as circumstances require.
- Outside waste containers must only be collected and disposed of by an appropriate, properly licensed operator.
- Persons involved in the consigning and transporting of clinical waste must comply with all existing legislation.
- Community Staff may transport Sharps Bins in their cars. Clinical waste should only be transported in UN approved containers in the boot of their cars. It is ECCH staff responsible for ensuring their insurance cover is appropriate for their job.
- Sharps bins must have the lid closed and the container secured in the vehicle to avoid tipping. The container should be checked at the end of the shift to make sure there have been no spillages of sharps etc.

12. Infection Prevention and Control Arrangements

All staff required to handle clinical waste must:

- Attend infection control training.
- Adhere to trust hand hygiene policy
- Wear appropriate personal protective equipment
- Adhere to trust policy regarding management of body fluid spills
- Adhere to trust policy regarding management of sharps injury

13. Health and Safety Arrangements

The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1992, require all employers to carry out a risk assessment and to make arrangements to protect the health, safety and welfare of their employees and others.

All staff required to handle clinical waste must:

- Adhere to any safety arrangements set down by their employer.
- Report all serious untoward incidents as per trust policy to the risk management co-ordinator

14. Clinical waste spillage.

In the event of a spillage of clinical waste the following procedures must be followed

- The immediate surrounding area must be cleared of people. Hazard signs may be necessary.
- Disposable nitrile gloves and a disposable plastic apron must be worn by the person dealing with blood and other body fluid spills.
- Chlorine releasing agents are among the most effective general disinfectants. If correctly used they are effective against viruses such as hepatitis B and C, and HIV.

Chlorine releasing disinfectants

Hypochlorites, either as sodium hypochlorite solution or as sodium dichloroisocyanurate (NaDCC) tablets or granules have a good, wide-ranging micro biocidal activity. These products are available in different strengths. Manufacturer's guidelines for making up relevant concentrations must always be strictly followed.

Chlorine releasing disinfectants used in solution may **not** be effective if they are:

- Not freshly made up.
 - Used on objects soiled with organic or other material, as this will render the disinfectant inactive. Thus, organic matter should first be removed and the area cleaned with detergent and hot water prior to disinfection.
 - Made up in the wrong concentration for the particular purpose (stronger concentrations are not more effective than the correct dilution).
 - **It is essential that fresh batches of the chlorine releasing solutions are made up as required. 1000 parts per million for general disinfection and 10,000 parts per million for blood and body fluid spillages.**
 - NaDCC tablets are extremely stable if stored where protected from moisture. Dilutions needed to achieve required concentrations are stated on the pack.
 - A granular form of NaDCC is particularly suitable for spills of body fluids as they help to contain the spillage while inactivation occurs.
 - Cold water should be used to make up the chlorine releasing disinfectant
Adequate ventilation should always be ensured when chlorine-releasing agents are used.
- Note:** Chlorine releasing agents must not be used for urine spills as chlorine gas may be released.

General Cleaning – 1 Actichlor Plus tablet in 1 litre of cold water.

Blood and body fluids – 10 Actichlor Plus tablets in 1 litre of cold water

15. Category A pathogen list

The table below shows the Carriage Regulations' Category A pathogen list. The Carriage Regulations define Category A as:

“An infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals.”
(See details of Category A substances in the ADR regulations.)

Indicative examples of infectious substances included in Category A in any form unless otherwise indicated (2.2.62.1.4.1)

UN 2814 and name Microorganism
Infectious substances affecting humans

Bacillus anthracis (cultures only)	Highly pathogenic avian influenza virus (cultures only)
Brucella abortus(cultures only)	Japanese Encephalitis virus (cultures only)
Brucella melitensis (cultures only)	Junin virus
Brucella suis (cultures only)	Kyasanur Forest disease virus
Burkholderia mallei – Pseudomonas mallei – Glanders (cultures only)	Lassa virus
Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)	Machupo virus
Chlamydia psittaci - avian strains (cultures only)	Marburg virus
Clostridium botulinum (cultures only)	Monkeypox virus
Coccidioides immitis (cultures only)	Mycobacterium tuberculosis (cultures only) ^a
Coxiella burnetii (cultures only)	Nipah virus
Crimean-Congo haemorrhagic fever virus	Omsk haemorrhagic fever virus
Dengue virus (cultures only)	Poliovirus (cultures only)
Eastern equine encephalitis virus (cultures only)	Rabies virus (cultures only)
Escherichia coli, verotoxigenic (cultures only)	Rickettsia prowazekii (cultures only)
Ebola virus	Rickettsia rickettsii (cultures only)
Flexal virus	Rift Valley fever virus (cultures only)
Francisella tularensis (cultures only)	Russian spring-summer encephalitis virus (cultures only)
Guanarito virus	Sabia virus
Hantaan virus	Shigella dysenteriae type 1 (cultures only) ^a
Hantavirus causing haemorrhagic fever with renal syndrome	Tick-borne encephalitis virus (cultures only)
Hendra virus	Variola virus
Hepatitis B virus (cultures only)	Venezuelan equine encephalitis virus (cultures only)
Herpes B virus (cultures only)	West Nile virus (cultures only)
Human immunodeficiency virus (cultures only)	Yellow fever virus (cultures only)
	Yersinia pestis (cultures only)

15. Author Infection Prevention and Control Team

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The Joint Agency Technical Guidance WM2 2005: Environment Agency, Scottish Environment Protection Agency and Environment Heritage Service.

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The Department of Health (2009) The Health and Social Care Act 2008 (updated 2015) Code of Practice on the prevention and control of infections.

<https://www.gov.uk/government/consultations/prevention-and-control-of-infections-code-of-practice> (Accessed 02/02/2021)

Sharps and sharps containers transported in staff vehicles alert

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213303/Estates-and-facilities-alert-2013-001.pdf (Accessed 02/02/2021)

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