

# ORANGE STREAM WASTE

## SEGREGATION

'up to 50% of the contents  
of the average orange bag is  
not clinical waste'

CO<sup>2</sup>



## WHAT?

Correct orange stream segregation is ensuring that only infectious and potentially infectious waste is disposed of in orange bags. This includes dressings, swabs, disposables, used PPE, contaminated wipes, spillage sets, empty blood bags & autoclaved lab waste, and any other typical 'ward' potentially infectious clinical waste.

## WHY?

Audits have shown that up to 50% of the contents of the average orange bag is not clinical waste; non-clinical items found include: tea bags, cans, newspaper, food packaging, secondary and tertiary pharmaceutical packaging.

Treating a tonne of clinical waste generates 13 times more carbon than DMR/General waste. If we are able to remove just 10% of this contamination, it would be equivalent to planting almost 1700 trees.

The disposal of orange stream waste costs almost seven times more than recycles and over 3 times more than general waste.

### DO



- Place infectious or potentially infectious items in orange stream.
- Be cautious.
- Think, 'should this item go in orange stream?'
- Encourage correct segregation in your department.

### DON'T



- Put non-infectious items in orange stream.
- Attempt to recover an item from orange bags/sharps boxes.
- Put orange stream bins in non-clinical areas.

## QUESTIONS

- Could your bins be better placed to prevent contamination? Think about clinical waste generating procedures, patient, visitor access to bins.
- How do you think you can prevent contamination in your department?
- How can you encourage better segregation?