

# Community Waste Risk Assessment and Clinical/ Special Waste Uplift Request Form (Example)

*This form must be completed for all patients where a request for Clinical/Special Waste uplift is being made.*

## Section 1 - Risk Assessment

Question	Yes (✓)	No (✓)
Does the waste contain significant quantities of blood or haemodialysis waste?		
Does the waste contain items used to dispose of faeces known to be infected with eg. Salmonella paratyphi A, B, C; Salmonella typhi; Shigella dysenteriae; E. coli 0157 etc.?		
Does the waste contain items used to collect drainage from body cavities via drainage tubes, fistula etc., but excluding peritoneal dialysis, urine drainage or stoma bags.		
Does the waste contain items used to collect respiratory secretions from an individual known or clinically assessed to have acute Pulmonary Mycobacterial infection?		
Does the waste contain sharps (volume too great for staff members' sharps container)?		
Does the waste contain human tissue eg. foetal tissue or placenta, or excretion/secretions or items from an individual with known or clinically assessed infection with a Group 4 Pathogen? <b>**High Risk Clinical Waste</b>		
Does the waste contain cytotoxic material? <b>**Special Waste</b>		

**Date Risk Assessment Carried Out .....**

**Signature .....**

If the answer to all of the questions above is **NO** then the patients' waste can be disposed of as household waste. Patients should be given advice on how to dispose of their waste and be provided with a community waste information leaflet. This assessment should be kept in the patients' records.

If the answer to any of the above questions is **YES** then Clinical Waste is being generated and the remainder of the form should be completed in full and sent to the Site Logistics Manager. This assessment should be kept in the patients' records and reviewed three monthly or sooner, if required.

## **Section 2 - Description**

How is the waste contained?

Sharps Container

Yellow Sack

Orange Sack

Community Waste Bin


What is the estimated amount of waste per week (number of items)?

Is a lockable yellow-wheeled bin required (more than 2 sacks generated within a week)?

Yes

☐

No

☐

Has the client been given an appropriate coloured sack, sharps container or community waste bin?

Yes

☐

No

☐

Has the client received full instruction on how to use and secure the sack, sharps container or community waste bin?

Yes

☐

No

☐

Has the client been given a community waste information leaflet?

Yes

☐

No

☐

Has an appropriate secure location been identified to store the waste prior to uplift?

Yes

☐

No

☐

**Section 3 - Location of Waste**

Full Name of Patient/Householder

Address

Telephone Contact Number

General Practitioner

**Date  
Requested**

**Signature**

**Date  
Received**

**Signature**

**Date Written  
Reminder  
Sent to Client**

**Signature**

**Date  
Discontinued**

**Signature**