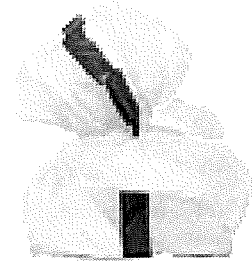


Generic Risk Assessment

Activity:

- Handling non hazardous human / animal hygiene waste.

Including: human and animal waste (faeces), incontinence pads, catheter, stoma bags, nappies, sanitary waste (sanpro waste), nasal secretions, sputum, condoms, urine, vomit and soiled clothing and bedding from non infectious sources and where there is no blood present.



Note: tasks which involve exposure to possible sources of infection are dealt with under the risk assessment on *–Handling potentially infected materials and clinical waste.*

Hazards / Risks:

- Skin / eye infections
- Gastroenteritis

Who could be harmed?

- Employees
- Vulnerable members of the public

Competence Requirement:

- Ensure all employees understand the risks, the procedures to be followed to minimise the risks and what to do if unexpected hazardous waste is encountered.
- Employees should understand that there is a residual risk of infection and therefore they should inform their doctor of their work activities if they suffer any ill health.

Control measures which should be in place:

ECC Guidance on Handling Offensive Waste

- The handling of waste should be kept to a minimum. Offensive type waste should be segregated at source.
- A suitable number and type(s) of rigid and covered storage receptacles/bins must be provided in each work environment for the storage of foreseeable types of offensive waste e.g.
 - Female toilets must be provided with at least one sanitary waste bin.
 - Baby changing facilities should be provided with a nappy bin.
- Bins / receptacles must be maintained in a sound, clean condition. Bins should be regularly inspected to ensure that they are in good condition, clean and not overfull. Responsibility for cleaning and maintenance must be clearly assigned.
- Sacks should be fitted to bins / receptacles at the place of origin and should be changed when they are three quarters full. If the weight exceeds 3Kg a manual handling assessment will need to be carried out.
- Offensive waste should be placed in a 'tiger bag'. Tiger bags should conform to BS



6642:1985. The sacks should be coloured opaque yellow with a vertical black stripe. This waste should not be placed in a clinical waste container or a black refuse bag

- Bags should be tied at the neck. Contents should be double bagged where there is a possibility of leakage.
- Collection of waste should be arranged through an appropriate licensed waste management contractor. Collections should be arranged frequently enough to ensure the storage capacity of the site is not exceeded. Minimum treatment/disposal for offensive waste is landfill in a suitable licensed facility.
- Using the information included in this risk assessment develop written step by step instructions on handling of offensive waste and emptying and cleaning of offensive waste receptacles which can then be communicated to staff. COSHH assessments should be undertaken for any cleaning chemicals or disinfectants used.
- Staff required to handle offensive waste and / or empty and clean receptacles must be provided with suitable protective clothing and equipment. This should as a minimum include suitable gloves and protective over-clothing, such as an overall.
- Good personal hygiene is crucial. It is essential that employees wash their hands after handling offensive material to minimise the risks from infection. Suitable hand washing facilities including mild soap must be provided.

Spillage management

- Deal with body fluid spills quickly and effectively.
- Where spillages are likely, maintain a fully stocked spillage kit containing disposable aprons, latex-free gloves, 'tiger' waste bag and tags, paper towels and instructions. The spillage kit should contain a disposable scoop. Ensure that kits remain in date, and that the contents of the kit are replenished immediately after use.
- Using the information included in this risk assessment develop written step by step instructions for dealing with spillages which can then be communicated to staff. For low-risk body fluids such as non-blood containing excreta, vomit and urine the following method is recommended.

Detergent and Water Method

- Prevent access to the area until spillage has been safely dealt with.
- Wear protective clothing.
- Mop up organic matter with paper towels or disposable cloths and/or absorbent powder e.g. Vernagel.
- Clean surface thoroughly using a solution of detergent and hot water and paper towels or disposable cloths.
- Rinse the surface and dry thoroughly.
- Dispose of materials as offensive waste.
- Clean the bucket/bowl in fresh hot, soapy water and dry.
- Discard protective clothing as offensive waste.
- Wash hands.
- Ideally, once dry; go over area with a mechanical cleaner.

N.B. – For spills on carpets and upholstery with or without visible blood

- Wear protective clothing
- Mop up organic matter with paper towels or disposable cloths and/or absorbent powder e.g. Vernagel



- Clean area with cold water
- Clean area thoroughly with detergent and hot water
- Allow to dry
- Discard protective clothing. Wash hands

NOTE for spillages containing blood refer to the risk assessment on handling infected materials.

Additional Control Measures: Hints / tips for what needs to be considered as part of local /specific assessment:

- Consider the nature, type and quantity of offensive waste likely to be present when making local arrangements.
- Draw up the local written procedures for handling offensive waste and dealing with spillages. A clear bullet point step by step procedure that staff can follow is suggested.

COMPLETE THIS SECTION LOCALLY

Establishment / Team: GALLEYWOOD INFANTS SCHOOL

Assessed by (print): JON TEE **Date:** 31-10-17

Local Assessment (Refer to Hints and Tips for guidance)

WEAR SUITABLE PPE (APRON PROTECTIVE GLOVES)
 EMERGENCY SPILLAGE COMPOUND
 SPRINKLE LIBERALLY COVERING ALL OF THE SPILLAGE
 ALLOW TIME BEFORE SCOOPING AND BAGGING UP
 APPLY WATER IF DIFFICULT TO REMOVE FROM UPHOLSTERY
 WIPE CLEAR WITH HOT WATER AND DETERGENT
 THEN DRY
 DISPOSE OF PPE
 Richard McAdam (Site Manager) Book position 21

Date reviewed:	31-10-17	12-12-19	22-12-20	Apr 21	Aug 22
Initials:	J.T	J.T	J.T	RJM	RJM

Aug 23
RJM

