CIWM Journal 2012 January; 54-6

Clinical Hazard?

With the increase in the number of patients who require long-term therapies being transferred from hospital to community care **Ian Blenkharn**, of Blenkharn Environmental, asks whether there is room for improvement in community clinical waste collection services

The transfer of patients requiring long-term therapies from hospital to community care has increased demand for domestic clinical waste collections. Are those collection services satisfactory? A 2006 audit of community clinical waste collections identified many deficiencies (Blenkharn, 2008). Constraints on waste volumes and types and unreasonable collection times did not adequately support domiciliary healthcare, creating a burden for patients and their carers. Of particular concern were the adverse health and safety implications and the incomplete and often inadequate instruction and guidance provided to service users. What has changed?

Hoping for some improvement since the 2006 audit, a further review was undertaken during Q2 2011. As before, this comprised a review of every county, borough and district council and unitary authority website in England, Northern Ireland, Scotland and Wales. These 453 websites, being the complete list of local authorities (LAs) on the DirectGov website, were accessed, each on one occasion only. Websites were reviewed for accessibility and content, booking arrangements and the clarity of advice for users, safety and waste security guidance and service standards, including response times, contact options and client care. Lastly, arrangements for supply of clinical waste containers; charges for collections and service restrictions were reviewed.

Information Access

ACCESS TO information was sometimes difficult; 148 of 453 websites failed to provide any information about domestic clinical or sanitary/offensive waste collections. Indexing errors made many site search systems ineffective, thwarting access to information; several sites indexed "clincal" rather than clinical and one had "dialis" rather than dialysis, while 25 had inaccurate entries in the main menu and core A-Z services listing, with broken links and missing pages. Contradictory information on different or even on the same web page was not uncommon. The terms clinical, medical or healthcare waste, care waste, yellow or orange-bag waste, Tiger, offensive, sanitary, incontinence or Sanpro waste, dialysis waste, sharps, syringe or needle waste, and "special" or "other" wastes, with additional spelling errors, were used interchangeably but rarely together. This made search systems effectively redundant unless users were aware of the particular flavour of nomenclature in use. Sharps bins were termed "needle bins" or "burn bins" on several sites. Most Welsh and some Northern Irish websites offered Welsh or Gaelic language options respectively; just 20 others embedded Google translation or other software plug-ins to provide translation of their web pages to any of a large number of languages to properly support a multicultural society.

Domestic clinical waste collections were offered by 265 LAs, though six eschewed service to residents while providing collections for commercial producers. A further eight failed to clarify the lack of charges to residential producers, obfuscating the distinction between commercial and domestic services with revenue-generating Google AdWords that placed paid links to commercial clinical waste management companies at the top of relevant web pages. One authority confirmed free collections "only for NHS patients" with the implication that opting for private healthcare might incur additional charges in circumstances of dubious morality and doubtful legality. Ten reserved the right to levy supplementary charges for

those producing "excessive" waste volumes, effectively taxing the misfortune of ill health. Similarly unhelpful were two others who informed residents that the authority was "not obliged to collect clinical waste" and "may withdraw the service at any time without prior notice". Three LAs claimed they were not licensed to carry waste.

Eligibility

DISTINCTIONS BETWEEN collection and disposal authorities were particularly vague. Several county councils referred those seeking information about clinical waste collections to a district council website, sometimes with a convenient web link. In turn, some of those district councils, while indexing clinical waste services on their own websites, provided only a link to county council sites to create a never-ending loop of disinformation!

Many LAs required validation of eligibility for clinical or sanitary waste collections from a GP, health visitor or community nurse, from a PCT or hospital consultant. Less helpful were 13 authorities referring householders to a list of local waste contractors, or to Yellow Pages, for collection and disposal of their clinical wastes. Others recommended Diabetes UK or NHS Direct for disposal advice, though these organisations could offer only generic guidance and would be unaware of local collection and disposal arrangements.

One LA went even further, linking to a University Safety Department over 300 miles away from where service users were expected to find the information they required. Only 41 LAs promised supply of waste sacks to users and just six offered replacement sharps bins, instead referring users to their GP for supply under FP10 prescription or offering links to retailers from where individuals could purchase their own bins. Every website gave email, phone, postal and other contact details; less than seven percent advertised Minicom and other communication options for those with disabilities.

Collections were often difficult to initiate. New requests, even when pre-approved by a healthcare professional, could take up to three-to-four weeks before the first collection. There was little support for residents producing large volumes of clinical or sanitary waste; only 11 LAs offered supplementary collections. Practical constraints included 4kg maximum sack weight, no more than two sacks, or just a single sharps bin. Others imposed restrictions on the type(s) of waste, though none offered guidance on disposal of those fractions excluded by the restrictions they imposed. Many LAs operated separate schemes for soft clinical wastes and for sharps waste. Around 25 percent of LAs required users to deliver sharps bins to their GP, a local pharmacy, to their local hospital or even to the council offices for disposal.

A written assessment was required by 27 LAs, to identify the type(s) and volume(s) of waste produced, with several claiming that this was a once-only requirement assuming, we might imagine, that these characteristics would evermore be fixed and unchanging. Those accepting only non-hazardous or non-infectious wastes did not specify who should make this assessment, how often and whether classification was per collection or on a more notional basis. This latter stipulation creates an obvious hiatus for domiciliary care, complicated further by two authorities who require producers, without hint of irony "to be trained in safe disposal and instructed in the identification of hazardous waste properties", skills not normally expected of patients receiving care in their own home.

Health & Safety

SAFETY WAS a concern for but apparently not the responsibility of many authorities. Though requiring wastes to be left outside, sometimes overnight, to await collection several authorities reminded producers that responsibility for waste security and spillages was their own. Two threatened prosecution for spillages not cleared same day, while instructing that wastes from missed collections should be left outside for up to two days to await collection. Others were more bullish, reminding producers that "improper or unsafe handling and disposal of infectious clinical waste is a criminal offence under The Environmental Protection Act punishable by heavy fines", creating with this threatening tone additional and unnecessary concerns for vulnerable service users. Elsewhere, a warning that "you may breach the Environmental Protection Act (1990) if you dispose of clinical waste in a way which may

cause harm to people who may come into contact with it. You must not dispose of it in your refuse bin" sat uncomfortably against advice from the same authority, applying a selective approach to safety, which instructed that soft clinical wastes "from missed collections only" should be placed into a black sack for disposal with domestic wastes.

Few authorities took the opportunity to reassure users about more general service standards. Confidential and discrete services, assisted collections using unmarked vehicles and "trained and sympathetic" staff were promised by less than 10 percent of authorities. Three made it clear that drivers were not permitted to enter premises, in one case citing unspecified health and safety restrictions. Most collections were weekly, though six collected clinical and sanitary wastes fortnightly, with one other providing only monthly collection unless subject to "special approval". One authority was even less supportive of its more vulnerable residents, refusing to arrange regular or recurring clinical or sanitary waste collections, requiring instead a separate written request for every collection.

"Flawed, misleading and potentially hazardous information concerning arrangements for domestic clinical and sanitary/offensive waste collections reflect badly on service providers"

Timing of collections gave particular cause for concern. Though few authorities detailed collection arrangements on their websites, around one third instructed that wastes are placed outside the property by 8am, 7am, 6.45am, 6.30am, by 6am or just "very early" on the day of collection or on the night before the day of collection. Though no more acceptable this had improved slightly since 2006 when some demanded wastes outside by 5am, 4.30am or even 4am on the day of collection! The day of collection, let alone the time, challenged one authority, which required sharps containers to be left outside for collection "within the next 48 hours". Another proudly reminded users that their clinical waste collection service "enabled residents to continue living in their own homes" though many of the restrictions could challenge the able bodied, let alone those with serious health problems.

Hazardous Information

ONLY 20 LAs specified the location for presentation of wastes. Potentially hazardous wastes were to be left at the curtilage, at the kerbside or "hidden in the garden or some other suitable place"; none addressed waste security or considered arrangements for residents living in flats. Container choice and colour coding was particularly confused. In total, 111 authorities specified colour codes for waste containers. Of these, 81 percent used yellow sacks for all clinical wastes with less than 15 percent applying the colour conventions of the Health Technical Memorandum 07-01. Of concern were the 13 authorities specifying green bins for clinical wastes that on other pages were identified as the receptacle for mixed household recyclables. Four others placed information about clinical and sanitary wastes on pages devoted to household waste recycling. Another 12 displayed the green recycle logo on all waste-related pages including, presumably unintentionally, those devoted to clinical wastes and sharps, an error that by failing to segregate hazardous wastes from household recyclables creates additional and unexpected risks for waste handlers and reflects badly on the performance and competence of the collection authorities and their contractors.

Local authority websites should provide a comprehensive and authoritative information resource for communities. However, many were notable for their lack of or poor quality information concerning domestic clinical waste collections. No attempt was made to confirm audit findings by test calls or online collection requests, which were considered potentially disruptive. Notwithstanding, the findings identify widespread and substantial deficiencies in waste management standards and in patient/client care.

Flawed, misleading and potentially hazardous information concerning arrangements for domestic clinical and sanitary/offensive waste collections reflect badly on service providers and fail to support communities and their most vulnerable elderly and infirm members. Some authorities instruct producers to effectively mismanage clinical and related wastes in ways that may constitute a breach in Duty of Care and which, by creating risks of injury or infection to employees and others, creates an additional liability through failure to comply with health and safety legislation.

Though LA websites may not fully reflect standards of waste management performance, the information they provide creates strong pointers to the standard of public service provision about which those authorities and their contractors may be challenged. CIWM

CIWM Says…

CIWM believes this is a very important issue and as the article highlights this area can be complex. Complexity that is due to a non-clinical expert's grasp on vocabulary and local authority relationships in relation to collection and treatment. All of this will then be exasperated by budget cuts.

Current guidance is complex and covers many aspects of healthcare management but could be seen as not totally relevant to local authority service; maybe what is needed is free guidance specific to local authority services. CIWM is sure this would be welcomed and help provide consistency in terminology and appropriate containers in the first instance. CIWM's special interest group (SIG) on collection, recycling and environmental cleansing will look closely at this issue.

More more information on the CIWM Waste Collection, Recycling & Environmental Cleansing SIG contact Tina Benfield, or for more on the Healthcare Waste SIG contact Anastasia Sousanoglou. Email technical@ciwm.co.uk or call+44 (0)1604 620426