

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2013 - 2014

**ENVIRONMENTAL SERVICES
SCRUTINY COMMITTEE**

11th NOVEMBER 2013

**REPORT OF THE DGROUP
DIRECTOR, ENVIRONMENTAL
SERVICES**

Agenda Item No. 3

INCONTINENCE PADS REPORT

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1. PURPOSE OF THE REPORT

- 1.1 This report outlines the current position in regard to how the Council previously dealt with incontinence pads. It also identifies recent changes for the collection, in line with the nappy recycling scheme and outlines the different categories of clinical waste.

RECOMMENDATION

- 2.** It is recommended that Members:

Note the information contained within the report.

2.1

BACKGROUND

3.

- 3.1 The Council, up until the recent changes in the service, undertook the collection of incontinence pads through the weekly black bag/bin collection service in line with current legislation, and this service was provided free of charge.

- 3.2 The new fortnightly collection service meant that incontinence pads would be collected on a fortnightly basis.

- 3.3 As part of the fortnightly collections, the council introduced a weekly opt in nappy recycling scheme whereby a resident can register to be part of the scheme and have their nappies collected on a weekly basis again free of charge.

IMPACT OF SERVICE CHANGES

4.0

- 4.1 The introduction of the nappy scheme was targeted towards the new born and initially there was an expectation that the scheme would be built up over time with an initial take up from residents of between 500-1000.

- 4.2 The actual take up has been well in excess of 5000 requests to join the scheme with a number of these requests relating to incontinence pads.

4.3 Whilst requests for the collection of incontinence pads has been low in comparison to nappies, it has in itself caused issues for residents who are taking part in the scheme

4.4 Due to the different size of the incontinence pad in comparison to a nappy, it has become evident that the original sized nappy bin is inadequate for the incontinence pads and therefore we have either had to provide an additional bin or a larger sized bin, the latter being a last resort.

4.5 This in itself has caused handling issues for both the user of the service and the collection operatives due to the sheer weight.

DISPOSAL OF CLINICAL WASTE

5.0 Five groups of clinical waste are identified in Safe Disposal of Clinical Waste (Health Services Advisory Committee 1999).

5.1

Group A - includes the following items: identifiable human tissue, blood, animal carcasses and tissue from veterinary centres, hospital or laboratories. Soiled surgical dressing, swabs and other similar soiled waste. Other waste materials, for example from infectious disease cases, excluding any in groups B to E.

5.2

Group B - discarded syringe needles, cartridges, broken glass and any other contaminate disposable sharp instruments or items.

Group C - microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.

Group D - drugs or other pharmaceutical products.

Group E - items used to dispose of urine, faeces and other bodily secretions or excretions which do not fall within Group A, this includes used disposable bed pans or bed pan liners, incontinence pads, stoma bags and urine containers where there is **no risk** of blood contamination, and where a suitable risk assessment has been carried out.

5.3 However, the legislation now means that Category E waste can be disposed of with your normal household waste. This also includes commercial waste collected from our customers which can be collected in our bins as a mixed load.