



Clinical Waste in Dental Practice .

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Auditing in Clinical Waste

Background.

Management of Healthcare waste are described fully in HTM 07 -01 - Safe Management of Healthcare Waste.

The guidance is applicable to all who come into contact with or manage healthcare waste:

- Waste producers
- Waste contractors
- Waste regulators

the guidance provides a common understanding for all parties producing similar waste.

Duty of Care.

A dental practice produces healthcare waste and therefore has a **duty of care** to ensure all healthcare waste is managed and disposed of properly. This involves:

- Correctly identifying and segregating the waste and storing it safely and securely on premises.
- Packaging waste appropriately for transport with accurate accompanying documentation.
- Transferring waste to an appropriate person for onward transport and treatment and disposal.
- Registering (where necessary) as a producer of hazardous waste and maintain records and returns.

Waste policy.

A practice should have a healthcare waste policy :

- Identify who is responsible for managing healthcare waste at the practice.
- The identified person should ensure policies and protocols are followed.
- Policies should describe
 - Waste classification
 - Waste segregation
 - Waste packaging and storage
 - Waste collection and Record keeping

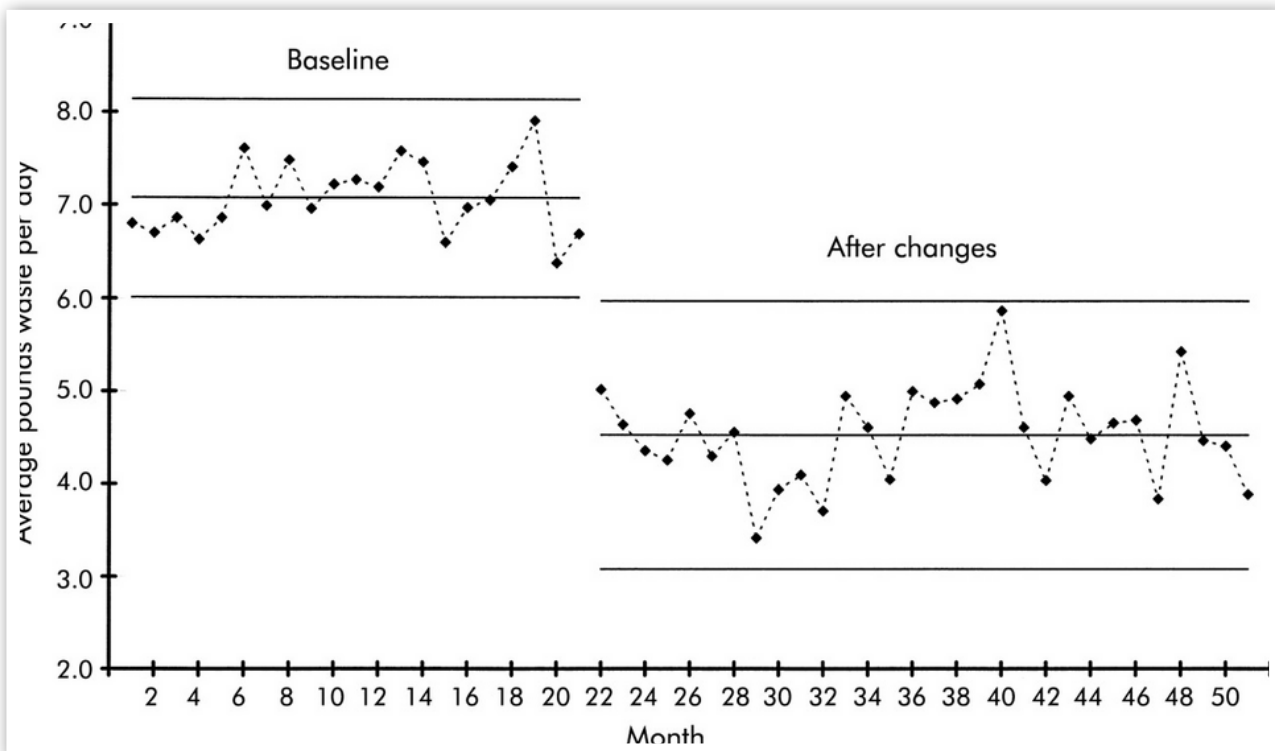
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Aim:

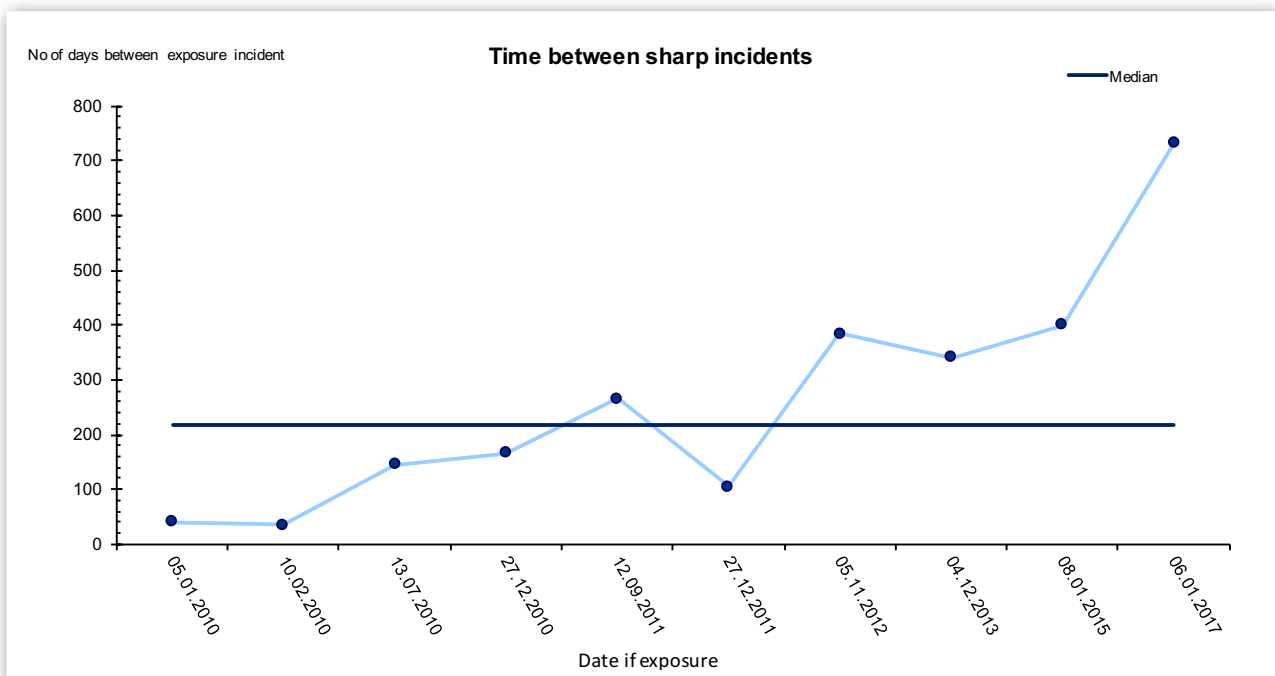
The Aim of the Quality Improvement project (QI) in Clinical waste for dental practices is not only to provide practices with an opportunity to audit their understanding of the policies and procedures and ensure compliance with updated legislation but also to make improvements in their collection and disposal of waste or consider how QI methodologies can be incorporated into existing practice data collection.

Improvement in the understanding of Clinical waste can lead to a reduction in practice costs and improved efficiency it can also lead to a reduction in harm due to incorrect management of clinical waste.

For example:



Measuring practice output of clinical waste and identifying changes to produce less waste can provide cost saving opportunities to the practice.



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Safe management and disposal of clinical waste such as Sharps can lead to a reduction in injuries and exposure incidents.

Practices record these in their accident book, however an awareness of data collection using QI methodologies can show whether improvements are being made in reducing harm.

Audit Objectives:-

To review the literature to identify current good practice and legal requirements for waste disposal .

- To use the information gathered to set a standard for complying with waste disposal requirements.
- To design a sheet for the collection of data relating to audit of the waste disposal arrangements.
- To audit the waste disposal arrangements in the practice/practices and to record the results on the data collection sheet.
- To analyse the results and compare them against the standard and identify areas of weakness or non compliance.
- To implement changes/improvements in identified areas of weakness or non compliance.
- Plan to re-audit in **two** years . (Pre-acceptance waste audits every 2 years are a requirement from waste contractors if a dental practice produces less than 5 tonnes of clinical waste in a calendar year) or yearly 5 tonnes or more)

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Method:

Use the literature review to identify the legal requirements for waste disposal in General Dental Practice. Current good practice will be compliance with the legal requirements. The standard set will need to be 100% compliance with the legal requirements. Audit each of the practice's/practices' systems and processes for waste disposal and record the results onto a data collection sheet. Compare the results against the standard. Identify any areas of non compliance and plan implementation of the changes necessary to meet the legal requirements.

Welsh Health Technical Memorandum 01-05 (WHTM 01-05).

NHS Wales Shared Services Partnership - Facilities Service have published WHTM 01-05 which replaces HTM 01-05. The new WHTM 01-05 replaces the concept of "Essential Requirements" and "Best Practice" with a process of continuous improvement which is in line with other recent revised WHTM.

You can access WHTM 01-05 at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=64101>

WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the School of Postgraduate Medical and Dental Education. The audit is administered through the Clinical Audit Peer Review process and is now available to all GDS and CDS dental teams in Wales.

For further information or to request a registration form please contact Heather Stewart on 02920 687780 or via email StewartH5@cardiff.ac.uk. Or alternatively the registration form and guidance notes are available to download from the Wales Deanery Website.

References:

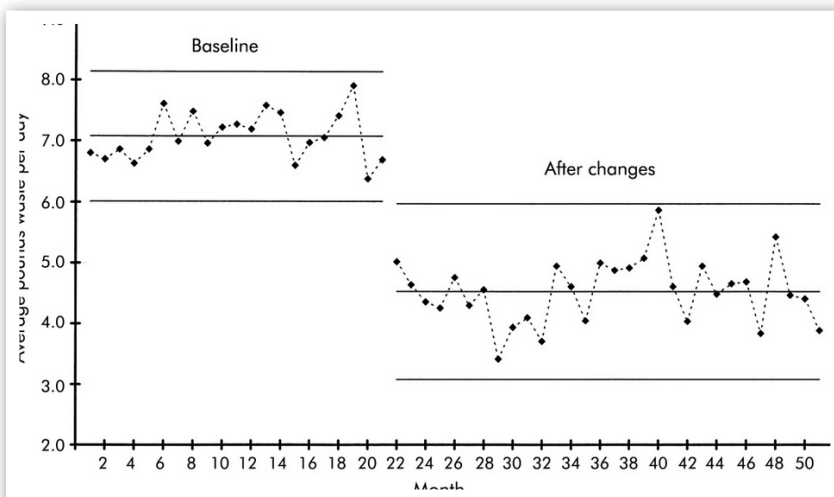
- Clinical waste (EPR 5.07) - Environment Agency (Version 1.1 2011)
- Safe Management of Healthcare waste - HTM 07-01. Department of Health .2013.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf
- Decontamination in primary care dental practices and community dental services- WHTM01-05 Welsh Health Technical Memorandum .
- Healthcare waste. BDA advice Sheet. August 2017.

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Quality Improvement in Waste Care Management.

- WHTM01-05 replaces the concept of “ Essential requirements” and “Best Practice” noted in HTM01-05 with a process of *continuous improvement*.
- Incorporating Quality Improvement methodologies into existing practices can be used as evidence of showing continuous improvement.
- Baseline data can be collected on waste details.:
 - Cost of waste disposal.
 - Weight of waste disposal.
 - Numbers of clinical waste bags per practice/ per surgery.
 - Number of sharps containers collected.
 - e.t.c

Significant savings and hence value can be made by incorporating small changes in practice.



1. A surgery produced 3.5 kg waste per day.
2. After identifying waste collection methods and undertaking pdsa cycles this was reduced to 2 kg per day.
3. This resulted in Cost saving to the surgery.
4. With changes in waste industry regulations (continuing) the burden of waste disposal cost will pass to the producer.



1. By recording the Time between sharp injuries a practice was able to record an increase in time interval between injuries as a result of improved sharps policies.

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Continuous improvement.

Some Points To Note-

- Practices in Wales producing a total of 500kg or more hazardous waste in a 12 month period should register with Natural Resources Wales.
- Calculating weight must include non-healthcare waste. (computer monitors and fluorescent tubes).
- 5 tonnes = 5000 kg (weight, for audit periods).
- Minamata Treaty 2013.
 - 1. Changes in Amalgam use in the UK and Wales are under discussion.
 - 2. Pre-dosed capsule usage mandatory from Jan. 2019.
 - 3. Mandatory use of Amalgam separators. Jan 2019.
 - 4. All separators retain 95% amalgam particles. Jan 2021.
 - 5. No use of amalgam in the treatment of deciduous teeth, children under 15 years and pregnant or breastfeeding women, except when strictly deemed necessary by the practitioner on the ground of specific medical needs of the patient .1 July 2018.