

HS10

Waste Management Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

- 1.1 The Trust as a conscientious healthcare waste producer seeks to ensure the safe legally compliant handling, containment, storage, transport and appropriate final disposal of all known waste types produced on its premises. To comply with current legislation and the best practice guidelines contained within HTM 07 01, it is a requirement by the Trust that all employees, (directly or indirectly employed) and any organisations providing goods or services on the Trust's premises are made aware of and understand their duties and responsibilities with regard to the management of waste.
- 1.2 The Policy has been developed to address and implement the requirements of all prevailing legislation, regulations, best practice guidelines, sustainability and to formulate a framework for a Trust wide set of procedures (See [Attachments 1, 2 and 3](#)), covering the safe management of all categories of waste i.e. controlled, infectious, hazardous, domestic (including recyclable materials where appropriate) and radioactive waste and to clearly identify where responsibility lies at any point within the waste cycle from production to final disposal.
- 1.3 The Environmental Protection Act 1990 introduced the "Duty of Care" concept, which in the case of waste disposal applies to every person who has control of waste at any stage from production to disposal. The specialised nature of many of the waste products produced and processed by the Trust poses a particularly stringent "Duty of Care" on managers and employees alike. The Trust is committed to working with outside agencies, the Environment Agency, the Local Authority and waste disposal organisations to develop procedures which will increase waste minimization, reuse of materials and recycling and lead to a reduction in the Trust's Carbon Footprint. Waste auditing is recognised by the Trust as an essential tool in assessing the composition of a waste stream for the purposes of duty of care.
- 1.4 The Policy is supplemented by industry guidelines and best practice for the respectful disposal of retained organs, foetal remains and products of conception.
- 1.5 Infringement of the Policy or procedures may render the Trust and its employees open to both civil and criminal prosecution.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Confidential Information

Confidential information is any medium which contains:

- Personal data relating to staff or patients
- Sensitive information relating to the work carried out by the Trust
- Financial information

For guidance on the destruction of confidential information please refer to [Non-SOP06, Clinical Records Procedure](#).

Consignee

An organisation that receives hazardous wastes.

Consignment

This is the act of transferring the responsibility for hazardous waste between those involved in the waste management cycle from production to final disposal.

Cytotoxic and Cytostatic Medicinal Waste

These medicines are carcinogenic, mutagenic and teratogenic and are hazardous as defined by the Control of Substances Hazardous to Health (COSHH) Regulations.

There is sufficient evidence to indicate that the risk to staff through occupational exposure to these substances is low, however, all necessary measures will be adopted to prevent exposure.

Environment Agency (EA)

This is the regulatory body for the transfer and disposal of waste in England and Wales.

European Waste Category (EWC) Codes

European Waste Category Codes (six digits) are used to define universally waste types for handling, transport and disposal in accordance with EEC legislation.

The EWC codes are made up of approximately 650 different codes divided into 20 chapters each of which contain a number of sub-categories. Wastes that are considered to be hazardous are denoted by an asterisk (*) in the list.

Food Waste

Food waste is "any food substance, raw or cooked, which is discarded, or intended or required to be discarded" (the EU Commission).

Hazardous Waste Regulations (England and Wales) 2005

This set of regulations controls the handling and disposal of Hazardous Waste.

Hazardous Wastes

Waste that has been assessed as being a danger either to human health or the environment and requiring specific handling, containment and disposal procedures. The incineration process generates some wastes which are hazardous.

HTM 07 01 Safe management of healthcare waste and subsequent versions

Health Technical Memorandum 07 01: *Safe management of healthcare waste* (2006), and its subsequent versions is part of a series of engineering-specific guidance on nine core subjects (referenced 00 through to 09). The 07 suite relates to Environment and Sustainability. HTM 07 01 provides a ‘good practice’ framework for the development, safe management and economic disposal of healthcare wastes. The document was produced in conjunction with the NHS, Health and Safety Executive and Environment Agency and is now regarded as a code of practice.

Inert Wastes

Waste made up from materials such as building waste brick, stone and soil. Care must be taken not to contaminate this type of waste with other waste material such as wood, plasterboard or vegetation.

Infectious Wastes

Waste that possesses the hazardous property “H9: Infectious” – i.e., substances containing viable microorganisms or their toxins, which are known, or reliably believed, to cause disease in man or other living organisms, regardless of the level of risk of infection posed.

Healthcare waste generated from healthcare practices, or produced by healthcare workers in the community, are considered to be infectious waste unless an assessment has taken place that classifies the waste as non-infectious This assessment is based on item- and patient-specific clinical assessment by a healthcare practitioner.

List of Wastes (England) Regulation 2005

This set of regulations lists processes and wastes generated from those processes. The regulation lists the accepted Europe wide definitions of the waste and a code. Items marked with an * are hazardous, other coded wastes can become hazardous depending on their concentration.

Medicinal/Pharmaceutical Waste

Waste that includes expired, unused, spilt and contaminated pharmaceutical products, drugs, vaccines and sera. This category also includes any discarded items contaminated from use in the handling of pharmaceuticals, such as bottles or boxes with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

Medicinal wastes can be placed into three broad groups:

- Cytotoxic and Cytostatic;
- Pharmaceutically active, but not Cytotoxic and Cytostatic;

- Not pharmaceutically active and possessing no hazardous properties (examples include saline and glucose).

Non-Hazardous Wastes

Waste normally referred to within the Trust as Domestic Waste and typically consists of those wastes types coming from households in the community. A considerable volume of this waste produced at the hospital contains paper, cardboard and plastics which with careful segregation are suitable for reuse or recycling.

Offensive/Hygiene Waste

Waste which is non-infectious and does not require specialist treatment or disposal but which may cause offence to those coming in contact with it.

Radioactive Waste

Radioactive waste is a waste product containing radioactive material. It is usually the product of a nuclear process such as nuclear fusion, but industries not directly connected to the nuclear power industry may also produce radioactive waste. The majority of radioactive waste is “low-level waste “meaning it has low levels of radioactivity per mass or volume.

Sharps

Sharps are items that are capable of causing cuts or puncture wounds to the skin, including needles, syringes with needles attached, broken glass ampoules, scalpel and other blades and infusion sets (the sharps part thereof).

Waste Management

The concept of Waste Management requires that all activities are planned to ensure that, wherever possible, the volume of waste is minimised and, or that the waste materials can be used as new resources and therefore not accumulate as waste in the air, land and water.

There is international recognition of the waste issues facing the planet and the absolute necessity to resolve them sooner rather than later through applying good waste management practice to avoid the continuing dependence on mixed waste dumping.

Waste can be managed by prevention, reuse, composting, recycling or clean-fuel production (via new technologies such as cellulosic fermentation and plasma gasification) and waste production seen as “a failure to being efficient”, is a view becoming more realistic.

Waste Producer

Any organisation that produces material that is destined for disposal as waste.

Waste Transfer

This is the act of transferring the responsibility for non-hazardous/inert waste between those involved in the waste management cycle from production to final disposal.

Waste Transfer Note

Document required for the legal transfer of non – hazardous / inert waste between organisations that describes on each occasion the waste, who stores it, how it is transported and who is taking it away for disposal and the final disposal details. These documents have to be kept for 2 years from the date of waste transfer.

WEEE and RoHS Directives

The Waste Electrical and Electronic Equipment Directive (WEEE Directive) is the European Community directive 2002/96/EC on waste electrical and electronic equipment which, together with the Restriction of Hazardous Substances (RoHS Directive) 2002/95/EC regarding the use of certain substances in electrical and electronic equipment, was transposed into UK Waste Law in 2006.

The WEEE Directive sets targets for the collection, recycling and recovery of all types of electrical and electronic goods and equipment.

3.0 Accountabilities

The **Chief Executive** has overall responsibility for the implementation and management of the Policy.

- 3.2 The **Chief Operating Officer** has corporate responsibility for waste management and has a duty to ensure management systems are in place and working to provide on-going assurances to the Trust Board of compliance with legislation relative to the safe management of the Trust’s waste.
- 3.3 The **Divisional Manager for Estates & Facilities** will establish an Environment Group, chaired by the Head of Hotel Services with representation from all sections of the whole waste cycle from production to disposal. The Terms of reference for the Group will include minimising waste, the effective segregation of waste, recycling, local and Trust wide audit of compliance with legislation and efficiency and cost effectiveness of waste management.
- 3.4 **Clinical and Non-clinical Directors and Managers** or their appointed managerial representatives have a responsibility for the control and administration of the Policy and its procedures. They also have a duty to ensure that the training and instruction needs of their staff are addressed and the office of the Head of Education & Training is advised to ensure the staff training data base is maintained up to date. The Head of Education & Training will provide feedback to identify staff groups not receiving training.
- 3.5 Each **Directorate or Department** has an obligation to identify/appoint a **senior staff member** to be the **appointed officer** for contact in all matters relating to waste management in that area/location.

The **appointed officer** is a pivotal role in the compliant local management of waste and he/she will be fully conversant with the Policy and undertake local risk assessments of all waste produced within the Directorate or Department under the Management of Health and Safety at Work regulations and in accordance with Trust Policy [HS 01 – Management of Health and Safety](#). The appointed officer will refer directly to the Trust’s Waste Manager on all matters relating to waste disposal and waste monitoring. Waste auditing will be in compliance with the Policy and cover the total waste cycle from production to final disposal.

3.6 Specific Responsibilities

The Radioactive Waste Adviser must be appointed by the Trust under the Environmental Permitting (England and Wales) Regulations 2016 advise on all matters involving radioactive waste.

3.6.1 Divisional Managers

Divisional managers must be conversant with the Policy and must ensure the following:

- i. Staff or staff groups involved in the management of waste are identified together with their line manager and an up-to-date record of their name, position and job details in relation to waste activities is documented for reference and training purposes.
- ii. Every department and directorate within the division identifies and appoints a senior officer (**Appointed Officer**) as a point of contact for all matters relating to waste management and auditing within that department/area.
- iii. All facilities necessary to give full compliance with the Policy are provided.
- iv. Provision is made for the segregation and secure storage of waste where facilities or equipment are not yet provided.
- v. Waste bags and containers are sealed and labelled correctly and any transfer documentation where applicable is accurately completed.
- vi. Training/instruction is routinely provided, documented and monitored for all staff including new appointees in the requirements of the Policy and any local waste handling or disposal procedures.
- vii. Access to specific training/instruction is provided for all staff that work in clinical areas.
- viii. Only approved waste bags and containers in perfect condition are used.
- ix. All staff are made aware of the procedure for reporting any damaged waste containers they may encounter. (see [Attachment 7](#))
- x. The removal of sharps or other items of hazardous and infectious waste from the work areas within their responsibility is controlled and the unauthorised removal of sharps is prohibited.
- xi. All staff are trained / instructed in the correct handling techniques to reduce the likelihood spillages and risk of personal injury.
- xii. All staff are aware of the procedure for dealing quickly and safely with spillages (see [Attachment 4](#)) or breakdowns in any waste procedure.

- xiii. All staff are trained / instructed in the correct use of personal protective equipment.
- xiv. All staff are made aware of their personal responsibility and “Duty of Care” to adhere to the waste handling and disposal procedures as applicable to themselves and report any non-adherence or potential non-adherence to their Line Manager.
- xv. Staff are aware that the disciplinary procedure may be applied for any known wilful disregard of the Policy and its procedures.
- xvi. Where waste transfer is locally undertaken the transfer documentation is processed correctly and accurately and provides all of the required information. (Copies of all waste transfer documentation must be retained for 2 years and Hazardous Waste Transfer Notes must be retained for 3 years.)

3.6.2 Departmental / Ward Managers

Departmental / Ward Managers must be conversant with the Policy and be accountable for the compliant management and disposal of all waste types produced within their area of responsibility. In the absence of an Appointed Officer for their area the Departmental/Ward Managers will be responsible for risk assessments.

Departmental/Ward Managers must ensure that the following:

- i. All waste types produced are identified.
- ii. Waste segregation is maintained.
- iii. Confidential information for destruction is not put in any waste stream and is disposed in compliance with [SOP06, Non-Clinical Records Procedure](#)
- iv. Waste is managed in accordance with the Policy.
- v. All persons involved in the management of waste are adequately informed and trained to deal with the various categories of waste with which they may come into contact.
- vi. **All waste to be removed from the department (including equipment) is clearly marked or labelled with the name of the producing department and the date of removal from the department, any required documentation is completed e.g. condemnation certificates and, where required for healthcare waste consignment, be contained using the correct EWC labelled and colour coded container.**
- vii. Staff can access the facilities, equipment and protective clothing necessary to ensure compliance with the Policy (see [Attachment 6](#)).
- viii. Waste sacks and sharps boxes are only used for waste containment and collection and not as packaging or containment for non-waste items/materials.

3.6.3 Division of Estates and Facilities

The **Divisional Manager for Estates and Facilities** must be conversant with the Policy and is responsible for managing all combined support services involved in waste handling and disposal throughout the Trust including internal stores, basements and external stores, bulk waste skips, the controlled waste yard at New Cross Hospital, compactors, specialist store areas and (as a consignee) the Trust's licensed incinerator facility.

3.6.4 The **Trust's Nominated Officer for Waste Management** will be accountable through line management for the duties as detailed in [Attachment 5](#) which details the Health Services Advisory Committee recommendations of the Health and Safety Commission, for the responsibilities of such a post.

3.6.5 The **Trust's Waste Services Manager** will be accountable for all waste management activities within the Trust. The Waste Manager will liaise with and advise the Health and Safety Steering Group and all other Trust groups or committees whose function embraces any aspect relating to waste management or training in relation to waste management.

3.6.7 The **Lead Nurse for Infection Prevention** will provide advice and guidance on infection prevention practices that relate to waste management, Statutory Compliance, risk assessments and on any new "safe systems of work" with reference to [IP08 – Infection Prevention Operational Policy](#).

3.6.8. The Radioactive Waste Adviser will provide advice and guidance on the best available techniques with regards to the management of radioactive waste. Minimising the impact of the disposal of radioactive waste on the environment.

4.0 Policy Detail

4.1 All Trust employees of the Royal Wolverhampton NHS Trust **must** adhere to the Policy to ensure they comply with the following.

- i. All waste removed or placed for removal from a department/ward is in compliance with the Policy and the appropriate handling and disposal procedure[s] for the waste type. (see [Attachments 1, 2 and 3](#)).
- ii. Where waste is transferred internally between operational areas the recipient must not accept the waste unless it complies with the appropriate handling and disposal procedure for the waste type. If non-compliance is found or suspected the matter must be resolved initially by the **Appointed Officers** for the area(s) concerned.

The Appointed Officers, together with the Waste Manager, will jointly draw up an action plan to prevent reoccurrence and the incident will be reported and recorded with reference to [OP 10 – Risk Management and Patient Safety Reporting Policy](#). Where disputes arise the Trust's Waste Manager will provide advice and have the final determination on the course of action

required to ensure the safe management of waste.

- iii. Waste remains segregated by type and is correctly contained according to the hazards and infection risks it poses and is always clearly marked identifying its production source and date of disposal before it is moved.
- iv. All bins, containers, skips or trolleys for containing infectious and hazardous waste types must be made secure to prevent access by wilful or accidental means.

4.2 Typical wastes produced and handled by the Trust are listed below.

Hazardous Wastes (Clinical areas): anatomical, pharmaceutical, pathological medicinal and non-infected used sharps.

Infectious Waste: anatomical, pathological and infected used sharps.

Hazardous Waste (Non-clinical areas): oils, batteries, tubes, paints and ♦asbestos.

Radioactive Waste: waste produced as a by-product of the radioactive materials used in the Trust for diagnosis/treatment. NB solid waste will take the form of syringes, vials, tissues, wipes etc used during administration of radioactive substances or items such as incontinence pads, disposable bedpans etc used by patients excreting a portion of a liquid administered radioactive material. Liquid waste will take the form of patient excretions or unused radioactive materials.

Domestic / Household Waste: plastic, paper, glass and cardboard.

Food Waste: from inpatient wards and departments.

Building Waste: soil, bricks, blocks, plaster and wood.

Furniture and non-electrical equipment: child cots, chairs and desks.

Waste Electrical and Electronic Equipment:

Small Domestic Appliances (SDA) including but not limited to:

- toasters, kettles, microwaves fax machines, cameras - excluding single use, power tools, lawn mowers, hedge trimmers, photocopiers projectors, computer towers, printers, fluorescent lighting, computing equipment, and medical devices.

Large Domestic Appliances (LDA) including but not limited to:

- Electric beds, electric wheels chairs, electric chairs, televisions, fridges, freezers, chillers and air-conditioning units.

Other waste types: horticultural, medical equipment and dental amalgam.

♦ For asbestos see the Trust's Asbestos Policy ([HS 22 – Asbestos Policy](#)) for guidance on the detection, removal and safe disposal of this hazardous material.

4.3 Waste Incidents, Licensing Authorisations and Registration

4.3.1 **The Health and Safety Coordinator** will report on a quarterly basis all recorded waste related incidents to the Waste Management Group.

4.3.2 The Trust's Head of Medical Physics and Clinical Engineering must monitor the

Environmental Permitting (England and Wales) Regulations 2016 and the keeping and use of radioactive materials and disposal of radioactive waste permit UB3991DU and provide an annual report on compliance to the Trust director with corporate responsibility for waste management (currently the Director for Estate Development).

- 4.3.3 The Division of Estates and Facilities Management, in consultation with the Environment Agency must monitor the application of the Trust's Incineration License.
- 4.3.4 The Division of Estates and Facilities Management in consultation with Wolverhampton City Council Environmental Team must monitor the operation of the Trust's on-site incinerator, in particular Part B Process Environmental Protection Authorisation.
- 4.3.5 The ideals and standards for waste management must be integral to the development and implementation of the Waste Action Plan and the work of the Waste Management Group.

4.4 Waste Audits

- 4.4.1 A waste auditing/assessment procedure conforming to that set out in HTM 07 01 (version 2) will be followed for each waste type produced within the Trust in terms of purpose, frequency, scope, technique and protocol ([see attachment 8](#)).
- 4.4.2 Waste audits will be undertaken at such frequency as is necessary to assure the Divisional Manager responsible for that area that all waste produced within the division is being managed (through to final disposal) in accordance with the Policy.
- 4.4.3 The Waste Services Manager will establish the frequency of the waste audits that will be undertaken regardless of the frequency of any other local audits. The outcomes of waste audits will be reported to the Environment Group, the Health and Safety Steering Group and all other committees whose function embraces any aspect relating to waste management or training in relation to waste management.
- 4.4.4 All RWT waste audits will be carried out by the Waste Management teams 'Waste and Recycling Compliance Lead' and will be carried out correctly and effectively in accordance with HTM 07 01.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	<p>Other comments:</p> <p><u>Revenue & Manpower</u></p> <p>The recurring revenue and the non-recurring revenue consequences to implement this policy have been fully identified.</p> <p><u>Training</u></p> <p>Identified training needs:</p> <p><u>Appointed Officers</u> – Waste Policy, Waste Categorisation, Waste Assessment, Waste Auditing and Waste Risk Assessments.</p> <p><u>Waste Handlers</u> – Waste Types and Handling, Containment, Segregation and Recycling.</p> <p>In house waste training will be provided for all staff groups.</p>	

6.0 Equality Impact Assessment

6.1 An Equality Impact Assessment screening has been undertaken and has confirmed that this policy will not adversely affect any of the identified Personal Protected Characteristics (PPCs).

7.0 Maintenance

7.1 The Environment Group will be the main body for maintenance of the Policy and procedures. It will:

- i. Monitor the application of the Policy through a programme of audit and observation:
- ii. Review legislation to be assured that the Trust is always working to current regulations:
- iii. Review guidance to be assured that the Policy where practically possible reflects good practice:
- iv. Monitor action plans following internal and external audits.
- v. Monitor the efficacy of the full waste cycle by receiving quantitative reports and financial information:
- vi. Review the Policy as required:

- vii. Monitor and review implementation of the Waste Strategy:
- viii. Maintain a risk register for waste.

8.0 Communication and Training

- 8.1 A copy of the Policy will be placed on the Trust's Intranet.
- 8.2 Each manager must ensure that all members of staff within their area of responsibility receive training and instruction in waste management on an ongoing basis (every 2 years or when legislation changes whichever comes sooner). **In the case of new starters / agency staff / locums the Policy and any applicable waste management procedures for the location(s) worked must be explained to them prior to commencement of their duties.** A self-training package is also available on the Trust Intranet KITE site under Health and Safety.
- 8.3 The Waste Management Group will be responsible for ensuring the implementation and updating of such training programmes as necessary to deliver a competent workforce in waste management.

9.0 Audit Process

Criterion	Lead	Monitoring Method	Frequency	Committee / Group
Trust wide application of the Policy and its waste disposal procedures	Divisional Manager for Estates & Facilities/ Waste Manager	Trust wide Pre - acceptance Audits	Annually	Environment Group/HSSG
Local departmental waste assessments and audits.	Departmental Manager/ Waste Manager	Using the HTM 07 01 protocol as set out in the Policy	Annually (May/June)	Environment Group
Risk Management arising from local departmental audits (where non-compliance is identified).	Departmental Managers/ Waste Manager	Review of departmental / local waste risk assessments	Annually	Environment Group
Waste incidents	Waste Manager	Incident reporting	Half Yearly	Environment Group

10.0 References - Legal, professional or national guidelines

Health and Safety at Work etc. Act, [1974];
 The Management of Health and Safety Regulations [1999] and amendments;
 The Health and Social Care Act 2008;
 Workplace Health and Safety Regulations [2012];
 The Control of Substances Hazardous to Health Regulations [COSHH] [2004];
 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations [1995]
 and subsequent revisions;
 Health and Safety [Dangerous Pathogens] Regulations [1987];
 Environmental Protection Act [1990] and Amendments;
 Environmental Protection (Duty of Care) Regulations 1991 and subsequent revisions;
 Control of Pollution Act [1990];
 Control of Pollution [Special Waste] Regulations [1996];
 Collection and Disposal of Waste Regulations [1992];
 Environmental Permitting (England and Wales) Regulations 2016
 The Special Waste Regulations 1996 and amendments;
 The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment
 Regulations 2009
 Ionising Radiations Regulations 2017
 The Waste Duty of Care Code of Practice 1992 and subsequent revisions;
 The Safe Disposal of Clinical Waste 1999;
 Controlled Waste (England & Wales) Regulations 2012;
 Personal Protective Equipment at Work Regulations 1992.
 Waste Management Licensing Regulations 1992 and amendments
 WEEE Regulations 2013.
 Environment and sustainability: Health Technical Memorandum 07-01: Safe
 management of healthcare waste, Version 2; and
 WRAP and The Courtauld Commitment- Material change for a better Environment
 Clinical Waste (EPR 5.07) Version 1.1 January 2011

Part A - Document Control

Policy number and Policy version: HS10 Version 8.0	Policy Title Waste Management Policy	Status: Final		Author: Waste Services Manager Director Sponsor: Chief Operating Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	Feb 2004	Director of Estates	Introduction
	V2	July 2004	Director of Estates	Update
	V3	Dec 2008	Head of Commercial Services	Change from Waste Disposal Policy to Waste Management Policy
	V4	June 2010	Head of Commercial Services	HTM 07 01
	V5	Nov 2014	Waste Management Group	3 Yearly Revision
	V5.1	Oct 2016	Waste Management Group	Update re correct disposal of domestic sharps waste, change in WEEE legislation and formatting.
	V6	Jan 2018	Waste Manager	3 Yearly Review
	V6.1	Jan. 2021	Waste Manager	Extension applied until September 2021.
	V6.2	Feb. 2021	Waste Manager	Inclusion of Attachment 9 - ACPCS7 – Waste management
	V7	May 2021	Waste Manager	3 Yearly Revision
	V7.1	August 2022	Waste Services Manager	Inclusion of Attachment 9 – Segregation and Disposal of Wastes Produced by a Healthcare Worker at a

				Patient's Home
	V8.0	April 2024	Waste Services Manager	Full review
Intended Recipients – Trust Wide				
Consultation Group / Role Titles and Date: Environment Group – February 2021 HSSG – February 2021				
Name and date of Trust level group where reviewed		Environment Group and HSSG Trust Policy Group – April 2024		
Name and date of final approval committee		Trust Management Committee – April 2024		
Date of Policy issue		May 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		April 2027 and three yearly thereafter.		
Training and Dissemination: Policy and general training will be made available to all staff through the Trust intranet with job specific training in relation to Waste Assessments/Auditing for Appointed Officers and Departmental Managers being provided by the Waste Manager.				
To be read in conjunction with: HS 01 – Management of Health and Safety HS 03 – Sharps Safety Policy HS 05 – Ionising Radiation Safety Policy HS 12 – Decontamination of Medical Devices HS 22 – Asbestos IP 04 – Transportation of Clean and Contaminated Instruments, Equipment and Specimens IP 08 – Infection Prevention Operational Policy IP 12 – Standard Precautions for Infection Prevention IP 14 – Food Hygiene Policy IP 19 – Blood and Body Fluids Spillage Management Policy IP 20 – Urinary Catheter Policy OP 10 – Risk Management and Patient Safety Reporting Policy OP 12 – Information Security Policy SOP06 Non-Clinical Records Procedure				
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer				
Monitoring arrangements and Committee		Trust Environment Group		
Document summary/key issues covered. The Trust as a conscientious healthcare waste producer seeks to ensure the safe legally compliant handling, containment, storage, transport and appropriate final disposal of all known waste types produced on its premises. To comply with current legislation and the best practice guidelines contained within Health Technical Memorandum (HTM) 07 01 Version 2: England, it is a requirement by the Trust that				

all employees, directly or indirectly employed and any organisations providing goods or services on the Trust's premises are made aware of and understand their duties and responsibilities with regard to the management of waste.

The Environmental Protection Act 1990 introduced the "Duty of Care" concept, which in the case of waste disposal applies to every person who has control of waste at any stage from production to disposal. The specialised nature of many of the waste products produced and processed by the Trust, poses a particularly stringent "Duty of Care", on managers and employees alike. The Trust is committed to working with outside agencies, Environment Agency, Local Authority and waste disposal organisations to develop procedures which will increase waste minimization, reuse of materials and recycling and lead to a reduction in the Trust's Carbon Footprint.

Key words for intranet searching purposes

Waste
Disposal

High Risk Policy?

Definition:

- Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.
- References to individually identifiable cases.
- References to commercially sensitive or confidential systems.

If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.

No (delete as appropriate)

HS10 Attachment 1

PROCEDURES FOR THE HANDLING AND DISPOSAL OF WASTE**1.0 Overview**

The following disposal procedures and colour coded containment for waste types produced by the Trust comply with the guidelines contained within HTM 07 01.

As an aid to understanding these procedures they are also summarised in tabular format in [Attachment 2](#).

1.1 Incineration at New Cross Hospital

The Trust operates an on site incinerator at New Cross Hospital. When operational all waste produced at the Hospital, generally described as “Clinical Waste”, is incinerated on site. However the law requires that any healthcare waste suitable for alternative treatment is segregated from other waste types and at times of incinerator down-time waste in this identified waste stream will be sent off site for treatment and not incineration.

1.2 Off site disposal

Waste produced at any premises where services are delivered by the Trust will be disposed of in compliance with current waste disposal guidelines and legislation.

1.3 Waste Management – Advice and Assistance

The waste management system is seen by the Trust as an integral part of the safe care and treatment of patients. If there is any uncertainty about the disposal procedure for any type of waste then clarification on its containment, storage and disposal must always be sought from the Trust’s Waste Services Manager, Environmental Management Group, Infection Prevention or the Estates Help Line.

1.4 Tying/Sealing Waste Bags

All bag types/colours used to contain waste produced on Trust premises must be properly secured using either a plastic tie/approved sealing tape or a single knot if the plastic ties or tape is not available. To reduce the risk of manual handling injuries waste sacks MUST not be filled more than 2/3 full.

2.0 Waste Assessments and Segregation

Waste assessment and understanding the properties of waste is fundamental to achieving compliant segregation of healthcare waste types. HTM 07 01 provides assessment procedures for the medicinal, infectious and offensive properties of healthcare waste.

Waste assessments can be global (across the Trust) or specific where there is uncertainty around the properties of the waste produced, for example, when a new treatment method or change in treatment is introduced into an area.

For advice on Waste Assessment contact the Trust’s Waste Services Manager.

3.0 Risk Assessments

Local risk assessments at service ward and department level must be carried out to establish the risks involved with the management, treatment and disposal of all waste produced within that area. General risk assessments will also be undertaken for the containment, transfer and disposal of wastes at a corporate level. These risk

assessments will be recorded in compliance with [OP10](#) Attachment 2 Appendix 4, [OP41](#) and [HS01](#).

4.0 Recording details of the production source, correct colour coding and EWC codes

The production source (ward/department) details **must be written on all waste produced before it leaves the production area**. The minimum information required is the name of the originating ward/department/location and date of disposal. Where bags/bins/containers are pre-labelled to contain a specific waste type and the EWC code and/or disposal method is described then the label must be completed fully and accurately before removal from the location and only that waste type must be put in the bag/bin/container.

The waste producer (ward/department manager) is always responsible for ensuring that the final disposal method used for the waste produced by that ward/department is fully compliant with waste law.

The responsibility for the correct disposal of waste does not simply transfer from one person/organisation/department to another in the disposal chain e.g. from the ward manager to the waste and recycling operative moving the waste to a wheelie bin. The responsibility for disposal always rests with the producer and can only be transferred between parties with documented evidence, i.e. a signed waste transfer/consignment note.

The easiest way for producers (ward/departmental managers) to ensure compliance is to accurately identify waste types, segregate them and separately contain them at the production source so they can follow the right disposal route regardless of who handles the waste.

5.0 Misuse of waste bags/bins/containers

Bags/bins/containers supplied specifically to contain waste must not be used to transport, package or contain non-wastes of any type/description.

Waste bags must not be used for such things as dirty surgical instruments, cleaning materials, unused sample pots/bottles, post, bed linen, clothing, and hygiene consumables because it is poor practice and a breach of Trust policy.

6.0 Removal/Transfer of waste from Wards/Departments

Unless specific storage facilities are provided at ward/department level, waste must be transferred as it is generated to the nearest designated container for that waste type.

Personal Protective Equipment (PPE) will be used in accordance with the risk assessment for the waste type produced, but, as a minimum, gloves and an apron will be worn whenever waste is being handled.

The use of passenger lifts to transfer waste is permitted however where service lifts are available service lifts should always be used.

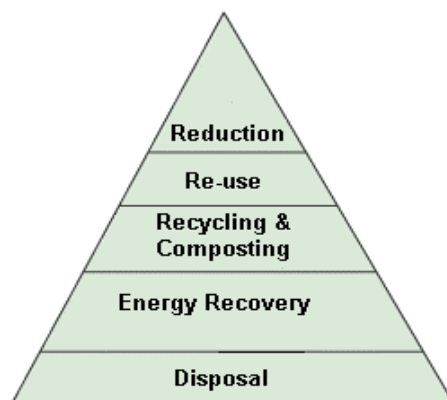
Segregation of different waste types must always be maintained during transfer.

Roll cages (not for clinical waste), trucks or other means of transferring waste will be used to safely contain and move waste bags and boxes particularly when using passenger lifts or moving waste through publicly accessible areas.

Cardboard boxes must be flattened before removal from the ward/department to make handling easier and reduce bulkiness.

7.0 The Waste Hierarchy

The Waste Hierarchy (see below) is a useful framework that has become a cornerstone of sustainable waste management in the UK, setting out the order in which options for dealing with our wastes - with those towards the top of the list usually more desirable than those towards the bottom.



The hierarchy is a guide. It does not mean that in all circumstances, at all times, a higher option will be better than a lower option. In most cases a combination of options for managing the different wastes produced will be needed. But the hierarchy provides a simple rule of thumb guide to the relative environmental benefits of different options.

8.0 Waste Descriptions and Disposal Procedures

8.1 Dental Amalgam – Hazardous Waste (EWC 18 01 10*)

Removed and surplus dental amalgam is deemed a hazardous waste and must not be released into the foul drains. In clinical areas dental amalgam must be collected in approved containers either via amalgam separators or separate containers for other generation routes.

Dental amalgam for either special disposal or recovery should be stored separately to other wastes in leak proof rigid containers with an Hg (mercury) suppressant.

At no time is Dental Amalgam to be placed in any type of waste bag.

8.2 Domestic (Household) Waste (EWC 20 03 01)

8.2.1 Overview

Only non-hazardous waste can be disposed of as Domestic/Household Waste which must only consist of wastes that pose no danger to human health or the environment.

Disposal is either via recycling, landfill or municipal incineration (for heat and power recovery). Domestic/Household Waste The domestic waste stream must not contain any inert wastes such as building materials.

Domestic waste from non-patient healthcare (non – clinical) such as paper hand towels, cardboard sandwich boxes, plastic bottles sweet and crisp wrappers etc must be disposed in clear bags For health and safety reasons the cardboard glass waste boxes must be used to dispose of any sharp non patient healthcare waste (non- clinical) such as glass bottles, jars, tin and drink cans, broken cutlery, crockery etc)and placed into non-hazardous waste containers or cupboards identified to contain only domestic waste for disposal.

Where required the skips/wheelie bins will be routinely collected and taken to the disposal point on site. Disposal will be via recycling, landfill or municipal incineration.

8.2.2 Recyclable materials

Where instituted, materials identified for recycling will be collected in the designated bags or containers at local level prior to transfer to a designated collection point.

8.2.3 Confidential Information for destruction

Confidential information contained in any media form must never be disposed of via any other waste stream on an assumption that it will be effectively destroyed.

Confidential information paper (files, documents etc.) will be contained in an approved secured container or hessian bag for destruction. The routine destruction of confidential information is undertaken by the Trust Waste Services Manager provider. This is the Trust's approved method providing evidenced/certified destruction of the information and fully complies with the requirements of the Information Commissioner's Office.

Documents containing confidential information can be destroyed using local (within the department) shredding arrangements however where this takes place the departmental manager will be held accountable for ensuring the compliant destruction of the confidential information. The shredder used must be compliant with the specification set out OP84 - Corporate Records Management Policy. Documents that have been shredded locally can either be sent for recycling or disposed of as household waste.

Other forms of information storage media (CD's, tapes) must be destroyed in a similar manner to those set out above.

At New Cross Hospital, in exceptional circumstances, a "witnessed burn" can be arranged. Where this destruction route is agreed, all bindings, hard file folders and other fasteners used on documents must be removed to allow pages to separate. A senior manager (usually from the producing department) will attend during the local collection and incineration processes and 'sign off' to confirm destruction of the confidential information has taken place. The incinerator efficiency and emissions must not be compromised by burning large quantities of paper and therefore any arrangement will be at the absolute discretion of the manager responsible for the operation of the on-site incinerator.

Whatever destruction process is determined it must be in accordance with the prevailing Trust policy relating to the destruction of confidential information – currently [SOP06, Non-Clinical Records Procedure](#).

8.3 Offensive/Hygiene Waste – (EWC 18 01 04 and 20 01 99)

Offensive/hygiene waste is routinely generated during normal day-to-day human and clinical activity. This type of waste is not clinical waste and typically contains body fluids, secretions, or excretions.

Typically this waste stream would contain soiled dressings, used disposable linen, used disposable clothing, plaster casts and used incontinence products that are known to be from non-infectious patients. It is important that the staff work on the **NOW**, and not what may occur in the future basis, therefore, if a patient arrives on the ward and is deemed to be non-infectious any waste (**non-sharps or non-pharmaceutical**) from that patient could be put in a offensive waste sack; if however, later that day the lab results states that the patient has an infection that requires treating or if the member of staff caring for the patient notices clinical signs and symptoms of infection, then the waste must be deemed to be infectious from that moment on. The definition of clinical waste states '**Known or Suspected infection**'

All patients producing waste must have an assessment carried out. This will then form part of the care plan, this assessment will determine what waste is being produced and how to correctly dispose of it, if the patient's circumstances change and the change is noted on the care plan then the waste classification from that patient must change accordingly.

Not implementing this waste stream is a direct breach of waste legislation which carries financial penalties.

Where this separate waste stream has been introduced this waste type must be collected at ward/ departmental level in **yellow bags with a black stripe** and transferred in colour coded (yellow with a black stripe) wheelie bins, sign written "**OFFENSIVE/ HYGIENE WASTE ONLY**".

This waste type is suitable for deep landfill, treatment or incineration (with a permit from the Environmental Agency) and can be compacted, however, it cannot be compacted with other Household/domestic (clear bagged) waste.

8.4 Laboratory Cultures – Hazardous/ Infectious Wastes (EWC 18 01 03*)

Category A waste from laboratories/research facilities will normally be pre-treated (autoclaved) locally prior to removal from the premises. These waste will be collected in **orange bags (suitable for treatment)**, routinely autoclaved and then transported in orange wheelie bins either marked or labelled "**ORANGE BAGGED WASTE ONLY**". When it is necessary, to avoid spillage, this waste type can also be contained in orange leak proof containers.

HTM 07 01 provides information on wastes produced in Laboratories and Research Facilities in the Sector Guides Section of the document.

Category A waste direct from patients must be incinerated.

Barrier rooms without toilet facilities

All liquid waste must be solidified using superabsorbent polymer gel granules; the bed pan and the solidified liquid waste must be put directly into a yellow bodied purple lidded UN approved container (sharps container) and sealed immediately.

Solid waste and the bed pan (if used) must be put directly into a yellow bodied purple lidded UN approved container (sharps container) and sealed immediately.

ALL PPE and healthcare waste must be put in yellow bags and sealed. This waste is to remain in the room. If a collection is required the Trust Waste Services Manager is to be contacted who will arrange the removal of the infected waste.

The laundry Manager must be informed of the outbreak and they will instruct the staff how to deal with the laundry accordingly. The Manager may request that all laundry is incinerated.

Barrier rooms with toilet facilities:

The toilet facilities are not to be used until advice is sought and permission is obtained from a local microbiologist, virologist or infectious diseases physician.

Until the permission is obtained the '**without toilet facilities**' guidance is to be followed. The **without toilet facilities** guidance must be followed regards waste, linen and scrubs.

8.5 Chemicals – Hazardous (18 01 06*) and 18 01 07

8.5.1 Overview

Risk assessments must be carried out within all departments using chemicals to establish the appropriate method of containment and disposal for the substance properties. ([HS01 att 3](#))

Where applicable, caps/lids must be securely fitted/tightened before disposal to avoid spillage and intermixing with other chemicals to minimise the risk of combustion, explosion or noxious fumes that may occur. Where a risk has been identified separate containers must be used.

8.5.2 Dangerous substances (Hazardous Waste) (18 01 06*)

In most cases containment for disposal will be as per Infected Sharps Waste however, information on disposal given in the Safety Sheet provided with or attached to the container for the substance / chemical, must be adhered to. If there is any doubt about the procedure advice must be sought either from the Trust's Waste Manager or Estates Help Line before disposal.

Final disposal of this waste type will be dependent on the substance and its properties and may involve special disposal by an external organisation registered/certified as approved to deal with such substances.

8.5.3 Chemicals – 18 01 07 (Other than those covered by 18 01 06*)

In some cases disposal will be as per 18 01 06* Waste however, information on disposal method will normally be found in the Safety Sheet provided with or attached to the container for the substance / chemical. In any event advice should always be sought from the Appointed Person, the Trust's Waste Manager or Estates Help Line for either new substances encountered or if there is any doubt about disposal.

For managing the disposal of products where the COSHH data sheet is unavailable or unclear, the Trust Waste Services Manager must be contacted for advice. If the chemical cannot be disposed of through the normal waste streams then the Trust Waste Services Manager will arrange for the chemical to be collected from the department or ward. The Trust Waste Services Manager will then arrange for the

chemical to be disposed of in accordance with the Hazardous Waste Regulations and Legislation.

Non-hazardous chemicals do not require incineration and some can be recycled. To find out more seek advice from either the Trust's Waste Manager or Estates Help Line before disposal.

8.5.4 Chemicals – 18 01 08* containing or suspected of containing **Cytotoxic/ Cytostatic Substances**

These substances will be disposed of in accordance with the disposal procedures for this waste type. (See sections 8.6, 8.8 and 8.9 under cytotoxic/cytostatic contaminated waste).

8.6 Healthcare (Clinical) Waste – Hazardous/Infectious (EWC 18 01 03*)

For all types of sharps waste see Section 8.8 below.

8.6.1 **Overview**

Healthcare waste routinely produced from patient care **where a source of CYTOTOXIC/CYTOSTATIC contamination is NOT IDENTIFIED** is deemed to be suitable for treatment.

8.6.2 Healthcare waste will be contained at ward/department level in **yellow sacks with a black stripe (tiger) or an orange colour coded bags** indicating its suitability for treatment to render the waste inert prior to final disposal.

Offensive and hazardous infectious healthcare (clinical) waste will be stored separately from other waste types and contained in waste bins and containers coded yellow and black stripe (tiger) or orange. Similarly designated 770/1100 wheelie bins or separate compartments in the waste cupboards will either be marked or labelled "**OFFENSIVE or ORANGE BAGGED WASTE ONLY**" and will be used to collect this waste type.

Whilst offensive and orange bagged waste would normally be incinerated on site at New Cross Hospital, when the incinerator is not operating and for all other RWT sites the disposal is via off site incineration or landfill (offensive waste) or off-site treatment prior to incineration or landfill disposal (infectious waste).

8.6.3 Hazardous/Infectious healthcare (clinical) waste, **where a source of CYTOTOXIC/CYTOSTATIC contamination IS IDENTIFIED OR POSSIBLE.**

This waste will be disposed of following the same routines as with 18 01 03* bagged wastes but with the following exceptions:

- A **yellow sack with a purple stripe or purple sack** designated for the disposal of waste contaminated with Cytotoxic and Cytostatic medicines will be used:
- An appropriately colour coded **purple lidded** pedal sack holder, marked or labelled for Cytotoxic and Cytostatic medicines:
- The bags must be marked with the details of the originating ward / department and date of disposal and must be stored separately to other clinical waste:

- The bags must be collected separately to other clinical wastes and placed into the designated yellow wheelie bins with **Purple lid marked "CYTOTOXIC/CYTOSTATIC WASTE FOR INCINERATION ONLY"** for transport and disposal.

Final disposal of this waste type will always be incineration.

Below is a comprehensive list but limited to the most common Cytostatic and Cytotoxic medicines used:

Anastrozole	Chloramphenicol	Cidofovir	Cold tar containing products	Estradiol
Bcg	Diethylstilbestrol	Tacrolimus	Leuprorelin acetate	Sirolimus
Leflunomide	Testosterone	Ganciclovir	Goserelin (Zoladex)	Danazol
Finasteride	Azathioprine	Raloxifene	Podophyllum resin	Megestrol
Menotropins	Tormifene	Triptorelin	Mycophenolate mofetil	Colchicine
Dinoprostone	Bicalutamide	Ciclosporin	Oestrogen containing products	Oxytocin
Dutasteride	Exemestane	Zidovudine	Interferon containing products	Trifluridine
Streptozocin	Mifepristone	Valganciclovir	Gonadotrophin chorionic	Progesterone
Thalidomide	Nafarelin	Tamoxifen	Dithranol containing products	Ribavirin
Letrozole	Flutamide			

8.7 Anatomical/Pathological/Diagnostic Waste – Infectious (EWC 18 01 02 and 18 01 03*)

This waste typically comprises body parts organs and includes diagnostic waste specimens, reagents, test vials, blood bags and blood preservatives.

These wastes must be placed in the specified **red bags** and **stored in the red lidded leak proof bins/containers specifically provided for this waste type**. Accurate records of anatomical wastes must be maintained in accordance with Trust protocols and procedures for the disposal of such waste.

All bins/containers must have the label attached completed **as soon as they are brought into use**. When filled to the indicated capacity the containers must be locked shut and if necessary sealed and the label(s) checked for completeness before disposal (labels must not be obscured in any way).

Bins/Containers can either be stored separately, in a secure area, at departmental level or taken immediately to a yellow wheelie bin with a **yellow lid** (clearly marked or labelled "**WASTE FOR INCINERATION ONLY**") for disposal.

Final disposal of this waste type will always be incineration.

8.8 Sharps Container Waste – Hazardous (and can be infectious) (EWC 18 01 01, 18 01 03*, 18 01 09 and 18 01 08*)

8.8.1 **Overview**

In addition to needles, scissors, scalpels etc. sharps containers can be used to contain a wide range of apparatus that may or may not be contaminated by infectious substances and/or hazardous and non-hazardous pharmaceutical substances.

Most commonly, wastes that must be disposed into Sharps Containers are listed as follows:

- Any waste item that has a sharp surface or point that may or may not be contaminated with harmful substances and that requires safety containment to prevent injury occurring during its storage, transfer and disposal:
- All needles and their syringe barrels, Venflon IV cannula or flexible cannula contaminated with blood, infectious substances or medicines:
- Syringe barrels contaminated by medicinal residues or hazardous chemicals:
- All sharp edges found on IV giving sets used for saline or glucose and without medicines (sharp end cut with scissors into sharps box):
- All IV giving sets, feeding tubes, oral pharmaceutical dispensers that are contaminated by medicinal residues:
- Vials, ampoules and any other used container with medicinal residues:
- All 'single use' and 'end of life' contaminated metal instruments not returned to CSSD or other sterilisation services.

Due to this complex mixture of materials, it is required that they are segregated into approved rigid sharps containers and described using the appropriate colour coding to ensure that the classification and storage enable transportation in accordance with waste regulations.

Only sharps containers, compliant with UN 3291 approved standard for sharps disposal, are to be used for sharps waste disposal.

All sharps containers must have the label completed **routinely as soon as they are brought into use**. When filled to the indicated capacity the containers must be locked shut and if necessary sealed and the label(s) checked for completeness before disposal (the labels must not be obscured in any way).

All sharps containers, regardless of how full, **MUST** be disposed of within 3 months of the assembly date.

Sharps containers must never be placed in plastic bags of any type or colour

Sharps bins/containers must be kept separate from all bagged waste types and can either be stored in a secure area or container at ward/departmental level or taken immediately to an appropriately marked yellow wheelie bin for containment, transfer and destruction.

Each Department that produces cytotoxic/cytostatic waste will coordinate the disposal of all sharps waste contaminated with Cytotoxic/Cytostatic medicines.

8.8.2 **Sharps Waste – Hazardous (and can be infectious) (EWC 18 01 01, 18 01 03* and 18 01 09) NOT CONTAMINATED WITH CYTOTOXIC/CYTOSTATIC MEDICINES**

Yellow lidded sharps Containers must be used for all sharps waste (other than those contaminated with cytotoxic and cytostatic medicines).

Final disposal of this waste type will always be incineration.

8.8.3 Sharps contaminated with Cytotoxic or Cytostatic medicines (EWC 18 01 08*)

The same standards and routines for using sharps containers as described above in section 8.8.1 will apply but with the following exceptions:

- The sharps bin/container will only be of the type designated for the disposal of sharps contaminated with Cytotoxic and Cytostatic medicines (**purple lid**):
- Bins/containers containing Cytotoxic or Cytostatic waste must never be stored with any other bagged or sharps waste types at ward/departmental level:
- The bins/containers containing Cytotoxic or Cytostatic waste must be collected separately to any other wastes and returned to the Pharmacy Department by trained personnel:
- The Pharmacy Department will dispose of this waste in the designated yellow wheelie bins with a **purple lid** (clearly marked or labelled "**CYTOTOXIC/CYTOSTATIC WASTE FOR INCINERATION ONLY**") for containment, transfer and destruction.

Separate instructions must be provided to patients by such departments as Rheumatology, Oncology and Dermatology on the requirements for the return to the dispensing department of the waste generated from the administration and handling of these substances by the Patient, Community Nurse and/or Practice Nurse.

Adequate supplies of the appropriate types and sizes of sharps containers must be available wherever they are required including for use by staff working in the community, for example Community Nurses.

Final disposal of this waste type will always be incineration.

8.8.4 Faulty Sharps Containers

If on assembly a sharps container is faulty IE the lid does not fit securely onto the body the container must not be used and reported to the Senior Member of staff on duty and labelled as faulty.

If a sharps container is in use and is found to be faulty or the sharps container is full and the aperture does not lock shut the faulty container must be placed into a larger sharps container. The larger sharps container must identify the same type of waste produced as the smaller faulty container IE The faulty sharps container is for cytotoxic waste disposal which is a yellow body purple lid, the larger sharps container MUST be a yellow bodied and purple lidded container. The label on the larger container must be completed, as standard practice, and sealed shut once the faulty container ready for disposal.

8.9 Medicinal Waste (EWC 18 01 09 and 18 01 08*)

8.9.1 Overview

This section covers ALL medicines embraced by the Medicines Act 1968 latest amendments other than those in 18 01 08* and includes the primary packaging around the medicine. Medical products not pharmaceutically active and possessing no hazardous properties are not considered medicinal / pharmaceutical waste (typical examples being saline and glucose provided they do not contain fractions of any other medicines).

At no time is medicinal waste to be placed in orange or yellow coloured waste bags.

All medicines (solid and liquid) partly used and out of date, patients own drugs MUST be destroyed on the ward. Unused, in date, medicines MUST be returned to the Pharmacy Department.

8.9.2 Medicines in original packaging 18 01 09

All unused medicines provided by the Trust Pharmacy (either solid or liquid) in **unopened packaging** (as supplied by the manufacturer), **excluding controlled drugs and cytotoxic/cytostatic medicines**, must be returned to the Pharmacy Department in the locked pharmacy boxes.

8.9.3 Medicines NOT in original packaging (e.g. loose tablets) 18 01 09

All waste medicines (either solid or liquid), **excluding controlled drugs and cytotoxic/cytostatic medicines**, that are **part used** or redundant out of date, (examples are half-used tubes, partly filled bottles and blister strips and medicines that are recovered from patients due to changes of medication) must be disposed of at ward or clinical area level in the blue lidded pharmaceutical containers.

Where applicable, caps/lids must be securely fitted/tightened to avoid spillage and intermixing with other medicines and to minimise the risk of combustion, explosion or noxious fumes that may occur. Where such a risk has been identified then separate containers must be used.

The blue lidded pharmaceutical containers on wards or in clinical areas will be disposed of in the clinical waste cupboards or the large yellow 1100/770 ltr wheelie bins provided for containment, transfer and disposal via incineration.

The **Pharmacy Department will use blue** rigid containers to dispose of any medicinal waste. Pharmaceutical waste containers will only be placed in wheelie bins with a **blue lid** marked "MEDICINAL WASTE FOR INCINERATION ONLY" for containment, transfer and disposal.

Final disposal of this waste type will always be incineration.

8.9.4 Cytostatic and Cytotoxic medicinal waste 18 01 08*

Medicines in this group must be kept separate from Medicines 18 01 09 for disposal.

This definition is not linked to the British National Formulary Chapter 8 and will cover ANY medicine that is carcinogenic, mutagenic, toxic for reproduction or toxic

For advice on these medicines contact Medicines Information Pharmacy Department on 01902 307999 Ext 85136.

See section 8.9 above for Cytostatic and Cytotoxic medicinally contaminated sharps waste.

The procedures for the disposal of **cytostatic and cytotoxic** medicinal waste will be the same as for other medicinal wastes with the following exceptions:

- The rigid containers used will only be of the type designated for the disposal of cytotoxic and cytostatic medicines (**purple lid**).
- When filled to the indicated capacity and ready for disposal the containers must not at any time be stored with any other waste.
- The containers must be collected separately to any other wastes and placed directly into the designated wheelie bins with a **purple lid** (clearly marked or labelled "**CYTOTOXIC/CYTOSTATIC WASTE FOR INCINERATION ONLY**") for containment, transfer and destruction.

Final disposal of this waste type will always be incineration either on site or off site.

8.9.5 Controlled Drugs

Residual volumes of controlled drugs greater than approximately 10mls must be disposed of in a denaturing kit, which is then returned to pharmacy for destruction in sealed red drugs bags.

Part used single doses of controlled drugs, either drawn up in a syringe or remaining in an ampoule, vial or giving set (with the needle still attached) of less than 10mls may be disposed of by the nurse in charge and in the presence of a witness in a **yellow lidded sharps box**.

The Pharmacy Department will arrange for witnessed, documented, secure incineration of all returned controlled drug waste in accordance with all current legislation.

8.10 Equipment (EWC 16 02 00 onwards – can be Hazardous)

8.10.1 Overview

In the event of the requirement to dispose of equipment that may have a further use, care must be taken as in law it is waste. Furthermore, so as not to require duty of care, such items must be disposed of as functioning units and therefore meet the requirements of the Sale of Goods Act. For example furniture should meet the current flame retardant requirements.

Equipment **MUST** only be sold on to recognised dealers, with the requirements that they take the responsibility of establishing its serviceability, and not directly to members of the public. Medical equipment can be sold to bonafide medical professionals who are currently still in practice, subject to approval by MPCE and on completion of relevant Indemnity documentation forwarded to the Procurement Dept.

Whatever the disposal route all items of equipment, including furniture, for disposal will be marked or labelled to identify the ward or department disposing of the item.

Compliant disposal of any type of equipment requires condemnation documentation which must be fully completed. To ensure compliance always contact the Estates Help Line for advice.

All equipment will be disposed of in accordance with the Policy.

No equipment of any type will be abandoned or dumped in corridors, basements, tugway, stairwells, waste compounds and other locations.

8.10.2 Waste Electrical and Electronic Equipment (WEEE)

When purchasing new electrical and electronic equipment, every effort must be made to arrange for the supplier of the new goods to accept the old equipment for disposal; 'free of charge'.

Where electrical or electronic equipment has been used in patient contact/care full decontamination must be undertaken prior to resale, recycling or final disposal to ensure any known or potential infection has been neutralised.

ALL disposals of electrical and electronic equipment whether for resale, recycling or final disposal will be recorded item by item. Condemnation documentation must be completed clearly stating the originating department and name of the manager of that department confirming the equipment is to be disposed of as waste.

Requests for the collection and disposal of items which are classed as WEEE can be made by telephoning the Estates Helpline. For commercial, medical and domestic fridges this is a chargeable service. Medical devices are dealt with under point 8.10.4.

Discarded electrical/electronic items found abandoned around the Hospital, with no identifiable department/manager responsible marked on the item, will be fully investigated and may result in disciplinary action being taken against the employee(s) responsible.

EQUIPMENT FOR DISPOSAL AS WASTE MUST NOT BE REMOVED FROM DEPARTMENTS UNTIL ALL OF THE ABOVE PROCEDURES HAVE BEEN FULLY COMPLETED AND THE DOCUMENTATION CAN BE PRODUCED AS EVIDENCE.

The items listed below **MUST** not be mixed with domestic waste nor placed in general equipment waste containers:

- Large household appliances (i.e. washing machines and cookers):
- Small household appliances (i.e. toasters, irons and hairdryers):
- IT equipment (PCs, laptops and printers) (see disposal method below):
- Telecommunications equipment (i.e. fax/copiers, phones and mobiles):
- Consumer equipment (i.e. TVs, videos and hi-fi equipment):
- Lighting equipment (i.e. fluorescent lamps, excluding filament light bulbs):.

- Electronic and electrical tools (except large scale stationary industrial tools) (i.e. lawnmowers, sewing machines and drills):
- Toys, leisure and sports equipment (i.e. video games, bike computers and slot machines):
- Medical devices monitoring and control instruments (i.e. smoke detectors, thermostats etc):
- Automatic dispensers (i.e. drinks dispensers, chocolate dispensers, ATMs etc):
- Batteries:
- Printers:
- Ink cartridges single or in the printer.

Note: lead, Ni-Cad and mercury-containing batteries must not be disposed of as domestic waste. There are spent battery receptacles on site for details contact the Estates Help Line.

For the disposal of vehicle and other Lead Acid batteries contact the Estates Help Line.

Some waste electrical and electronic equipment is classified as hazardous waste, and its disposal falls under the Hazardous Waste Regulations 2005 and these will require to be disposed of separately. This includes WEEE that contains:

- Polychlorinated biphenyls (PCBs)
- Ozone depleting substances (ODS) e.g. refrigerators
- Asbestos
- Cadmium
- Lead
- Cathode ray tubes found in televisions and monitors.

IT Equipment must be returned to the Information Services Department for disposal via a recycling arrangement.

8.10.3 Implanted Devices

If it is necessary to dispose of implanted devices (such as Pacemakers, Implantable Cardioverter Defibrillators (ICDs), Neurostimulators, Cochlear implants and Insulin pumps) any **advice provided by the device manufacturer on the correct/safe disposal must always be followed.** In addition the Waste Services Manager must be informed and any further guidance provided on local disposal procedures must be adhered to.

8.10.4 Medical Devices

A Medical Device is defined as:

“Any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, together with any accessories, including the software intended

by its manufacturer to be used specifically for diagnosis or therapeutic purposes or both and necessary for its proper application”.

Whilst the range of products is very wide, including infusion pumps, surgical instruments, resuscitators, radiotherapy machines, wheelchairs, walking frames or other assistive technology products, for the purposes of this policy medical devices are identified as those listed on the f2 data base and carrying a unique Medical Physics and Clinical Engineering (MPCE) inventory number label.

Medical devices for disposal must be returned to MPCE. In the case of fixed devices the MPCE must be notified of the intention to dispose via the medical devices helpdesk.

MPCE **MUST** be notified by the owner/user of any devices for disposal or sale that contain or are suspected to contain patient identifiable data. MPCE will arrange for secure deletion and destruction of this data as per local Clinical Engineering procedure.

The MPCE will ensure that all equipment is correctly decommissioned prior to disposal in accordance with MRHA (Medicines and Healthcare products Regulatory Agency) Managing Medical Devices 2015 section 10. Further information on the disposal of medical devices can be obtained by referring to [HS11 Trust policy \(The Management of Medical Devices\)](#).

Medical equipment comprising electrical or electronic components will be subject to WEEE regulations for disposal.

Whatever the disposal route, all items of equipment for disposal must be marked or labelled to identify the ward or department disposing of the item and condemnation documentation must be fully completed

8.10.5 Non-medical Electrical and Electronic Equipment and Devices

All non-medical electrical and electronic equipment and devices will be disposed of in accordance with the WEEE Regulations. Special containment facilities are provided for containment of these items prior to disposal.

In many cases the suppliers of new or replacement equipment will remove the old equipment as part of the procurement process.

Whatever the disposal route all items of equipment for disposal will be marked or labelled to identify the ward or department disposing of the item and condemnation documentation will be fully completed.

Collection of the equipment can be arranged by the Estates & Facilities Division however this is a chargeable service.

8.10.6 Office Furniture

Office furniture and ward equipment, not defined as medical equipment, must be disposed of in accordance with the procedure set out in 8.10.1 above and must not be simply abandoned. In particular circumstances e.g. departmental relocations the Project Manager leading will arrange for “serviceable” furniture to be retained for use elsewhere within the Trust.

8.10.7 Mattresses for disposal as Waste

This procedure supplements the routine inspection process for all mattresses used within the Hospital and must be followed for all mattresses being disposed of as waste. It is therefore a requirement that, in accordance with the Hazardous Waste regulations a risk assessment must be carried out prior to disposal. As a minimum the risk assessment can be in the form of a visual inspection of both the mattress cover and the foam core, such as that given in the MHRA "Don't judge a mattress by its cover" poster (Crown Copyright Jan 2010) or its subsequent revisions.

Mattresses identified as infected/hazardous – 18.01.03*

Mattresses identified through the inspection and assessment process as either being infected or thought to be infected must be placed in a yellow mattress bag, sealed using a strong plastic tie and labelled as "Waste for disposal by incineration only". The producing department and date must be written on the bag so to be permanent and clearly visible.

Mattresses which have been identified as infected/hazardous waste must be stored separately to other waste types and sent to the Clinical Equipment Resource Library in accordance with the Trust's Waste Management Policy.

Mattresses identified as NOT being infected/hazardous – 20.03.01.

Mattresses identified through the inspection and assessment process as waste but are not infected must be sent to the Clinical Equipment Resource Library to be decontaminated (to be socially clean) as normal prior to disposal. These mattresses will not pose a risk of infection and can therefore be disposed of as household waste for landfill or municipal incineration.

8.11 Radioactive Waste (NO EWC Codes)

Radioactive waste materials, of all types, produced within the Trust for disposal with authorisation from the Environment Agency as required under the Environmental Permitting (England and Wales) Regulations 2016.

8.11.1 Responsibility

The disposal of radioactive waste is to be managed by the Head of the Nuclear Medicine section of Medical Physics and Clinical Engineering Department.

In the case of radioactive waste for incineration it must be carried out in conjunction with the Waste Manager, Developments Directorate.

The Radioactive Waste Adviser provides expert advice for the Trust in all matters related to the uses of ionising radiation and radioactivity.

The Radiation Protection Supervisor of each department where radioactive materials are used, or patients receiving such materials are nursed, will advise on local procedures.

Responsibility covers the implementation, management and monitoring, including, training audit and supervision, of all matters associated with the disposal of radioactive waste.

8.11.2 Procedure

All wards / departments where radioactive materials are used and / or radioactive waste generated must comply with the detailed local procedures designed to comply with the Ionising Radiations Regulations 2017 and the Environmental Permitting (England and Wales) Regulations 2016. No waste which is potentially contaminated with radioactive material should be disposed of unless subject to a specific procedure where specific disposal limits have to be reached, or until agreed with Medical Physics.

8.11.3 Special Notes

It is a **strict legal** requirement that the retention, use, accumulation and waste disposal of radioactive materials must be in accordance with the requirements of the Environmental Permitting (England and Wales) Regulations 2016. This requires registration and permits issued by the Environment Agency to the Royal Wolverhampton NHS Trust. Specifically this applies to all disposal routes, aqueous waste (to sewers), Hazardous/Infectious waste and solid waste (incineration).

For further advice on radioactive waste contact the Nuclear Medicine section of Medical Physics and Clinical Engineering who may need to involve the Trust's Radioactive Waste Adviser.

8.12 Catering/Food Waste (EWC 20 01 08 and 20 01 05)

8.12.1 Overview

Catering/food waste can be defined as "food material that is discarded or unable to be used" and comprises raw, cooked, edible and associated inedible material, (e.g. bones, egg shells and fruit and vegetables peelings) generated during the preparation or consumption of meals.

Care must be taken with the disposal of food waste where the level of putrescible waste or meat waste is significant as this could present an issue for landfill sites, transfer stations and composting. Always seek advice from the Waste Services Manager before disposing of catering waste either containing or suspected of containing a high level of putrescible or meat waste (solid waste that contains organic matter capable of being decomposed by microorganisms).

These disposal procedures should be administered within the context of the Food Hygiene policy.

At New Cross Hospital

A cook chill catering service operates at New Cross Hospital from a Central Catering Facility. Chilled food is produced for regeneration at ward level. The central catering facility produces little or no waste during the cook chill process.

A computerised system provides greater opportunity for portion control and reduces the overall volume of food waste as compared to a centralised hot food production kitchen

At West Park and Cannock Chase Hospital

“Cook chill” food for consumption by patients, staff and visitors is provided daily from the Central Catering Facility at New Cross Hospital.

Meals are regenerated locally to the agreed temperature before consumption.

All discarded/uneaten food wastes are disposed of the waste being placed into a caddy provided (with a clear waste sack inside), the caddy contents are weighed and then put into a 240 litre bin and food is recycled through a Anaerobic Digestion Plant.

8.12.2 **Biodegradable food waste (EWC 20 01 08)**

Biodegradable catering food waste is generated at ward level. All food waste is placed into a caddy provided, the caddy (with a clear waste sack inside), contents will be weighed and then put into a 240 litre bin and recycled through a Anaerobic Digestion Plant.

8.12.3 **Edible Oils (EWC 20 01 05)**

Frying for patients has been eliminated. Oils used in food preparation are collected for return to the supplier for reuse/recycling.

8.12.4 **Containers**

Containers for food waste and refuse should be pest proof, lidded and easily cleaned.

Broken glass/crockery waste must be disposed of in line with the appropriate procedure.

Some containers in which food is stored, carried, and served can be recycled.

Where recycling of materials has been introduced, a container should be allocated for each type of recyclable packaging i.e. tins/plastic bottles/cardboard/glass etc.

8.12.5 **Love Food Hate Waste**

The Trust will be looking to take an active role in the “Love food, hate waste” campaign introduced by local authorities.

Love Food Hate Waste is the “Waste Not Want Not” of the modern day, providing handy tips, advice and recipes for leftovers to help everyone waste less food.
www.lovefoodhatewaste.co.uk

8.13 **Estates, Facilities and Support Services Wastes**

8.13.1 **Overview**

In addition to the waste produced from clinical and inpatient care services the Trust also generates industrial waste from its building, engineering and horticultural activities.

This section also covers waste types produced by the Trust that are categorised as special and/or hazardous.

The key categories making waste special are:

Explosive, Oxidising, Highly Flammable, Flammable, Irritant, Harmful, Toxic, Carcinogenic, Corrosive, Infectious, Teratogenic, Mutagenic and Ecotoxic:

They can also be catalytic releasing a toxic substance when in contact with water, air and bases, and also substances which yield another substance containing the properties listed at disposal.

These categories can be identified via the Safety Data Sheets for the substance. Some of these waste substances will be disposed of as chemicals see Section 8.6 above.

8.13.2 Building (Construction and Demolition) Waste (EWC 17 01 01 to 17 09 04)

From April 2008 all building/construction projects valued in excess of £300,000 (net of VAT) will require a Site Waste Management Plan (SWMP) with the emphasis on reducing building waste sent to landfill. In the spirit of Good Corporate Citizenship all developments taking place at New Cross Hospital over the coming years will have regard for these requirements regardless of value.

8.13.3 Estate Maintenance Wastes (EWC 20 01 01 to 20 03 99)

Wherever practically possible, waste building materials will be separated for recycling. General building waste will be put in the designated skip on the Estates Yard for landfill disposal. General building waste should not contain any other waste types particularly any classified as hazardous or potentially hazardous.

For paint see section 8.14.5 below.

8.13.4 Horticultural (Green) Waste (EWC 20 02 01)

Waste produced from horticultural activities will be put in the designated skip for collection and composting.

Horticultural waste should not contain excessive amounts of soil (general building waste) or any be contaminated with any other waste type.

8.13.5 Paint (EWC 08 01 12)

No EWC 08 01 11* hazardous paints, varnishes or solvents are to be used at the Hospital.

All Paint and paint containers must be contained in designated secured storage facilities prior to special collection and disposal.

8.13.6 Waste Industrial/Engineering Oils (EWC 20 01 26*)

All waste oils produced as a result of engineering processes at the Hospital will be contained in the designated secure storage facilities prior to special collection and disposal.

8.13.7 Incinerator Bottom Ash (EWC 19 01 11*, 19 01 13* and 19 01 15*)

To be contained within the boundary of the Controlled Waste Yard at New Cross Hospital and subject to special collection and disposal arrangements.

8.13.8 Sorbent (EWC 19 01 10*)

To be contained within the boundary of the Controlled Waste Yard at New Cross Hospital and subject to special collection and disposal arrangements.

8.13.9 Battery disposal and recycling (EWC 16.06.01*, 16.06.02*, 16.06.03*, 16.06.04, 16.06.05, 20.1.33* and 20.01.34)

Discarded batteries present a very small risk of fire and source of ignition. This risk can be greatly reduced by taking the following precautions:

1. Insulate the terminals on all lithium based batteries and isolate on batteries that can easily short circuit such as 9V:
2. Isolate any bare wires:
3. Keep batteries dry and away from any heat source:
4. Do not put damaged batteries in the container:
5. Store away from combustible or flammable materials:
6. Do not put any items other than batteries in the container:
7. Update your fire risk assessment.

To reduce the unnecessary build-up of batteries the waste team will exchange the battery boxes every quarter, however, if your container fills prior to the collection call 88999 or email the Waste Management Team via our email address - rwht.wastemanagement@nhs.net and an additional collection will be made.

The Trust Waste Services Manager will provide all wards and departments with 5ltr battery containers (the same as or similar to the one in the picture below).



If you are unsure of the type of battery or are not sure how to make the battery safe call the helpdesk on 88999 and ask to speak to the Waste

Services Manager or email the Waste Management Team via our email address - rwh-tr.wastemanagement@nhs.net.

8.14 Clinical Waste generated in the community including Primary Care Services

8.14.1 Overview

The PRACTICE MANAGER has overall responsible for the correct segregation and disposal of waste. All RWT staff must comply with the regulations and the practices described in this documentation (HS10).

8.14.2 Legislation

RWT Community Clinic Sites

RWT community sites that have a collection service from the RWT Waste Management team will report any issues with the collection service, including non-collection, additional collections or faulty container to the RWT Waste Services Manager.

The WASTE SERVICES MANAGER will retain all relevant consignment notes (Hazardous Waste Consignment Notes and Waste Transfer Notes) at the Waste Management Department for the appropriate length of time.

In respect of general/domestic and recycling collections the Trust Waste Services Manager will retain all appropriate documentation in the Estates department at New Cross Hospital for a minimum of 2 years.

Bulky waste collections will be arranged by the RWT Waste Services Manager who will utilise the Waste Management team or a nominated waste contractor. For any collection by the Waste Services Manager will retain the Waste Transfer Notes for a minimum of 2 years. The practice manager will retain all relevant documentation for any third-party collections for a minimum of 2 years.

Primary Care Services

For those Primary Care Services who have contractual obligations with NHS England MUST comply with HS10 with regards clinical waste segregation.

In order to comply with current legislation for the disposal of healthcare waste the practice must:

- Use suitably labelled containers
- Produce written procedures for staff to follow
- Maintain a hazardous waste inventory of the premises
- Examine hazardous waste containers weekly, ensuring the containers supplied including the UN Approved large 770's or 1100's comply and are lockable and clean
- Ensure contractors are authorised
- Have a WTN for every collection or an annual duty of care waste transfer note and a copy of a spread sheet with all waste movements each month (must be kept for 2 years) or a hazardous waste consignment note for every waste transfer of hazardous waste and a copy of the Environment Agent quarterly returns (must be kept for 3 years)

- Pre acceptance audits are to be conducted on any premise that produces more than 500 tonnes per annum or every 5 years for those that produce less.

8.14.3 Batteries

Spent batteries MUST be stored in a 'battery recycling' container and the instructions in 8.13.9 must be adhered to and disposed of using a suitably licensed contractor.

For small battery container exchanges contact the Trust Waste Management Team via email - rwh-tr.wastemanagement@nhs.net who will arrange for the collection and disposal of the batteries according to the legislation.

8.14.4 Training

All staff who are required to handle clinical waste, must be given training, adequate instruction about the risks associated with, and the procedures to be used, in order to ensure the safe handling, segregation and storage of clinical and non-clinical waste.

In addition to this all staff must be made aware of the procedures to be used following a spillage (see Infection control - biological substances protocol) and receive COSHH training.

Unqualified workers and those working in the sector for the first time will need specific instruction on how to manage and handle waste. All staff will also need to be informed about local policies and arrangements. New staff should be given training on healthcare waste disposal as part of their Trust and local induction training.

All staff must repeat the training every two years or if the waste regulations change whichever comes sooner. (Level 1 or level 2 of the waste training module can be found on the internal kite system)

It is important to ensure that people who do not themselves generate or handle healthcare waste are nevertheless instructed in the principles of healthcare waste management and what the colour coding means. If they do not know or understand they cannot anticipate or avoid the hazard.

All other community clinics that have RWT staff working in them and are managed by Property Service or CCG MUST adhere to the local policies which must fall in line with HTM.07.01

For further information or queries regarding waste disposal please contact the waste management team on our generic email rwh-tr.wastemanagement@nhs.net

TABULATED WASTE DISPOSAL PROCEDURES

WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
<p>Amalgam</p> <p>Type 18 01 10*</p> <p><u>HAZARDOUS</u></p>	<p>Amalgam used in dental practice.</p>	<p>Leak proof rigid container with Hg suppressant.</p>	<p>To be collected by an approved contractor/organisation for the recovery of this substance type.</p>
<p>Household (Domestic or Mixed Municipal)</p> <p>Type 20 03 01</p>	<p>Non-Recyclable wastes such as flowers, confectionary, confectionary wrappings/containers with residues and tea bags that pose no danger to human health or the environment that are suitable for landfill without any prior treatment.</p>	<p>Clear or Black plastic bag, to comply with the appropriate NHS performance specification</p>	<p>Seal bag and either tie or secure using a swan neck and cable tie, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal: Municipal Incineration (Energy from Waste)</p>
<p>Recyclable Materials</p> <p>Type 20 03 01 onwards</p>	<p>Recyclable wastes (dry) such as paper, cardboard, wood, plastics, tins, clothes, metals and glass but excluding any waste listed as hazardous or contaminated with substances classified as hazardous or infectious.</p>	<p>Designated receptacle such as plastic bag or container, may be colour coded for the type of recyclable material.</p>	<p>To be collected by an approved contractor/organisation dependent on the type of recyclable material.</p>

WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
<p>Confidential Information</p> <p>Type 20 03 01</p>	<p>All confidential information types:</p> <p>Paper CDs Tapes Fax Rolls</p>	<p>Approved lockable bin or sealed Hessian bag for disposal via the Waste Management team for RWT</p> <p>If a shredding machine is used, after shredding by the producing department – (cross shredded paper should be between to comply with data protection act) Clear plastic bag for Household waste or recycling.</p>	<p>Put information into approved lockable wheelie bin.</p> <p>Dispose into a sealable bag and secure using a coded cable tie (this tie may be provided by contractor). If required complete any documentation required as evidence of collection for destruction.</p> <p>Disposal: On site shredding and recycled</p>
<p>Offensive</p> <p>Type 18 01 04 and 20 01 99</p> <p><u>NOT INFECTIOUS OR UNLIKELY TO BE INFECTIOUS</u></p>	<p>Waste which is not infectious but could cause offence, such as soiled dressings, used disposable linen, curtains and clothing, plaster casts and used incontinence products.</p>	<p>Yellow plastic bag with black stripe to comply with the appropriate NHS performance specification.</p> <p>To be coloured yellow and black to British Standard BS381C.</p>	<p>Seal bag when three-quarters full, secured using a swan neck and cable tie, marking clearly with hospital name, ward/department and sealing date.</p> <p>Disposal: On-site Energy from Waste Incineration for waste collected by the RWT waste team.</p> <p>Other sites Off-site deep landfill, treatment or off site incineration (only permitted sites)</p>
<p>Laboratory Cultures (treated prior to disposal)</p> <p>Type 18 01 03*</p> <p><u>HAZARDOUS</u></p>	<p>Category A infectious substances propagated in laboratory or research facilities, typically produced by Microbiology Departments.</p>	<p>Orange plastic bag, to comply with the appropriate NHS performance specification. To be coloured orange to British Standard BS381C.</p> <p>Can be pre-treated</p>	<p>Seal bag and secure using a swan neck and cable tie, marking clearly with hospital name, department, any other identification(s) required and sealing date.</p>

		(Autoclaved) on site before leaving the laboratory.	Disposal: On-site Incineration at NX Off-site alternative treatment.
WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
Chemicals Type 18 01 06* <u>HAZARDOUS</u>	Chemicals used in any process including laboratory, research, engineering, cleaning and building work. For Estates Waste (Oils, Paints etc.) see below)	Refer to COSHH assessments, manufacturers data sheet and any labels on the product for guidance.	Disposal: Via an external organisation registered/certified as approved to denature and dispose of such substances.
Chemicals Type 18 01 07 <u>NON HAZARDOUS</u>	Chemicals used in any process including laboratory, research, engineering, cleaning and building work. For Estates Waste (Oils, Paints etc.) see below)	Refer to COSHH assessments, manufacturers data sheet and any labels on the product for guidance.	Disposal: Via an external organisation registered/certified as approved to denature and dispose of such substances.
Chemicals Type 18 01 08* CYTOTOXIC/ CYTOSTATIC <u>HAZARDOUS</u>	Chemicals used in any laboratory or research processes containing or contaminated with cytotoxic or cytostatic substances.	Yellow bin/ container with Purple lid , to comply with British Standard BS7320, and approved by Infection Control. Yellow wheelie bin with Purple lid marked or labelled " CYTOTOXIC/ CYTOSTATIC WASTE ONLY "	Seal container when two-thirds full and complete label, marking clearly with hospital name ward/ department and sealing date. Disposal: Incineration
Healthcare Clinical Type 18 01 03* <u>INFECTIOUS OR LIKELY TO BE INFECTIOUS</u>	Routinely generated clinical wastes from patient care including swabs, dressings, bandages, tubing and face masks, Personal Protective Equipment such as aprons, gloves and masks and plaster casts which are or suspected as being infected but excluding any	Orange plastic bag , to comply with the appropriate NHS performance specification. To be coloured orange to British Standard BS381C. Orange wheelie bin or yellow wheelie bin marked or labelled " ORANGE BAGGED WASTE ONLY "	Seal bag when three-quarters full, secured using a swan neck and cable tie, marking clearly with hospital name, ward/ department and sealing date. Disposal: On-site Incineration Off-site alternative treatment.

WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
<p>Anatomical, Pathological or Diagnostic waste or waste contaminated with cytotoxic or cytostatic medicine.</p> <p>Healthcare Clinical</p> <p>Type 18 01 08*</p> <p>CYTOTOXIC/ CYTOSTATIC</p> <p><u>HAZARDOUS AND MAY BE INFECTIOUS</u></p>	<p>Wastes generated from cytotoxic/ cytostatic patient treatment, including dressings, tubing and incontinence products which are or suspected as being contaminated with cytotoxic or cytostatic medicines</p>	<p>Yellow bag with Purple stripe, to comply with the appropriate NHS performance specification.</p> <p>Yellow wheelie bin with Purple lid marked or labelled "CYTOTOXIC/ CYTOSTATIC WASTE ONLY"</p>	<p>Seal bag and secure using a swan neck and cable tie, marking clearly with hospital name, ward/ department, any other identification(s) required and sealing date.</p> <p>Disposal: Incineration</p>
<p>Anatomical, Pathological and Diagnostic - Infectious</p> <p>Type 18 01 02 and 18 01 03*</p> <p><u>HAZARDOUS</u></p>	<p>Anatomical and pathological waste and diagnostic specimens, reagent or test vials but excluding any waste contaminated with cytotoxic or cytostatic Medicines</p>	<p>Yellow or red plastic sack, to comply with the appropriate NHS performance specification. To be coloured yellow to British Standard BS381C.</p> <p>Yellow plastic bag to be placed in yellow leak proof bin/container with red lid before removal from the production location.</p>	<p>Seal bag and secure using a swan neck and cable tie, marking clearly with hospital name, ward/ department, any other identification(s) required and sealing date.</p> <p>Seal container when two-thirds full and complete label, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal: Incineration</p>
<p>Sharps</p> <p>Type 18 01 01, 18 01 03* and 18-01-09 if</p> <p><u>MEDICINALLY CONTAMINATED</u></p> <p>or</p>	<p>Hazardous sharps waste such as broken glass, ampoules, cartridges, needles and syringes, blood filters, giving set ends etc. contaminated with medicines but excluding cytotoxic/ cytostatic</p>	<p>Yellow Sharps box with Yellow lid, to comply with British Standard BS7320, UN approved for liquids and approved by Infection Control.</p> <p>Yellow wheelie bin with Yellow lid marked or labelled "SHARPS WASTE FOR</p>	<p>Seal container when two-thirds full and complete label, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal:</p>

<p><u>PARTIALLY DISCHARGED</u></p> <p>– likely to be infected</p>	<p>Medicines</p>	<p>INCINERATION ONLY”</p>	<p>Incineration</p>
<p>WASTE TYPE/CODE</p>	<p>DESCRIPTION</p>	<p>CONTAINER</p>	<p>METHOD OF DISPOSAL</p>
<p>Sharps</p> <p>Type 18 01 03* , 18 01 08*</p> <p><u>CONTAMINATED WITH OR CONTAINING CYTOTOXIC/ CYTOSTATIC MEDICINES</u></p>	<p>Hazardous sharps waste such as broken glass, ampoules, cartridges, needles and syringes, blood filters, giving set ends etc.</p>	<p>Yellow Sharps box with Purple lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Yellow wheelie bin with Purple lid marked or labelled “CYTOTOXIC/ CYTOSTATIC WASTE ONLY”</p>	<p>Seal container when two-thirds full and complete label, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal: Incineration</p>
<p>Medicinal</p> <p>Type 18 01 09</p> <p>Rejected medication in original packaging.</p>	<p>All types of rejected (unopened) medicines in liquid or solid form but excluding controlled drugs and cytotoxic/ cytostatic medicines</p>	<p>Wards/Departments refer to the ‘Procedures for the handling and disposal of waste’ policy</p> <p>Pharmacy - Blue body container with Blue lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Yellow wheelie bin with Blue lid marked or labelled “MEDICINAL WASTE ONLY”</p>	<p>Medicines in original packaging must be returned to the Trust’s Pharmacy Department (Stores) for disposal.</p> <p>Seal container when two-thirds full and complete label, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal: Incineration</p>
<p>Medicinal</p> <p>Type 18 01 09</p> <p>Part used medication and other non sharps waste contaminated with medicines</p>	<p>All types of medicines part used in liquid or solid form but excluding controlled drugs and cytotoxic/ cytostatic medicines</p>	<p>Wards/Departments refer to the ‘Procedures for the handling and disposal of waste’ policy</p> <p>Pharmacy - Blue body container with blue lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Yellow wheelie bin with</p>	<p>To be returned to the Trust’s Pharmacy Department (Stores) for disposal.</p> <p>Seal container when two-thirds full and complete label, marking clearly with hospital name, ward/ department and sealing date.</p> <p>Disposal:</p>

WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
<p>Medicinal</p> <p>Type 18 01 08*</p> <p>CYTOTOXIC AND CYTOSTATIC</p>	<p>All types of cytotoxic and cytostatic drugs.</p>	<p>Blue lid marked or labelled "MEDICINAL WASTE ONLY"</p> <p>Yellow bin/container with Purple lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Yellow wheelie bin with Purple lid marked or labelled "CYTOTOXIC/ CYTOSTATIC WASTE ONLY"</p>	<p>Incineration</p> <p>To be returned to the Trust's Pharmacy Department (Stores) for disposal.</p> <p>Special handling requirements – transfer by trained staff.</p> <p>Disposal: Incineration</p>
<p>Medicinal</p> <p>Type 18 01 09</p> <p>Controlled Drugs</p>	<p>All types of controlled drug (CD).</p>	<p><u>Special containment and disposal arrangements.</u></p>	<p>Ward Pharmacist or the Trust's Pharmacy Department to arrange transfer to the Pharmacy Department</p> <p>Disposal: Via an organisation registered/certified as approved to denature and dispose of such substances.</p>
<p>Equipment</p> <p><u>NOT</u> containing any electrical/ electronic components.</p>	<p>Redundant and broken equipment such as office furniture, skips, trolleys and sack holders.</p>	<p>Contact Estates Help Line. Condemnation certificate must be completed identifying originating department and manager. Disposal arrangements confirmed before removal from the department.</p>	<p>Equipment (Non Medical) can be collected by Estates & Facilities for disposal.</p> <p>Disposal: Reuse/Recycling or Landfill.</p>
<p>Equipment</p> <p>Medical Devices including MEDICAL WEEE</p>	<p>The range of products is very wide therefore for the purposes of this policy medical devices are identified as those listed on the</p>	<p>Contact Medical Physics. Condemnation certificate must be completed identifying the originating department and manager. Disposal arrangements</p>	<p>Via Medical Physics for collection, decontamination and disposal.</p> <p>Disposal:</p>

	F2 data base and carrying a unique Medical Physics inventory number label.	must be confirmed before removal from the department.	Reuse/Recycling.
WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
Equipment NON-MEDICAL WEEE (Waste Electrical, Electronic Equipment) NON Hazardous Type 16 02 14 and 16 02 16 HAZARDOUS Type 16 02 09* to 16 02 13* and 16 02 15*	<p>All types of non-medical electrical and electronic equipment</p> <p>Examples: Toasters, Office Fans, Heaters.</p> <p>Equipment containing or contaminated by PCBs, HCFCs HFCs, asbestos or any other hazardous substance.</p>	<p>Contact Estates Help Line. Condemnation certificate must be completed identifying originating department and manager. Disposal arrangements confirmed before removal from the ward/ department.</p> <p>Special disposal arrangements.</p>	<p>Can be collected by Estates & Facilities for disposal.</p> <p>Disposal: Reuse/Recycling</p>
Equipment Implanted Devices	<p>Examples: Pacemakers, Implantable cardioverter defibrillators (ICDs), Neurostimulators, Cochlear implants and Insulin pumps</p>	<p>Contact Medical Physics. Disposal arrangements confirmed before removal from the department. The advice provided by the device manufacturer on the correct/safe disposal must always be followed.</p>	<p>Disposal: The advice provided by the device manufacturer on the correct/safe disposal must always be followed</p>
Equipment Mattresses Can be hazardous INFECTED 18 01 03*	<p>All mattresses</p> <p>Either known or suspected of being infected</p>	<p>Contact Medical Physics.</p> <p>Place mattress in yellow mattress bag seal with plastic tie and label as</p>	<p>Mattresses to be reported to Medical Physics for collection, decontamination and disposal.</p> <p>Disposal: Incineration</p>

WASTE TYPE/CODE	DESCRIPTION	CONTAINER	METHOD OF DISPOSAL
<p>Equipment</p> <p>Mattresses NOT Infected 20 03 01</p>	<p>Socially clean</p>	<p>Contact Medical Physics</p>	<p>Disposal: Landfill or Municipal Incineration (Energy from Waste)</p>
<p>RADIOACTIVE</p>	<p>Waste materials produced as a by-product of the radioactive materials used in the Trust for diagnosis/treatment, Disposal requires authorisation from the Environment Agency as required by the Radioactive Substance Act 1993.</p>	<p>Wards/departments dealing with patients treated/diagnosed with radioactive materials must follow the detailed local procedures for dealing with patient excretions and used disposables.</p> <p>The radiation symbol must be displayed on all bags/containers used to contain this waste.</p> <p>Advice MUST be sought from Medical Physics regarding any instance not covered by an established Medical Physics procedure.</p>	<p>The disposal of radioactive waste is to be managed by the Head of the Radiation Science Sub-division in the Medical Physics and Clinical Engineering Dept.</p> <p>Disposal: Incineration</p> <p>Controlled Discharge to Sewer</p>
<p>Catering Wastes</p> <p>Type 20 01 08 and 20 01 25</p>	<p>Hospital Catering food production wastes including food ingredients and edible oils.</p>	<p>Food wastes will be placed into a caddy.</p> <p>Edible oils will be collected in the appropriate container for recycling.</p>	<p>Food waste will be collected by the catering team.</p> <p>Disposal: Anaerobic digestion or RWT Energy from Waste incinerator</p>
<p>Estates, Facilities and Support Services Wastes</p>	<p>Inert and other non hazardous wastes produced from building, construction and engineering</p>	<p>Designated skips/receptacles which will have signs on for the type of recyclable wastes.</p>	<p>To be collected by an approved contractor/organisation for waste type.</p>

<p>NON HAZARDOUS Type 08, 17 and 20 wastes</p>	<p>activities at the Hospital e.g. bricks</p>		<p>Disposal: Reuse/Recycling Or Landfill</p>
<p>WASTE TYPE/CODE</p>	<p>DESCRIPTION</p>	<p>CONTAINER</p>	<p>METHOD OF DISPOSAL</p>
<p>Estates, Facilities and Support Services Wastes</p> <p>HAZARDOUS Type 19* and 20* wastes</p>	<p>Hazardous wastes produced from building, construction, industrial and engineering activities at the Hospital e.g. paints</p>	<p>Designated locked or controlled skips/receptacles which may be colour coded for the type of waste.</p>	<p>To be collected by an approved contractor/organisation for waste type.</p> <p>Disposal: Treatment or Recycling/ Deep Landfill</p>

HS10 Attachment 3

WASTE SEGREGATION

FIGURE 1 - HTM 0701 GENERAL COLOUR CODING FOR WASTE CONTAINMENT

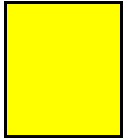
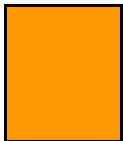
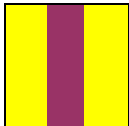
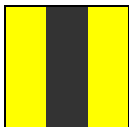
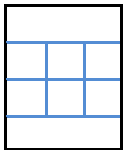
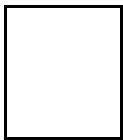
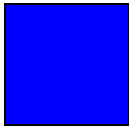
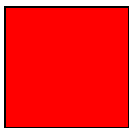
	YELLOW	INCINERATION ONLY
	ORANGE	SUITABLE FOR TREATMENT
	YELLOW WITH PURPLE STRIPE	INCINERATION ONLY
	YELLOW WITH BLACK STRIPE	DEEP LANDFILL or MUNICIPAL INCINERATION
	CLEAR	LANDFILL OR MUNICIPAL INCINERATION
	WHITE	RECOVERY OF DENTAL AMALGAM
	BLUE	MEDICINAL FOR INCINERATION ONLY
	RED	ANATOMICAL INCINERATION ONLY

FIGURE 2 - COLOUR CODING KEY FOR **SACKGED** WASTE

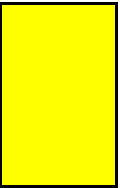
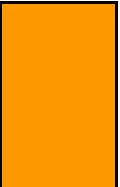

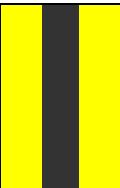
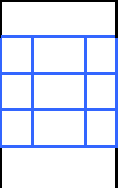
	<p>YELLOW SACK</p>	<p>ANATOMICAL - THE SACK MUST BE PLACE IN A RED YELLOW BODIED CONTAINER LID SEALABLE CONTAINER, SPECIMENS AND INFECTIOUS WASTE</p>	<p>INCINERATION ONLY</p>
	<p>ORANGE SACK</p>	<p>ALL INFECTIOUS CLINICAL WASTE</p>	<p>SUITABLE FOR TREATMENT</p>
	<p>YELLOW SACK WITH PURPLE STRIPE</p>	<p>ALL CYTOTOXIC AND CYTOSTATIC SACK WASTE</p>	<p>INCINERATION ONLY</p>
	<p>YELLOW SACK WITH BLACK STRIPE</p>	<p>OFFENSIVE NON-INFECTIOUS CLINICAL WASTE</p>	<p>DEEP LANDFILL OR MUNICIPAL INCINERATION</p>
	<p>CLEAR SACK</p>	<p>ALL DOMESTIC/ HOUSEHOLD WASTE</p>	<p>ENERGY from WASTE MUNICIPAL INCINERATION</p>

FIGURE 3 - COLOUR CODING KEY FOR **SHARPS CONTAINERS**

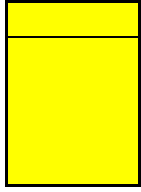
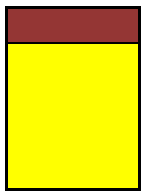
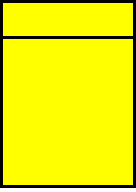
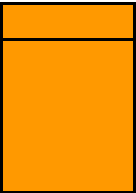
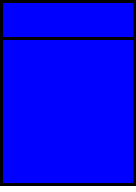
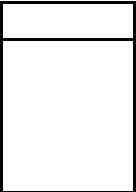
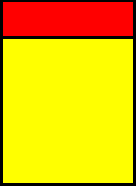
	<p>YELLOW WITH YELLOW LID</p>	<p>ALL SHARPS EXCEPT any contaminated with Cytotoxic or Cytostatic Medicines</p>	<p>INCINERATION ONLY</p>
	<p>YELLOW WITH PURPLE LID</p>	<p>SHARPS CONTAMINATED WITH CYTOTOXIC or CYTOSTATIC MEDICINES</p>	<p>INCINERATION ONLY</p>

FIGURE 4 - COLOUR CODING KEY FOR LEAK PROOF CONTAINERS

	<p>YELLOW WITH YELLOW LID</p>	<p>INFECTIOUS WASTE Such as: Diagnostic reagent or test vials and kits containing chemicals.</p>	<p>INCINERATION ONLY</p>
	<p>ORANGE WITH ORANGE LID</p>	<p>ALL GENERAL CLINICAL WASTE</p>	<p>SUITABLE FOR TREATMENT</p>
	<p>BLUE WITH BLUE LID</p>	<p>PHARMACY USE ONLY Solid or Liquid medicines</p>	<p>INCINERATION ONLY</p>
	<p>WHITE WITH WHITE LID</p>	<p>DENTAL AMALGAM</p>	<p>RECOVERY</p>
	<p>YELLOW WITH RED LID</p>	<p>ANATOMICAL</p>	<p>INCINERATION ONLY</p>

HS10 Attachment 4

PROCEDURES FOR DEALING WITH WASTE SPILLAGES

1.0 Overview

Any waste that is a danger either to human health or the environment [infectious waste] will require specific handling, containment and disposal following spillage.

For all spillages where blood and body fluid may be present refer to the Trust Infection Prevention policy [[Policy IP19 - Blood and body fluid spillage management](#)].

Where an extensive major waste spillage is encountered then the senior manager for the area (or on-call manager if out of hours) will be contacted and advice from a member of the Infection Prevention Team sought before any work to tackle the spillage is undertaken. For incidents outside of normal hours the on-call microbiologist can be contacted via the hospital switchboard.

In extreme circumstances there may be an initial need to restrict access to the area to ensure that no members of the public come in contact with the spillage.

2.0 Mercury

Mercury is used less frequently these days and was mainly found in two instruments, thermometers and sphygmomanometers.

The major risk in using these instruments lay in dealing with breakage and the resulting spillage of mercury.

Until such time as mercury is totally absent from clinical and other areas, wards and departments still using any equipment containing liquid mercury must have available a kit for the collection and disposal of spilled mercury. (These kits contain specific instructions on the collection and disposal of spilled mercury).

Mercury spillages must be cleaned up immediately by a person or persons who have competence in dealing with spillage of this hazardous material. The resulting waste must be disposed of as Hazardous Waste (18 01 06*).

3.0 Radioactive substances

A spillage of any substance containing radioactive material **must** be referred to **Head of the Radiation Science Sub-division in the Medical Physics and Clinical Engineering Dept** before any attempt is made to remove the spillage.

Attachment 5

ROLE OF THE TRUST'S NOMINATED OFFICER FOR WASTE MANAGEMENT

General Description

The designation of the Trust's Nominated Officer for Waste Management applies to a senior manager within the Trust who has direct responsibility for ensuring that the handling and disposal of all waste is carried out in accordance with approved practices detailed in the Waste Management Policy.

Covering all aspects of waste activities carried out by Clinical and Non-clinical waste producers, the Nominated Officer will have managerial responsibility for all site transportation and storage of waste, where the department/ward does not transport or locally store the waste themselves.

The Nominated Officer will liaise with all outside organisations either using or leasing Trust premises in connection with their waste activities. There will be a need for such organisations, to appoint and make known the name of a manager of equivalent status, who will be the point of contact for any waste related issues.

Accountability

The Nominated Officer is accountable to Chief Operating Officer for all matters directly relating to waste policy implementation and to the Divisional Manager for Estates and Facilities for day to day matters on waste handling and disposal and will oversee the day to day activities of the Waste Services Manager or any other appointed or contracted Waste Management Specialist/Adviser.

Liaison

The Nominated Officer will have direct contact with staff producing clinical and non-clinical waste and will liaise with Divisional and Department Managers on issues relating to the handling and processing of waste by the Trust. To facilitate the work of the Environmental Group the Nominated Officer will be a member of the controlling Group/Committee dealing with Infection Prevention and able to sit on any other committee/group where waste issues are raised and discussed. The Trust's Waste Services Manager can deputise for the Nominated Officer on any committee or group in all matters relating to waste activities.

Specific Responsibilities

Where a Waste Services Manager is in post then some or all of the responsibilities listed below can be delegated to the post holder by the Nominated Officer.

1. To monitor and review on an ongoing basis the procedures for handling, disposal and processing of waste in operation within the Trust and to require, where appropriate, improvements to occur to observed practices to bring them into line with legal requirements and regulations.
2. To be a member of the Waste Management Group.
3. To be a member of the controlling Group/Committee dealing with Infection Prevention and able to sit on any other committee or group where waste issues are raised and discussed.

4. Where necessary to propose improvements in the procedures for handling, disposal and processing of waste in operation within the Trust in line with best practice and guidelines.
5. Undertake Risk Assessments of handling, disposal and processing of waste.
6. To investigate or review incidents reported during the handling of waste specifically Hazardous/Infectious (Clinical) Waste.
7. To identify training requirements for Trust Staff by Post, Grade and Discipline.
8. To participate in staff induction and post-employment training in the handling and disposal of waste specifically Hazardous/Infectious (Clinical) Waste.
9. To liaise with any appointed or contracted Waste Management Specialist, Infection Prevention and Supplies Managers to ensure that an approved and appropriate range of waste containers and protective clothing are available as appropriate.
10. To liaise with the Directorate Managers and Hotel Services Manager in ensuring that storage and disposal facilities for waste are appropriate and maintained in a satisfactory condition.
11. To liaise with the Chief Pharmacist in the appropriate disposal of used Pharmaceutical products and to undertake periodic D.U.M.P. (Disposal of Unwanted Medicines and Poisons) programmes with the Local Authority.
12. To liaise with the Infection Prevention and Governance Departments in ensuring that safe practices exist within the Policy.
13. To liaise with the Governance & Legal Services Department in the investigation of any shortcomings, both in connection with the Policy and waste handling, disposal and processing procedures.
14. To feedback to the Directorate Managers / Governance & Legal Services Department, when conducting surveys to determine, from an Occupational Health point of view, any shortcomings in the handling of waste.
15. To liaise with the Trust's Radiation Protection Adviser on issues concerning the appropriate disposal and monitoring of radioactive waste.

Attachment 6

WASTE RESOURCES, EQUIPMENT AND CONSUMABLE SUPPLIES

All managers must ensure that staff can access the facilities necessary to ensure compliance with the Policy and its procedures. This will require providing the following:

Plastic Bins/Containers

All plastic containers must comply with BS7320:1900 Specification, United Nations Standard 3291, or their equivalent.

Sharps bins/containers (Various sizes) for incineration only, yellow body with:

Yellow Lid – General Sharps

Purple Lid – Cytostatic/Cytotoxic contaminated sharps

Plastic boxes/containers (Various sizes) for incineration only, yellow body with:

Yellow Lid – Anatomical waste and IV Fluids containing medicines

Purple Lid – Cytostatic/Cytotoxic Medicinal Waste

Blue Lid – Medicinal Waste

Red Lid – Anatomical Waste

Plastic Waste Bags:

All plastic waste bags for infected/hazardous waste must comply with BS6642:1985 and UN Specifications or their equivalent.

Clear –	Domestic (Household) Waste
Yellow with Black Stripe -	Offensive Waste (Suitable for Deep Landfill or municipal incineration)
Orange –	General Infected Waste (Suitable for Treatment)
Yellow –	Anatomical waste, specimens, medicinally contaminated waste and waste unsuitable for treatment (Incineration Only)
Yellow with Purple Stripe –	Cytostatic/Cytotoxic contaminated Soft Waste (Incineration Only)

Cardboard glass boxes:

For glass, tins, and ceramics (Domestic/Household or recycling)

Waste labels, notices and other safety signing in relation to waste must be clearly displayed and accessible by all employees.

Lockable waste storage where required to contain hazardous/infectious waste separately to other waste types.

Waste bins designated and with colour coded lids for the types of waste produced.

Waste containers, roll cages, lidded trucks designated, colour coded and specifically marked and information stickers where necessary for the types of waste produced.

Robust waste transport arrangements and containment to remove waste types separately in accordance with the Policy from production source to waste containers or local storage safely and effectively.

Personal Protective Clothing where required in accordance with the Policy.

Spill Kits for use in accordance with Infection Prevention Policy [[Policy IP19 - Blood and body fluid spillage management](#)] to contain or remove waste spillage.

Training in Waste Management for all staff, by duties, grade and responsibility, in accordance with the Policy.

Attachment 7

PROCEDURE FOR REPORTING DAMAGED WASTE CONTAINERS

1.0 Introduction

Dedicated containers are provided for the containment and transport of waste types produced from human care activities.

To comply with statutory regulations the Trust must have a robust waste containment system in place, with each type of waste (waste stream) being clearly identified and securely contained (locked container for hazardous and infectious waste) from production source to disposal.

The procedures in this document must be followed by all staff to ensure the Trust complies with its statutory obligations.

2.0 Waste containment and transport

Bulk waste containers (Wheeled containers) of various sizes and designations (colour coded lids) are used to contain (store) and transport hazardous waste types separately in bulk.

It is the duty of all staff members who are involved in the loading or movement of waste, including in bulk containers, to comply with the procedures set out in the Policy and ensure that waste is safely and securely contained.

3.0 The locking mechanism

To comply with statutory regulations, all clinical bulk hazardous waste containers must be kept locked shut at all times when not being loaded or unloaded.

All bulk waste containers used have a universal locking system with a common key. The lid will lock automatically when the lid is firmly closed. Under no circumstances will any person interfere with the locking mechanism to prevent its proper operation. Where it can be shown that any person has deliberately interfered with the locking mechanism preventing normal operation, disciplinary action may be taken. Spare bulk waste container keys are readily available on request from the Waste Management Team.

3.0 At New Cross Hospital

The incinerator at New Cross Hospital and surrounding yard, is a "Pollution Prevention and Control Permitted Area" and operates in accordance with legislative requirements to safely dispose of waste

produced from our human care activity. The yard is equipped with a CCTV surveillance system.

The operational responsibility for complying with statutory regulations in this area rests with the Estates & Facilities Division.

3.1 Checking for damage on the Controlled Waste Yard

All waste bulk containers will be checked for damage either when they arrive at the waste yard or as their contents are loaded into the incinerator. Damaged containers will be moved to the repair area within the yard. The identification number together with damage will be recorded for repair and monitoring purposes.

Specifically, all containers will be safety checked for:

1. Lid operation and locking mechanism in working order.
2. Tow Bar damage/potential failure
3. Wheels in working order.
4. Wheel Brake/Restrictor in working order.

Containers which are serviceable after any necessary repairs carried out will be put back into use. The Waste Services Manager/Deputy Waste Services Manager are responsible for ensuring all waste containers are 'fit for purpose' when they leave the Controlled Waste Yard.

All containers leaving the incinerator yard must be serviceable and have their lids locked shut.

3.2 Reporting damaged bulk waste containers encountered on the Controlled Waste Yard

The incinerator staff from the Estates & Facilities Division will follow the procedures given in 4.1 above.

3.3 Checking for damage around New Cross Hospital

It is incumbent on of all Trust staff members specifically those who are involved with loading or moving bulk waste containers to report any damaged containers they encounter during their work.

Many members of staff employed by the Hotel Services Department are actively involved in both hazardous waste removal and bulk hazardous waste container movements and for this reason they must be fully aware of and understand their responsibilities in this area and know how to properly report damaged containers they encounter during their work. The Head of Hotel Services is responsible for ensuring that all Hotel Services staff members who are engaged on

waste activities are fully aware of their responsibilities with regard to checking for damaged waste containers.

3.4 Reporting damaged bulk waste containers encountered around New Cross Hospital

(a) Broken/damaged/inoperative locking mechanism

Action: Report the damage to the Yard Operative.

- I. On arrival at the Controlled Waste Yard complete a 'Damaged Container' tag and tick the appropriate box relating to the damage and attached the tag to the tow bar of the damaged container with the cable tie which will be provided by the Yard Operative and take the container to the Controlled Waste Yard where the contents of the clinical waste container will be incinerated or general waste compacted.
- II. Once the contents have been incinerated or compacted, the Incinerator Operative or Waste and Recycling Operative will then remove the container from service until repairs and the routine safety/condition checks have been satisfactorily carried out.

(b) Broken tow bar or damaged wheel(s) preventing movement

Action: Report the damage and the immobility of the container to the Deputy Waste Services Manager/ Waste Supervisor (82027) – give container reference number shown on the container NX** and its location.

The Deputy Waste Services Manager/ Waste Supervisor may arrange for the container to be repaired in-situ and then move it to the Controlled Waste Yard. If not the container will be moved to the Controlled Waste Yard by forklift truck or a specialist bulky waste towable container and either emptied or quarantined depending on the damage.

- III. On arrival at the Controlled Waste Yard complete a 'Damaged Container' tag and tick the appropriate box relating to the damage and attached the tag to the tow bar of the damaged container with the cable tie which will be provided by the Yard Operative and take the container to the Controlled Waste Yard where the contents of the clinical waste container will be incinerated or general waste compacted.

- IV. Once the contents have been incinerated or compacted, the Incinerator Operative or Waste and Recycling Operative will then remove the container from service until repairs and the routine safety/condition checks have been satisfactorily carried out.

- I.
- (c) Damaged/inoperative wheel brake/wheel restrictor.

Action: Report the damage to the Deputy Waste Services Manager/ Waste Supervisor (82027) – give the container reference number shown on the container NX**.

The container must be towed **singularly and carefully** or loaded onto a suitable transporter IE Tail lift or a specialist towable bulky waste container and taken to the Controlled Waste Yard.

- I. On arrival at the Controlled Waste Yard complete a 'Damaged Container' tag and tick the appropriate box relating to the damage and attached the tag to the tow bar of the damaged container with the cable tie which will be provided by the Yard Operative and take the container to the Controlled Waste Yard where the contents of the clinical waste container will be incinerated or general waste compacted.
- II. Once the contents have been incinerated or compacted, the Incinerator Operative or Waste and Recycling Operative will then remove the container from service until repairs and the routine safety/condition checks have been satisfactorily carried out.

- (d) Damaged container body – hazardous contents exposed or spilled.

Action: Do not attempt to decant the contents to another container or deal with any waste spillage from bags or boxes. If the container is in a publicly accessible area contact the Car Parking and Security Office (8222) to get the container and the extent of any spillage safely cordoned off. Report the damage to the Deputy Waste Services Manager/ Waste Supervisor (82027) – give container reference number shown on the container NX** and its exact location.

The necessary actions in relation to waste spillage will be followed (see [Attachment 4](#)). Once the spillage has been

addressed the container must be moved promptly to the controlled waste yard as described in either section 5.2 (b) or 5.2 (c) above whichever is the safest and most appropriate. On arrival the contents of the container will be incinerated.

- III. On arrival at the Controlled Waste Yard complete a 'Damaged Container' tag and tick the appropriate box relating to the damage and attached the tag to the tow bar of the damaged container with the cable tie which will be provided by the Yard Operative and take the container to the Controlled Waste Yard where the contents of the clinical waste container will be incinerated or general waste compacted.
- IV. Once the contents have been incinerated or compacted, the Incinerator Operative or Waste and Recycling Operative will then remove the container from service until repairs and the routine safety/condition checks have been satisfactorily carried out.

4.0 Any Trust Owed Wheeled Waste Containers at Cannock Chase Hospital, West Park Hospital and Community Premises

Wheeled containers must be checked by the driver to ensure lid locks and wheels are in working order prior to taking the container from the Yard. If the waste container is faulty the faults are to be reported to the Yard Operative, who will tag the bin and put in the service area.

Any defected Trust owed wheeled containers in the Cannock Chase Hospital West Park Hospital or Community must be reported to the waste management team via email: rwh-tr.wastemanagement@nhs.net and must be transported back to the waste yard at New Cross Hospital by the waste collection driver for repair.

- I. On arrival at the Controlled Waste Yard complete a 'Damaged Container' tag and tick the appropriate box relating to the damage and attached the tag to the tow bar of the damaged container with the cable tie which will be provided by the Yard Operative and take the container to the Controlled Waste Yard where the contents of the container.
- II. Once the contents have been incinerated, the Incinerator Operative will then remove the container from service until repairs and the routine safety/condition checks have been satisfactorily carried out.

4.1 Contractors Containers at Community Premises

Wheeled bins are provided by the outsourced waste disposal providers and any defective bins either arriving at the premises or becoming defective in use must be reported immediately to the service provider.

5.0 Monitoring

Both unannounced and scheduled audits of the condition of bulk waste containers must be undertaken (at least twice yearly) by either the Trust's Nominated Officer for Waste Management or the Waste Management Specialist. Representatives from the Hotel Services Department and a member of the Waste Management Team would normally be in attendance; however, their absence will not prevent such audits taking place. The outcomes will be reported to the Waste Management Team.

Waste Audits – extract from HTM 0701

Waste audits are an essential tool in assessing the composition of a waste stream for the purposes of duty of care, for adherence to producer pre-acceptance audits for clinical waste in England and Wales, and for monitoring waste segregation and minimisation schemes.

It is important to note the following: **The approach and actual audit will need to be appropriate for organisation and function, such as a hospital or dental surgery.**

Clinical waste treatment permits in England and Wales require producer audit information for the pre-acceptance procedures specified in the EA's guidance on the management of clinical waste ('How to comply with your environmental permit: additional guidance for clinical waste (EPR 5.07)'). For Scotland and Northern Ireland, this is considered best practice.

Audits provide useful information on the composition and quantity of waste produced. This information can be used to develop and influence waste management policies and procedures and identify appropriate reuse or recycling options or opportunities to minimise waste by amending purchasing policies.

Audits play a vital role in demonstrating compliance with regulatory standards. Waste producers are required, in line with the duty of care and pre-acceptance audits for England and Wales, to ensure that waste is effectively segregated to ensure that it is treated and disposed of appropriately. A waste management contractor may breach their permit requirements and be forced to discontinue service if the pre-acceptance audits are not complete. The EA may also be concerned in relation to full compliance if source segregation of wastes of different classifications is not evident and supported by audit documentation.

Documented evidence from waste audits showing effective segregation demonstrates that the producer is complying with regulations. It also reassures the waste contractor that the waste received is suitable for disposal at the appropriate permitted waste facility. Any non-conformances found during the audit should be detailed in the audit report, and remedial action should be recommended to prevent reoccurrence by focusing on the root-cause issues.

Audit scope and procedure

Waste audits need to be carried out by a nominated person who is responsible for waste management, although this can be conducted with an experienced waste audit contractor or consultant. In this case, the designated waste manager should be in attendance to understand the issues and recommendations from the audit. A team approach is advocated to cover all relevant aspects (for example control of infection).

Audits should only be undertaken by those members of staff that are trained in the audit procedure and who are fully aware of the risk and hazards posed by the

audit protocol. The audit protocol should be referenced in the waste management policy.

A detailed method statement should be produced for each audit tool clearly stating the following:

- who should undertake the audit;
- what is included within the audit;
- how the audit should be undertaken;
- the method of recording and reporting the findings of the audit;
- the management responsibility and mechanism to act on the findings;
- any inherent risks and the control measures required (for example PPE required).

In practice, internal departmental audits are carried out regularly by trained Waste Compliance Officer, supported and coordinated by a competent waste manager.

The first time a waste audit is produced, and for purposes of the permitting requirements, the audit should be thorough and intensive in its approach, including a diagram or description identifying/listing main waste storage locations. It will be necessary to undertake periodic waste audit checks (see the two paragraphs below) to ensure continued compliance and also to ensure that the waste audit remains up to-date and pertinent to current operational practices, which can change over time.

Although there are waste audit tools available, each waste producer should produce their own waste audit based on individual needs and circumstances. Audits should address (as a minimum) the effective segregation, packaging and labelling of the following waste types:

- anatomical waste, other animal or human tissues, and blood products (including chemical preservatives);
- medicines and medicinally-contaminated waste (including, for example, cytotoxic and cytostatic medicines, and medicated and non-medicated intravenous bags);
- chemicals and chemically-contaminated waste (including, for example, hand gels, auto-analyser cartridges and diagnostic kits);
- microbiological cultures and related laboratory wastes to which additional controls may apply;
- mercury and amalgam;
- sharps (medicinally-contaminated, non-medicinally-contaminated, and cytotoxic- and cytostatic-contaminated);
- clinical waste;
- healthcare offensive wastes in patients' accommodation and treatment areas;
- municipal offensive wastes in public and patients' toilets, and baby changing areas;

- domestic wastes (ensuring no hazardous wastes are present).
- Different issues associated with compliance include:
- classification;
- segregation;
- packaging;
- waste description;
- paperwork completion and retention;
- storage;
- movement/transport;
- health and safety; and
- final disposal.

Frequency of audits

In line with the requirement for pre-acceptance audits in England and Wales (which is best practice for Scotland and Northern Ireland), audits are required by the producer prior to the delivery of the first batch of waste to a permitted facility and then at the following minimum frequencies:

- every 12 months for each medical practice that produces five tonnes or more of clinical waste in any calendar year;
- every two years for each veterinary practice, dental practice and laboratory that produces less than five tonnes of clinical waste in any calendar year;
- every five years for other healthcare producers of clinical waste.

As a minimum, audits should be carried out before developing or updating waste management procedures and at routine intervals to monitor compliance with waste segregation schemes.

Annual audits provide a snapshot of waste management practices, while more frequent audits allow producers to monitor the effectiveness of waste segregation and minimisation initiatives, and to take action to remedy non-compliances as soon as practically possible.

Audit techniques

There are a number of methods that can be used to audit a waste stream. The type and effectiveness of the audit undertaken depends on the nature of the waste stream and the purpose of the audit. To audit the entire waste stream, more than one audit method may be required. An example of an audit protocol containing four audit tools is provided in Table 8. The audit should be representative of:

- the full range of waste receptacles in use;
- the full range of departments where waste is produced; and
- all staff who may produce waste (even when waste is produced offsite, for example in the community setting).

Table 8 - Example waste audit protocol					
Type of Audit Required	Application				
	Sharps receptacles	Infectious waste	Cytotoxic/ Cytostatic substances	Waste medicines	Offensive/ hygiene waste
Audit observation and recording practice	Y	Y	Y	Y	Y
Observation of waste receptacles	Y	Y	Y	Y	Y
Staff questionnaire	Y	Y	Y	Y	Y
Detailed examination of Waste	N	(Y)	N	Y	(Y)
(Y) = Where it can be practicably achievable with an appropriate risk assessment					

Observation and recording of practice

Audits should involve a review of staff waste management practices and, in particular, the effectiveness of segregation procedures. The audit entails the observation, recording and classification of each waste item as it is placed into a receptacle. A thorough examination of the medicines, equipment, reagents etc in the units, cupboards and stores is a very useful way to determine what they will be discarding, although which container they will be discarded in will then need to be determined by questioning of staff.

The final step in the audit is to confirm that the paperwork (consignment or transfer note) accompanying the waste when it leaves the premises reflects the audit findings. This applies to all waste types, including hazardous waste, and should be carried out once per annum as a minimum.

Observation of waste receptacles

Observation of the waste receptacles serves two purposes. First, it provides a mechanism of spot-checks intended to underpin the observation and recording of practice. In-use receptacles are visually inspected without removing the waste. For example, the contents of a sharps receptacle can be viewed from the aperture or opening of the receptacle. Second, it enables the auditor to point items out to staff and either ask questions or seek clarification from those who have produced it. This applies to all waste types, including hazardous waste, and should be carried out, at minimum, once per quarter.

Detailed examination of waste

Detailed waste analysis is used to determine the nature and composition of waste materials. It involves the manual sorting of waste to determine the effectiveness of segregation procedures.

Audit procedures should take into account the specific risks posed and risk assessments undertaken to reduce, so far as is reasonably practicable, exposure to the waste. Exposure to the identified risks should be prevented and the use of PPE should be considered as additional to other control measures, when necessary, to adequately control exposure.

Staff questionnaire

Staff understanding and practice can be audited by the use of questionnaires. These can be used to target specific areas or may be used randomly. Questionnaires may be used to review staff practice for all waste types including hazardous waste. They can be written or verbal. The main use of this tool is to identify issues for, and to establish, staff awareness (for example to determine how an item is classified and how it is disposed of on that unit).

Notes

1. With regard to the effectiveness of segregation practice or waste composition, questionnaires alone do not provide sufficient information for use in completing waste documentation or in demonstrating compliance.
2. An example producer audit in line with pre-acceptance audit is provided in the EA's 'How to comply with your environmental permit: additional guidance for clinical waste (EPR 5.07)'.

Approach to waste-producer audit

1. Produce a detailed report, signed and dated, clearly identifying results and realistic recommendations/action plans against a set timescale.
2. Sign and date periodic audit reports and list locations of representative samples as well as any action plans resulting, including:
 - legislative compliance;
 - evidence of paperwork properly and fully completed;
 - site visits;
 - staff interviews;
 - bin audits;
 - packaging;
 - site infrastructure;
 - organisational structure;
 - waste types – all waste streams;
 - include product chemicals, laboratory smalls and medicinal waste – can include product data sheets or extrapolation of this information;
 - waste analysis (visual across a cross-section of areas – note any inappropriate content);
 - waste quantities;

- handling;
- storage (cleanliness, security, capacity, segregation);
- security and limited access to authorised personnel;
- accidents/incidents;
- health and safety issues;
- recycling, reuse, recovery;
- prevention/minimisation;
- training needs analysis;
- procurement issues;
- key department visits;
- movement and transport;
- monitoring, audit and review;
- communicate and publicise waste audit reports as part of wider training and awareness requirements.

Duty of care

- Based on Section 34 Environmental Protection Act (Section 5 of the Waste and Contaminated Land (Northern Ireland) Order).
- Best practice under the Environmental Protection (Duty of Care) Regulations.
- Based on disposal arrangements for all waste streams.
- Audits should be undertaken on an annual basis unless circumstances dictate a more regular frequency.
- Peace of mind for waste producer.
- Follows process from “cradle to grave” or site of waste production through transport to actual and final disposal site.
- Confirms waste is going where it should be going.
- Includes site visits both of waste producer and of waste disposal contractor.
- Inspection of registration, permits and exemptions.
- Confirmation with the regulatory bodies.
- Checking transfer and consignment notes.

Waste audit trails

Under environmental legislation, waste producers have a cradle-to-grave responsibility for the control, management, transport and disposal of their waste.

Waste producers should undertake a waste audit trail, at least every year. This to ensure that waste is being transported in accordance with the Carriage Regulations and disposed of at appropriately permitted facilities in accordance with duty-of-care requirements and local waste management procedures.

This will entail checking the route of the waste from being collected and leaving the site through to final disposal (for example where infectious waste is rendered safe). For residual waste arising from this treatment (for example ash from incineration), an audit of related paperwork and permit details is sufficient to fulfil duty of care obligations. Audit trails may be undertaken more frequently if circumstances require.

Segregation and Disposal of Wastes Produced by a Healthcare Worker at a Patient's Home

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1.0 INTRODUCTION

- 1.1 Under the Environmental Protection Act 1990 it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management license, contrary to the conditions of a license or the terms of an exemption, or in a way which causes pollution of the environment or harm to human health.
- 1.2 Section 34 of the Act, places a Duty of Care upon people to ensure that the waste is managed properly, recovered or disposed of safely and is only transferred to someone who is authorised to keep it.
- 1.3 Householders are exempt from these controls for their own household waste, however, if patients are treated in their home by a nurse or other member of the NHS profession, any waste produced as a result is considered to be the healthcare worker's waste.
- 1.4 Healthcare staff working in the community are responsible for waste produced as a result of their activities.
- 1.5 There is a legal prohibition on infectious wastes from healthcare establishments (including domestic premises where the waste is generated through the actions of a healthcare professional) from being sent to landfill for disposal. Healthcare waste produced by healthcare workers in the community, has the potential to be infectious and requires risk assessment. This assessment is based on item- and patient-specific clinical judgement.
- 1.6 Each NHS Trust has a legal duty to ensure that any waste materials produced by the actions of its workers in the community (e.g. a patient's home), and classified as hazardous due to an inherent risk of infection, are not placed into the domestic waste stream for disposal.

2.0 SEGREGATION DRIVERS

- 2.1 An effective waste management system is reliant upon the segregation of different waste materials into different groups for subsequent disposal.
- 2.2 There are a number of different benefits that are derived from good waste segregation:

Legal compliance

The Hazardous Waste Regulations impose certain restrictions upon the mixing of wastes; specifically a prohibition on the mixing of a category of hazardous waste with:

- a different category of hazardous waste;
- a non-hazardous waste; or
- any other substance or material.

Health & Safety

Placing materials into appropriate and dedicated containers helps reduce injuries and uncontrolled exposure to infectious items - reduced compensation, sickness absence and stress.

Environmental

Reducing mixing increases the possibilities for waste minimisation. Costs can be significantly reduced by not placing items such as paper and packaging in the clinical waste sacks and then sending them for costly treatment or incineration.

3.0 ASSESSMENT OF “INFECTIOUS” STATUS

- 3.1 The waste must be assessed and classified to determine the appropriate containment and disposal option needed.
- 3.2 When assessing whether a waste should be classed as infectious, or not, consideration must be given to:
- the medical history of the patient (where available);
 - any clinical signs and symptoms indicating a potential infectious risk; and
 - use of clinical judgement in support of the overall assessment procedure.
- 3.3 The assessment must be made at the time the waste is generated. The historical use of treat as infectious ‘just in case’ scenario and/or classification of all waste as infectious is not acceptable.
- 3.4 It is unlikely that it will be possible to identify specific pathogens or toxins within the waste when a patient first presents symptoms as definitive laboratory identification requires time to undertake. The risk assessment must therefore assume that the disease causing agent has not been confirmed and must be based on clinical assessment of whether an unidentified infection of any type is suspected or known.
- 3.5 Classification may need to be reviewed and changed as additional information about the patient becomes available. For example, a patient may develop diarrhoea, however the cause is not thought to be infectious or a sample does not identify an infectious cause. Any waste would therefore be classified as offensive. Any subsequent change to the patient’s condition – for example, a subsequent positive sample for *C. difficile* toxin and the presence of diarrhoea, would require reclassification of waste as infectious from that point until the infection resolves.
- 3.6 The following generic risk assessments may be used to aid the classification of the waste.

CONTAMINANT	PROPOSED GENERAL CLASSIFICATION	EXAMPLES	EXCEPTION TO THIS RULE
Urine, faeces, vomit and sputum.	Offensive (where risk assessment has indicated that no infection is present and no other risk of infection exist)	Urine bags, incontinence pads, single-use bowls, nappies, PPE.	Gastrointestinal and other infections that are readily transmissible in the community setting (e.g. verocytotoxin-producing <i>Escherichia coli</i> (VTEC), campylobacter, salmonella, chickenpox/shingles. Hepatitis B and C, HIV – only if blood is present.
Blood, pus and wound exudates.	Infectious (unless assessment indicates no infection present – if no infection, and no other risk of infection, then offensive)	Dressings from wounds, wound drains, delivery packs.	Blood transfusion items. Dressings contaminated with blood/wound exudates assessed not to be infectious. Maternity sanitary waste where screening or knowledge has confirmed that no infection is present and no other risk of infection exists.

Wound Assessment – based upon Delphi process (European Wound Management Association, 2005)

SIGNS AND SYMPTOMS OF INFECTION	PROBABILITY OF WOUND BEING INFECTED
Is there presence of erythema/cellulitis?	High
Is there presence of pus/abscess?	High
Is the wound not healing as it should, or has healing been delayed?	Medium
Is the wound inflamed and has it changed appearance?	Medium
Is the wound producing a pungent smell?	High
Is the wound producing an increased purulent exudate?	Medium
Has the wound increased in pain?	High
Has there been an increase in skin temperature?	Medium/Low
Is the patient on antibiotics for an infection present in the wound?	High
Is the wound to be swabbed for infection?	Medium

- 2.7 If the wound assessment indicates that the wound is infected, all associated contaminated dressings etc. must be classified as infectious.
- 2.8 If there are any other reasons why the waste may present a risk of infection, it must be classified as infectious waste.
- 2.9 Appendix 4 provides a template to record the decision from the risk assessment of the waste. A copy of this form shall be kept on the patient's file (along with any revisions) as a documented audit trail.

Patients colonised with microorganisms that staff traditionally manage with protective equipment such as gloves and aprons (for example MRSA, glycopeptide-resistant enterococci (GRE) or colonisation with other multi-resistant bacteria)

Where a patient in the community has been found to be carrying a multi-resistant organism and is being cared for by a healthcare worker, the healthcare waste generated is not necessarily infectious.

In assessing the risk of infection from waste produced by such a patient, the following must be considered:

Is the patient colonised but not receiving specific treatment for infection with this microorganism (for example MRSA)?

If the answer is "yes", the status of the patient does not affect the assessment of the waste. The healthcare worker must refer to the wound and dressing assessment.

Is the patient colonised and receiving treatment for an infection (for example, MRSA)?

If the answer is "yes", an assessment of waste is required.

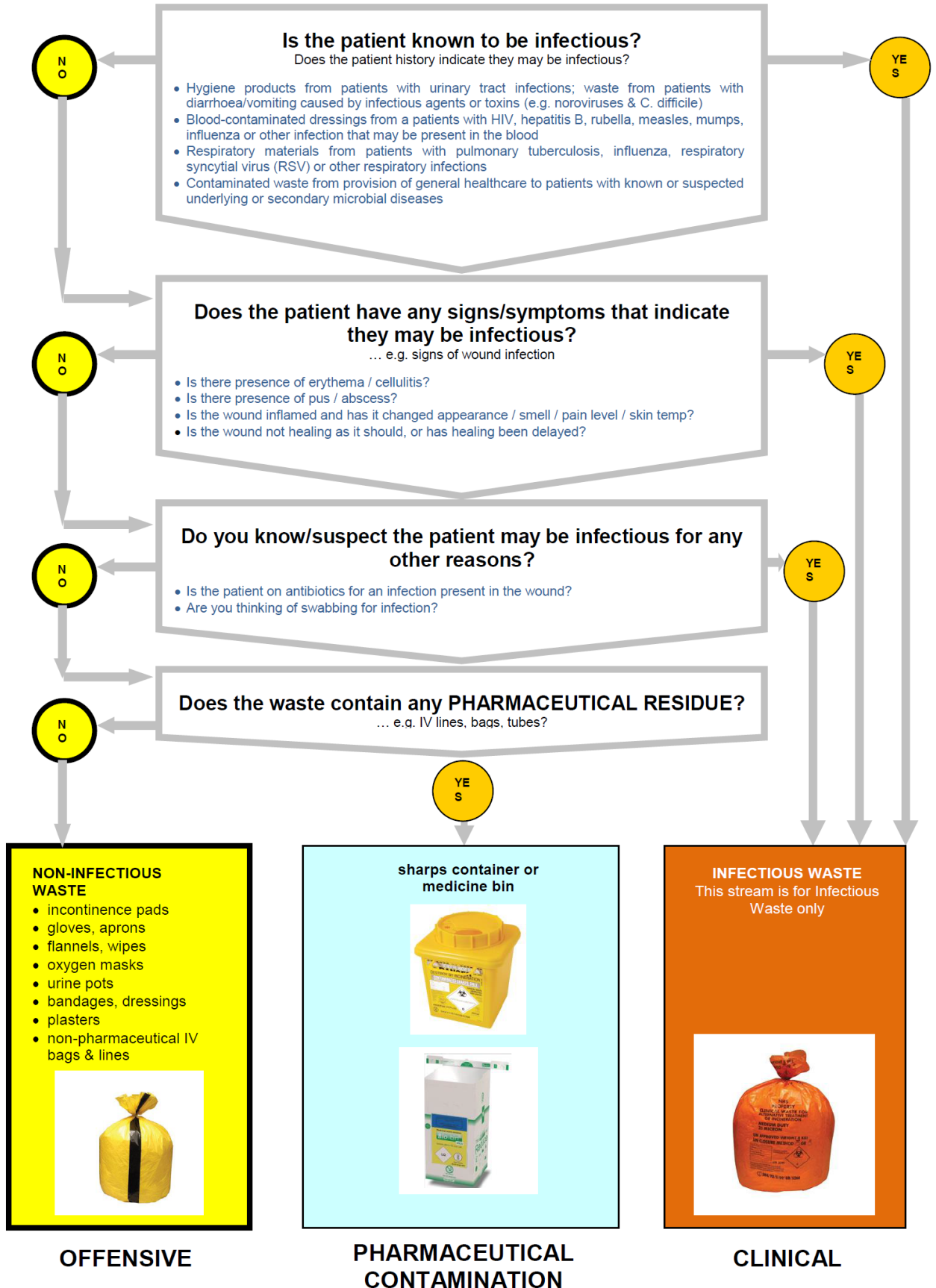
Is the patient infected with MRSA and receiving treatment, and is the microorganism present in the waste generated?

If the answer is "yes", the waste produced must be classified as infectious waste.

Is the patient COVID positive?

If the answer is "yes", the waste produced and PPE must be classified as infectious waste.

SEGREGATION PROCEDURE: OFFENSIVE / INFECTIOUS



4.0 WASTES ASSESSED AS “NON-INFECTIOUS”

A number of options are available for the disposal of non-infectious wastes:

- Within certain restrictions, the patient’s dustbin may be utilised, with permission of the householder;
- The wastes may need to be removed from the premises – either by the healthcare worker or a contractor, if:
 - The waste type falls outside of the range specified as suitable for the dustbin; or
 - The quantities generated are excessive and will overload the dustbin; or
 - The patient does not give permission to use the home dustbin for disposal.

5.0 USE OF PATIENT’S DUSTBIN FOR NON-INFECTIOUS WASTES

5.1 By the letter of the law, waste arising as a result of treatment by a healthcare worker does not constitute mixed municipal waste. Any recognisable item of non-infectious healthcare waste cannot legally be disposed of in the black-bag waste stream for collection as “EWC 20.03.01 – mixed municipal waste” and must be disposed of in the offensive/hygiene waste stream.

5.2 There is, however, an exception to this restriction which is detailed in the Department of Health guidance document “HTM07-01 – Safe Management of Healthcare Waste”:

- Mixed domestic waste does contain small numbers of plasters, small dressings and incontinence products. Where the healthcare worker produces the same or similar items, these – with the following considerations – can be double-bagged and placed in the domestic waste (with the householder’s permission). The following must be considered:



- ✚ type of healthcare waste – if it looks like a healthcare waste, and is not obviously a normal constituent of domestic waste, then it must not go in the black bag;

- ✚ the quantity produced – where a number of small dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive/hygiene waste. If, however, the amount produced is relatively small and consistent with that likely to be found in the household waste stream (for example that bought from a local pharmacy or supermarket by the householder), it may be discarded in the domestic waste.

5.3 *Packaging*





Where such waste is placed in the domestic refuse, the waste must be wrapped in a plastic bag. The wrapping must not be yellow or orange, as the waste is not deemed to be infectious – opaque plastic bags such as sandwich bags and bin liners are more appropriate.

Where the non-infectious waste must be removed from the patient’s property - either because of type, quantity or refusal of permission to use the dustbin – it must be packaged as “Offensive” waste in “Tiger” sacks.

Container	Use for	Disposal Route
	<p>Opaque Sack</p> <p>20 03 01</p>	<p>Use household dustbin if patient gives permission.</p>
	<p>Tiger Sack</p>	<p>Remove from premises for disposal via Municipal Incineration or Landfill.</p>

6.0 WASTES ASSESSED AS “INFECTIOUS”

6.1 Packaging

Container	Use for	Disposal Route
	<p>Orange Sack</p> <p>18 01 03</p>	<p>Remove from patient's premises for disposal via Treatment or Incineration.</p>
	<p>Yellow Sack</p> <p>18 01 03</p>	<p>Remove from patient's premises for disposal via Incineration only.</p>
	<p>Yellow-Lid Sharps</p> <p>18 01 03 / 09</p>	<p>Remove from patient's premises for disposal via Incineration only.</p>
	<p>Purple-Lid Sharps</p> <p>18 01 03 / 08</p>	<p>Remove from patient's premises for disposal via Incineration only.</p>

6.2 Storage

Healthcare wastes must only be left at a patient's home pending collection where it is safe to do so and the patient agrees. If the householder declines to give consent, the healthcare worker cannot legally leave the waste.

The Trust (as waste producer) retains responsibility under the Duty of Care regulations for the waste while it is being stored awaiting collection from the patient's home:

- The waste must be packaged in appropriate containers;
- The containers must be sealed and labelled;
- The containers must be left in a secure place to which children, pets, pests etc. do not have access;
- An adequate description of the waste contents must be provided for the contractor; and
- The waste must not be left unattended on the pavement awaiting collection.

7.0 REMOVAL VIA HEALTHCARE WORKER

The material must be packaged in a primary container (sack) and then placed into a Bio-bin (either 1-litre or 30-litre depending on the size of the load). The Bio-bins provide a sealed, secure, odour-free carriage system that complies with the legal requirements for road transport of bulk loads.

The waste may then be taken to an authorised reception facility determined by the Trust – for example the work base.

There are certain requirements necessary to comply with transport regulations. For a small load (up to 333kg):

- Sacks must not be carried loose but must be placed inside rigid packages that are UN approved with closures (lids) fitted and be marked UN3291 and with a class 6.2 label;
- The packages must be properly closed and loaded to prevent damage during transit;
- Drivers must be provided with appropriate training

The training must include:

- awareness training, covering the general requirements of ADR (“Accord Dangereux Routier” - International Carriage of Dangerous Goods by Road);
- function-specific training, covering the detailed requirements of ADR and (where relevant) other modes of transport; and
- safety training, covering the hazards and dangers presented by dangerous goods and awareness of safe handling and emergency response procedures commensurate with the degree of risk of injury or exposure arising from an incident involving carriage of dangerous goods.

Details of all training must be kept by the employer and employee. Training must be verified when starting a new job, and there must be periodic refresher courses taking account of changes in the law.

No consignment is necessary as the waste is being removed from domestic premises.

The waste is then collected by the clinical waste contractor already servicing the facility.

8.0 Collection of Clinical Waste from Patients Premises Via Wolverhampton City Council

For patients with that require ongoing home healthcare treatment the Community Nurse can arrange for Wolverhampton City Council can be contact and collection arrange.

The patient will need to request a clinical waste collection, they will have to contact WCC Customer Services, 01902 5511566.

Customers would have to provide a letter from a Medical Professional detailing the nature of waste to be collected along with a contact name, address and telephone number.

APPENDIX 1: LABELLING OF WASTE CONTAINERS

Clinical bags: The bags must be sealed when no more than $\frac{3}{4}$ full by either tying a knot in the neck or by securing with a tag or tape. Staples must not be used, as the bag will tear. Each bag must contain an identifier allowing the source of the bag to be traced throughout the disposal chain. This identifier may be, for example, details of the facility written on the bag or affixed via a label.

Sack Closure



The preferred closure for clinical sacks – to provide maximum protection against spillage – is the “Swan Neck” method.

- Twist the top of the sack;
- Fold over the twist into a loop;
- Secure with a tag.

Sharps bins: The label shall be completed on the box indicating the originating facility (or name of Community Team), the name of the person sealing the bin and the date on which it was sealed.

The sharps bins must be sealed either when the fill line is reached or after 3 months (whichever is sooner).

APPENDIX 2: ECONIX BIOBINS



The Bio-Bins offer a more robust alternative to the use of a plastic sack. The colour coding scheme previously explained for sacks also applies to the Bio-Bins

They provide a sealed, secure, odour-free carriage system that complies with the legal requirements for road transport of bulk loads.

Their use may be particularly beneficial with community-generated wastes that may have to be either left on site for a period of time or transported back to base in cars.

They are **not** designed for use with sharps.

APPENDIX 3: SAFE HANDLING AND USE OF SHARPS BINS

Check the bin is assembled correctly – properly aligned with a marked “front” facing front, where appropriate - and is not damaged



Don't overfill the container – a maximum level is shown.

The bin must be manufactured to the appropriate British Standard

To minimise infection risk use the container for a maximum of 3 months before changing it.

Complete the label to show

- ✓ Site (or Community Team name
- ✓ unit
- ✓ assembly date
- ✓ signature
- ✓ closure date

Completion of the label at start and end of life:

- Demonstrates bin is safe to use (at start);
- Demonstrates bin is safe to move (at end);
- Provides an audit trail back to the producer;
- Allows monitoring of how long the bin is in use.



Use the temporary closure facility to prevent spillage of the contents if the container is knocked over or dropped.

Fully close the container when you have finished with it in order to prevent injury to anyone handling it after you.



Keep the container in a secure place away from children.
Don't leave needles sticking out of the fill hole.
Don't try and force needles into a full container.

APPENDIX 4: WASTE ASSESSMENT FORM

"Infectious" - risk assessment (please answer all questions)

Urine contaminated products from patients with urinary tract infections being systemically treated. Y / N Infectious if "YES"

Waste from patients with diarrhoea/vomiting caused by infectious agents or toxins (e.g. noroviruses & C. difficile). Y / N Infectious if "YES"

Contaminated with blood, pus or wound exudates?
(Only ever classified as infectious if evidence from **either** pathology tests including recent blood-borne virus testing **or** clinical assessment indicates that infection is present and patient is being systemically treated). Y / N Infectious if "YES"

Respiratory materials from patients with (active?) pulmonary tuberculosis, influenza, respiratory syncytial virus (RSV) or other respiratory infections. Y / N Infectious if "YES"

Is the waste:

Other wastes contaminated with infectious organisms not referred to above **and** where the patient is being systemically treated Y / N Infectious if "YES"

MRSA

Is the patient colonised with MRSA but not receiving specific treatment for MRSA?
This is non-infectious waste.

Is the patient infected with MRSA and receiving treatment, and is the infection present in the waste generated?
This is infectious waste.

Clinical assessment of waste (tick one)

Hazardous (infection risk) *Remove from premises*

Non-hazardous (no infection risk) *Acceptable for disposal in domestic dustbin*

REVIEW

Date reviewed:

Has "infectious" status changed? Y / N Reason:

Has collection been renewed or cancelled? Y / N Comment:

If you have any queries, please contact RWT Infection Prevention & Control Team

APPENDIX 5: DISPOSAL ADVICE FOR SPECIFIC WASTES

SHARPS

Self-medicating patients and sharps disposal

Where the householder is a self-medicating patient who uses injectable with no healthcare worker involved in the administration, the GP or healthcare worker must prescribe the householder a sharps bin relevant to the medication being administered and:

- provide training in the safe use of the bin;
- show how to correctly seal and label the bin;
- advise as to local disposal options.
 - return to the GP surgery; or
 - Local Authority collection service; or
 - other

Local Authorities have a duty to collect household waste including healthcare waste from domestic properties. Under the Controlled Waste Regulations, the Authority may charge for the collection of specific waste streams, which includes clinical waste (e.g. sharps bin).

Self-medicating patients must not be advised to dispose of their sharps and lancets into the household black-bag waste stream.

Healthcare workers and sharps disposal

Healthcare workers must carry with them an appropriate sharps box and remove sharps generated during their home treatment.

LIQUID WASTES

Offensive Liquids

Liquid wastes are banned from landfill; therefore, non-infectious body fluids must not be disposed of either in the offensive waste stream or the black-bag waste stream where the likely destination is landfill.

Any liquid waste classified as offensive following a risk assessment may be disposed of either:

- into the foul sewer at the premises; or
- be absorbed onto a cloth or solidified with absorbent or gelling granules before being placed into the bin.

There must be no free-flowing liquid present.

Hazardous Liquids

These wastes must be placed into sealed, leak proof containers for and removed from the patient's home for disposal.

Wound vacuum drains

Wound vacuum drains must be treated as infectious waste and disposed of in the orange-bag waste stream.

PATIENT RECEIVING CYTOTOXIC / CYTOSTATIC DRUGS

Wastes arising from a patient being treated with cytostatic or cytotoxic drugs must be sent for incineration in yellow bags with purple stripes (purple bags are also acceptable), as traces of these medicines may appear in the waste.

Disposal as “offensive” waste may be used if expert advice on the behaviour of the particular pharmaceutical indicates that the medicine or any dangerous breakdown products will not be present in the waste item in question.

SINGLE-USE INSTRUMENTS

Single-use instruments cannot be disposed of in the black-bag waste stream.

Contaminated single-use plastic or wood instruments

Where there is no risk of sharps and they are assessed as infectious the items must be disposed of as infectious waste in the orange-bag waste stream.

Contaminated single-use metal instruments

Where there is no risk of sharps and they are assessed as infectious the items must be put into a rigid yellow container clearly marked either for decontamination or for incineration (large metal instruments, if placed in the alternative treatment process, may damage the equipment at the facility).

Non-Infectious single-use instruments

Where the instruments are assessed as non-infectious they must be sent for disposal as offensive waste.

STOMA / CATHETER BAGS

If the householder is self-medicating with no healthcare worker involved, they are able to dispose of their own waste into the black-bag waste stream. If a healthcare worker is involved in the care of a stoma site, the waste from a stoma patient can also be disposed of in the black-bag waste stream.

If used in large quantities this becomes offensive waste for disposal in tiger bags for landfill or municipal incineration.

If the patient develops any type of gastrointestinal infection or the site becomes infected, the bag needs to be disposed of as infectious waste into the orange-bag waste stream.

MEDICINES

Patients or relatives must be encouraged to return unwanted medicines to their local Community Pharmacy for disposal.

MAGGOTS

All maggots used for wound management must be secured in a rigid yellow container or double-bagged in yellow bags – they must not be placed into the dustbin for disposal.