



## **2015 Infection Control May. Newsletter # 4**

### Clinical Waste (again) and a bit on getting confidence on managing /preventing vomit spills

Your state or territory defines clinical waste and any previous reference at the national level to expressible blood was withdrawn many years ago. However, in the absence of any state or territory definition, the RACGP do recommend this as the default definition. (the current national definition includes all body fluids including urine and faeces as clinical waste which is probably a bit over the top).

So why does it matter what the definition is? The definition is built on a few factors

- duty of care to waste handlers
- increasing risk of waste being infectious with bulking of body substances from multiple patients
- risk to the public if such waste is disposed at landfill

The states differ in their definitions for various reasons including access to waste treatment points and cost for both transporting it long distances and storing it cold or even frozen in between trips to reduce frequent trips

**Victorian EPA** definition includes all visibly blood, genital fluids e.g. pap smear equipment contaminated with secretions and exudates e.g. wound dressings with material on them. To this is added anything that comes from a patient suspected of having a significant communicable infection e.g. PPE from suspect flu, measles, gastro. It is maybe good practice to include contaminated disposables from a known or suspect MRSA. The EPA also refers to items that may cause public offence - I would include vomit bags and faeces here. At this point (no pun intended) sharps include **all** syringes to avoid risks when staff disconnect them. There is a hefty fine for incorrectly disposed waste so please bring these definitions to your colleagues

**NSW EPA** is different. it also uses any visible blood and any waste from medical etc that can cause injury, infection or offence so that would reasonably include vomit and vaginal specula etc

**WA definition** - unfortunately this quotes as it basis, a withdrawn government publication that referred to free flowing or expressible blood but also does accept waste that may cause infection, offence or injury. it uses an argument that the waste found in households contains bacteria at levels higher than hospital waste but fails to inform what type of bacteria these are. it would have been more useful to speak about pathogens e.g. HepB

### **A BIT ABOUT SAFER MANAGEMENT OF VOMIT**

Make reception staff aware of the patients in the waiting room i.e. who has suddenly gone quiet, who looks pale, who has brought a towel or bucket in. All these ought be offered a vomit bag and it is much safer for everyone that they use that rather than the patient toilet or their towel or your floor!

So if we miss the cue that a patient was likely to feel nauseous and your floor (hopefully not carpeted) is covered, let's hope everyone nearby stands back and if not, ask them to clear to about two metres away. Put a mask on and give the patient a vomit bag as they may vomit more than once. Now grab the spills kit and again staying well away from the spill, put on the gown or apron then safety glasses then gloves and cover the site with your clumping agent. This only takes a minute to absorb the liquid then ask someone to give you the scoops and bag so you can remove the material safely. The clumping material not only saves you looking at the vomit but also reduces odour - use anything from kitty litter to zeolite. Now ask someone to hand you a few detergent wipes to wipe any remaining spill and voila. Well almost. Decide whether you are going to apply a disinfectant bleach or wipe for the correct contact time. Remove PPE in correct order and wash your hands