

Blackburn with Darwen
CORPORATE POLICY

Health Care Waste Management Policy

Corporate

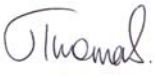
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Formally approved by:	Clinical Policy Group Corporate Policy Committee
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Target Audience:	All employed/contracted NHS BWD staff who handle or come in to contact with healthcare waste

POLICY STATEMENT / KEY OBJECTIVES:

This policy has been developed to provide guidance on the correct segregation, handling, transport and disposal of healthcare waste so as to minimise the risks to the health and safety of staff, patients and the public and the environment. (This policy will link with the Total Waste Management Strategy for the Trust which is currently under development – to be completed by October 2009).

REFERENCES AND SUPPORTING DOCUMENTS

- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004
- Control of Substances Hazardous to Health (COSHH) 2002
- Department of Health (2004) Standards for Better Health
- DOH (2006) Environment and Sustainability. Health Technical Memorandum 07-01: Safe management of healthcare waste, London TSO
- DOH (2006) The Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections
- DOH (2008) The Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated Infection and related guidance, January 2008 DOH
- Health and Safety at Work Act (1974), HMSO
- Health Care Waste Management Policy, Sheffield Primary Care Trust, Sheffield PCT Infection Control Team, January 2008
- Manual Handling Regulations 1992
- Royal College of Nursing *Safe Management of healthcare waste*, RCN November 2007
- The Environment Protection Act (1990) Waste management the duty of care (section 34)
- The Hazardous Waste (England and Wales) Regulation (2005)
- The Landfill (England and Wales) Regulations 2002
- The Personal Protective Equipment at Work Regulations 1992
- Waste Electrical and Electronic Equipment Directive (2007)
- Waste Management Licensing Regulations 1994
- Waste Strategy for England (2007) DEFRA
- Human Rights Handbook: <http://www.justice.gov.uk/guidance/docs/hr-handbook-public-authorites.pdf>
- NHS Religion and Belief a Practical Guide: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133

<p>Sponsoring Director: Director of Clinical Services, Director of Infection Prevention and Control (Provider Services Unit)</p>	<p>Director of Clinical Services confirms this document is compliant with legislation at the date of signing.</p>
<p>Signature:</p>	

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COMPLIANCE WITH STANDARDS FOR BETTER HEALTH					
Please mark appropriate box/es with an 'X'					
	CORE			CORE	
SAFETY			GOVERNANCE		
Patient Safety Incidents	C1a		Clinical & Corporate Governance	C7a	<u>X</u>
Patient Safety Alerts	C1b		Openness, honest, probity	C7b	
Child Protection	C2		Risk Management	C7c	
NICE Guidance	C3		Financial	C7d	
Hygiene	C4a	<u>X</u>	Equality / Discrimination	C7e	<u>X</u>
Medical Devices – use	C4b		Performance	C7f	
Medical Devices – decontamination	C4c		Whistleblowing	C8a	
Medicines	C4d		PDPs	C8c	
Waste Disposal	C4e	<u>X</u>	Record Management	C9	
			Employment Checks	C10a	
			Codes of Practice	C10b	
			Recruiting, Training, Qualifications	C11a	
			Mandatory Training	C11b	
			Continuous Professional Development	C11c	
			Research	C12	
PUBLIC HEALTH			CLINICAL COST EFFECTIVENESS		
Co-operation with Local Authorities	C22a		NICE Technology appraisals	C5a	
Annual Report Policies	C22b		Care provided under supervision & leadership	C5b	
Local Partnerships	C22c		Continuous update of skills	C5c	
Disease prevention, Health Promotion	C23		Clinical audit & review of clinical services	C5d	
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CARE ENVIRONMENT & AMENITIES			ACCESSIBLE & RESPONSIVE CARE		
Safe, secure environment	C20a		Seeking Patient/Carer Views	C17	
Privacy & confidentiality	C20b		Equality & Choice of access	C18	
Well designed, maintained & clean environment	C21	<u>X</u>	Access for Emergency treatment	C19	
PATIENT FOCUS					
Dignity & Respect	C13a				
Obtaining Consent	C13b				
Confidentiality	C13c				
Information re: Complaints procedures	C14a				
No discrimination for complaints	C14b				
Acting on concerns, improving service delivery (Food not applicable)	C14c				
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1. INTRODUCTION

1.1 Background

In the United Kingdom the cost for waste disposal is increasing. The NHS produces on average 250,000 tonnes of waste a year, at a cost of over £40 million. The generation and disposal of waste requires resources, materials, space and staff time – all of which contribute to the often unseen ‘true cost’ of waste management. There is a very real need to reduce both the cost and environmental impact arising from the generation and disposal of waste and this policy is the first in a set of policies which will be developed to facilitate waste minimisation and prevention via a total waste management strategy.

This policy has been developed in line with HTM 07-01, Safe Management of Health Care Waste guidance and the Hazardous Waste (England and Wales) Regulations 2005. It is a legal requirement of the hazardous waste regulations to segregate infectious waste from other wastes.

This policy is also written in line with the requirement for compliance with Safety Domain Core Standard 4e, waste management, Standards For Better Health (DoH 2006) and the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated Infections and related guidance.

Standards for Better Health

The [Standards for Better Health, 2006](#) establishes the core and developmental standards covering NHS health care provided for NHS patients in England.

The standards form a key part of the performance assessment by the Care Quality Commission (CQC) of all health care organisations.

They are divided into core and development standards. Standards relevant to this document are presented below.

- **Core Standard C4 (e):** the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.
- **Core Standard C7** Health care organisations
 - Apply the principles of sound clinical and corporate governance;
 - Undertake systematic risk assessment and risk management;
 - Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;

Duty of Care:

The statutory requirements covering ‘duty of care’ in waste management are contained in section 34 of the Environment Protection Act 1990 and the Environment Protection (Duty of Care) Regulations 1991.

As a waste producer the NHS must:

- generally ensure that waste is managed properly, recovered and disposed of safely, does not cause harm to human health or pollution to the environment
- prevent escape of waste and contain it

- only transfer waste to an authorised person, and ensure that a transfer note, along with written description of the waste, is exchanged and retained by both parties for a minimum of 2 years
- ensure that all wastes are stored in accordance with the requirements of the duty of care to prevent the escape of the waste, harmful depositing/treatment or disposal of waste
- when transferring waste to another holder, complete a waste transfer note with a written description (including the appropriate European Waste Catalogue Code) of the waste
- satisfy themselves that the means of treatment and disposal are appropriate to the waste
- request proof of carrier registration or exemption and, if appropriate, copies of waste management licences and PPC (pollution, prevention and control) permits

The duty of care process helps keep track of the waste, forming an audit trail.

Healthcare waste

The term healthcare waste will be used throughout this policy. This is defined in HTM 07-01 as waste from natal care, diagnosis, treatment or prevention of disease in humans/animals.

Examples of healthcare waste include:

- infectious clinical waste
- laboratory cultures
- anatomical waste
- sharps waste
- medicinal waste
- laboratory chemicals
- offensive/hygiene waste from healthcare areas.

The five original categories of Group A to E clinical waste been discontinued as they do not equate to the use of the European Waste Catalogue (EWC) Codes. These EWC codes are now mandatory and used for all waste transfer documentation.

The codes are a six digit number XX – YY – ZZ

XX – determines the EWC Chapter i.e. 18 for healthcare waste

YY – this relates to the subgroup - 01 – human/healthcare waste

ZZ – this is a unique waste code – 01 – sharps

e.g. 18-01-08 – cytotoxic and cytostatic waste arising from human healthcare
(Appendix 1 – for further information please refer to the Waste Description table)

2. DEFINITIONS

Act – primary legislation produced by Parliament

Autoclaving - sterilising instruments or materials with high pressure and heat or pressurising steam

Biopsy – a procedure that involves obtaining a tissue specimen for microscopic analysis to establish a precise diagnosis

Carcinogenic – substances or preparations which, if they are inhaled or ingested, or if they penetrate the skin, may induce cancer or increase its incidence

Cytotoxic/Cytostatic medicines – any medicinal product that possesses one or more of the hazardous properties Toxic (H6), Carcinogenic (H7), Toxic for reproductive (H10), Mutagenic (H11)

Dangerous substances – substances classified as dangerous in Directive 67/548/EEC and its subsequent amendments

DEFRA – Department for Environment, Food and Rural Affairs

Disease – unhealthy condition of the body of a type which requires healthcare intervention

Duty of Care – when used in relation to waste management this term refers to the statutory responsibility of individuals and organisations

Ebola virus – a haemorrhagic fever which can be fatal

EWC – European Waste Catalogue, a hierarchical list of waste descriptions established by European Commission decision 2000/532/EC

Hazardous waste – waste products which upon release into the atmosphere, water or soil, cause health risks to humans or animals through skin contact, inhalation or ingestion

Healthcare waste – waste from natal care, diagnosis, treatment or prevention of disease in humans or animals

Incineration – high temperature destruction of waste by burning

Infectious – substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease on man or other living organisms

Licence – approval or consent issued by a regulator for a specified activity

Medicinal waste – includes expired, unused, spilt and contaminated pharmaceutical products, drugs, vaccines that are no longer required and need to be disposed of

MEEE – medical devices electrical and electronic equipment

Micro-organism – a microbiological entity, cellular or non-cellular, capable of replication or of transferring genetic material (includes bacteria, fungi, parasites and viruses)

Mutagenic - substances or preparations which, if they are inhaled or ingested, or if they penetrate the skin, may induce hereditary defects or increase their incidence

Occupational exposure – exposure due to nature or location of work

Pathogen – micro-organisms known or reliably believed to cause disease in man or other living organisms

PPE – personal protective equipment (gloves, aprons, face masks, eye goggles) worn to protect the person wearing them from hazardous materials

Segregation – separation from others

Solidified – turned from a liquid state to a solid

The producer – any person handling waste before placing it in the secure container at the waste collection point

Toxic - substances or preparations which, if they are inhaled or ingested, or if they penetrate the skin, may involve serious acute or chronic health risks and even death

Toxins – microbial substances able to induce host damage

vCJD – variant Creutzfeldt Jacobs disease

Viable micro-organisms – alive, able to reproduce

Waste collection point – area designated to store large wheeled containers for the reception of clinical waste bags and sharps containers

WEEE – waste electrical and electronic equipment

WM2 – technical document produced by Environment Agency, Scottish Environment Protection Agency and the Environment and Heritage Service to provide guidance on the assessment and classification of hazardous waste based on the Hazardous Waste Directive definition of hazardous waste

3. PURPOSE

This policy has been developed to provide guidance on the correct segregation, handling, transport and disposal of healthcare waste so as to minimise the risks to the health and safety of staff, patients and the public and the environment.

3.1 Rationale

This policy will provide a framework for health care waste management, segregation and disposal based upon current best practice and marks the first steps towards a total waste management strategy.

3.2 Scope

This policy applies to all properties/sites/facilities owned or managed by the trust, and to all services directly provided by NHS Blackburn with Darwen wherever they carry out their services. All staff, including commissioned/contracted services, should familiarise themselves with the policy. Compliance with this policy for PSU will be monitored via the Governance Department for PSU and compliance with Standards for Better Health. Compliance with this policy for commissioned/contracted services will be monitored via contracts led by Commissioning. This does not include details on confidential waste disposal. For further information please refer to the Records Management policy located on NHS BWD website.

Health care waste management is undertaken in a variety of environments:

- patients homes
- intermediate care facilities
- GP surgeries
- dental surgeries
- specialist clinics
- premises where shared services are delivered

This policy also applies to independent contractors who have a duty to reduce health care associated infections and the transmission of infection during the disposal of health care waste (Health and Social Care Act 2008). The trust recommends that contractors apply the principles of this policy as a minimum standard within their practices to ensure their professional and contractual responsibilities are discharged. This will be monitored via Primary Care, Quality and Outcomes Services during their annual inspections.

All clinical staff should attend an infection control update that includes clinical waste management as a minimum every two years. The manager should record attendance and ensure it is highlighted within the Personal Development Programme.

3.3 Principles

The main principles of the policy are to ensure that the following are adhered to within the trust:

- all healthcare waste is managed in a safe manner no matter where it is produced
- the trust meets all legislative requirements
- all waste is segregated appropriately to reduce the associated risks
- all Healthy & Safety guidelines are adhered to
- waste is handled according to the guidelines within the Moving and Handling Policy for the trust

4. DUTIES AND RESPONSIBILITIES

Chief Executive:

The Chief Executive has overall responsibility for ensuring effective arrangements are in place for the safe management of healthcare waste. This is also included in the Health and Safety at Work etc Act (1974) in that the trust has a statutory duty to ensure safe systems of work and a safe working environment are in place for all its employees, visitors, contractors, members of the public and others within its premises.

Director of Clinical Services, PSU:

The Director of Clinical Services is the nominated lead for ensuring that all aspects of waste management are implemented within PSU through designated accountable officers. The Director of Clinical Services and the Associate Director of Governance (PSU) (supported by the Associate Director of Finance, PSU) will be responsible for developing and monitoring the Service Level Agreement (SLA) for waste management with the appropriate contractor/s. For sites owned by NHS Blackburn with Darwen the SLA will be agreed between PSU and the Estates Department for Commissioning led by the Associate Director of Capital and Estates.

Operational responsibilities (delegated through nominated leads):

- Deploys resources to ensure all waste is handled and disposed of safely and in accordance with relevant legislation
- responsible for ensuring all staff aware of and comply with this policy
- should ensure that all staff involved are aware of the risks of the waste being disposed of and are provided with adequate PPE
- ensures training to conform to relevant codes of practice
- should ensure all staff involved have hepatitis B immunisation as advised by Occupational Health before working with waste transfers
- should ensure that waste is disposed of by a registered waste removal contractor
- keep on file copies of relevant liability insurance, carriers licences and disposal site licences and other documentation from contractors handling or receiving waste from the trust
- should ensure that risk assessments are in place and appropriate action is taken to minimise risk
- identifies and applies appropriate monitoring and control procedures to ensure compliance
- monitors and manages compliance of any waste-related contracts in force

Lead Nurse Infection prevention and control:

Responsible for staff training in relation to segregation of healthcare waste. Annual audit is carried out in conjunction with the estates department and Health & Safety.

The Lead Nurse will:

- conducts audits on producer practices
- advise facilities managers on matters relating to infection control in waste handling matters
- provides advice and guidance as required on safe practices and procedures for handling clinical waste materials to service providers and Independent Contractors employed/contracted/commissioned by the trust

Heads of service:

Regularly review the provision and use of necessary facilities and equipment to ensure that it meets the needs of the service. Liaise with the Building Site Manager within the neighbourhood to ensure the policy can be applied to the work area.

Head of Medicines management:

Provides advice and guidance as required on safe procedures for the handling and disposal of pharmaceutical waste (refer to the Medicines Management Policy for further information located on NHS BWD website).

Every member of clinical staff will:

Be able to correctly and safely dispose of healthcare waste arising from health care interventions, as well as reviewing the provision and use of necessary facilities and equipment to ensure compliance with legislation is possible.

In line with this policy producers of healthcare waste will ensure;

- waste is segregated and placed into the correct waste container

- the correct specification of bag and sharps container is used
- waste bags and sharps containers are labelled correctly
- bags are sealed correctly when no more than two thirds full
- sharps containers are sealed correctly when no more than two thirds full
- waste bags and sharps containers are stored securely and safely in the appropriate storage area
- Weight must be considered for ease of manual handling (refer to the Moving & Handling policy for further information located on the NHS BWD website. Also see appendix for information on estimated weights for waste receptacles.)

Estates manager (Commissioning):

Responsible for operational waste issues within relevant trust owned/contracted/rented/leased buildings for service providers other than PSU.

Responsible for monitoring the operational aspects of the SLA with ELPCT and ensuring all documentation is provided as required to provide assurance for S4BH (C4e). Producers of waste must keep records to demonstrate an audit trail from creation to end disposal of waste produced from its activities. Such records must be open to inspection by the enforcement agencies at any time. The hazardous waste regulations require records of hazardous waste consignment notes to be kept for three years.

Commissioning – NHS BWD:

Responsible for ensuring that all Contractors apply the principles of this policy as minimum standards within their practices to ensure that their professional and contractual responsibilities are discharged.

The provider of the Waste Management and Disposal Service Contract:

Responsible for managing waste contracts with Independent Registered Waste companies on behalf of NHS BWD under the SLA for Estates Management.

4.1 Responsibilities of staff

Staff are responsible for keeping themselves informed and up to date about changes to the procedural documents, particularly Policy changes. This information will be provided via e-mail, website, Healthcare Governance Bulletin, six monthly updates for the Healthcare Governance Committee, Primary Post, Staff meetings and Professional Forums.

Staff are obliged to adhere strictly to all Policies and a failure to do so may result in disciplinary action. However, staff may use their professional judgment to deviate from policy requirements or procedural documentation as per section 5.5 of the Handbook for the Development of Procedural Documents (found on NHS BWD website).

5. The POLICY

European Waste Catalogue (EWC) Codes:

The UK Environmental Regulatory Authorities have produced a joint guidance document on the interpretation, definition and classification of hazardous waste entitled WM2.

There are 14 hazard groups identified in the Hazardous Waste Regulations. For the purpose of this policy H9 (infectious) will be the hazard group most focused upon. The Hazardous Waste Regulations define infectious (H9) as: *substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.*

The EWC has entries for medicinal waste in Chapter 18 (Healthcare waste) and Chapter 20 (Municipal waste).

Medicinal waste is classified in to 3 categories:

- Cytotoxic and cytostatic medicines
- pharmaceutically active, but not cytotoxic and cytostatic
- not pharmaceutically active and possessing no hazardous properties (for example saline and glucose)

Only cytostatic and cytotoxic medicines are classified as hazardous waste. It may possess any one or more of the hazardous properties:

H6 toxic

H7 carcinogenic

H10 toxic for reproduction

H11 mutagenic





However other (non-cyto) medicinal waste may require specialist treatment/disposal.




Classification of clinical waste

Waste group	Type of clinical waste
Infectious waste	<p>Infectious waste is defined as waste that poses a known or potential risk of infection. Even minor infections are included in the definition of infectious.</p> <p>Any implanted medical device that has been in contact with infectious bodily fluids should also be classified and treated as infectious waste.</p> <p>All health care waste – whether produced in hospital or a community setting – is assumed to be infectious waste until it is assessed. This assessment is based on an item and patient-specific clinical assessment, which is undertaken by the health care practitioner.</p> <p>Any failure to segregate infectious waste from non-infectious waste will mean the entire waste stream has to be classified as infectious waste and consigned for appropriate treatment and recovery or disposal</p>
Offensive waste	<p>Offensive waste is waste that:</p> <ul style="list-style-type: none"> • may cause offence due to the presence of body fluids • is not known or suspected to possess any hazardous properties • is not identified by the producer as needing disinfection, or any other treatment, to reduce the number of micro-organisms present <p>Examples of offensive waste include the following if they are contaminated with a body fluid:</p> <ul style="list-style-type: none"> • continence pads • nappies • sanitary waste • other items which pose a minimal risk of infection such as empty catheter bags, plaster, protective clothing <p>The minimum treatment/disposal for offensive waste is landfill in a suitable licensed facility</p>

Waste group	Type of clinical waste
Sharps waste	<p>Sharps are items that could cause cuts or puncture wounds, including needles, scalpels and other blades, razors, knives, infusion sets etc, that have potential to cause infection.</p> <p>Care must be taken when assembling sharps containers to ensure the lid is securely in place. Sharps containers must be sealed, labelled and replaced when two thirds full. If the sharps container is seldom used, it should be replaced after a maximum of 3 months regardless of the filled capacity. Therefore the sharps container must be signed and dated on assembly in order to identify when 3 months have expired. Sharps containers must always be kept at waist height on a level surface (or in a wall bracket) in a clinical area to prevent injury to children.</p>
Liquid waste	<p>Any liquid clinical waste being placed within the healthcare waste stream e.g. suction fluids or urine, must be solidified with an appropriate gelling agent to prevent leakage, spillage or overflow and therefore reduce the risk of cross infection. Where ever possible use pre-gelled suction liners.</p>

Waste disposal stream table:

Type of waste	Receptacle	Disposal Stream
Sharps contaminated with cytotoxic/cytostatic medicinal products	Yellow sharps bin with purple lid 	Incineration Will require labelling as hazardous waste
Sharps that are partially or fully discharged and not contaminated with cytotoxic/cytostatic products. Single use blunt instruments metal instruments should also be placed in this sharps bin	Yellow sharps bin with yellow lid 	Incineration
All sharps not contaminated with medicinal waste including needles, syringes, scalpels, lancets, giving sets	Yellow sharps bin with orange lid 	Incineration
Infectious waste requiring incineration for example anatomical waste (including biopsies) and diagnostic specimens, reagent or test vials	Yellow bag or yellow leak proof rigid container 	Incineration

Type of waste	Receptacle	Disposal Stream
Infectious waste and potentially infected waste	Orange bag 	Incineration, but can also be treated to render safe in a licensed/permitted treatment facility
Plastic disposable instruments (blunt edged and not shaped in a way that may puncture the bag)	Orange bag (double bag) 	Incineration, but can also be treated to render safe in a licensed/permitted treatment facility
Type of waste	Receptacle	Disposal Stream
Medicinal waste in original packaging with original closures (EWC) 18 01 09 These should be separated solid from liquid	Yellow container	Incineration Will require labelling as hazardous waste
Cytotoxic/cytostatic medicinal waste in original packaging (EWC) 18 01 09	Yellow container with purple lid	Incineration Will require labelling as hazardous waste
Medicinal waste not in original packaging i.e. loose tablets (EWC) 18 01 09	Yellow container	Incineration Will require labelling as hazardous waste
Offensive waste, for example continence products, stoma bags and healthcare waste that has been assessed as non-infectious by a health care professional	Yellow and black striped bag 	Deep landfill
Amalgam waste	White container	Recovery

(for further information on colour coding please see appendix J)

Segregation:

Waste should be segregated according to the above definitions. Segregation is important because as an organisation NHS BWD is required to comply with legislation to avoid legal action and unnecessary costs incurred by incorrect segregation. It also ensures that the correct pathways are adopted for storage, transport and the ultimate disposal of waste.

Careful segregation of waste at the point of production is vital to ensure:

- safety of those handling, storing and transporting waste
- safety of the public
- compliance with the law
- protection of the environment

Transmissible Spongiform Encephalopathy (TSE) infected waste:

Waste known or suspected to be contaminated with TSE agents including vCJD must be disposed of by high temperature incineration in suitable authorised facilities. This waste must be disposed of in a yellow bag. This will be required for whichever service it applies to.

Health care waste in clinics/health care premises

When dealing with healthcare waste in health care premises the following should apply:

Clinical waste bags:

- must conform to the relevant UN standard – UN 3291
- only one waste bag must be placed into the waste bin as there is a risk of contamination if the bag in use is punctured resulting in waste spillage and possible contamination – if this happens then the waste bin must be cleaned before the next waste bag is inserted
- when the waste bag is approximately two thirds full it must be exchanged for an empty bag
- seal the bag as follows:
 - gather the top of the bag
 - fold the neck of the bag over
 - tie the neck by forming a loop and passing the end through the loop creating a knot;
 - or tie the neck by forming a 'swan neck', twisting the top of the bag and sealing with a cable-tie fastening to form a watertight seal
 - tighten the knot to ensure there is an effective seal

Labelling:

- waste bags should be labelled with the organisations name/site and current date before being placed into the waste bin – this is the responsibility of the person changing the waste bag.

Clinical waste bins:

- must be capable of containing the waste without spillage
- if they are intended for re-use must be capable of being cleaned to remove all soiling and where necessary disinfected
- the lid must be capable of being operated without lifting it by hand i.e. by foot pedal
- the lid must close securely
- adequate supplies of waste bins must be provided to the area where the waste

arisese.g. treatment room

- all areas should be regularly assessed by the staff using the facilities to ensure that **ALL** waste containers are sited in the correct position to minimise the risk of injury/contamination and to facilitate correct segregation of waste

Storage (waste collection point):

- health care waste should be stored in an area which is free from pests and the elements which is locked and inaccessible to the public prior to collection by the registered carrier
- the storage area should be kept clean and this should be part of the cleaning specification for the site. All staff have the responsibility to report any issues to the site manager for rectification.
- full waste bags should not be thrown into the waste area or thrown at any time in case of damage to the bag and resultant spillage of contents.
- waste must not accumulate in corridors or other places accessible to members of the public
- waste collection points must be established and communicated to all staff and a sufficient number of wheeled containers sited at these points to accommodate waste produced locally without overspill. Waste must not be stored to the side or on top of the waste container
- Each container/store should be locked and the keys held on site as per local agreement
- storage areas should be of a size sufficient to allow physical segregation
- the site designated for waste storage should be away from general storage areas and routes used by the public
- all waste handlers should have access to first aid if required and hand hygiene facilities

Segregation:

- household, offensive and infectious waste bags should be kept separate from domestic waste
- household waste should not be disposed of in orange bags as this increases costs
- infectious and offensive waste must not be disposed of in black bags as this may lead to prosecution – if in doubt contact the Infection Prevention and Control Department for advice on 01254 201123.

Handling of waste:

- staff dealing with infectious/offensive waste should wear appropriate personal protective clothing and should have been immunised against hepatitis B as per trust policy
- staff dealing with waste should wash their hands after handling even if wearing gloves – please refer to the trust hand hygiene policy found on NHS BWD website
- all staff dealing with waste in any setting should be aware of the correct procedure to follow in case of a spillage (see Standard Precautions Policy and Safe Disposal of Sharps policy)
- wear appropriate gloves when handling waste i.e. HCW disposable gloves, where waste is being handled from the collection point heavy duty puncture proof gloves should be worn

- all staff must have access to Personal Protective Equipment
- all staff handling waste must have received training and know the correct procedure for spillage or injury
- all staff should be offered Hepatitis B vaccination as per trust policy

In case of a sharps injury please refer to the inoculation injury policy on the trust website.

Containers:

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- waste to be transported must be packaged in containers which meet the approved guidelines – UN3291
- all waste bins must be cleaned at regular intervals sufficient to maintain cleanliness as well as after spillages/leakages as per the cleaning specification agreed with the Cleaning Contractor

Health care waste in the community:

Community nurses face a number of challenges, the major one being the transportation and removal of waste from patients' homes. Community nursing activities produce infectious, sharps, offensive, medicinal, anatomical (e.g. placentas in midwifery) and domestic waste.

Health care waste produced by trust staff as a result of treatment in a patient's home is considered to be PCT waste. Deciding which disposal route to use will be determined by using the Wound Waste Assessment Chart found in the appendices.

If assessed by a health care worker as either infectious or offensive waste collection should be arranged with ELPCT (see appendix E). If the waste is assessed as infectious (hazardous) then the health care worker must document that the patient or family has given their consent for the waste to be left in the home within the patient notes. After the HCW has tied the bag and left it in a suitable, secure place in the patients home the patient or family must ensure it is kept away from pets, children and vulnerable adults until it is picked up by the designated contractor.

Orange:

Orange boxes, sacks and orange lidded sharps receptacles should be used for all products that can be rendered safe. This will include the majority of 'soft' infectious waste such as dressings, bandages and some plastic single-use instruments.

Yellow

Yellow boxes, sacks and yellow-lidded sharp receptacles should contain waste products which require incineration, and any sharps which contain a quantity of medicinal product.

Any maggots used for wound management must be secured in an airtight yellow container.

Yellow/purple

Yellow/purple boxes, sacks and purple-lidded sharp receptacles should be used for waste contaminated with cytotoxic and cytostatic medicinal products. This includes sharps which are used for the administration of chemotherapy, antiviral and/or hormonal drugs.

Yellow/black

Yellow/black packaging should be used for recognisable health care waste that is non-infectious or non-hazardous.

Black

Must be used for domestic waste, and should never be used for recognisable health care waste.

Non-infectious waste:

Non-infectious dressings cannot legally be disposed of in the black-bag waste stream and community nurses are advised to dispose of these in the offensive/hygiene waste stream. However, mixed domestic waste can contain small amounts of plasters, small dressings and incontinence products. Any waste which is small in size (130mm x 220 mm) and non-infectious can be wrapped in plastic (such as a sandwich bag or bin liner) and safely placed in the black domestic bag.

Patients with MRSA:

Where a patient has been diagnosed with MRSA and being cared for by a HCW the waste generated may not necessarily be infectious. Orange waste bags are indicated only when infectious material is present e.g. wound exudate. It is NOT indicated for colonisation.

Sharps waste:

Sharps waste produced as a result of health care in a patient's home will require segregation and staff will be required to carry two sharps bins – a yellow lidded one for sharps not contaminated with cytotoxic/cytostatic medication and a purple lidded one for sharps contaminated with cytotoxic/cytostatic medicine.

HCW are responsible for ensuring that the waste they generate in the community is managed correctly and must make sure that arrangements are in place to ensure the waste is packaged and labelled correctly, and transported for suitable disposal. ELPCT should be contacted for the collection of waste from the patients home (see appendices).

Disposal of sharps bins from self caring patients:

The disposal of sharps bins from self caring patients, for example diabetic patients, who are not receiving regular input from a health care professional, should be arranged through the GP and the bins collected from the patients surgery. The sharps bins in this situation should be prescribed on FP10.

Patients with stoma/catheter bags:

waste from a stoma patient can be disposed of in the black-bag waste stream. However, if used in bulk this becomes offensive/hygiene waste for disposal in yellow/black striped bags. if the patient develops any kind of gastrointestinal infection, or the site becomes infected, the bag must be disposed of as infectious waste in the orange-bag waste stream.

Self-medicating patients can dispose of their own waste in the domestic black-bag waste stream.

Disposable Instruments

Disposable instruments cannot be legally disposed of in the domestic waste stream.

Infectious contaminated plastic disposable instruments that contain no risks of sharps can be safely disposed of as infectious waste and can be put into the orange waste stream. However, metal disposable instruments, again containing no risk of sharps, must be put into a rigid yellow container and marked for incineration only.

Non-infectious instruments that contain no sharps can be disposed of as offensive/hygiene waste.

Transporting waste:

A maximum of 20Kg of weight can be transported in a vehicle by a HCW however a 'transport document' will have to be carried by the HCW and the waste must be transported in a secure, leak proof rigid container that applies with packaging instruction P621 and UN approval. It must be kept in the boot to ensure it is secure and hidden to prevent any spillage or theft.

Sharps generated in a patient home by a HCW can be transported in the vehicle of the HCW in a sharps container. All sharps must be securely locked (where necessary using the temporary closing mechanisms).

Staff travelling on public transport, on foot or bike can only transport waste in a size 0.6 litre purple lidded UN approved sharps bin.

Waste collected within agreed timescales – see referral pathway

Medical Devices

Infected/used medical devices:

Where implanted medical devices have been in contact with infectious bodily fluids and have been assessed to be infectious they should be classified and treated (disposed) as infectious waste. If the device contains hazardous substances or components including nickel cadmium and mercury-containing batteries, the description of the waste on the consignment note must fully describe the waste and all its hazards. For example an implanted device with a nickel cadmium battery should be classified as:

18 01 09 Infectious waste containing Nickel Cadmium batteries (Hazards: Infectious (H9) and corrosive (H8))

The waste description should accurately describe the waste.

Disinfected/unused medical devices:

Disinfected medical devices should be classified as non-infectious healthcare waste. The description given of the waste must adequately describe the waste and any hazardous characteristics (even if the waste is not classed as hazardous waste). For example a disinfected device containing a nickel cadmium battery should be classified as:

16 02 13 discarded equipment containing hazardous components other than those mentioned in 16 02 09 to 16 02 12. (hazard: corrosive (H8))

The waste description must accurately describe the waste. Other classifications may apply to

disinfected electrical devices.

For disposal please refer to the Medical Devices Policy (found on NHS BWD website) or contact the Estates Department on 01254 282000.

Waste Electrical and Electronic Equipment Directive (WEEE) (2007)

This covers a wide range of products. Within the scope of this policy this directive is mentioned in relation to medical devices electrical and electronic equipment (MDEEE). Manufacturers will define which MDEEE should be excluded from the scope of the WEEE regulations because of its intended use and because there is a high possibility that infectious substances will be present in the internal parts of the equipment at the end of life. These devices cannot be safely and effectively decontaminated. All such infected medical devices will be treated as hazardous waste.

Ten categories of WEEE:

- large household appliances
- small household appliances
- IT and telecommunications equipment
- consumer equipment
- lighting equipment
- electrical and electronic tools (with the exception of large scale stationary industrial tools)
- toys, leisure and sports equipment
- medical devices (with the exception of implanted and infected products)
- monitoring and control instruments
- automatic dispensers

For advice on disposal please contact the Estates Department on 01254 282000

Accident and Incident reporting

Adverse incidents and accidents, including near misses, relating to segregation, handling, transport or collection of waste should be reported as per the trusts incident reporting policy. All incidents will be properly investigated as per grading to prevent reoccurrence and to facilitate lessons learnt to be cascaded to all staff. Consequent root cause analyses relating to incidents will be monitored at the Patients Safety Group (for PSU) – minutes of this group go to the Integrated Governance Committee whose responsibility will be to ensure that the appropriate corrective actions have been taken. The Corporate Governance Committee will monitor incidents for commissioned services.

Audit responsibilities:

Waste auditing is a legal requirement, and not just best practice. Waste audits play an essential role in demonstrating compliance with regulatory standards. The memorandum *Safe management of healthcare waste* recommends undertaking audits prior to developing or updating waste management procedures. Regular audits are also recommended to enable line managers to monitor the effectiveness of waste segregation and minimisation initiatives.

Benefits of audit:

- identifying and rectifying areas of non-compliance
- looking at the bigger picture i.e. total waste management
- identifying areas for improvement
- encouraging staff ownership and involvement
- gaining active staff participation

Audit types and frequency:

to assess the effectiveness of segregation procedures the audit should involve the observation, recording and classification of each waste item as it is placed in a receptacle. This type of audit will be performed on an annual basis by the Infection Control team, the Fire, Health and Safety Manager and the Site manager.

Additional observation or 'spot checks' of waste receptacles will be undertaken quarterly to further reinforce the audit process, and identify local training requirements. These audits will be carried out by the Building/Site manager and a member of the clinical services working within that area (see appendix for the waste audit tool).

To facilitate the implementation of this policy it is also recommended that team leaders of provider services audit their own areas on a two monthly basis e.g. the team leader for treatment room services will audit waste management within their treatment rooms, podiatry leads will audit waste management within podiatry clinics.

Transfer notes/consignment documentation

The trust, its employees and service partners have a duty to ensure all waste is being disposed of legally. A duty of care is imposed on all those who import, produce, carry, keep, treat and dispose of controlled waste or have control of such waste. All those to whom the Duty applies must:

- prevent waste from escaping from its assigned holding space/container
- ensure that waste is transferred only to an authorised person or to a person who is authorised for transport purposes
- transfer a written description with the inclusion of the relevant EWC code along with the waste, sufficient to enable others to avoid committing an offence (transfer note). This is required for each collection of waste.

A consignment note is required that accurately describes the type of waste produced. If the waste produced does not change in description only one a year is required. ELPCT as the trust who manages the contract for NHS BWD and the Estates Department for NHS BWD should hold both transfer notes and consignment notes for GP surgeries and clinics within NHS BWD. All waste transfer notes (that are required for each collection of waste) from all sites/ services must be held by the site manager and monitored by the estates department. Waste transfer notes must be kept for a minimum of two years.

Any healthcare premise that produces in excess of 200kg of hazardous waste per year will need to be registered with the Environment Agency as a hazardous waste producer. Different postcodes need to register.

Until effective segregation in place consign all waste as infectious/hazardous and put in yellow bags for incineration.

Documentation:

Controlled Waste Transfer Note (CWTN)

Each premise is allocated a unique premise registration code to be used on all consignments of hazardous waste. The registration number must be provided to any contractor who carries/disposes of hazardous waste on behalf of PSU prior to waste movements taking place. Hazardous waste must be consigned to suitably authorised carrier/disposer.

Producer completes consignment note filling in relevant sections including:

- premise registration code
- consignment number

This waste is collected and a hazardous waste paperwork trail is generated.

The dispenser of the waste is obliged to provide;

- a monthly report to the producer detailing the waste disposed of
- a quarterly return to the Environment Agency detailing all the hazardous waste disposal activity in the quarter

Consignment paperwork (hazardous waste – provided by SRCL) must contain:

- the producer site full address
- the disposal site/transfer site full address
- the premises registration code (unless exempt)
- the consignment number for waste
- the description of the waste
- the waste producing activity
- the EWC codes for waste
- the weight of the waste
- the container type and numbers on the consignment
- UN packaging information (UN numbers for waste, packaging group, shipping name for waste)

The paperwork consists of a 3 part set:

- A) Consignors copy (to be retained on site for 3 years)
- B) Carriers copy (to be retained by the carrier for 2 years)
- C) Consignees copy (to be retained on site for the lifetime of the site)

The producer should complete sections A&B.

Section A identifies:

1. name and address of consigner
2. location to which the waste will be taken

3. the producer registration code
4. the consignment number
5. the date of movement of the waste
6. the name of the person completing on behalf of the company
7. the telephone number of the company
8. the name of the waste producer if different from number 1

Section B identifies:

1. waste description
2. EWC code
3. physical form (liquid, powder, sludge, solid, mixed)
4. total quantity
5. chemical/biological components that make waste hazardous
6. hazard code
7. process giving rise to waste
8. UN code for waste
9. packaging group
10. shipping name
11. ADR class

Section C:

Completed by the driver at the time of collection certifying that the waste collected matches the consignment and that the details in A&B are correct

The Carriers certificate requires:

- the carriers registration number
- the vehicle registration number

Section D:

The Consigners certificate is completed by the consignors representative certifying that the details in B&C are correct and that the carrier is registered.

The receiving site will complete section E to certify that the waste has been received at a properly licensed disposal point for that type of waste.

The receiving site will send a copy or report to the producer of the waste received to complete the cycle of waste transfer

Tagging system for waste sent for high temperature incineration or waste which is not segregated for autoclave treatment:

No tag	Hazardous by infection EWC Code 18 01 03 Incineration only
Blue tag	Non hazardous EWC Codes 18 01 04
Purple tag	Haz EWC Codes 18 01 06, 18 01 08 Incineration only
Red tag	Non hazardous

	EWC Codes 18 01 01 18 01 02 18 01 07 18 01 09 Incineration only
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Tagging system for 18 01 03 waste segregated for autoclave treatment

Orange tag	Haz by infection EWC Code 18 01 03 autoclave
Blue tag	Non hazardous EWC Code 18 01 04
Purple tag	Hazardous EWC Codes 18 01 06, 18 01 08 Incineration only
Red tag	Non hazardous EWC Codes 18 01 01 18 01 02 18 01 07 18 01 09 Incineration only

Training and competence

Staff who generate waste need to be made aware that they are personally responsible for complying with agreed local procedures and this policy will form the basis for staff training and awareness. All healthcare staff must be made aware of the procedures contained in this policy.

Training will include workshop and formal seminars for senior staff and Infection Prevention and Control Link Practitioners, and hands-on training in the work place for smaller groups. The Link Practitioners for Infection Prevention and Control will provide the 'hands on' training within their services with support from the Infection Prevention and Control Team and Learning and Development.

As part of the education process all training will include :

- information and an explanation of all aspects of the waste management policy
- information on the role and responsibilities of each health care staff member in implementing the policy
- technical instructions relevant to the target group on the application of waste management practices

Training Procedures :

training procedures will be written in a way which is easily understood by those who need to follow them i.e. designed to match different levels of training, knowledge and experience of

individuals (and their job role). All training records will be maintained by the Learning and development department.

Under Health and Safety at Work Legislation, the Management of Health and Safety at Work Regulations and Controls of Substances Hazardous to Health Regulations (COSHH), it is a requirement that staff are given information to :

- the risks to their health and safety (that is the details of the substances hazardous to health that they are likely to be exposed to)
- the significant findings of any risk assessment
- any precautions necessary
- the results of any monitoring carried out
- the collective results of any relevant health surveillance

Local (service specific) Induction training :

As part of any induction programme all staff involved in handling healthcare waste should be given training, information and instruction in :

- the risks associated with health care waste, its segregation, handling, storage and collection
- personal hygiene
- any procedures that apply to their particular type of work
- procedures for dealing with spillages and accidents
- the appropriate use of protective clothing

This will be done within the local induction programme for new starters by the Link Practitioners for Infection Prevention and Control within their services with support from the Infection Prevention and Control Team and Learning and Development.

6. IMPLEMENTATION, COMPLIANCE, TRAINING

Implementation plan	Evidence of completion	Responsibility & time scale
Implementation of policy to ensure staff can make an informed choice when handling/segregating waste	Audit data fed back to appropriate committees – Infection Control Committee, PSU Integrated Governance Committee, Estates Strategy Group, Corporate Governance Committee	The governance department (NHS BWD) have the responsibility for cascading the policy
Include recommendations of policy in local induction, infection control induction and mandatory annual update training	Training records maintained by the Infection Control Team and forwarded to Learning and Development Department	The Infection Prevention and Control team have the responsibility of ensuring all staff are trained in waste management
Audit clinical areas to ensure policy is available to all staff – annual rolling programme		Annual audit programme
Audit clinical practice to ensure policy is incorporated into everyday clinical practice		Quarterly self audit by Building managers and a member of a clinical service sited within the building/annual audit by the Infection Control Team, Fire, Health & Safety Manager and Building manager Root cause analysis reviewed at Patient Safety Group (PSU)

7. MONITORING, REVIEW, ARCHIVING

7.1 Monitoring

Information relating to this policy is recorded in a database run by the Governance team.

7.2 Review

The Database Administrator will ensure this document is reviewed in accordance with the Review Date.

Where staff become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, they should advise the Sponsoring Director as soon as possible, via line management arrangements. The Sponsoring Director will then consider the need to review the procedural document outside of the agreed timescale.

7.3 Store and Equality Impact Assessment

This document will be held on the Trust Website as a PDF document and on the Trust's Database as a Microsoft Word document. This document has been assessed for its impact on Equality and Diversity.

7.4 Archiving

The Governance Department and Database Administrator will ensure that archived copies of superseded policy documents are retained in accordance with Records Management NHS Code of Practice 2006.

For Further advice please contact:

Infection Prevention and Control Team – Tel. No. 01254 201123

Estates Department – Tel. No. 01254 282000

Appendix A – Waste Description Table

The table below denotes the EWC codes most commonly used in healthcare. However there are other codes that will also be used to describe other wastes. The household waste stream is only included in the context of providing healthcare – it is beyond the scope of this policy to include issues such as recycling of paper etc.

EWC Code	Description of waste
18 01 XX	Waste from natal care, diagnosis, treatment or prevention of disease In humans
18 01 01	Sharps except 18 01 03*
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of dangerous substances
18 01 07	Chemicals other than those listed in 18 01 06*
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08*
18 01 10*	Amalgam waste from dental care

*Denotes Hazardous Waste list entries

Average bin weights (SRCL)

Waste receptacle	Average weight (kgs)
Community sharps bin	0.5
5 litre sharps bin	1.0
7 litre sharps bin	1.0
11 litre sharps bin	2.0
22 litre sharps bin	5
Clinical waste bag	2.5
30 litre sealed unit	10
60 litre sealed unit	15
360 litre wheeled bin	25
820 litre wheeled bin	55

Appendix B – Community Wound Care Waste Assessment Chart for Nursing Teams

The following assessment is based on the Delphi process of identifying wound infection in six different wound types (European wound management association 2005)

Signs and symptoms of infection	Probability of wound being infected	Disposal route
Presence of erythema/cellulitis	high	Orange bag/infectious waste stream
Presence of pus/abscess or wound is producing an increased purulent exudate	high	Orange bag/infectious waste stream
Pungent smell to wound	high	Orange bag/infectious waste stream
Increased pain to wound	high	Orange bag/infectious waste stream
Is the patient on current antibiotic treatment for infection in the wound?	If yes, high	Orange bag/infectious waste stream
Presence of abnormal amount of blood	high	Orange bag/infectious waste stream
Is the wound not healing as it should, or as healing been delayed?	If yes to either, medium	Orange bag/infectious waste stream
Are you thinking of swabbing for infection?	If yes, medium	Orange bag/infectious waste stream
Has there been an increase in skin temperature?	If yes, medium/high	Orange bag/infectious waste stream

This is not an exhaustive list of signs and symptoms of wound infection and different types of wound will present differently.

Appendix C – Letter for patient/carer in the Domiciliary setting

Wording of letter to be given to Patient/Carer in Domiciliary setting

Dear Patient/Carer

The Health Care Professional providing the care within your home is responsible for ensuring that any clinical waste generated, as a result of your care, is disposed of in accordance with legal requirements.

In order to comply with these requirements, arrangements will be made for the collection of your clinical waste by a properly registered company. You will have a role to play in ensuring that this happens, by making sure that you keep the clinical waste separate from other waste and by keeping it in a secure location until it is collected by the specialist company. You have agreed to comply with this request. The company will contact you by telephone to talk about the time and day of collection.

If you require any clarification or further advice you should contact the Health Care Professional in the first instance.

Signed..... (Patient/Carer)

Date/...../.....

Appendix D – Patient leaflet

Waste Disposal for Patients/Relatives & Carers

How to dispose of clinical waste in the home environment:

A clinical waste collection may be arranged if you are receiving regular visits from the community nursing services. This service is for disposing of the waste generated by the healthcare professional. Other items must not be placed in the waste bag. If this waste is to be stored at your home ready for collection please make sure that it is stored in a safe place away from children, pets, animals and vulnerable adults. Please also ensure that the bag is closed securely so as to ensure that no waste spillage occurs. If a spillage does occur then clean up immediately and wash hands straight afterwards. The waste is usually picked up either weekly or two weekly depending on the amount produced, but if there is an excessive amount then please contact the clinician in charge of your care (they should provide you with a contact number) or the Infection Control Team (Tel. No. 01254 201123).

Sharps use in the home environment:

Needles, syringes and lancets used by patients in their own home must be disposed of on a sharps container immediately after use. The bin must be BS 7320 approved. These can be prescribed by your General Practitioner (GP) or the healthcare professional responsible for your care. The label on the bin must be filled in by the person assembling, closing and disposing of the bin. The temporary closure should be in place when the bin is not in use. Sharps containers must be stored in a safe place out of the reach of children and vulnerable people.

How to dispose of sharps bins in the home environment:

Sharps **must not** be disposed of in the domestic waste stream. Sharps containers can be returned to the GP surgery for safe disposal.

Hand washing:

Remember, if you are handling waste then it is important to wash your hands immediately once you have finished. Hand washing is the single most important method of reducing the spread of infection. After handling waste it is important to wash your hands with soap and water as they are likely to have become soiled during the process.

When washing your hands ensure that the soap and water comes into contact with all surfaces of the hands and rinse thoroughly before drying on a clean towel. Washing your hands incorrectly e.g. quickly rinsing, not using soap, insufficient rubbing of the hands does not remove all the bacteria present and may put you or the person you are caring for at risk.

Further information:

If you would like more information regarding anything in this leaflet or any other aspect of infection prevention and control, please contact either the Infection Control Department (Tel. No. 01254 201123) or the clinician responsible for your care.

**Appendix E - EAST LANCASHIRE PRIMARY CARE TRUST
REQUEST FOR DOMICILLIARY WASTE COLLECTIONS**

Details of the Health care Professional making the request:

Name :

Designation :

Base (address) :

Telephone Number :

Fax Number :

e-mail :

Date of request :

Details of the patient requiring the service:

Name :

Address :

Post Code :

Telephone Number :

Approximate quantity (i.e. number of bags) per week

Commencement date :

Category of clinical waste: Sharps General Cytotoxic

Office use only :

Name of Waste Contractor :

Date contacted :

Reference :

Date of request to cancel service :

Name of Health Care Professional requesting cancellation :

Date cancelled :

Reference :

Please note that it is the responsibility of the Health Care Professional to notify the Facilities Department at Accrington Victoria Community Hospital in advance of the service commencement date. It is advisable to always confirm that the request has been received by contacting the Facilities Department on telephone number 01254 359038.

This form can be faxed to the Facilities Department on : 01254 294638

This form can be e-mailed to the Facilities department at :
facilities.AVH@eastlacspt.nhs.uk

You are advised to retain a copy of this form for your records in the patients' notes

Appendix F – Community nursing services standard operational procedure for safe management healthcare waste

Sharps:

Type of waste	Disposal method
Sharps not contaminated with cytotoxic or cytostatic medicinal products and disposable metal instruments	Yellow bodied Yellow top Yellow label
Sharps contaminated with cytotoxic or cytostatic medicinal products	Yellow bodied Purple lid Purple label
Near patient testing such as INR, BM, monitoring etc Non medicinal contaminated sharps – lancets, scalpel blades, phlebotomy syringes	Yellow body Orange top Orange label

NB sharps waste must be disposed of as one unit

General waste:

Type of waste	Disposal method
Continence (not UTI or gut infection), nappy and non-infectious clinical waste Dressing with no wound infection Plasters Soiled paper couch roll Empty catheter bags Empty stoma bags	Offensive waste collection - yellow and black striped bag
Medically assessed as infectious waste (including heavily blood soiled dressings or from infected wounds Any soiled waste from a patient in isolation in bedded areas Any waste item soiled with infected body fluid – i.e. continence pad with known UTI or gut infection	Infectious waste collection - orange bag
Household waste (including paper towels, gloves etc)	Household waste - Black bag
Anatomical waste	Clinical waste – UN approved rigid container

Dental waste:

Type of waste	Disposal of waste
Amalgam waste	White bodied White top White label

Domestic waste:

Type of waste	Disposal of waste
Paper towels Packaging Used spacers/inhalers if patient not infectious	Black bag

Recycling waste:

Type of waste	Disposal of waste
Cardboard (EWC 20 01 01)	Can be disposed of through normal municipal waste streams. Flatten at source ready for collection.
Glass (non-contaminated) Plastic Tins Cans paper	Disposed as normal municipal waste

Other waste:

Type of waste	Disposal of waste
Fluorescent tubes	Sites should inform the estates department if a fluorescent tube requires replacement. defective tubes will be replaced by the appropriate personnel and the tube disposed of as per estates policy
Aerosols	Any aerosols should be treated in the same manner as domestic waste
plastic	Any plastic should be treated in the same manner as domestic waste unless specific recycling facilities are available
Aluminium and tin cans	Any plastic should be treated in the same manner as domestic waste unless specific recycling facilities are available

Appendix G Waste Risk Assessment

All health care waste must be assessed for its medicinal, chemical, infectious and offensive properties.

- Step 1 Determine if the waste is health care waste
- Step 2 Assess for the medicinal waste properties of the clinical waste
- expired, unused, spilt and contaminated medicinal products
 - discarded items with contaminated medicinal residues (boxes or bottles, gloves, masks, connecting tubing, syringe bodies, drug vials)
 - secretions, excretions or other body fluids containing residual medicines
 - anatomical waste containing residual medicines
 - determine if the waste contains cytotoxic/cytostatic medicinal waste – if the properties can't be determined it must be classified as cytotoxic/cytostatic
- Step 3 Assess the chemical waste properties of a clinical waste.
- does the waste contain chemicals that are dangerous substances? – assign as hazardous waste.
- Step 4 Assess for the infectious waste properties of the clinical waste.
- does the waste arise from a patient known or suspected to have a disease/infection caused by a micro-organisms or toxin?
 - is the waste a sharp?
 - is the waste an anatomical waste?
- Step 5 Assess the waste for offensive properties and segregate if appropriate
- Step 6 Document disposal method

APPENDIX H - ANNUAL/QUARTERLY WASTE AUDIT

DATE / TIME _____ SITE _____
 AUDIT UNDERTAKEN BY _____
 RESULTS SENT TO _____

Standard: waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

Code: Green indicates the standard is achieved,
Orange requires attention within 3 months
Red requires attention within one month

Waste audit			
Please tick appropriate box			
1. The organisation has comprehensive procedures/policy for the disposal of waste			
2. Organisational structures are in place to ensure distribution, compliance and monitoring of waste procedures			
3. There is evidence that the waste contractor is registered with a valid licence (check records)			
4. Clinical waste is disposed of and transported in UN approved appropriate sharps containers or clinical waste bags			
5. All waste streams are designated by the appropriate European Waste Catalogue Code			
6. Staff have attended a training session which includes the correct handling and safe disposal of clinical waste			
7. Staff are aware of waste segregation procedures (randomly question a member of staff)			
8. Clinical waste bags are labelled			
9. Waste disposal chart is available to ensure correct handling/segregation			
10. The waste bags are replaced when $\frac{3}{4}$ full to prevent any potential waste leakage.			
11. Waste awaiting collection is stored in a secure area away from the general public			
12. All waste is collected on a regular basis			
13. All waste bins are foot operated, lidded and in good working order			
14. All waste bins are visibly clean – externally and internally			
15. Waste bags are removed from clinical areas daily			
16. There is no emptying of clinical waste from one bag to another			
17. All clinical waste containers are kept secured and are inaccessible to the public			
18. The clinical waste containers are clean			

19. When there is a dedicated area for safe storage of clinical waste (outside compound) it is under cover from the elements and free from pests and vermin and the area is locked and inaccessible to the public and animals			
20. There is no storage of inappropriate items in the waste compound			
21. The waste compound is kept clean and tidy			
22. The healthcare waste management policy is accessible to all staff			
23. Staff are aware of the procedure for reporting incidents/accidents			
24. Staff are aware of the procedure for reporting inoculation injuries and the required procedure for treatment			

Overall scoring

Potential total

Percentage

Date of next audit

Annual/Quarterly Audit of Waste

Audit summary report

Date			
Location			
Compliance rating			
Audit Tool			
Areas of non-compliance	Target date for review	Action taken	signed

APPENDIX I - PROVIDER SERVICE WASTE AUDIT FOR CLINICAL AREAS

DATE / TIME _____ SITE _____
 AUDIT UNDERTAKEN BY _____
 RESULTS SENT TO _____

Standard: waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

Code: Green indicates the standard is achieved,
Orange requires attention within 3 months
Red requires attention within one month

Waste audit			
Please tick appropriate box			
25. Clinical waste is disposed of and transported in UN approved appropriate sharps containers or clinical waste bags			
26. All waste streams are designated by the appropriate European Waste Catalogue Code			
27. Staff have attended a training session which includes the correct handling and safe disposal of clinical waste			
28. Staff are aware of waste segregation procedures (randomly question a member of staff)			
29. Clinical waste bags are labelled			
30. Waste disposal chart is available to ensure correct handling/segregation			
31. The waste bags are replaced when ¾ full to prevent any potential waste leakage.			
32. All waste bins are foot operated, lidded and in good working order			
33. All waste bins are visibly clean – externally and internally			
34. Waste bags are removed from clinical areas daily			
35. There is no emptying of clinical waste from one bag to another			
36. Staff are aware of the procedure for reporting incidents/accidents			
37. Staff are aware of the procedure for reporting inoculation injuries and the required procedure for treatment			

Overall scoring

Potential total

Percentage

Date of next audit

Figure 4 Colour coding key to segregation system







Colour	Description
	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
	Waste which may be "treated" Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs) . However this waste may also be disposed of by incineration.
	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
	Offensive/hygiene waste* Indicative treatment/disposal required is landfill in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.
	Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
	Amalgam waste For recovery

Figure 5 Waste packaging and colour-coding (continued)


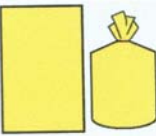


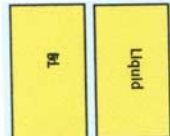
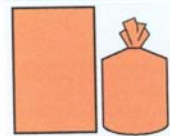
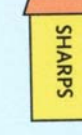



Waste receptacle	Waste types	Example contents	Indicative treatment/ disposal
	Sharps contaminated with cytotoxic and cytostatic medicinal products ¹	Sharps used to administer cytotoxic products	Incineration
	Infectious and other waste requiring incineration including anatomical waste, diagnostic specimens, reagent or test vials, and kits containing chemicals	Anatomical waste from theatres	Incineration
 Receptacle must be UN-approved for liquids	Partially discharged sharps not contaminated with cyto products ¹	Syringe body with residue medicinal product	Incineration
	Medicines in original packaging	Waste in original packaging with original closures	Incineration
	Medicines NOT in original packaging	Waste tablets not in foil pack or bottle	Hazardous waste incineration
	Infectious waste, potentially infectious waste and autoclaved laboratory waste	Soiled dressings	Licensed/permitted treatment facility
	(i) Sharps not contaminated with medicinal products ² Or (ii) Fully discharged sharps contaminated with medicinal products other than cytotoxic and cytostatic medicines	Sharps from phlebotomy	Suitably authorised incineration or alternative treatment facility ¹
	Offensive/hygiene waste	Human hygiene waste and non-infectious disposable equipment, bedding and plaster casts	Deep landfill

Figure 5 Waste packaging and colour-coding (continued)

Waste receptacle	Waste types	Example contents	Indicative treatment/ disposal
 Black bag or clear bag is acceptable	Domestic waste	General refuse, ³ including confectionery products, flowers, etc	Landfill
	Amalgam waste	Dental amalgam waste	Recovery

Notes:

1. The authorisation type and content for alternative treatments in Northern Ireland, Scotland, England and Wales may differ. Not all facilities are authorised to process the waste from (ii). It is therefore important that the waste description specifically indicates the presence or absence of the waste type identified in (ii).

Important: It is not acceptable practice to intentionally discharge syringes etc containing residual medicines in order to dispose of them in the “fully discharged” sharps receptacle. Partially discharged syringes contaminated with residual medicines should be disposed of in the yellow- or purple-lidded sharps receptacle shown above.

2. The requirements for packaging are significantly affected by the presence of medicinal waste and the quantity of liquid present in the container. See paragraphs 8.13–8.20 for further information.
3. General refuse is that waste remaining once recyclates (that is, paper, cardboard) have been removed. The range of permissible packaging is discussed in Chapter 8

Figure 6 Waste segregation chart

