Reference Number: UHBOBS136 **Version Number: 4**	**Date of Next Review:** **Previous Trust/LHB Reference Number: n/a**

PROTOCOL FOR STORAGE & COLLECTION OF PLACENTAL WASTE FROM DELIVERY SUITE / MIDWIFERY LED UNIT / GYNAE THEATRE

Policy Statement

All nursing and clinical staff have a legal obligation under the Hazardous Waste Regulation 2005 to store waste appropriately using Trust and Contractor approved containers. Failure to follow the protocol outlined in this document will result in the possibility of the Trust being prosecuted by the Environment Agency (EA) and receiving a fine of between £1,000 and £250,000.

Objectives

To provide clear guidance for staff in the correct storage and disposal of placental waste

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts

Distribution

This policy and procedure will be made available on the UHB intranet and internet sites.

Review

This policy and procedure will be reviewed by the Maternity Professional Forum every three years or sooner if appropriate.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has not been completed as it not relevant for this document.

Policy Approved by	
Group with authority to approve procedures written to explain how this policy will be implemented	Maternity Professional Forum
Accountable Executive or Clinical Board Director	Executive Nursing Director

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1	Oct 2009	Oct 2009	
2	Oct 2012	Nov 2012	Reviewed and amended by Yvonne Robinson
3	MPF 15/7/19 Q&S 6/9/19	9/9/19	Reviewed and amended by Lisa Edwards and Annie Burrin
4	MPF 14/9/22	19/10/22	Reviewed and amended by Annie Burrin Updated to amend guidance so that all placentae are kept within maternity services for at least 24 hours. Placentae will be refrigerated, not frozen

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Important Revision to Guidance August 2022

Due to a recurring theme in maternity investigations after adverse incidents, this guidance has been changed so that all placentae are kept in maternity services for at least 24 hours following birth. This is to ensure that should there be a neonatal admission to the Neonatal Unit the placenta can be retrieved and sent for histology.

All placenta should be kept together for each calendar day. e.g. All babies born from 00:01 hours to 24:00 hours should be kept together and only removed by Waste Services as follows:

Day of week baby born	Day of week removed by Waste Services
Placentae of all babies born from 00:01 Monday to 24:00 Monday	Wednesday
Placentae of all babies born from 00:01 Tuesday to 24:00 Tuesday	Thursday
Placentae of all babies born from 00:01 Wednesday to 24:00 Wednesday	Friday
Placentae of all babies born from 00:01 Thursday to 24:00 Thursday	Saturday
Placentae of all babies born from 00:01 Friday to 24:00 Friday	Sunday
Placentae of all babies born from 00:01 Saturday to 24:00 Saturday	Monday
Placentae of all babies born from 00:01 Sunday to 24:00 Sunday	Tuesday

Protocol –O&G Clinical Staff

Placenta waste must be placed in yellow containers designed for this type of waste with a leak proof gel sealing lid to ensure no spillages occur in transit. No other container must be used to store this waste. It is the Department's responsibility to ensure that there is adequate stock of these boxes to store placenta waste. Placenta containers must not be placed in the freezer as this

causes damage to the gel seal top resulting in the lid popping when the contents thaw. Placentae must be placed in individual bags in the placenta refridgerator and each bag must be secured using a bag tie identifying the waste as belonging to that department. A maximum of 3 bagged placentas can be placed in each container. This will ensure that during the thawing process additional liquids generated will not cause excess expansion of the box and cause the lids to pop off. The identification information on the front of the box must be completed when the box is first used, then when it is sealed and then when it is collected by the Waste Management team. Failure to identify placenta boxes will result in the waste remaining in the waste room until this task has been carried out by nursing/clinical staff. Nursing/clinical staff are responsible for ensuring that lids are sealed correctly before handing waste to waste management collection team. A member of staff from the Delivery Suite must be available to check placenta waste prior to collection from the area to ensure waste containers are correctly sealed and identified.

Any samples sent to Histopathology should be recorded in the diary on the reception desk on Delivery Suite with the patient demographics and date/time sent.

N.B. Placentae from every stillbirth, neonatal death and unexpected neonatal admission must be sent to Histopathology

This information can be utilised as an audit trail for all samples sent.

Protocol -Waste Management Team

Waste Collector/Driver must service Delivery Suite daily at the allocated time. Additional collection times can be arranged as service dictates. Upon arrival at the Delivery Suite the Waste Collector/driver must ask that a member of maternity staff accompany him to the waste room to ensure that the placental waste is handed over with the lid securely fitted and the box identified correctly. Waste Collector/Drivers must ensure that placenta boxes are stacked safely and placed upright in external yellow bin containers for onward storage to the waste yard. Waste Supervisor or designated member of the waste team must check placenta waste when it arrives at the waste yard to ensure no spillage has occurred in transit. If a spillage is detected in the waste yard, the yellow external bin must be returned to the Delivery Suite and a member of the Delivery Suite staff will be responsible for either decanting waste into another waste container or ensuring that the lid is correctly sealed on the box(s). Waste Supervisor or his/her designated waste team member will be responsible for

checking the SRCL yellow bin prior to it being placed on the SRCL lorry to ensure containers in bin are upright and that the waste is secure before leaving UHW site. If a breach to agreed protocols occurs, Waste & UHE Officer or designated member of waste team must inform their Line Manager immediately. Photographic evidence must be collected so that this accompanies the breach notice to be sent to Directorate Manager and Delivery Suite Manager/Senior Nurse.

Waste Management team will provide advice and training on waste compliance issues on a regular basis as directed by Delivery Suite Manager.

Protocol –SRCL

Any bins from UHW that arrive at SRCL plant with spillage of blood or any other bodily fluid will be quarantined by SRCL at their Bridgend plant and a member of SRCL will contact the Trust's Senior Waste Advisor/Compliance Manager/Service Improvement & Modernisation Manager for instruction on how to proceed with this waste. It may be necessary for a member of the Waste Management Team to visit SRCL plant at Bridgend in order to photograph and identify the waste so that the non-compliant area is contacted to assist with the investigation. It may be necessary for the Trust to arrange for the offending waste to be returned to UHW for correct storage and bin wash. Once the waste has been contained in appropriate containers on UHW site, the waste will be placed in the waste yard at UHW for collection by SRCL.