



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 black refuse 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 01438 242242.

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 _____

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: _____

Please sign below to confirm the information you have provided on this form is accurate and that you give consent for your details to be held to provide waste services. Should your circumstances change, or you move house you agree to notify the Council accordingly.

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 section below 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: _____

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

a) 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

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

1 Small carrier Bag

Up to one 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 contractors to provide requested services and securely destroyed when services are no longer required. This data will be retained for a maximum of six years and will be used for the purposes of compliance with SBC policy and for service delivery. For residents of Sheltered Housing Schemes, we may share this information with your scheme manager to facilitate provision, storage, and collection of sacks.

If you require further information or help completing this form, please contact us on 01438 242242

Please return this form to:

Stevenage Borough Council
C/o Stevenage Direct Services - Clinical Waste Application
Daneshill House
Danestrete
Stevenage
Hertfordshire
SG1 1HN

or email it to customerservicecentre@stevenage.gov.uk