

## 1.9 Waste Disposal

**AIM.** The practice has a policy for the safe handling and disposal of waste

Criteria:	Achieved in Full	Partially Achieved	Not Achieved	Action Plan & Review Date
1. The practice has a comprehensive policy for the management of waste	✓			
2. The practice is registered as a Waste Producer where it generates clinical (hazardous) waste in excess of 200kgs in a year	✓			
3. There must be evidence available that the waste contractor is registered with a valid licence	✓			
4. The practice clinical and non clinical staff have attended a training session on the safe management of waste	✓			
5. All waste bags / containers comply with British standards	✓			
<b>Totals</b>	5.			

1.9 Waste Disposal continued

Criteria:	Achieved in Full	Partially Achieved	Not Achieved	Action Plan & Review Date
6. All clinical waste bins used are foot operated, lidded and in good working order <sup>63</sup>	✓			
7. All waste bins are visibly clean – externally and internally <sup>63,66</sup>		✓		when emptying yellow bins the bin needs wiped with Clinell wipes as per our routine.
8. Clinical bags / containers are no more than 3/4 full and labelled at source <sup>63,66</sup>	✓			
9. There is a dedicated area for the safe storage of clinical (hazardous) waste, which is in a secure unit and inaccessible to the public <sup>63,64,67</sup>	✓			
<b>Totals</b>	3	1		apt. 10/8/22.

## 1.9 Practice review

A. What lessons did the practice discover from carrying out this audit?

Increase cleaning of yellow bins when empty of bin bags.  
Increase frequency of emptying clinical waste bins  
in GP rooms

B. What changes, if any have the practice agreed to implement as a result of this audit?

Communicate recommendations above to personal.

C. What support would enable the practice to enhance the service it provides to patients?

Team support that change can be maintained

This audit was compiled by:

Name: MANDY TILL

Signature: 

Role: LEAD NURSE / ~~IP~~ IPC lead.

Date: 10/8/22