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Health and safety checklists:

Manual handling, waste sorting, and clinical waste

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1. Manual Handling and the Lifting of Refuse

A. Introduction

It is now recognised that many manual handling incidents can be eliminated, or reduced, by a detailed risk assessment that is designed to reduced the loads lifted and / or the twisting-turning required during lifting.

In addition, the risk assessment must take into account the personal characteristics of the employee carrying out the lifting task: their age, sex, health, any disability and so on.

Many studies have shown that whilst 'safe manual handling' training can be useful (eg on how to use mechanical lifting aids), alone it does not prevent manual handling accidents. Put simply: 'Bend you knees and keep your back straight' does not work!

Pre-employment health checks asking about previous episodes of backache are the only method of screening for possible back injury. However, such questions are discriminatory and rarely answered truthfully (since they may lead to no employment!). The tasks should be made as safe as possible for the normal range of people in employment; not some mythical super person who has never had backache nor ill-health and is a fitness fanatic (still no protection).

Backache, and other limb and muscle injuries, caused by manual handling can be the result of a sequence of smaller, apparently 'safe', events. Thus the accurate recording of any injury or accident is important; both for prevention and compensation.

Finally, should the employee suffer from injury / backache then there are a range of individual medical treatments available: from rest (not so popular as in the past) and light duties to alternative therapies; medical intervention in the shape of surgery is possible- but the long term value is still in debate in many cases.

Manual handling is truly an area where prevention is better than cure.

The EU, and many other countries (eg USA), have passed laws to prevent manual handling hazards primarily by the means of ergonomic assessment of the workplace.

B. A Trade Union Checklist on Manual Handling.

- Have management carried out a 'risk assessment' on the manual handling tasks? This should include:
 - avoiding manual handling tasks, as far as is reasonable (eg by the use of lifts and hoists and waste bins lifted by mechanical devices).
 - reducing the weight to be lifted reduced as far as is possible (eg reducing the size of waste bin to be lighten manually).
 - ensuring there are two people available to lift heavier and/or awkward items (if the weight cannot be reduced and/or a lifting device cannot be used). Ensuring these two people are trained in two-person lifting and are of roughly equal height, weight and age etc.
 - ensuring that all workers are trained in the use of lifting devices and dangerous loads.
 - ensuring that all incidents and accidents are fully reported and investigated with regard to prevention and not blame.
 - ensuring that those employees with manual handling injuries receive the appropriate treatment / compensation and that the situation (s) that caused their injury are full investigated by management and corrected wherever possible.
 - ensuring that all manual handling injuries are reported to the appropriate enforcement authorities.
 - ensuring that the trade union safety delegates / representatives (or equivalent) are involved at every stage of the above and also have the right to disagree - verbally and in writing - with management, or their advisors (eg safety officer, occupational health doctor or nurse, safety

engineer, occupational hygienists), over the general management approach to reducing manual handling incidents and / or any individual incident.

2. Recycling and Sorting of Waste.

A. Introduction

Given the right economic market, which normally doesn't exist at the present time, recycling presents a short-term, but important, answer to waste reduction. Of course re-cycling is important, generates jobs and it does raise green awareness among all sections of the population: from children to those retired.

However, an increasing number of medical and scientific studies have shown that it sometimes increases the hazard for the employee: increased cancer rates among workers in re-cycled print works and increased accident / infection risks among waste employees are just two common examples.

Without the proper consultation with the employees actually carrying out / responsible for recycling, there may be justified trade union (on an increasing hazard basis), resistance to management re-cycling proposals; to the detriment of both the environment and jobs.

B. A trade union checklist on waste re-cycling.

- Have the trade unions / employee representatives been involved in the re-cycling proposals, from the original initiatives?
- What is to be re-cycled, from where, in what amounts and to where?
- Has a management 'risk assessment' been carried out on the proposed recycling process?
- Were the employees involved in this process? Where the enforcement agencies (workplace and environment) involved? Have the results of this consultation been passed on to the employee representatives?
- What are the real hazards of re-cycling, and have they been considered in the management risk assessment, such as:
 - increased infection risks (eg rotting household garbage, nappie liners, hypodermic needles);
 - increased manual handling tasks;
 - increased accidents (eg cuts from bottles, cans and hypodermic needles);
 - increased exposure to smells and unsocial materials (eg dog/cat mess, contraceptive aids, blood and bandages, soiled nappies);
 - exposure to chemicals such as: paints, solvents, pesticides, cleaners, wood treatment, asbestos etc.
- Are all incident reported internally and to the appropriate authorities?

3. The Handling of Clinical Waste.

A. Introduction

Hospitals are under increasing pressure to reduce their waste, and they are major - but largely unappreciated - producers of waste. Much, perhaps only 3 per cent, so-called 'clinical waste' is not and can be treated as normal waste but to determine this fact will require efficient environmental auditing by hospitals and other clinical establishments. This process is in its infancy at the present time.

On the other hand, the increasing environmental pressure on polluting hospital incinerators means that many more are sending their clinical waste out to be disposed of and hence the exposure of waste operative employees to clinical waste is growing.

In addition, the rise of more home nursing and care means that common 'domestic waste' will contain more 'clinical waste' than before.

There appears to have been no great epidemic of human disease through the handling of clinical waste, in the Western World. Although there may well be extended, and many, examples of low-level infections - especially among waste operatives - as their health is poorly monitored and such infections merge into the common diseases and symptoms of society.

Finally, although as always, prevention is better than cure, this is one area where there are few objective and scientific standards and, therefore, medical examinations of employees are important as a control measure.

However, all medical examinations can be used to 'weed out' weaker, and even trade-union mined, employees and representatives should be aware of their potential discriminatory nature.

Finally, in the interests of non-discrimination, it is important to point out to waste employees that HIV/AIDS is not highly ineffective as clinical waste and that treatment designed to ensure that other infective agents (eg Hepatitis B) will more than ensure that they are not at risk.

B. A trade union check-list on the handling of clinical waste.

- Is it possible to find out the sources of the clinical waste? What type of infections were present?
- Has the clinical waste been treated in any way to prevent / reduce infection hazards (eg sterilisation, chemical treatment). If so in what way? Is the treatment monitored for effectiveness (eg by microbiological sampling), if so what are the results?
- Are the bags the waste arrives in intact? If not, why not?
- All operatives handling such waste should wear full protection: face visor (or an effective and approved face mask if dust / odours present); full overalls; waterproof boots; strong and impermeable gloves.
- These overalls, if not disposable, should be cleaned after each shift and never stored next to home clothes.
- Showers should be available and paid time allowed for use.
- Employees should be encouraged to report in writing any injuries (eg by needles) and bouts of illness (eg flu, colds).
- The wearing of protective clothing and the carrying out of manual work is very stressful (especially in hot conditions) and the employees health must be regularly monitored (especially blood pressure and the heart and respiratory capacity).
- all cuts, wounds and sores in waste workers should be covered with impermeable dressings.
- spills of clinical waste should be cleaned-up at once.
- regularly broken bags, or those with sharps and / or glass and other sharp objects protruding, should be noted and traced to ensure that the producers are required to improve their methods of disposal.
- There should be regular medical monitoring of employees in any case, the monitoring below is not specific to biological hazards:
 - noting any allergies, sensitivities, previous illness, disabilities.
 - noting any regular infections (eg colds, flu).
 - height, weight, blood pressure, pulse rate (before and after exercise).
 - carry out general medical check, with special attention to the musculoskeletal system.
 - measure lung capacity and worker's ability to wear any type of respirator.
 - carry out routine audiometry (hearing tests).
 - check vision.
 - carry out baseline blood survey (especially liver functions).
 - carry out regular urine analysis.
 - stool sample may be indicated if blood loss reported.
 - a cardiogram may be required, as indicated.
 - a chest X-ray may be indicated.

(Adapted from Zenz, 1994).

4. Monitoring via European Works Council through data collection

Safety, Health and Environmental (SHE) Information that would be useful for European Works Council (EWC) union reps in the European Waste Management Industry (with special reference to: manual handling, recycling and clinical waste).

1. The Corporate name, country of registration and major holding of the Waste Management Company (WMC) / Group (you may wish to add appropriate information here).
2. The name (s) under which each WMC operates with each country name.
3. The name, location of each site / works in each country; number of (a) Full-time and (b) Part-time employees at that site and the major activity (eg domestic waste collection and / or disposal; clinical waste collection and/or disposal; industrial waste collection and/or disposal; special toxic waste removal and / or disposal) of that site.
4. During the past financial year, at each site, in each country:
 - (a) The number, and cause, of work-related deaths.
 - (b) The number, and major category, of major injuries (eg amputation, loss of eye, fracture of leg, arm).
 - (c) The number of 3-day or more lost-time accidents and main categories of such accidents.
 - (d) The average days off, per employee, for work-related illness. Any analysis of reasons and trends in this work-related illness.
 - (e) The number and cause of any major work-related disease (eg asthma, backache, deafness, chest complaints, heart diseases, cancer, nervous system damage, infections).
5. During the past financial year, at each site, in each country:
 - (a) The number, reasons for, and fines/imprisonment's for SHE offences by the labour and / or environmental Inspectorate.
 - (b) Any further action (eg notices, letters, reports) by the labour and / or environmental Inspectorate.
6. During the past financial year, at each site, in each country:
 - (a) Copies of the major risk assessments carried out by management and / or independent consultants on generic processes and / or specific job tasks.
 - (b) Copies of any independent safety, health or environmental audits.
 - (c) Copies of the reports of trade union safety representatives, or their equivalent.
 - (d) Copies of the reports of joint management - union Safety, Health and Environmental committees.
7. Details of the trade union safety representatives / delegates at each site:
 - (a) The number of such safety reps / delegates.
 - (b) The paid time off allowed for SHE work.
 - (c) The training - length and subjects covered and by whom (i.e. in-house or external) of such safety reps / delegates.

Sources used:

Waste Disposal Operations, J W Platner, in the Encyclopaedia of Occupational Health and Safety, 4th edition, International Labour Office, 1998.

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Safety, Health and Environmental Hazards at the Workplace, A J P Dalton, Cassell (1998).