

HEALTH AND HAZARDOUS SUBSTANCES IN WASTE AND RECYCLING

This guidance has been developed by the Waste Industry Safety and Health (WISH) Forum to help control safety and health risks in the waste management industry associated with health and hazardous substances in waste and recycling. The Health and Safety Executive (HSE) was consulted in the production of this publication. It endorses the sensible, proportionate, reasonable and balanced advice to owners on managing the risk from this guidance during the waste-related activities as set out in the guidance.

This guidance provides information about common health hazards associated with exposure to hazardous substances (including harmful microorganisms) when handling waste and recyclables during collection and sorting activities. It outlines how to identify and assess those hazards and how to eliminate or reduce the risk of ill health from exposure to them. The guidance includes information about health risks associated with handling needles and other 'sharps'. It is aimed at employers, managers, supervisors and health and safety advisers in the waste and recycling industry.



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1. Introduction

The guidance aims to help employers remove or reduce the risk of ill health associated with exposure to hazardous substances (including harmful microorganisms, eg bacteria, viruses, fungi and parasites) when handling waste and recyclables during collection and sorting activities. It covers the health risks associated with handling needles and other 'sharps'.

The guidance is aimed at employers, managers, supervisors and health and safety advisers in the waste and recycling industry. It may also be used to support the health pocket card *Stay clean – stay healthy* which provides waste and recycling workers with basic health information.

The guidance does not aim to be comprehensive. For example, it does not cover health issues associated with asbestos, noise and manual handling. Nor does it cover health issues during onward processing activities. See HSE's waste website at www.hse.gov.uk/waste for more information on these.

2. Health risks from hazardous substances

2.1 Hazardous substances

Harmful substances that may be encountered collecting and sorting waste/recyclables include:

- Chemicals – such as:
 - Pesticides
 - Garden products
 - Car batteries
 - Bleach
 - Paint
 - Varnishes
 - Cleaning products

- Biological agents – associated with:
 - Human waste (eg faeces present in nappies, incontinence pads and stoma bags)
 - Green waste
 - Food waste
 - Animal infestations (such as rodents)
 - Dead animal carcasses
 - Animal waste (inc straw and hay) produced from domestic pet litter trays, hutches etc
 - Used needles/syringes and drugs/sex litter (such as condoms)

2.2 Routes of exposure

Ill health from potentially hazardous substances or microorganisms, during collection and sorting activities, can occur via the following routes:

- Skin contact, especially through cuts/abrasions or contact with the eye's mucus membrane
- Skin penetration through sharps injuries
- Ingestion through hand-to-mouth contact (usually when eating, drinking or smoking)
- Breathing in infectious aerosols/droplets from the air

Sharp items, such as broken glass and tin cans, may increase the risk of exposure.

2.3 Managing the risk

Every year, thousands of workers are made ill after exposure to harmful microorganisms or other hazardous substances. Employers are responsible for taking effective measures to control exposure and protect health. The Control of Substances Hazardous to Health Regulations 2002 (COSHH 2002) contains the main relevant legal requirements. Requirements include assessing the risk from harmful substances and preventing or controlling exposure to them.

This means employers should consider how employees (and others) may be exposed to harmful substances or microorganisms and decide whether they are doing enough to prevent this happening. Employers should always try to prevent exposure at source. For example, consider working with other agencies to reduce the risk at source by promoting/ providing:

- Needle return schemes
- Guidance for householders on how to present waste and recyclables
- Dog faeces bins
- Hazardous waste return schemes etc

If exposure cannot be prevented, put suitable measures in place to control it adequately.

Most risks are eliminated or reduced by simple control measures, but there are some activities where immunisation may also be needed. More information about infections at work can be found at www.hse.gov.uk/biosafety/infection.htm.

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COSHH requires employers to take the following general steps to assess and manage the risk of ill health by preventing or reducing workers exposure to hazardous substances:

- Find out what the health hazards are from harmful substances and microorganisms
- Identify who might be harmed and how
- Decide how to prevent or reduce that harm
- Implement appropriate control measures
- Make sure those control measures are used and kept in good order
- Monitor and review the risk assessment regularly, or if there is a significant change

There is more information on assessing health risks in accordance with COSHH at www.hse.gov.uk/coshh/index.htm .

3. Routine control measures

Employers should provide and maintain the following general control measures, adapted as appropriate to local circumstances.

3.1 Information, instruction, training and supervision

All employees need to know how to work safely and without risks to their health. Employers must provide clear instructions, information and adequate training for their employees on: the risks they may face;

- Measures in place to control the risks
- Good personal hygiene
- Procedures for dealing with incidents (eg what to do if there is a spillage, if employees become contaminated or if they handle contaminated material)
- Reporting arrangements if employees are potentially exposed to a hazardous substance (eg through damage to gloves or another failure of an intended control measure)

There must be adequate supervision to ensure control measures are used and procedures followed. It is particularly important to consider the training needs and supervision of:

- New recruits and trainees
- Young people who are particularly vulnerable to accidents
- People changing jobs, or taking on new responsibilities
- Health and safety representatives, who have particular laws relating to them

Any new worker, including temporary workers, should be properly inducted and trained before they are allowed to begin working. All workers need to be informed/retrained as appropriate when risks and/or control measures are updated, and may need to be reminded periodically. When planning information, instruction and training, bear in mind workers who do not speak English as their first language.

For more specific advice, see HSE's leaflet Health and safety training: A brief guide to employers and the information sheet Health and safety training: Guidelines for the waste management and recycling industry.

3.2 Personal hygiene

A good standard of personal hygiene is essential to prevent ill health. Facilities should be provided for workers to maintain effective hygiene, including:

- Appropriate protective clothing, eg gloves, safety boots and cut-resistant trousers
- At fixed sites, adequate hand-washing facilities (including warm running water, soap towels)
- On collection vehicles, hand wash basins (with soap, warm/cold water provision and towels), hand wipes and hand gels either separately or in combination (as well as in conjunction with other measures, eg provision of personal protective equipment), as appropriate to the activity and risk. Alternative control measures can be used if it can be demonstrated they are the most effective and reliable control options. Factors to consider include:
 - The nature and type of materials being collected
 - The potential level (low/medium/high) and frequency of contamination
 - Levels of containment (eg bags, wheelie bins, boxes)
 - Routes of exposure
 - The location of collection activities (eg rural and urban)
 - The hierarchy of controls and specific measures, as well as principles of good practice (as outlined in COSHH 2002) such that the control measures adopted are effective, reliable, practicable and workable to control exposure adequately
- Emergency decontamination procedures and arrangements. For example, during collection activities if gross contamination occurs (eg from split bags, contact with animal and human waste, acids, alkalis etc) the provision of hand wipes and/or gels alone is unlikely to be sufficient. Where such circumstances are foreseeable, emergency arrangements should be provided, including for example additional measures to help with cleaning (such as a readily available bulk supply of clean water, identification of locally available welfare facilities etc)
- Facilities and equipment provided should be kept sufficiently stocked and/or maintained in good working order
- Avoid strong or abrasive cleansers that can cause irritant dermatitis

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Those handling waste and recycling materials should:

- Use the appropriate equipment for the task, eg:
 - Litter-picking tongs
 - Shovels
 - Sharps boxes
 - Containers
 - Ventilation equipment and lighting
- Wear the appropriate protective clothing provided to minimise personal contamination, eg:
 - Gloves
 - Safety boots
 - Cut-resistant trousers
- Clean hands (and arms if necessary):
 - Before eating
 - Before drinking
 - Before smoking
 - Before using the telephone
 - Before taking medication
 - Before inserting contact lenses
 - Before and after wearing gloves
 - Before and after using the toilet
 - And after coming into contact with contaminated material (even if gloves were worn)
- Cover all new and existing cuts and grazes with waterproof dressings and/or gloves before starting work. If cuts and grazes occur, clean them immediately with soap and running water and apply a waterproof dressing
- Take rest breaks away from the main work area (eg in the cab for mobile crews)
- Avoid hand-to-mouth or hand-to-eye contact
- Avoid transferring contamination (eg from used gloves) to other objects which may then be touched without protection (eg mobile phones)

3.3 First aid

Employers are responsible for making sure employees receive immediate attention if taken ill or injured at work. Arrangements will depend on the particular circumstances of the workplace and employers need to assess first-aid needs. As a minimum, employers must have:

- A suitably stocked first-aid box
- An appointed person to take charge of first-aid arrangements
- Information for all employees giving details of the first-aid arrangements

These should be available at the point of need (eg on collection vehicles).

Depending on circumstances, a first-aider (ie someone trained by an approved organisation, who holds a qualification in first aid at work or emergency first aid at work) might be appropriate.

There is more guidance on first aid at work at www.hse.gov.uk/firstaid .

3.4 Health surveillance

Health surveillance allows early identification of ill health and helps to make sure there is corrective action. Health surveillance may be a legal requirement if employees are exposed to solvents, fumes, dusts, biological agents and other substances hazardous to health.

Relate decisions on the appropriate form and extent of suitable health surveillance to the particular circumstances of exposure (level, frequency and duration) and degree of risk. Employers may need the advice of a competent person, such as an occupational health professional.

Employers will need to review their risk assessments when feedback from health surveillance indicates harmful exposure may be taking place.

Employees and their representatives should be involved at an early stage, so they understand their roles and the purpose of the health surveillance arrangements.

There is more information at www.hse.gov.uk/health-surveillance/index.htm .

3.5 Reporting occupational diseases and incidents

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), requires specific types of accidents/ incidents and occupational diseases to be reported to the relevant enforcing authority (usually HSE).

Reportable diseases, infections and ill health include:

- Some skin diseases, such as occupational dermatitis
- Infections such as hepatitis, leptospirosis and tetanus
- Blood-borne viruses (BBV) caused by exposure to biological agents, such as blood or body fluids, or any potentially infective material

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A full list of the occupational diseases reportable under RIDDOR can be found at www.hse.gov.uk/riddor and there is more advice in HSE's leaflet Reporting accidents and incidents at work: A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

A needle stick or 'sharps' (eg scalpel blade) injury must be reported: when an employee is injured by a needle stick or 'sharp' known to be contaminated with a blood-borne virus (BBV). This is reportable as a dangerous occurrence;

- When the employee receives a needle stick or sharps injury and a blood-borne virus (BBV) acquired by this route sero-converts (ie the employee tests positive on an antibody test), this is reportable as a disease (see www.hse.gov.uk/riddor)
- If the injury itself leads to a worker being incapacitated for more than seven consecutive days

3.6 Worker consultation and engagement

Involving and consulting workers is essential to ensure safe working practices in waste and recycling activities. See more information about worker consultation at www.hse.gov.uk/involvement and in the HSE leaflet Consulting employees on health and safety: *A brief guide to the law*.

4. Specific control measures

4.1 Skin diseases

Dermatitis

Dermatitis is a condition caused by contact with something that irritates the skin or causes an allergic response. Symptoms can include itching, scaling/flaking, rough or dry skin, redness, or weeping. Often workers with a skin complaint find the problem clears up away from work. Employers should provide the following control measures to protect the skin:

- Arrangements (including facilities, training and supervision) to ensure good personal hygiene
- Suitable gloves (selection can be complex, see further guidance in *managing risks from skin exposure at work*)
- An effective skincare programme to keep the skin moisturised (including mild cleansers, clean towels and after-work skin creams)
- A system for employees to report symptoms to the employer
- Information, instruction and training on:
 - How to wash any contamination from skin promptly
 - The importance of thoroughly drying hands after washing and before pulling on gloves
 - Reporting any symptoms of dermatitis to a responsible person (eg a supervisor)

If, despite control measures, the risk assessment shows there is a residual risk of dermatitis, put a system of skin checks in place, which could be performed by a responsible person trained by an occupational health professional.

For more information on dermatitis, see HSE's leaflet Preventing contact dermatitis at work and www.hse.gov.uk/skin.

Skin cancer

Skin cancer is one of the most common forms of cancer in the UK. Symptoms include moles or spots changing shape, size, colour or itching or bleeding. Exposure to ultraviolet (UV) radiation from the sun can cause skin damage, including sunburn, blistering and ageing. In the long term, it can lead to skin cancer. Outdoor workers, such as collection operatives, are at risk if their work results in exposure to direct sunlight for long periods. To control such risk, workers should:

- Cover up – wear hats and long-sleeved shirts
- Stay in the shade whenever possible, especially during breaks
- Use a high-factor sunscreen of at least spf15 on any exposed skin
- Check skin regularly and see a doctor if they find any moles or spots that are changing in shape, size or colour, or itching or bleeding, or if they find any new spots, bumps, lumps or skin discolourations which do not heal after 14 days
- Be provided with drinking water to avoid dehydration
- Be provided with information, instruction and training covering the risks and control measures

See HSE's leaflet Keep your top on: Health risks from working in the sun.

4.2 Chemical hazards

Contact with chemicals, pesticides and insecticide residues are possible through cuts, grazes, or hand-to-mouth contact (eg from garden products, battery acid, cleaning products etc). Control measures include:

- Wearing personal protective clothing
- Good personal hygiene
- Providing information, instruction and training on what to do if there is a spillage, if workers become contaminated or if they handle. Contaminated material should include:
 - Emergency decontamination arrangements
 - Reporting arrangements after exposure to a hazardous substance

4.3 Biological hazards

Biological hazards may be derived from various sources and potentially include viruses, bacteria, fungi and other microorganisms.

Microorganisms naturally present in soil and on vegetation

There are always bacteria and fungi present in soil and vegetation. These may increase in number the higher the organic matter content, eg rotting food waste. Mostly, these bacteria and fungi pose minimal risk, but it is important to consider the following:

- Tetanus – this is caused by the bacterium *Clostridium tetani* which may be present in organic-rich soils. Associated with puncture wounds caused by sharp objects, such as wood shards, nails, metal etc, symptoms include exaggerated reflexes, muscle rigidity and uncontrolled muscle spasms (lockjaw). Specific controls include:
 - Removing nails from timber
 - Avoiding walking on waste or recyclable loads and piles
 - Immunisation (available free from gps regardless of workplace risk). Employers should check that employees have had a full course of immunisation and encourage them to keep vaccinations up to date (eg by periodic reminders with pay notifications)
 - Seek medical advice if an employee sustains a tetanus-prone injury (eg a puncture wound or animal bite)
- Bioaerosols – when organic waste such as vegetation is stored for any period, the microorganisms naturally present will multiply quickly, especially if the waste is warm and moist. Airborne microorganisms (bioaerosols) can be generated from waste with an organic content by mechanical or manual handling or by tipping it into collection vehicles. These bioaerosols can be breathed in and exposure to large numbers of bioaerosols over a long period can trigger an allergic reaction (ie respiratory sensitisation) in some workers. However, in addition to the general control measures above, this type of exposure can be avoided during waste collection and handling by adopting further suitable control measures such as:
 - Equipment that can separate workers from exposure, such as automated bin emptying
 - Safe practices associated with this equipment, such as keeping bags and containers closed as much as possible and moving away from tipping points as soon as possible
 - Systems of work that minimise dust and bioaerosol generation (eg using compostable waste sacks that do not need to be opened or removed from the waste stream, avoiding manual tipping from heights that can generate dust, and removing the need for double tipping (emptying bags into bins to be tipped into vehicles)
 - Dust containment or suppression, especially at waste receiving or transfer stations (eg rubber/plastic strip curtains to tipping chutes to contain dust clouds, use of water mist or spray dust suppression)

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- Wearing suitable respiratory protective equipment if employees are likely to be working for long periods in a dusty environment (such equipment would need to be worn in accordance with manufacturers' instructions and kept clean and well maintained)
- Health surveillance: decisions on the appropriate form and extent of suitable health surveillance should be related to the particular circumstances of exposure (level, frequency and duration) and the degree of risk identified by the COSHH assessment. Decisions on the appropriate form of health surveillance may require the advice of an occupational health professional

For further information on bioaerosols associated with composting activities (where there is potential for greater concentrations to be present) see www.hse.gov.uk/waste/composting.htm .

Microorganisms from human or animal waste

This includes human faeces in nappies, incontinence pads or stoma bags and animal waste such as pet faeces in the contents of litter trays, and bedding (eg in hutches). Typical microorganisms in such waste include:

- Faecally derived organisms such as:
 - *E coli*, *Campylobacter*, *Salmonella* and other bacteria, and viruses that cause gastroenteritis. These can be transmitted via hand-to-mouth contact with faeces or contaminated materials, resulting in diarrhoea, vomiting and fever
 - Hepatitis A – this is transferred by ingestion of infected faeces. It causes flu-like symptoms, abdominal pain or jaundice
- Parasites associated with pet faeces such as:
 - Toxoplasma – a parasite found in cat faeces in particular, which causes the infection toxoplasmosis. The effects are usually minor in healthy people but rarely the infection can be transmitted from a pregnant woman to her unborn child, who can suffer serious effects
 - Toxocara – this causes toxocariasis. This is a rare disease transmitted from dog or cat faeces. Infection causes abdominal pain and, in very isolated cases, the parasite can infect the eye, as well as the lungs, liver and brain

The main route of transmission is hand-to-mouth contact with faeces or faecally contaminated material. As well as the general control measures, other relevant, specific control measures include:

- Wearing gloves
- Encouraging householders to securely wrap faecal matter (nappies, pet waste and litter) before placing it in domestic waste
- Encouraging or offering employees a vaccination against hepatitis A if a risk assessment reveals exposure to, including contamination with, human faecal matter is likely

More information on offensive/hygiene waste can be found in Managing offensive/hygiene waste.

Microorganisms from animal infestations (such as rodents)

Diseases transmitted from animals to humans are also known as zoonoses. The main one potentially associated with waste material is leptospirosis.

- Leptospirosis (Weil's disease) this is a waterborne infection associated with rat's urine. Transmission is mainly through cuts and scratches in direct contact with contaminated water. Symptoms include fever, headache, vomiting and muscle pain, possibly leading to jaundice, meningitis and kidney damage. As well as general controls, relevant, specific control measures include:
 - Good rodent control at transfer and sorting sites
 - Wearing suitable protective clothing, eg gloves, footwear, trousers
 - Avoiding handling bags/other receptacles accessible to rats without hand/forearm protection
 - Encouraging workers to report symptoms to their doctor straight away. The pocket card *leptospirosis: are you at risk?* is useful for them

Blood-borne viruses

These are transmitted through direct contact with contaminated body fluids in needles/syringes/other clinical waste and include:

- Hepatitis B and C and HIV – hepatitis B and C may cause acute inflammation of the liver (hepatitis). HIV may cause acquired immune deficiency (AIDS). Infection is possible through accidental contamination by a sharp object, such as a discarded needle, or from clinical waste incorrectly entering the general waste stream. In addition to the general controls outlined previously, specific controls to help manage the risk of infection from needle stick and 'sharps' injuries outlined below

5. Managing the risk of infection from needle stick and 'sharps' injuries

5.1 Risk of infection

Needles and other sharp clinical devices, such as scalpel blades (known as 'sharps'), which have been disposed of correctly as clinical waste, will be handled by specialist hazardous waste companies using established safe procedures and should pose no risk. Despite this, workers can be exposed to discarded needles and other 'sharps' during waste and recycling collection, and sorting activities. The actual risk of infection depends on:

- Whether the needle contains blood residues
- Whether the needle user was infected with hepatitis or HIV viruses
- How much infected material enters the bloodstream (eg a needle attached to a syringe containing blood is likely to be a higher risk than a detached needle)
- How infective the material is (viruses will die at differing speeds when outside the body)

5.2 Control measures

Separate the worker from the hazard

To separate the worker from the hazard, use:

- Rigid containers (eg wheelie bins) instead of plastic sacks
- Non-manual waste handling procedures

If manual handling of waste cannot be avoided

Use the following measures if manual handling cannot be avoided:

- Provide suitable puncture/cut-resistant gloves and clothing to help protect hands/arms/legs
- Inform employees they should assume any discarded needles could potentially be infected and treat accordingly (in particular, do not attempt to re-sheath individual needles)
- Provide appropriate tools for picking up needles, eg pincer tools/tongs/litter picker/tweezers, dustpan and hand brush
- Provide an appropriate, secure container (sharps box) for sharps disposal and have a policy and procedure in place for their safe disposal
- Provide appropriate first-aid equipment, details of the nearest accident and emergency dept
- Offer hepatitis B immunisation for staff if the risk assessment warrants it (seek advice from your organisation's occupational health physician/adviser). There is no immunisation available for hepatitis C or HIV

Dealing with needle stick and sharps incidents

To deal with needle stick and sharps incidents:

- Encourage the wound to bleed, ideally by holding it under running water. Do not suck it
- Wash the wound using running water and soap, but do not scrub it
- If water is not available, use cleansing wipes from a first-aid kit. Cover the wound with a dry plaster/dressing
- Seek medical advice immediately – send the person to the nearest accident and emergency department as soon as the wound has been cleaned and covered, so that an assessment can be made about any further treatment and/or immunisation for:

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- Hepatitis B, post-exposure prophylaxis (PEP)
- HIV (treatment to reduce the risk of HIV infection)
- Treatment for general wound infection
- Formally record the incident, including details of the action taken
- Report the incident to the enforcing authority if necessary

Assess the risks further

To assess risks further:

- Implement a needle finds reporting system
- Use this system to identify places where risks are highest, so these can be targeted for additional precautions and controls

Provide information to employees

Employers should consider providing employees with information cards highlighting what to do, eg:

Example of the type of information to provide to employees Disposal of needles

- Be alert! Look for obvious needles before handling waste
- Always wear suitable gloves – even when using tools to move needles. Don't rely on gloves to give total protection, but they can help stop punctures through accidental contact
- Don't try to re-sheath needles
- Sweep up needles with a dust pan and brush, or use a pincer tool.
- Place needles in a sharps box – take the sharps box to the needle, not the needle to the box (where possible). Try to put the box on an even surface before opening it to put the needle in
- Do not overfill sharps boxes or try to push the contents down. Before disposal, seal boxes and dispose of them in line with your organisation's instructions
- Inform your line managers of any needles you have found as soon as possible

Action after a puncture wound from a needle

- First, encourage the wound to bleed, ideally by holding it under running water. Do not suck it
- Wash the wound using running water and soap, but do not scrub it
- If water is not available, you should use cleansing wipes from a first-aid kit. Cover the wound with a dry plaster/dressing
- Seek medical advice **immediately** – go to the nearest accident and emergency department as soon as the wound has been cleaned and covered, so they can make an assessment about any further treatment and/or immunisation for hepatitis B, treatment to reduce risk of HIV infection and treatment for general wound infection
- Report the incident to your employer

6. Further reading and information

Stay clean – stay healthy. Looking after your health in the waste/ recycling industry INDG415 HSE Books 2007 www.hse.gov.uk/pubns/indg415.pdf

Control of substances hazardous to health (COSHH. The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Sixth edition) HSE Books 2013 ISBN 978 0 7176 6582 2 www.hse.gov.uk/pubns/books/l5.htm

Health and safety training: A brief guide Leaflet INDG345(rev1) HSE Books 2013 www.hse.gov.uk/pubns/indg345.htm

Health and safety training: Guidelines for the waste management and recycling sector Waste21 HSE Books 2007 www.hse.gov.uk/pubns/waste21.pdf

Reporting accidents and incidents at work: A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Leaflet INDG453(rev1) HSE Books 2013 www.hse.gov.uk/pubns/indg453.htm

Consulting employees on health and safety: A brief guide to the law Leaflet INDG232(rev2) HSE Books 2013 www.hse.gov.uk/pubns/indg232.htm

Managing skin exposure risks at work HSG262 HSE Books 2009 ISBN 978 0 7176 6309 5 www.hse.gov.uk/pubns/books/hsg262.htm

Preventing contact dermatitis at work Leaflet INDG233(rev1) HSE Books 2007 www.hse.gov.uk/pubns/indg233.htm

Keep your top on: Health risks from working in the sun Leaflet INDG147(rev1) HSE Books 1998 www.hse.gov.uk/pubns/indg147.pdf

Managing offensive/hygiene waste Waste22 HSE Books 2009 www.hse.gov.uk/pubns/waste22.pdf

Leptospirosis: Are you at risk? INDG84(rev1) HSE Books 2011 www.hse.gov.uk/pubns/indg84.htm

A step by step guide to COSHH assessment HSG97 (Second edition) HSE Books 2004 ISBN 978 0 7176 2785 1 www.hse.gov.uk/pubns/books/hsg97.htm

Working with substances hazardous to health: A brief guide to COSHH Leaflet INDG136(rev5) HSE Books 2012 www.hse.gov.uk/pubns/indg136.htm

Health and safety training: A brief guide Leaflet INDG345(rev1) HSE Books 2013 www.hse.gov.uk/pubns/indg345.htm

Blood-borne viruses in the workplace: Guidance for employers and employees Leaflet INDG342 HSE Books 2001 www.hse.gov.uk/pubns/indg342.htm

Working with sewage: The health hazards A guide for employees INDG197 HSE Books 1995 www.hse.gov.uk/pubns/indg197.pdf

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Advisory Committee on Dangerous Pathogens Infection at work: Controlling the risks Department of Health 2003 www.hse.gov.uk/pubns/infection.pdf

Advisory Committee on Dangerous Pathogens Protection against bloodborne infections in the workplace: HIV and hepatitis HSE 2009 www.hse.gov.uk/biosafety/diseases/bbv.pdf

BS EN ISO 2390 7:2012 Sharps injury protection. Requirements and test methods. Sharps containers British Standards Institution

BS EN 388: 2003 Protective gloves against mechanical risks British Standards Institution

HSE website: www.hse.gov.uk

HSE's waste website: www.hse.gov.uk/waste

HSE's biosafety website: www.hse.gov.uk/biosafety

HSE's COSHH website: www.hse.gov.uk/coshh

HSE's health surveillance website: www.hse.gov.uk/health-surveillance

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The Waste Industry Safety and Health (WISH) Forum exists to communicate and consult with key stakeholders, including local and national government bodies, equipment manufacturers, trade associations, professional associations and trade unions. The aim of WISH is to identify, devise and promote activities that can improve industry health and safety performance.

Further information

This guidance is issued by the Waste Industry Health and Safety (WISH) Forum to help control safety and health risks. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance. Some parts of the guidance represent good practice and may go further than the minimum needed to comply with the law.

This guidance is available free to download at the WISH web site. This publication is based on guidance previously published by THE Health and Safety Executive (HSE) known as Waste 27, which was withdrawn in 2015. © Crown copyright 2014.

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