NORTH HERTFORDSHIRE DISTRICT COUNCIL

Council Offices, Gernon Road, Letchworth Garden City, Hertfordshire, SG6 3JF
Telephone: (01462) 474000
Text Phone: (01462) 474800
DX 31317, Letchworth

Our Ref: Clinical Waste Application
Contact: Waste Management
Direct Line: 0800 3286023
Email service@north-herts.gov.uk

Dear Resident

Clinical Waste Collection Services

Thank you for contacting us recently regarding your waste. You have indicated you may need a clinical waste collection.

Please find enclosed an application form to be completed and returned to:
North Hertfordshire District Council, Waste Management, Council Offices, Gernon Road, Letchworth Garden City, Herts, SG6 3JF

This application form is only for the collection of infectious healthcare waste from residents treating themselves at home and requires a referral signature from a healthcare professional such as a GP or district nurse. This can be a temporary collection for a few weeks (due to a temporary infection) or a longer term service as required.

If the waste produced is associated with cytotoxic and cytostatic medicines it is unlikely that we will be able to collect it. For more information please contact us.

A separate application can be made over the phone should you require a sharps box. Please phone: 0800 328 6023.

Healthcare waste, arising from a person without an infection, can be placed in your household purple refuse bin; this includes wound dressings, sanitary towels, incontinence pads and empty stoma and catheter bags. Additional refuse capacity may be available for households producing large volumes of non-recyclable waste for this reason. Please request an additional capacity application form instead.

Cardboard boxes and other recyclable packaging for items such as incontinence pads or dressings can be recycled in your grey bin or by the side of it if you have additional recycling that does not fit in your grey bin. Medicines should be returned to your pharmacy if unused.

If your application is approved, your clinical waste will be collected weekly in special orange bags. These should be sealed and placed out for collection by 7am on your the scheduled collection day. You will be informed of your collection day once a collection is confirmed.

If you require any further information please contact us on the number above.

Yours sincerely

Waste Management Team

NORTH HERTFORDSHIRE DISTRICT COUNCIL

Clinical Waste Application

You do not need a separate clinical waste collection if the following applies:

- The waste includes wound dressings, sanitary towels, incontinence pads or nappies and emptied stoma and catheter bags. These items can all be disposed of into your purple bin. The only exception to this is if the waste is from someone carrying an infection.
- You are treated at home by a nurse or healthcare professional – who should take any waste arising from dressings, medications, etc. away with them

A separate clinical collection will only be provided if the waste is infectious, as confirmed by a healthcare professional.

If the waste produced is associated with cytotoxic and cytostatic medicines it is unlikely that we will be able to collect it. For more information please contact us.

If you require a sharps box collection, please register by phoning 0800 328 6023.

Section 1: Resident's Details

Title:_____Name:_____

Address:_____

Telephone: _____ E-mail:_____

I require a collection of **infectious** waste for the following items: (*Please tick all which apply*)

Incontinence pads / nappy waste	
Swabs and/or wound dressings	
Stoma/ catheter bags	
Other waste- Please provide further details below	

_____

Supporting information and declaration

Please provide any other details which you feel we may find useful in correctly identifying and disposing of the waste safely.

_____

I confirm that the information I have provided on this form is accurate and should my circumstances change or I move address, I will inform the council.

Resident signature: _____ Date:_____

Please pass this form to your healthcare professional, this can be a care worker, community nurse or doctor. They will need to complete the reverse of this form to ensure the waste is correctly identified and disposed of accordingly.

Section 2: To be completed by a Healthcare Professional

Name:_____

Position:_____

Organisation:_____ Telephone:_____

E-mail:_____

Preferred method of contact:_____

a) I confirm that the person named above requires a collection of **infectious** waste ☐

b) I anticipate the person named above will require specialist collection for infectious waste for the following duration:

Up to 6 weeks	Up to 3 months	Up to 6 months	Over 6 months

c) Approximately what quantity of waste requiring specialist disposal would you anticipate the named person above to produce weekly?

1 small carrier bag	
Up to 1 large sack/ bag	
2 to 3 large sacks/ bags	
More than 3 large sacks/ bags	

I confirm the waste described is an accurate description of the needs of the resident, to ensure waste is disposed of correctly in accordance with the waste 'duty of care'.

Healthcare professional signature:_____ Date:_____

This information will be shared with our collection contractor to provide requested services and securely destroyed when services are no longer required. For residents of Sheltered Housing Schemes, we may share this information with your scheme manager to facilitate provision, storage and collection of sacks.

This data will be dealt with in accordance with the Data Protection Act 1998 and will be used for the purposes of compliance with NHDC policy and for service delivery.

If you require further information or help completing this form please contact us:
0800 328 6023