



Clinical Waste Discussion Forum

An occasional newsletter from the Clinical Waste Discussion Forum

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Please support the *Clinical Waste Discussion Forum*

Tell you colleagues, please display this Newsletter, and put a link on your own web site

I am delighted to welcome you to the first edition of the **Clinical Waste Discussion Forum** Newsletter. Hopefully, it will be the first of many, probably bi-monthly, newsletters. It will be distributed by email to those who have signed up for a copy at <http://www.ianblenkharn.com>, and will be posted on that web site for download by others who may wish to read a copy.

Please do pass on this newsletter to your colleagues, and to others who you think may be interested. It is intended to inform, to bring people together, and of course to encourage contributions to the **Clinical Waste Discussion Forum**. The more the better, so please do spread the word and support us.

Ian Blenkharn

Questions.....and Answers!

One of the main reasons for creating the **Clinical Waste Discussion Forum** was to bring together different groups and professions, to share their experiences and expertise, and to provide a forum for the exchange of information. It is a great place to ask a question, and to get answers that represent a distillation of experiences from, hopefully, a broad range of viewpoints. Do ask, and do share your experiences by providing an answer or opinion; challenge an answer provided by somebody else; make your point, and get it off your chest!

Already, the **Clinical Waste Discussion Forum** has received specific questions, and correspondents have received their answers. Questions so far include:

- site registration for producers of hazardous wastes
- disposal of single-use surgical instruments
- the location of surviving NHS clinical waste facilities.

Please do join in the discussions. Keep up to date; seek advice; give your opinion; help others. Contribute!

Thanks to our sponsors

The Clinical Waste Discussion Forum was created as a consequence of discussions held between [Ian Blenkharn](#) and Mr James Geary of [Cliniserve Limited](#). James and I share many concerns about issues impacting upon the safe management of clinical wastes, and were conscious that there existed no common forum that brings together the many professional groups and individuals involved with or affected by clinical wastes. We hope that the **Clinical Waste Discussion Forum** will fill that void, and bring together clinical waste producers, waste management companies and their staff, regulators, legislators and politicians, planners, equipment designers and manufacturers, and others who may be affected by or concerned about aspects of clinical wastes management, from its point of production to final disposal.

Cliniserve Limited have provided generous sponsorship to cover the set-up and management and maintenance costs of the **Clinical Waste Management Forum**. Cliniserve do not have, and have not requested, editorial input or control over any part of this entirely open and non-commercial discussion forum. We are tremendously grateful to Cliniserve for their generosity and support, and for the contributions that the Company and its staff are making to the continuing discussions that appear in the Forum.

Created with the generous support of Cliniserve Limited



Just how bad does it get?

Several posts to the **Clinical Waste Discussion Forum** highlight the continuing poor standards of clinical waste management in many hospitals.

Press reports of “*The Tramp Ramp*” refer to vagrants sleeping at one west London hospital close to the main clinical waste store. Other reports to the Forum highlight the frequent overfilled and unlocked waste bins found in accessible public areas, obstructing stairwells and corridors, and blocking fire exits. A published report from an audit of over 26 hospitals across London and the south/south east of England revealed generally poor standards of waste management (**Standards of clinical waste management in UK hospitals**. J Hosp Infect 2006; 62: 300-303).

Currently, a look back at those hospitals one year on shows that nothing much has changed – many hospitals feel a need to leave waste carts in corridors, walk ways and stairwell, even just outside the Restaurant! Inevitably these are areas accessible to the public. At one city centre hospital, clinical waste carts are on the tourist route too! HSE have prosecuted where clinical wastes were stored without adequate security; clearly, there is still room for improvement. And if you believe in evolution, expect that lidded carts will cease to exist in the near future – they are clearly not used, and may soon be extinct!

If you notice poor performance, tell us. Leave a message at the **Clinical Waste Discussion Forum**. Help raise standards of performance, and share your photos and experiences – tell us, just how bad does it get?

And Waste Management Companies – what strange items have you found hidden within clinical wastes?



Contract terms – its tough out there!

It gets tough when voluntary care organisations, and others, subscribe to extended-term rolling disposal contracts in the hope of reduced charges, and then fall foul of rigid and inflexible renewal dates.

We expect waste management companies to deliver all that they promise, and often quite a lot more, at the best possible price. In their turn, an agreement to renew a contract unless cancelled within a defined, often narrow, date range is part of the deal. Correspondents to the **Clinical Waste Discussion Forum** point out how difficult this can be when money is tight. Reports of rudeness by accounts staff simply don't help – if you experience poor business or service standards tell your contractor, and tell us too!

The message is clear – tough contracts do exist, and at times these can be unwelcome, but this is the other side of the coin that gives producers low-cost disposal contracts. Keep a close eye on renewal and cancellation dates!

Technical issues

Some users of the **Clinical Waste Discussion Forum** may experience difficulties replying to existing posts due to one of the more troublesome default settings of Norton Internet Security.

If you can access the Forum and read messages, but cannot scroll through messages using the [previous] and [next] options, and cannot [reply] to messages, there are a few minor change to make to the Norton Internet Security settings. Details of these changes at <http://www.ianblenkharn.com>.

Is this YOUR page?

Have you got a burning issue, some good news, an announcement or some information, perhaps some gossip, that you want to share with others. Well, the first stop must be a message posted to the **Clinical Waste Discussion Forum**. But if you want to follow up with a more detailed entry in this Newsletter, please do get in touch.

There will be a space waiting for your input. The general rules of the **Clinical Waste Discussion Forum** will apply, ie no blatant advertising, honest, decent etc etc (read *The Boring Bit* on page 5). Apart from that, please feel free!

Ian Blenkharn
blenkharn@ianblenkharn.com

You have got to be kidding!

Two interesting anecdotes were recorded in the **Clinical Waste Discussion Forum**, having been spotted in national news reports:

1. A man was fined £50 for putting two pieces of junk mail in a street litter bin. Andy Tierney, 24, of Hinckley, Leicestershire, dumped the unwanted mail in a bin on his way to work. Council officers tracked him down using the addresses on the envelopes to issue him with a fixed penalty. They said he was being fined because "domestic refuse from your property was dumped into a street litter bin".
2. A "good Samaritan" who tried to clear rubbish from a local beauty spot was given a £136 bill to dispose of it. Carl Klinkenborg, from Devon, was sick of seeing old tyres and other rubbish littering the countryside near his home so he loaded them in his van and took them to a local dump. But he was told he had to pay £136 for a waste carrier's licence, and pay a disposal fee - or keep the rubbish himself!

Has regulation gone too far? Have the regulators completely lost it? Or are the rules there to be applied – after all, you have to draw a line somewhere! These questions can be asked in so many different situations. What do you think? Please share your thoughts in the **Clinical Waste Discussion Forum**.

<http://www.ianblenkharn.com>

Useful resources

There may be many resources available to the clinical waste community, some free for use and others chargeable. Information guides, web sites, software tools, catalogues, method sheets, and of course the **Clinical Waste Discussion Forum!**

If you have or know of any tools that might be of value to others please post a message in the Discussion Forum. We will compile a list for the benefit of others who may be unaware them.

Don't hold back – it may be obvious to you but the **Clinical Waste Discussion Forum** exists to bring together a wide range of disciplines and professions, companies, organisations and individuals. If you find a particular resource useful, share it with others.

Is biggest always best?

It was noted in the **Clinical Waste Discussion Forum** that *Stericycle Inc*, the largest US healthcare waste management services company, announced the purchase of *Sterile Technology Group* (STG), the 2nd largest UK clinical waste management company. In 2004, Stericycle purchased *White Rose Environmental*, then the largest UK clinical waste company. The resulting business expansion creates a *de facto* monopoly that owns and operates about 70% of the UK disposal capacity, with around 23 disposal plants. But is biggest always best?

In an investors broadcast, it was announced that the White Rose purchase amounted only to 10% of the UK market; combining with STG this still only amounted to 20%. What market is being referred to? It might be estimated that combination of both companies amounts to >60% of the disposal market capacity; in terms of incineration probably >80%.

A user of the Forum noted that, after a string of complaints, this is now being looked at by the Competition Commission (previously the Monopolies and Mergers Commission).

Disposal of single-use surgical instruments

The current trend toward single-use disposable surgical instruments can create problems in disposal, as one user of the **Clinical Waste Discussion Forum** had noted.

Which disposal technology is appropriate? Single wrapped or double-bagged? Bags or bins? And what about waste classification? If these items give concern about the possibility for puncture of waste bags, and of fingers, hands, arms or legs, then they really should be categorised as sharps (EWC 18 01 01 or 18 01 03 depending upon the risk of infection).

Research programme – we need your help

Infections, accidents and near-misses with clinical wastes

Clinical wastes present several clearly defined risks. They may transmit infection, ranging from the troublesome but relatively minor infection of a traumatic wound, cut or graze, or infections of the gut and respiratory tract (chest infection), to more serious and possibly life-threatening infections caused by a range of viruses. Other hazards include allergic reactions, and exposure to toxic or corrosive chemicals including disinfectant and pharmaceutical residues. There are risks of physical injury (cuts, scrapes, sharps injury), as well as slips, trips and falls, vehicle- and equipment-related accidents, and manual handling injuries.



Many reports, guideline, and Codes of Practice have each considered the risks, and ways in which they may be reduced or eliminated. Although "needlestick" or "sharps" injuries have been studied in great detail, mainly among healthcare workers, due to the complexities of study there has been no single authoritative study that defines overall the incidence (frequency) and types of problems that occur when handling clinical wastes.

Questionnaires are invaluable in gaining detailed information that can indicate current practice, and identify problems and their remedies. We hope that the information obtained from this questionnaire will go some way to identifying the range of hazards involved, their severity, and methods or procedures by which these hazards can be reduced or eliminated. Significant findings will be published in an appropriate scientific journal, with care to ensure sources of data remain completely anonymous, Your help in completing a relevant questionnaire will be greatly appreciated.

All data will be treated in STRICT CONFIDENCE

Identities will NEVER be divulged

Research data are being reviewed in association with anonymised reports from RIDDOR, and thanks are due to Health & Safety Executive for their assistance in this study.

Please take a look at the questionnaire, accessible at <http://www.ianblenkarn.com> – select *Questionnaire* from the menu. Add your own data, from personal experience, accident book records etc. Please encourage your Safety Supervisor or Manager, and encourage colleagues to make an entry.

The more data that is obtained the better will be the conclusions drawn, that are intended solely to promote best practice.



Accidents happen – tell us what happened, and help promote best practice

Public consultations

Two important public consultations have been in the news recently. The NHS Consultation “**Safe Management of Healthcare Waste: 2006**” is now closed. Over 200 responses were obtained, and these are presently under detailed review. A revised pre-publication draft will be circulated to a peer-review group within the next few weeks. A summary of consultation responses will be posted on the NHS web pages in the near future. My own response to the consultation was in large part rather critical (see <http://www.ianblenkarn.com/downloads.html>) but then, the consultation process is intended to take a balanced note of all responses – like it or not, that’s democracy!



A current public consultation issued by the Environment Agency deals with **IPPC Alternative Treatment of Clinical Waste: Appendix 5 to Guidance for the Recovery and Disposal of Hazardous and Non-Hazardous Waste (IPPC S5.06)**.



Responses are due by 26 May 2006. This is an important document, seeking to provide technical and performance standards for ATTs and which may seriously affect those currently using ATTs for clinical wastes. Have your say at the **Clinical Waste Discussion Forum**, share your views with others, test the water, and make sure that your views are expressed in a detailed formal response to consultation.

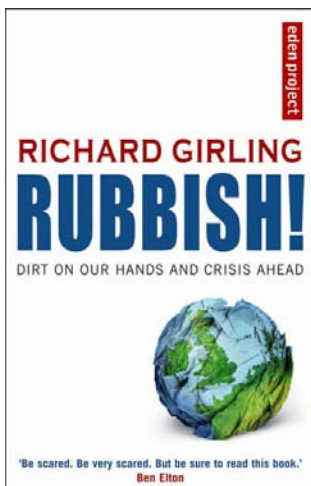
<http://www.environment-agency.gov.uk/yourenv/consultations/1316752/?version=1&lang=e>

A jolly good read

I put a couple of recommendations in the **Clinical Waste Discussion Forum** for books that I have recently enjoyed.

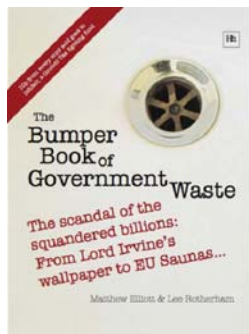
Rubbish! by Richard Girling
Eden Project Books, 2005

"Challenging and controversial, this rigorous examination of the problems of waste in the UK, and the efficacy of the public & private initiatives designed to forestall a crisis fast ballooning to catastrophe. It is the story of our rubbish - from the first human bowel movement to the littering of outer space. Girling picks through our fridge mountain our crumbling sewers, trading waste, packaging waste, hazardous industrial waste, spam emails & other new forms of waste..... and attempts to find a blueprint for our survival, the way our lives may have to change. Each year, the English & the Welsh throw out 100m tonnes of waste - more than half goes into the ground. The volume of domestic trash is rising by 3% annually. At some point, and at some point very soon, it has to stop or the trash will overpower us."



"The Bumper Book of Government Waste" by Elliott & Rotherham. Harriman House, on behalf of the Taxpayers Alliance, 2006

This is a pricey little volume, it considered a twilight zone of crazy spending, political correctness, incompetence, and fantastic jollies, all funded by the British taxpayer. The authors highlight a myriad of examples of Government waste and useless spending. The figures have been compiled from independent reports, media coverage and official statistics. Added together, they come to £81 billion of waste. The Arts Council spent £77,000 sending a team of artists to the North Pole to make a snowman. 459 books were withdrawn from the EU's Luxembourg library last year. The cost to taxpayers was £2,138 per book. Ken Livingstone's office now costs £13.9 million to run. His staff includes 58 media and marketing personnel!" And so it goes on. The facts are truly horrendous; if you don't laugh, you will surely cry!



I heartily recommend these books to you. And of course, if you want to make any recommendations of your own please post the information on the **Clinical Waste Discussion Forum**.

Ian Blenkarn

<http://www.ianblenkarn.com>

The boring bit!

1. The **Clinical Waste Discussion Forum** is presented "as is". It is intended as an open information exchange, to facilitate the exchange of news, views and opinions. Feel free to post questions, or to offer answers to the questions posted by others. Your opinion and experience will be valuable to others, and we hope that this Forum will provide an easily accessible means to share knowledge, to develop or maintain best practice, and to seek advice from others.
2. We welcome the involvement of all those interested or involved in the handling of clinical wastes and related healthcare wastes, from bedside to end-disposal.
3. Please select an appropriate THEME for your message.
4. Do not duplicate messages unnecessarily.
5. Posted messages are reviewed daily, but will appear live as soon as you press the POST button.
6. Anonymous posts are permitted, but we would prefer that you included your name, email address and affiliation when posting messages or replies to messages.
7. To remove any message, please email the [Moderator](#).
8. We place no restriction on users, who are entirely free to post relevant messages and responses to messages.
9. The Forum is not a free advertising service. Though we welcome and support posts from any commercial organisation, blatantly commercial use of this Forum will not be permitted. Any such posts may be subject to editorial change or to rejection. The originators of such posts will be notified of such decisions by email.
10. [Ian Blenkarn](#) publishes this **Clinical Waste Discussion Forum**, in association with [Cliniserve Limited](#). We take all reasonable measures to ensure that the information posted in the Forum is accurate. Nevertheless, we give no representation or warranty, whether express or implied, regarding the Forum or its contents, including, without limitation, any warranty of accuracy or completeness of the information posted on the Forum or its contents. Any decision made by a visitor to this Forum based on information presented therein is the sole responsibility of that visitor. Ian Blenkarn and Cliniserve Limited or any of its directors, employees or agents accepts any liability for loss or damage including, without limitation, any special, direct, indirect or consequential loss or damage or other losses or damage of whatsoever nature arising out of or relating to the use of this Forum or its contents.
11. [Ian Blenkarn](#) and [Cliniserve Limited](#) will accept no responsibility for any information contained in any other website accessible by hyperlink or by other means from messages posted on this Forum.
12. Editorial decisions are final and absolute.
13. The Forum may be suspended or withdrawn without notice at the sole discretion of the owner.

Thanks for reading this. You didn't cheat, and jump straight to the bottom of the page did you?

Some recent publications

Blenkharn JI. A backward step: landfill disposal of clinical wastes. *J Hosp Infect* 2006; *in press*

Blenkharn JI. Potential compromise of hospital hygiene by clinical waste carts. *J Hosp Infect* 2006; *in press*

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Blenkharn JI. Medical wastes management in the south of Brazil. *Waste Management* 2006; 26: 315-7

Huang YJ, Tu CH, Chao HR, Chen HT. Pyrolysis and oxidation kinetics of medical wastes. *Environ Technol* 2006; 27: 153-8

Blenkharn, JI. Natural disasters: a view from afar. *Waste Management* 2006; 26: 318

Toronto hospital reduces sharps injuries by 80%, eliminates blood collection injuries. Toronto East General Hospital pioneers healthcare worker safety. *Healthcare Quarterly* 2006; 9: 68-70

Borg M. Safe disposal of clinical waste: where is the science? *J Hosp Infect* 2006; 62: 243-4

Blenkharn JI. Lowering standards of clinical waste management: do the hazardous waste regulations conflict with the CDC's universal/standard precautions? *J Hosp Infect* 2006; 62: 467-472

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Pandit NB, Mehta HK, Kartha GP, Choudhary SK. Management of bio-medical waste: awareness and practices in a district of Gujarat. *Indian J Public Health* 2005; 49: 245-7.

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Jang YC, Lee C, Yoon OS, Kim H. Medical waste management in Korea. *J Environ Manage* 2005; [Epub]

de Waal N, Rabie H, Bester R, Cotton MF. Mass Needle Stick Injury in Children from the Western Cape. *J Trop Pediatr* 2005; [Epub]

Tamplin SA, Davidson D, Powis B, O'Leary Z. Issues and options for the safe destruction and disposal of used injection materials. *Waste Management* 2005; 25: 655-665

Keuchel J, Sholtz L, Marion N, Rupp ME. Saving dollars through innovative strategies in biohazardous waste reduction. *Amer J Infect Control* 2004; 32: E32-E33

Çetin S, Veli S, Ayberk S. An investigation of halogens in Izmit hazardous and clinical waste incinerator. *Waste Management* 2004; 24: 183-191

We will continue to list relevant publications with each issue, but do not pretend to provide a fully comprehensive list. If you are aware of any interesting or informative publications, including Company guides and other publications available for download, that will be of interest to the Clinical Waste community, please put a message on the **Clinical Waste Discussion Forum**.

