

Waste Management Policy

Version No: 02

Document Summary:

The aim of this policy is to ensure that the Trust is exposed to minimum risk relating to the appropriate and safe segregation, handling, storage, security, transportation and final disposal of waste and that all staff are aware of the procedures to follow in order to manage all types of waste generated by health care services.

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Policy Author	Head of Non-Clinical Risk/Strategic LSMS	
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Document Control

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Quick Reference Guide

The aim of this policy is to ensure that the Trust is exposed to minimum risk relating to the appropriate and safe segregation, handling, storage, security, transportation and final disposal of waste, and that all staff are aware of the procedures to follow in order to manage all types of waste generated by health care services.

The Trust waste management practices will endeavour to dispose of waste in an environmentally responsible and cost effective manner, minimising environmental risk, effectively managing spillages, improving levels of recycling and reuse and increasing staff awareness of the environmental impact waste,

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1. Scope

This policy provides an exemplar statement of how the Trust intends its managers and staff to manage the safe operation of waste systems within the Trust's properties and consequently discharge its duty in law as far as is reasonably practicable.

This policy applies to all staff who are directly or indirectly employed by the Trust and other persons working within/on behalf the organisation.

2. Introduction

The Trust has a duty to ensure all waste produced is properly segregated, handled safely, stored in appropriate containers, is kept secure, transported safely and ultimately disposed of by competent waste management contractors with the appropriate credentials.

It is important to ensure that the risks of exposure by healthcare workers and service users to potentially infectious materials within waste are reduced to a minimum. This will be achieved through the correct disposal of infectious, hazardous and other waste.

The Trust also has a duty to ensure where reasonably practical that the production of waste is minimised by adopting an environmentally friendly purchasing strategy and working practices that optimises packaging requirements, encourages reuse where practicable and where reuse cannot be achieved encourages recycling as an alternative to disposal.

Where the production of waste is unavoidable the Trust must ensure there is a system to ensure the safe segregation, handling, storage, security, transportation and disposal of waste and that all persons who handle waste can exercise care to avoid injury or risk of harm to themselves and others including the general public. It is the producer's responsibility to ensure that all waste is disposed of in the correct manner and in accordance with all the relevant legislative and best practice requirements.

3. Statement of Intent

To ensure the safe segregation, storage, handling, transportation and disposal of waste in accordance with legislation and to effectively minimise waste production and consequential disposal costs with the resulting impact on the environment.

Where Government and Department of Health guidance and directives are issued to cover the way waste is dealt with by NHS Trusts, it is the Trusts duty to ensure that these are complied with wherever reasonably possible.

The Trust intends to be transparent when dealing with problems associated with waste consignment. At such times the appropriate authority will be involved as soon as is practicable.

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4. Definitions

Definition	Meaning
Environment Agency (EA)	Is the regulatory body responsible for environmental regulation (including waste) in England and Wales
Health Technical Memorandum 07-01 Safe Management of Healthcare Waste	Provides a framework for good practice to all producers of healthcare waste on the development, management and arrangements for the safe and economic disposal of healthcare waste. HTM 07-01 was produced in conjunction with the NHS, Health & Safety Executive, and Environment Agency and is to be regarded as a Code of Practice.
European Waste Catalogue (EWC)	Details European waste classifications which are contained within the European Waste Catalogue (EWC). (The EWC has been transposed into English law through the List of Wastes (England and Wales) Regulations 2005). The aim of the EWC is to provide a precise and uniform European-wide definition of hazardous waste and to ensure the correct management and regulation of such waste. Each type of waste is provided with a specific six digit waste code which is to be used on Hazardous Waste Consignment Notes.
Environmental Protection (Duty of Care) Regulations 1991	Sets out the requirement on the person/company transferring the waste for disposal to ensure it is correctly described, transported by a registered carrier and is disposed /treated by a facility that is licensed to deal with that type of waste.
Health Technical Memorandum 2065 Segregation of Waste Streams in Clinical Areas	Provides guidance on the development and management arrangements for the safe economic disposal of clinical waste.
Confidential Waste	Is defined as any personal information that can be used to identify individuals, including their name, address, contact numbers or any financial data as defined by the Data Protection Act 1998.
Clinical Waste Pre-Acceptance Audits	A legal requirement enforced by the Environment Agency for clinical waste disposal sites to ensure that producers carry out audits of their waste before it can be accepted ('pre-acceptance audits'). Any site producing over 5000kg of clinical (hazardous) waste is required to undertake an annual audit.
Waste Exemptions – T28 Sort and Denature Controlled Drugs for Disposal	An exemption allowing pharmacies and other similar places to comply with the requirements of the Misuse of Drugs Regulations 2001 by denaturing controlled drugs (making them unsuitable for consumption).

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

The Chief Executive is responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that the risks arising from waste generation and disposal within the Trust comply with the legal requirements of this policy. The Chief Executive will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.

5.2 Director of Corporate Services

The Director of Corporate Services is the Board Lead for this policy who has strategic responsibility for ensuring sufficient resources are made available for the Trust to achieve its waste management obligations. The post holder is also responsible for ensuring waste is managed in accordance with legal and statutory requirements and is complying with the agreed PFI Service Specification.

Are responsible for ensuring staff under their management, who have responsibilities for handling waste, are adequately trained in order to fulfil the requirements of this policy and understand the importance of segregation of clinical and domestic waste along with environmental issues and financial costs of incorrect segregation.

They are responsible for making staff aware of this policy and any subsequent updates to it and ensuring staff understand its implications and, for informing the Medirest Environmental Officer, domestic + portering services of the closure of wards or departments or opening of new units that require waste collection services.

5.3 Directors / Heads of Wards/Departments

Are responsible for ensuring staff under their management, who have responsibilities for handling waste, are adequately trained in order to fulfil the requirements of this policy and understand the importance of segregation of clinical and domestic waste along with environmental issues and financial costs of incorrect segregation.

They are responsible for making staff aware of this policy and any subsequent updates to it and ensuring staff understand its implications and, for informing the Medirest Environmental Officer, domestic + portering services of the closure of wards or departments or opening of new units that require waste collection services.

5.4 Head of Non-Clinical Risk supported by the Health & Safety Advisor

- Providing assistance in the implementation of this policy
- Being suitably qualified and competent to advise on the requirements outlined in this policy, seeking specialist advice where necessary
- Keeping up to date re statutory regulations and Codes of Practice in respect of waste management, in liaison with Medirest and Vinci Services

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- Advising on and monitoring of waste and recycling contract management, including ensuring that contractors meet current legislative requirements and “duty of care” is sustained
- Reviewing this policy in line with changes in legislation and guidelines, in liaison with the Infection Control Team and other stakeholders
- Undertaking the role of Nominated Responsible Person within the Trust in respect of all aspects of Waste Management and in liaison with the Deputy Director of Estates & Facilities, agree waste management service level agreements and associated monitoring requirements
- Liaising with Statutory Authorities on matters of waste on behalf of the Trust, in consultation with Trust Estates and Facilities, Medirest and Vinci personnel
- Undertaking annual permit compliance checks of waste disposal service providers to ensure compliance with the “Duty of Care” requirements under Section 34 of the Environmental Protection Act 1990
- Ensuring that the clinical waste collection/disposal service is compliant with the Carriage of Dangerous Goods by Road Act 2009 by qualified approved drivers, and that goods carried conform to the Environmental Protection Act 1990 and Carriage of Dangerous Goods, Classification, Packaging and Labelling Act 2009

5.5 Environmental Officer – Medirest – Extension 2019 – (Portering, Waste and Transport Manager in his/her absence – Extension 1395)

Has operational responsibility working as a sub-contractor for the Trust for the effective management of the Trust’s waste in accordance with this policy as detailed in the service specification under the PFI contract (contract monitoring of this policy will be in accordance with the service specification).

Particular responsibilities include:

- Dissemination of information, advice, guidance and training to staff with regard to best practice and legislation updates
- Ensuring suitable procedures exist relating to waste handling and disposal
- Conducting waste audits as part of the Trust monitoring process
- Co-ordinating the maintenance and retention of all statutory documentation
- Waste performance reporting (inclusive of waste financial performance, quarterly KPI reports, annual reports)
- Advising the Trust of changes in waste management legislation and best practice standards (normally via the Waste Management Group), including preferred recycling and reuse practices
- Facilitating Trust compliance with this policy

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- Reporting non-compliance with this policy to the Head of Non-Clinical Risk and Deputy Director of Estates & Facilities at the Waste Group and relevant contract monitoring meetings + completing a Datix report
- Identifying, streamlining and ensuring continued compliance with best practice guidelines and legislation re the correct waste streams that should be in use within the Trust
- Achieving optimal waste prevention, minimisation and economy by reviewing each waste stream in accordance with this policy

5.6 Infection Prevention and Control Department

Are responsible for providing advice to managers relating to infection prevention and control with regard to the handling of waste.

5.7 Vinci Staff

Will give specific instruction to consultants and contractors designing or working in the Trust's premises to ensure that they:

- Comply with all aspects detailed within this policy
- Comply with best practice standards and current legislation requirements
- Report any breaches of this policy and any other waste concerns via the Trust incident reporting process and at the relevant waste and contract monitoring meetings
- Conduct waste audits in accordance with the Trust waste monitoring process
- Co-ordinate the maintenance and retention of all statutory documentation
- Comply with waste performance reporting requirements (inclusive of waste financial performance, quarterly KPI reports, annual reports, Estates Returns Information Collection - ERIC returns) and NHS Environmental Assessment Tool (NEAT) systems
- Facilitate Trust compliance with this policy
- Where appropriate, register Trust premises producing Hazardous Waste with the Environment Agency, maintaining appropriate records & keeping the Head of Non - Clinical Risk & Deputy Director of Estates & Facilities informed accordingly
- Maintain a current Waste Carrier Registration for the Trust
- Assist the Head of Non-Clinical Risk in ensuring that the clinical waste collection/ disposal service is compliant with the Carriage of Dangerous Goods by Road Act 2009 by qualified approved drivers, and that goods carried conform to the Environmental Protection Act 1990 and Carriage of Dangerous Goods, Classification, Packaging and Labelling Act 2009

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- Maintain a register of all producer pre-acceptance audits for all sites producing clinical waste and ensure audits are reviewed within appropriate timescales in liaison with the Head of Non-Clinical Risk
- Ensure that the Duty of Care Waste Transfer Note and relevant documentation is collated and stored for a minimum period of three years

5.8 All Staff

- Staff will generally produce clinical and/or household waste in the normal course of their work and have an implicit responsibility to ensure waste is minimised. Where waste cannot be avoided, staff must ensure it is effectively segregated into the appropriate waste stream and securely stored in the relevant container + tag/label where appropriate to clearly identify the waste prior to collection and disposal
- Staff must ensure compliance with the content of this policy in respect of all types of waste produced from any activity undertaken on Trust premises
- All Trust staff have a responsibility (“duty of care”) to ensure that waste they generate is handled and disposed of in a secure and correct manner, ensuring that this is not accessible to unauthorised personnel e.g. patients, visitors and members of the public
- Any accidents or incidents involving waste management and associated activities are to be reported in accordance with Trust Risk Management Policy and a Datix form completed as soon after the event as is reasonably possible, informing the Head of Non-Clinical Risk (Trust) + Environmental Officer (Medirest)
- All staff have a responsibility of notifying the Environmental Officer and/or Portering, Waste & Transport Manager (Medirest) of any items of hazardous waste (including electrical items) for which separate disposal has to be arranged

6. Procedure for the Classification, Handling and Management of Healthcare Waste

All waste produced by the Trust is defined as “commercial waste” i.e. resulting from operations of a commercial nature, meaning its storage, handling, transport and disposal are strictly controlled by legislation. The Trust has a “duty of care” to ensure waste is properly dealt with from the time waste is generated until its ultimate disposal and to ensure continued compliance with legal and statutory requirements at all times.

Waste generated by the Trust is disposed of behalf by a specialised waste treatment company (acting on behalf of the Trust) but this does not discharge the Trusts “duty of care” with regard to its safe handling and disposal of waste.

6.1 Waste Categories + Legislation

Waste produced by the Trust can also be further categorised into one of the following:

- a) Clinical waste
- b) Pharmaceutical waste
- c) Offensive waste
- d) Domestic (municipal) waste
- e) Hazardous waste

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Each of the above are defined as follows:

6.1.1 Clinical Waste

The Controlled Waste Regulations describe clinical waste as:-

‘Any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it, and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it’.

6.1.2 Pharmaceutical waste

Pharmaceutical waste in both the controlled Waste Regulations and Safe Management of Healthcare Waste is a unified definition which includes expired, unused, spilt, and contaminated pharmaceutical drugs, products, vaccine and sera that are no longer required and need to be disposed of appropriately. The category also includes 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. HTM 07-01 divides medicines into three broad groups:-

- a. Cytotoxic and cytostatic
- b. Pharmaceutically active but not cytotoxic nor cytostatic
- c. Not pharmaceutically active and possessing no hazardous properties (quoted examples include saline and glucose)

A cytotoxic or cytostatic medicine is a medicinal product containing one or more of the following hazardous properties:-

- H6: Toxic
H7: Carcinogenic
H10: Toxic for reproduction
H11: Mutagenic

6.1.3 Offensive Waste

Some waste (sanitary and incontinence pads mainly) may be defined as “offensive” waste i.e. waste that is its very nature and content looks offensive but it is not hazardous as it poses no great infection risk to others.

This waste can however only be described as offensive following an assessment to ensure there is no risk of the waste being infectious and therefore hazardous. (For example an incontinence pad considered containing any infectious material in the bodily fluids or faeces will be deemed hazardous). Safe Management of Healthcare Waste takes this classification further by defining infectious waste as waste that poses a known or potential risk of infection.

An offensive waste stream will therefore only be used following a specific risk assessment to confirm there is no infectious material in the waste.

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6.1.4 Domestic (Municipal) Waste

Waste is termed “domestic” for ease of understanding, although not produced in a domestic environment is the same type of non-hazardous, non-risk waste that would be produced in a domestic environment e.g. normal household waste, flowers, paper towels, paper, cardboard, plastic cups, newspapers etc.

6.1.5 Hazardous Waste

Hazardous waste is defined as waste of any kind that may be so dangerous or difficult to treat, keep or dispose of, that special provisions are required to deal with. All infectious waste is classed as hazardous e.g. most clinical waste, some drugs, paints and solvents, NiCad/ lead acid batteries, chemicals, asbestos, mercury, fluorescent light tubes, televisions and monitors.

In determining whether a waste is hazardous the assessor shall refer to the Environment Agencies Technical Guidance WM2 Interpretation of the Definition and Classification of Hazardous Waste document available from the Environment Agency website.

6.2 European Waste Catalogue (EWC)

All waste is also to be identified by a six digit code in accordance with the European Waste Catalogue that can be downloaded from the Environment Agency. The first two digits relate to the EWC chapter of waste, the second two digits to the sub group of waste and the last two digits are unique to the waste. This provides an internationally recognisable numeric description of the waste that is to be quoted on all waste disposal and transfer forms.

6.3 Segregation of Waste

To ensure the safe and economic segregation of waste, different coloured bags and coloured safety containers are provided to ensure waste is deposited in the correct waste stream.

The table below shows waste receptacle colours approved by Safe Management of Healthcare Waste:-

Colour	Description
Yellow Bag/Bin (leak proof) 	Clinical Waste Anatomical waste Infectious waste with chemical or pharmaceutical contamination Disposal method = Incineration

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Colour	Description
Orange Bag 	Hazardous Infectious or Clinically Assessed as Potentially Infectious Waste Any waste which consists wholly or partly of human tissues, blood or other bodily fluids or excretions that are infectious or have been clinically assessed as potentially infectious, or waste contaminated with the same – for example • Dressings from infected wounds • Swabs used for cleaning infected wounds • Contaminated, used protective clothing • Infectious waste (Category Group B waste), contaminated with Hep B, HIV etc. • Infected single use plastic instruments (not sharps) • Paper towels used to clean up spillages of infectious bodily fluids Note: Where significant volumes of fluids are present these must be soaked up by absorbent dressing material placed within the bag Only during outbreaks of infection should all bodily fluid contaminated waste be assumed to be infectious Disposal method = Incineration - but can also be treated to render safe in a licensed / permitted treatment facility
Purple Lidded Sharps Bin 	Cytotoxic and Cytostatic waste Pharmaceutical Waste - Cytotoxic and Cytostatic This is a waste which <u>is hazardous</u> and contains specific drugs such as hormones (includes Chloramphenicol eye-drops) e.g., medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), inhalers, medicinal aerosols (some which are flammable) but no more than 15 per container if 150ml or less in size. • Blister packs of tablets • Bottles that have contained liquid medicines • Disposable liquid dispensing cups with medicinal residue Disposal method = Incineration Will require labelling as hazardous waste

Colour	Description
Yellow and black striped/tiger bags 	Offensive / Non-Infectious Waste Waste assessed by a healthcare professional to be non-infectious. This is not hazardous waste and does not require specialist treatment or disposal, but may cause offence to those coming into contact with it. This is the majority of healthcare waste produced by the Trust. e.g.: • Sanitary products. • Incontinence products. • Disposable medical equipment. • Catheter / stoma bags. • Dressings and wipes. • Other items contaminated with bodily fluids not assessed to be infectious Disposal method = deep landfill or energy from waste plant
Yellow Body/Red Lidded Rigid Container 	Anatomical waste Yellow body/red lid rigid containers Disposal of part/full blood bags Placentae Fetal remains Bone Flesh Excess body fat removal Histopathology Body part waste Disposal method = incineration - in a permitted/licensed facility

Colour	Description
Blue Lidded Bin 	Pharmaceutical (non-hazardous) Saline bags with medicine content Heavy pharmaceutical items e.g. larger medicine bottles Disposal method = incineration - in a permitted/licensed facility
White Container 	Amalgam Waste Amalgam waste to be placed in dedicated white rigid containers which have a mercury suppressant Disposal method = specialist recovery
Black Bags 	Domestic Waste Household waste: Kitchen waste/food Paper hand towels - not contaminated with bodily fluids Cans Aerosols Blue roll – not contaminated with bodily fluids Gloves – not contaminated with bodily fluids Plastics Flowers Glass (to be wrapped in newspaper) Disposal method = recycled / reused / landfill

Colour	Description
Recycling – clear plastic bag 	Recycling Clear recycling waste bags Waste paper Newspapers Clean packaging Disposal method = recycling / recovery / reuse facility
Yellow Lidded Sharps bin 	Sharps Waste • Sharps contaminated with non-cytotoxic and non-cytostatic medicines • Syringes containing medicines or medicinal residue • Medicinally contaminated Single Use Sharp metal Instruments e.g. scalpel blades, needles, razors, stitch cutters, ampoules Note -Where appropriate needles and syringes should be discarded as one unit, unsheathed and immediately after use Disposal method = incineration
Confidential Waste 	For the disposal of All medical records Patient letters/appointments Disposal method = shredded by specialist contractor + reused/recycled

6.4 Storage of Waste

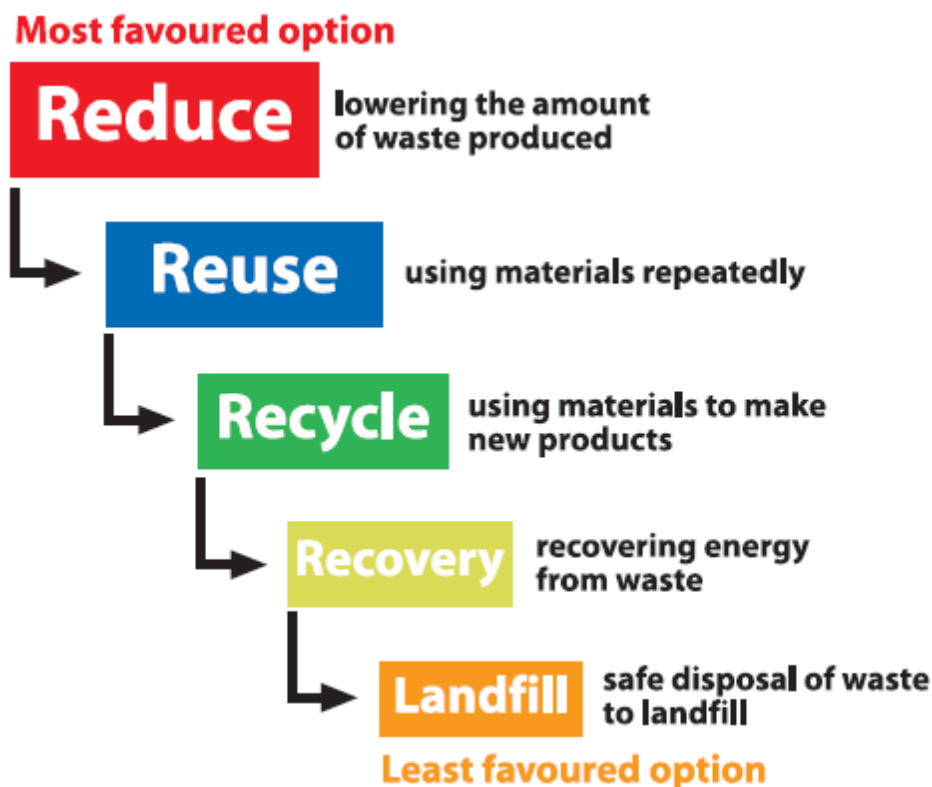
It is necessary to store waste temporarily prior to collection or disposal. The holder of the waste shall introduce suitable housekeeping methods in order to keep waste safe from:-

- Corrosion and wear of containers
- Accidental spillage
- Accident or weather breaking open the container and allowing waste to escape
- Waste blowing away or falling while stored, handled or transported
- Scavenging of waste by animals, vandals or trespassers.

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Highly flammable waste at department level must be stored in a secure “flammable cabinet” in vessels identifying the substance in a quantity less than 50 litres. Store rooms and containers are to remain locked when not in use.

6.5 Waste Management Hierarchy



6.6 Disposal of Waste (listed alphabetically by category)

All soft clinical waste will be placed in approved appropriately colour coded bags or sharps boxes and sealed at the point of initial disposal. Bags are to be no more than three quarters full, no more than 5 kg in weight and securely tied or sealed at the neck.

The origin (name of premises, ward /department) and date of disposal shall be marked on each container by the user prior to disposal, or a uniquely coded tag used to identify the origin.

Sharps containers shall be used for all single use sharp instruments and syringes and other articles likely to puncture a bag. Sharps containers must not be filled more than three quarters full and the lid must be effectively snap-sealed at time of disposal. Containers may be disposable, or recyclable, but the mode of operation remains unchanged.

Clinical waste bags and sharps boxes are then to be stored securely in the department e.g. red lidded bin for placentae, sharps boxes, and are to be removed to waste hold to await collection by Medirest personnel.

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Amalgam Waste

This waste must be treated in a metal recovery centre which must be a suitably licensed or permitted facility.

The clinics must collect the materials in an approved container for disposal kept in a secure area, either via amalgam separators or separate containers for other generation routes.

Locations requiring dental amalgam to be disposed of will need a hazardous waste consignment note.

A separate consignment note will need to be generated for each transfer of amalgam waste. Copies of hazardous waste consignment notes MUST be kept for a period of 3 years and are liable for inspection by the Environment Agency. At no time is dental amalgam to be placed in healthcare waste bags.

Anatomical Waste - yellow bag/rigid container with red lid

Anatomical waste is defined as any recognisable body parts, placentas, toes, blood transfusion bags and blood preservatives. Anatomical waste must be segregated from other wastes, contained in rigid sealed containers, and identified as for high temperature incineration only. Yellow rigid bins with red lids are used to store placentae. All bags/bins are to be labelled and must be placed into designated secured storage areas. This waste is disposed of by high temperature incineration at a suitably licensed or permitted facility.

Asbestos

See Trust Asbestos Policy obtainable via the intranet.

Batteries

Small disposable batteries e.g. torch, radio batteries will be collected for disposal by WEEE contractor via Medirest Porters, who will collect batteries from Ward/Department areas when requested

Bed Pans and Urine Bottles (disposable)

Where maceration facilities are not available, empty contents in sluice where practical and place in either – orange clinical waste bag when assessed as likely to be infectious or yellow and black (tiger stripe) offensive waste bag when assessed as non-infectious – tag the bags.

Building Inert Waste

Types of inert waste are sand and concrete. The building contractor producing the waste is responsible for its classification, segregation, storage and disposal. Copies of Waste Transfer Notes must be made available to Vinci Facilities maintenance team.

Depending on the materials and the hazardous properties, various disposal methods are available such as landfill, recycling / reuse, all processes must be at a licensed or permitted facility.

Cardboard

Store flattened cardboard boxes separately awaiting collection in dedicated bins for cardboard recycling where practical. Flatten and place small boxes in domestic waste sacks where recycling is not practical.

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Do not place non-flattened boxes into bins as this significantly reduces the available capacity for subsequent cardboard waste.

Outer packaging of medicines is to be torn to prevent reuse. Any packaging from medicines displaying personal information is to be shredded or disposed of as confidential waste. Affix label indicating origin of the waste.

Chemicals

Further information can be found in the Manufacturer's Safety Data Sheet and Control of Substances Hazardous to Health (COSHH) data - advice must be sought if there is any doubt.

Store each chemical for disposal separately, preferably in the original container – do not mix the chemicals.

Ensure that the chemicals are handled, segregated, transported, stored and disposed of in accordance with safety information – which is usually available on the product.

Disposal is arranged via a licenced/permitted contractor by Medirest and/or Vinci personnel on behalf of the Trust.

Copies of the Consignment Notes MUST be kept for a period of 3 years (Vinci responsibility).

Computer Equipment

Contact Trust IT department to arrange disposal. The IT department will remove surplus equipment to their base and assess for reuse or disposal. Equipment will be disposed of to an authorised waste contractor to be disposed of as WEEE at an authorised treatment centre where components will be recycled. IT will remove hard drive and permanently purge of any stored data prior to securely transferring to waste contractor for destruction.

Confidential Waste

Waste that is considered confidential (see definition section) should ideally be shredded at the initial point of disposal by way of an approved cross shredder and the residue placed in the domestic waste stream.

Where this is not practical, confidential waste shall be destroyed by an approved waste management contractor. Confidential waste shall be placed in a white confidential waste bag, not exceeding fill-line + be able to be lifted easily one-handed and secured using the adhesive strip on the bag. Medirest staff will collect bags for shredding and keep these in a secured area within the loading bay.

The contractor will shred confidential material off site and a "transfer note" indicating the date of collection will be completed. Following destruction a "certificate of destruction" shall be issued by the contractor to confirm the confidential waste has been successfully shredded. The "certificate of destruction" is to be retained by Vinci.

Cooking Oil

Dispose of unwanted/used cooking oil in the original metal container (ensure that the oil is at or below room temperature). Seal the container and inform porters who will arrange collection.

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Waste oil is stored in a secured container whilst awaiting collection from a specialist contractor who recycles the oil for alternative use.

Crockery

Crockery for disposal is to be placed in the designated containers located under the sink in each clinical area. Ensure that the container is not contaminated with non-crockery waste as this will not be collected until ward/department has removed the contamination. The containers will be collected by portering staff and placed securely into the relevant compactor.

Cytotoxic& Cytostatic Waste

Pharmaceutical waste & sharps which are contaminated with cytotoxic or cytostatic products must be disposed of in yellow UN approved rigid containers with a purple lid. Ensure that the lid is secured prior to disposal and kept in non-unauthorised access area awaiting collection by porters.

Domestic Municipal Waste

Small items of domestic waste (see page 15 of this policy) are to be placed in black plastic bags and tied securely at the neck. The bags should be no more than two-thirds full, weigh no more than 5 Kg and placed into bins. When full the bags shall be kept secure awaiting collection by the porters.

Food Waste

Food waste generated via the Catering Department is to be macerated in line with local procedures. Other food waste is to be disposed of as black bag/municipal waste – if possible washing food contaminated containers prior to disposal to reduce the incidence of pests accessing waste streams.

Fluorescent Tubes & Bulbs

Will be replaced, removed, stored and disposed of by Vinci personnel

Furniture

Please consider any local reuse opportunities before disposal.

Redundant furniture from direct patient care areas must be decontaminated in accordance with the Trust's Infection Prevention and Control Policy.

Please refer to Trust intranet – search 'surplus equipment' and follow the guidance produced by Purchasing & Supplies Department, who are to be contacted if there are any queries with the reuse of furniture.

Furniture for disposal will be collected by porters (the ward/department having notified Medirest of items for collection) and placed in the appropriate skip for collection by authorised contractors.

Glass - Non Pharmaceutical

All non-pharmacy contaminated glass is to be disposed of in the large blue recycling glass bins (with bristle insert on lid) which will be replaced by porters when full. The Trust will trial alternative recycling opportunities and will keep staff informed of any changes.

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Please handle all glass, whether intact or otherwise, with care to prevent injury or breakage.

Glass- Pharmaceutical

Any glass bottles containing pharmaceutical waste are to be disposed of to a clinical waste contractor for incineration. These bottles are to be kept secure and stored in a blue rigid container awaiting collection by porters, awaiting incineration by a licensed waste contractor.

Gypsum

If contaminated, dispose of as hazardous waste (orange bag waste stream) – if not contaminated segregate in white gypsum bins and sent for either gypsum recovery or landfill.

Hazardous Chemical Waste

Handle with extreme care, using the necessary personal protective equipment as recommended by the Control of Substances Hazardous to Health (COSHH) assessment.

Where waste has to be stored, it is to be securely contained and locked away from the public.

Ensure it is only stored in its original containers and the storage conditions are suitable to those identified on the containers/data sheets.

The COSHH assessment, together with the manufacturer's data sheets, is to be consulted to obtain information for correct disposal

Arrangements must be made to dispose of the hazardous chemical waste by an authorised contractor. Advice on disposal can be obtained from the Environmental Officer and/or Portering Waste & Transport Manager

HAZMAT (hazardous material)

Contaminated Clothing and Personal Effects

Clothing, valuables and personal items removed from self-presenting casualties must be considered as contaminated and expert advice should be sought prior to their return to their owner (e.g. Public Health, Infection Control) or as to the appropriate means for disposal. It should be noted that, in those cases where there has been an incident, such items of clothing may be required by the Police as criminal evidence.

Any equipment that cannot subsequently be decontaminated effectively and economically is to be disposed of as contaminated waste.- yellow bag (same for radioactive) The final disposal of this waste should only be undertaken after the hazard has been identified and specialist advice taken on the safest disposal options to prevent further contamination or harm + using an authorised licensed waste contractor.

Transportation of HAZMAT Contaminated Waste

Depending on the type of contaminated waste, advice must be sort from Public Health. A reputable and licenced waste contractor must undertake transport to the incinerator. Prior to collection by the contractor waste must be stored securely and access restricted to authorised and trained personal. To arrange waste collection please contact Vinci services.

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Highly Infectious Waste e.g. Ebola

Contact Infection Control for specific waste disposal information

All Ebola waste is classified as infectious waste on the basis that it is known or contaminated with pathogens presenting with the most severe risk of infection. All waste including gloves and paper towels are to be placed in yellow bags, being double bagged, and sent for autoclaving or incineration.

Sharps waste must be placed in a solid container (60 litre one way burn bin) and then held within another solid container (770 litre bin) and quarantined in a secure area.

The 770 Litre bin is to be labelled as EBOLA waste and is not to be used for any other clinical waste. Both sharps and bagged waste are to be placed inside this bin.

Infusion Fluids

Bags can be disposed of to domestic waste – associated sharps giving set components being removed & disposed of via sharps box

Part used fluids containing drug additives must be disposed of as pharmaceutical waste and not poured down the drain

Mattresses

Contaminated mattresses – mattresses are to be condemned by either Infection Control, Equipment Pool staff or trained Medirest Domestic staff only. The mattress is to be cleaned (in line with infection control policies wearing appropriate personal protective equipment to reduce the risk of spread of infection), placed into a clear plastic bag and the accompanying blue form completed. The bag is to be placed in the waste hold awaiting collection by porters.

Note Disposal by incineration should only apply where the mattress cannot be safely decontaminated. If the mattress surface is intact i.e. no splits or tears and has a washable surface it should be decontaminated in accordance with the relevant infection control policy and the mattress should be disposed of as normal domestic waste. I.e. clear plastic bag, completing attached blue form and placing in waste hold awaiting collection.

N.B. Medirest Personnel: Mattresses are to be stored separately in the bin yard whilst awaiting collection by an authorised contractor.

Medical Devices

Please also see Management of Medical Devices Policy

The ward/department contact Medirest porters to arrange collection of the equipment (which must be cleaned first if there is any risk of the equipment being infected)

For further advice contact the Medirest Environmental Officer and EBME

Depending on the equipment materials and the infectious properties various disposal methods are available such as landfill or municipal incineration / energy recovery facilities, recycling, alternative treatment, or incineration all processes must be at a licensed or permitted facility

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Medicines

Medicines – Non Hazardous Yellow/Blue Containers with Blue Lid

This waste will be treated as non-hazardous waste but will require separate disposal and destruction by incineration and must be kept separate from other clinical waste, stored in waste medicines containers yellow/blue containers with blue lid prior to disposal by incineration. The medicinal containers whilst in use or closed down must be placed into a locked storage cupboard within a locked room within the building or 770 waste bins for disposal in bulk storage areas. These bins are to be accessible only by authorised staff.

All unused in date medicines in unopened packaging (as supplied) must be returned to the supplying Pharmacy if not required.

If not practical, arrangements must be made for the pharmacy to collect the materials in an approved container. The containers must be kept in a secure area when in use and awaiting collection.

All waste medicines that are part used or redundant out of date (e.g. half-used tubes, partly filled bottles and blister strips, medicines that are recovered from patients due changes of medication). Including primary packaging from medicines that is dispensed to the patients must be placed into a container (30/60 litre container with self-locking lid) provided for this purpose and located in a secure area.

Medicines must not be placed in domestic or clinical healthcare waste bags.

Controlled Drugs (including illicit drugs)

Will be rendered safe using a denaturing Trust approved kit/technique in line with the Misuse of drugs regulations 2012 and Misuse of drugs (safe custody) regulations 2007 – please see Trust Medicines Policy

The denatured controlled drugs within the kit must be placed into the designated blue lidded medicinal bins.

Non Hazardous Offensive Waste

Non-hazardous offensive waste is non-clinical waste that's non-infectious and doesn't contain pharmaceutical or chemical substances, but may be unpleasant to anyone who comes into contact with it. It is not known or suspected to possess any hazardous or infectious substances. Yellow and black striped bags (tiger bags) must be used for the offensive waste stream, being sealed effectively, not being over-filled and having an identity tag attached

Offensive waste examples in clinical areas include:

- □ Nappies, sanitary waste, incontinence pads
- □ Protective clothing, which has not been used in a non-infectious environment
- □ Single use instruments (no risk of sharps) e.g. tongue depressors
- □ Disposable personal protective equipment which do not pose a risk of infection, including non-infectious gowns/ aprons, masks and gloves

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Patients Home - Waste Generated Away From Healthcare Premises

Disposal of healthcare waste generated when Trust staff visits patients at home will normally be the Trust's responsibility.

Disposal of Non-hazardous Waste (black bag)

The disposal of clinical waste in a patient's home, where the patient is treated by a community nurse/midwife or healthcare professional, is the responsibility of the professional giving the treatment. The professionals need to ask permission from the home owner prior to disposing of healthcare generated waste into their rubbish bin – ensuring that the waste is secure and not accessible to children or animals

The professional will need to assess whether the waste is sharps, infectious or non-infectious. Non-infectious/non-hazardous waste is to be double bagged in either a black or clear plastic bag and placed with the household waste (usually black wheelie bin). Examples of this waste include plasters, small dressings, sanitary towels and incontinence products.

Disposal of hazardous waste (infectious, orange bag)

If the waste is classified as hazardous in the patient's home the healthcare professional can remove that waste and transport it in approved containers (i.e. rigid, leak proof, sealed, secured, double bagged etc.) in the boot of their car and take it back to the Trust for appropriate disposal. Further information can be obtained from the Trust Infection Control Department and/or The Environmental Officer (Medirect)

Medicines and sharps waste

This waste must not be removed from the patient's home by the healthcare professional if they are surplus to requirement they are to be returned to the local pharmacy by the patient or their representative

NOTE: all liquid waste and bag waste (clinical and offensive) must be brought back to the Trust at the end of each shift / day.

Radioactive Healthcare Waste

Is waste contaminated with low- level radioisotopes which requires disposal in suitable facilities "normally by incineration". The waste is to be packaged and labelled as hazardous in accordance with radioactive waste guidelines. The waste will be collected by a specialist registered contractor who will arrange for material recovery or incineration of the waste

Scrap Metal (ferrous and non-ferrous)

All items of scrap metal are to be placed in the appropriate skip/container by the porters and held in the secured bin/service yard until collected by an authorised contractor. Waste transfer notes are issued upon collection by the contractor. Any income generated from scrap metal will be utilised by the Trust

Sharps

Sharps are items that could cause cuts or puncture wounds. They include hypodermic needles, syringes with needle attached, scalpels, infusion sets (sharps part), used medicine vials, broken glass ampoules and other blades. This waste will be treated as hazardous waste and must be kept separate from other healthcare waste and regarded as infectious.

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Every container must be labelled. The labels should clearly identify the waste type present within the container, identify the individual producer, i.e. ward/department and signed and dated when closed. Sharps containers must be locked shut when it is two thirds full OR after been in use for three months and the date of shut down recorded on the label.

Sharpsmart

Sharpsmart is designed for point-of-care disposal of non-hazardous sharps, pharmaceuticals and recyclable devices e.g. recyclable instruments, in compliance with HTM 07-01. The containers are available in 3 sizes (dependent upon the size of the product being disposed of). Larger items that won't fit into the general Sharpsmart containers, are disposed of using an 'access plus' container – which are located in areas who regularly use them. Further information can be obtained from the Environmental Officer, Medirest Ext 2019.

Yellow: Medicinally contaminated sharps and pharmaceuticals (not cytostatic/toxic) - disposed of by incineration.

Purple: Sharps contaminated with cytostatic/toxic drugs - disposed of by incineration

Orange: Sharps contaminated with blood e.g. needles and syringes - disposed of by incineration

Blue: Medicinal waste i.e. empty bottles and vials previously containing medicines, and blister packs - disposed of by incineration

Toner Cartridges

Place in original packaging or suitable cardboard box, seal/close the box and place in waste hold to be collected by Porters

Vaccines

Equipment used for vaccination including vials, ampoules and syringes are to be disposed of by placing in proper puncture resistant sharps box. If they have been used or opened then the vaccines are to be placed in the yellow lidded sharps container

If the vaccine has cytotoxic/cytostatic properties these must be classified as hazardous and disposed of in purple lidded approved rigid container

Unused vaccines, including intranasal flu vaccines can be returned to the Pharmacy by agreement, or disposed of via the blue medicinal waste stream or purple if cytotoxic/cytostatic. If there is any doubt for disposal methods for vaccines please contact the Medicines Management Team or Environmental Officer (Medirest)

Waste Disposal to Drain

Identified wastes, mainly pulped paper, disposable bed pan/urine product waste containing normal bodily secretions disposed of via bed pan macerators, may be disposed to the public sewer network

The Trust will compile and maintain a register of substances discharged to drain, and when necessary seek appropriate permissions to discharge. This will be coordinated by Medirest Environmental Officer & Vinci Facilities Manager (Waste). Disposal of unregistered waste to the

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public sewer network should only be undertaken following the approval and consent from the Local Waste Authority

Waste Electrical and Electronic Equipment (WEEE)

Electrical and electronic equipment is any item powered by mains, batteries or electricity. This includes household and commercial items containing electrical and electronic parts / components including medical equipment & must not to be disposed of as domestic waste.

The aim of the WEEE directive is to minimise the impact of electrical goods on the environment by increasing the amount of treatment, recovery, recycling and safe disposal – thus reducing the amount of waste going to landfill

Waste electrical and electronic equipment must be disposed of to an Authorised Treatment Facility licenced to treat electronic waste – contact Medirest Environmental Officer. Ultimately the onus for collection, treatment and disposal of electrical equipment will be the responsibility of the producer

Some electrical waste e.g. fluorescent tubes, batteries, TVs, PC monitors, refrigerators etc. are also deemed as hazardous waste and must be disposed of accordingly. Hazardous electrical waste must be stored separate from that deemed non-hazardous

Electrical equipment should not be considered waste simply because it is old, out of fashion or surplus to requirement. Electrical equipment must first be declared as condemned or beyond economical repair before it can be considered for disposal

6.7 Guidance for the Removal of Spillages of Healthcare Waste

All spillages must be cleaned up without delay and should not be left unattended or unsecured. For waste spillages occurring in the department of origin or the department's local collection point it shall be the responsibility of persons working in that department to clear the spillage.

Accidents that occur on ward areas, in consulting/examination rooms, treatment/clinical rooms. The clinical/nursing staffs after ensuring they are using the correct PPE (i.e. gloves, aprons) are to complete the initial removal and repacking of the healthcare waste in a replacement container. The domestic staff will then carry out action to render the area clean as soon as is reasonably practical.

6.8 Collection and Transport of Waste

After collection of waste from the ward/department, Medirest porters will transfer the waste to the bin yard for secure storage and appropriate segregation until collected by the Trust approved waste contractor

In the event of waste not being collected at regular intervals, or for waste being accumulated that does not fit into any of the recognised collection bags e.g. soiled mattresses, the Environmental Officer (Medirest Extension 2109) is to be informed in order arrangements can be made for its speedy safe removal

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6.9 Duty of Care Waste Transfer Note

The Duty of Care Waste Transfer Note is a three part note that describes the type of waste (including EWC code) and quantity of the waste removed. It is completed at various stages of the disposal process by the producer of the waste, the carrier of the waste who transports it to its disposal point and the consignee. This provides an auditable trail of waste movement. It is a legal requirement to complete appropriate sections of the Note that should be retained for at least two years. Details of waste movements included in the Note may be requested by Environment Agency Inspectors to randomly confirm waste movements.

6.10 Hazardous Waste Consignment Notes

When waste deemed hazardous is transferred off site, a five part Hazardous Waste Consignment Note must be completed.

This requires the producer of the waste (the Trust) to identify the type and quantity of waste by description and the European Waste Catalogue code together with identification of the hazard classification as identified in the Hazardous Waste Regulations. In addition each Note must be identified with an individual consignment number the Standard Industry Code number and the individual premises code.

The Standard Industry Code Number is a five digit code available from the Environment Agency website that provides a numeric national category of type of industrial/commercial premises producing the waste.

The Individual Premise Codes are required for premises that will produce more than 500kg of hazardous waste per annum. Registration for appropriate Trust premises shall be made annually to the Environment Agency by the Environmental Services Officer and advised to affected premises.

Premises producing less than 500kg of hazardous waste per annum are exempt from the requirement to have individual premises registration but are still required to comply with other requirements of the consignment note.

Each hazardous waste movement will be notified to the Environment Agency by the Consignee (the ultimate waste disposer) by a completed copy of the Note. Regular consignments may be notified at quarterly intervals.

6.11 Waste Carrier Registration

In order to transport controlled waste between premises, organisations are required to hold a Certificate of Registration under the Control of Pollution (Amendment) Act 1989 issued by the Environment Agency. The Trust maintains a certificate that is renewed at three yearly intervals.

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6.12 Carriage of Dangerous Goods

Hazardous waste may also be considered dangerous to transport and must be assessed in accordance with the Carriage of Dangerous Goods Regulations prior to transport to provide a category and UN number e.g. infectious clinical waste harmful to humans is Class 6, UN number 2814. Waste that is classified as “dangerous” (except for small quantities identified in the regulations as exemptions) shall only be carried in approved containers by competent drivers in vehicles designed to carry the waste

6.13 Recycling

The Trust will aim to reduce amounts of waste for disposal where appropriate, through effective segregation and the recovery of materials through recycling or secondary use such as:-

- o Household glass
- o Paper
- o Cardboard
- o Furniture
- o Scrap metal
- o Printer ink cartridges
- o Confidential waste
- o Fluorescent tubes
- o Batteries
- o Computers

7. Training

Line Managers will be responsible for ensuring that all appropriate staff receives instructions in waste handling, segregation, transportation, storage and disposal. Training needs vary depending on the responsibilities and job function and must be carried out at induction and then job specific in accordance with the Trust's Learning and Development Policy and Healthcare Technical Memorandum 0701 in the Safe Management of Healthcare Waste.

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Correct handling, segregating, transporting, storing and disposing of all waste products
2	Waste duty of care audit
3	Carriage of Dangerous Goods compliance

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8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Ensure that wards/departments are correctly handling, segregating, transporting, storing and disposing of waste in line with HTM 07-01	Environmental Officer	Audit	Monthly	Trust Waste Group & Trust Health, Safety, Security & Fire Committee	Environmental Officer + Trust H&S Advisor
Carry out a duty of care audit on contractors responsible for disposing of clinical waste	Head of Non Clinical Risk	Audit contractors site to ensure that they are complying with current legislation	Annually	Trust Waste Group & Trust Health, Safety, Security & Fire Committee	Head of Non Clinical Risk + Deputy Director of Estates & Facilities
Ensure that a Carriage of Dangerous Goods audit is carried out	Vinci Facilities Manager	Audit relevant aspects of Carriage of Dangerous Legislation.	Annually	Trust Waste Group & Trust Health, Safety, Security & Fire Committee	Head of Non Clinical Risk + Deputy Director of Estates & Facilities

9. References

No	Reference
1	Environmental Protection Act; 1990; HMSO
2	Controlled Waste (England & Wales) Regulations; 2012; HMSO
3	The Landfill (England & Wales) Regulations; 2002; HMSO
4	Radioactive Substances Act; 1993; HMSO
5	Medicines Act; 1968; HMSO
6	Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations; 2011; HMSO
7	Waste Electrical and Electronic Equipment (WEEE) Regulations; 2013; HMSO
8	Health and Safety at Work Act; 1974; HMSO
9	Control of Substances Hazardous to Health Regulations; 2002; HMSO
10	The Misuse of Drugs Act; 1971; HMSO
11	Controlled Drugs Regulations; 2013; HMSO

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12	Management of Health and Safety at Work Regulations; 1999; HMSO
13	Manual Handling Operations Regulations; 1992; HMSO
14	Hazardous Waste Regulations; 2005; HMSO
15	Duty of Care – Code of Practice; 2016; HMSO
16	Control of Asbestos Regulations; 2012; HMSO
17	Environmental Permitting Regulations; 2016; HMSO
18	The Waste (England & Wales) Regulations; 2011; HMSO
19	Control of Pollution Act; 1974; HMSO
20	List of Wastes (England) Regulations; 2005; HMSO

10. Related Trust Documents

No	Related Document
1	Medicines Policy
2	Infection Control Manual Policies – sharps; highly infectious diseases
3	Health & Safety Policy
4	Control of Substances Hazardous to Health (COSHH) Policy
5	Asbestos Management Policy

11. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. Cheryl.farmer@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Patient Inclusion and Experience Lead. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:		Waste Management Policy	
Date of Assessment	28/02/2019	Name of Person completing assessment /job title:	Carole Whewell
Lead Executive Director	Director of Corporate Services		Head of Non-Clinical Risk
Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:		Yes / No	Justification/evidence and data source
1	Age	No	Click here to enter text.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
Human Rights – are there any issues which might affect a person's human rights?		Yes / No	Justification/evidence and data source
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
Lead of Service Review & Approval			
Service Manager completing review & approval		Carole Whewell	
Job Title:		Head of Non-Clinical Risk	