

CLINICAL WASTE STREAMS

GROUP A

- Human tissue
- Blood and serous body fluids (whether infected or not),
- Significantly soiled swabs and dressings
- Waste materials, where the assessment indicates a risk to staff handling them, e.g. from infectious diseases cases.
- Soiled surgical dressings, swabs and other soiled waste from treatment areas.
- Used non-sharp disposables
- Syringe barrels (without needle)
- Used gloves, aprons, etc from isolation rooms

This risk of Group A waste is predominantly infectious. Therefore it is important to ensure that clinical waste does not come into direct contact with staff or patients. Items shall be placed in suitable yellow waste storage sacks, in sack holders or in rigid yellow containers labelled with the biohazard sign and "Clinical Waste for Decontamination". When $\frac{3}{4}$ full, or prior to daily collection, they shall be sealed, marked with their origin and transported separately from other wastes. Proper disposal should ensure proper decontamination through a process that can achieve a six log reduction in vegetative organisms. Waste reduction and alteration of final product appearance is highly desirable. Incineration or autoclaving/microwaving with shredding are amongst the most popular methods available.

GROUP B

- Discarded syringe needles,
- Contaminated disposable sharp instruments and items.

In addition to the infectious risk, this group of waste also poses an injury potential. Sharps shall only be put in proper containers of acceptable standard. When $\frac{3}{4}$ full, sharp containers should be sealed and labelled as to their origin. They shall not be placed in yellow sacks but shall be carried and kept separate during storage. They should be disposed of in the same way as Group A wastes. Sharps should always be rendered safe by destruction or shredding prior to final disposal.

GROUP C

- Microbiological cultures
- Potentially infected waste from pathology departments, post-mortem rooms and other clinical or research laboratories

Microbiological cultures and potentially infected waste from laboratories and post-mortem rooms shall be autoclaved and made safe prior to disposal. Waste destined for autoclaving shall be labelled and bagged in temperature-resistant bags. The treated material shall be over-packed and labelled into yellow sacks or containers if destined for decontamination, in accordance with guidance for Group A wastes.

GROUP D

- Expired or unused pharmaceutical products
- Cytotoxic wastes

These wastes should be placed in appropriate UN-type containers and stored under lock and key in approved and audited locations. Once accumulated volumes reach feasible proportion, these wastes shall then be transported to a suitable facility for incineration at temperatures above 1000°C, which is the approved manner for their final disposal.

GROUP E

- Stoma wastes incorporating urine, faeces and other bodily secretions or excretions
- Used disposable bed pans or bed pan liners,
- Incontinence pads, stoma bags and urine containers

Group E waste incorporate items, which usually present low level of risk, and are also produced in greater number in community and home settings. For this reason, Group E wastes shall be treated as Domestic Waste unless they are originating from Infectious Diseases Ward and/or from patients with known infectious diseases where instructions for Group A wastes will apply.

CLINICAL WASTE

BLOOD SOILED ITEMS



USED SOILED DRESSINGS



HUMAN TISSUES



SOILED PROTECTIVE EQUIPMENT



CONTAMINATED SHARPS



EXPIRED PHARMACEUTICALS



MEDICAL

WASTE

LABORATORY

DOMESTIC TYPE WASTE

PAPER



CARDBOARD



NAPPIES & INCONTINENCE PADS



KITCHEN WASTE



PATIENT WASTE



BOTTLES



AEROSOL CANS



Correct disposal of hospital waste

*For further information contact:
Infection Control Unit
St. Luke's Hospital
Tel: (212595) 1747
E-mail: infection.control@gov.mt*

DOMESTIC WASTE

Domestic waste includes all the rubbish that one normally disposes of at home such as:

- Paper & cardboard
- CSSD wrapping paper
- Kitchen waste
- Food scraps from patients
- Nappies
- Dry flowers
- Other household type waste

Domestic waste should be placed into black bags which should be removed regularly to reduce odours. Much of the domestic waste stream is amenable to recycling. Specific policies will be issued from time to time as to which items can be recycled. Further information on recycling is available from the hospital Waste Manager.

GLASS & AEROSOLS

These waste items include:

- Bottles
- Jars
- Aerosol cans
- Glass items
- Broken cups or plates

They can break during transportation or damage shredding or compacting machinery. Therefore it is extremely important that these items are not placed in yellow or black bags. Instead, they should be placed in appropriate bins and boxes.

TOXIC MATERIALS

Several items used in hospitals pose a risk of toxicity if disposed in the environment. They include:

- Mercury thermometers and sphygmomanometers
- Some disinfectants and chemicals
- Radioactive materials etc.

Detailed disposal instructions for each of these waste streams can be obtained from the Waste Manager.