

Waste Management Policy

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To be read in conjunction with	Environmental Policy (WWM04) Policy & Procedure for Handling of Medical Equipment (WWM07)

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SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

All WellWell Medical Ltd employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/ adult concern;
- appropriate advice and support is accessed either from managers, Safeguarding Ambassadors or the WellWell Medical Ltd safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- keeping contemporaneous records are at all times and record keeping is in strict adherence to WellWell Medical Ltd policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- discussing any record and safeguarding issues between staff and their managers that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

WellWell Medical Ltd recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy / maternity and marriage / civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The company believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

WellWell Medical Ltd also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

WellWell Medical Ltd is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FRED A principles of Fairness, Respect, Equality Dignity, and Autonomy.

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PURPOSE AND RATIONALE

1.1 Purpose – The purpose of this Policy is to establish and implement the key sustainable waste management principles and commitments of the company.

These are as follows:

- To prevent and promote the minimisation of waste generated from company activities.
- To increase the recycling, reuse and recovery of waste.
- To minimise the adverse environmental impact from the generation of waste through its safe management and disposal.
- To reduce unnecessary costs associated with the disposal of waste by encouraging more sustainable resource use, better segregation of waste streams, utilising advances in technology and maximising favourable contracting arrangements.
- As a minimum to ensure compliance with all relevant waste management legislation and maintain an effective risk management regime.
- To comply with all other requirements and guidance of relevance to the health care sector.
- 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.
- To provide staff with adequate and regular training to meet the requirements of this Policy and its associated procedures.

1.2 Rationale – This Policy encompasses the statutory responsibilities of the company as producers and consignors of waste and is intended to provide the framework for the establishment of procedures, based on current best practice, to ensure the safe handling, segregation, storage, transport and disposal of waste from all company premises.

1.3 WellWell Medical Ltd has a duty under the Environmental Protection Act 1990 to ensure that all waste generated through its activities is responsibly management from ‘cradle to grave’. As a producer of ‘healthcare waste’ the company has statutory duties under the following legislation:

- The Medical Devices Regulations MDR 2002;
- The Hazardous Waste (England and Wales) Regulations 2005

The Hazardous Waste (England and Wales) (Amendment)

Regulations 2009;

- The Lists of Waste (England) Regulations 2005;
- The Health and Social Care Act 2012: Code of Practice on the prevention and control of infections and related guidance;
- The Waste Electrical and Electronic Equipment Regulations 2013 (the ‘WEEE’ Regulations);
- The Waste (England and Wales) Regulations 2011;
- The Waste (England and Wales) (Amendment) Regulations 2014.

This Policy has also been written with reference to the updated Department of Health Guidance 'Safe Management of Healthcare Waste HTM07-01' (July 2013)

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The aims and objectives of this Waste Management policy are as follows:

- Correct categorisation of waste and classification in accordance with European Waste Catalogue (EWC) Codes;
- Procedures for the appropriate and safe segregation, handling, storage, transportation and final disposal of waste;
- Disposal of waste in an environmentally responsible and cost effective manner;
- Minimisation of environmental risk and management of spillages;
- Improved levels of recycling and reuse;
- Increased staff awareness of the environmental impact of waste.

3 SCOPE

3.1 This Policy applies to all staff, contractors and agency workers who work on premises owned or controlled by the company, and all waste produced as a result of the company's activities and services.

3.2 Wastes arising from healthcare activities can include clinical waste (which may be hazardous or non-hazardous); offensive / hygiene waste; mixed municipal waste; infectious clinical waste; hazardous non-clinical waste (e.g., dental amalgam); recyclable waste (e.g., cardboard, paper etc.), inert waste (e.g., construction / demolition waste); food and other organic waste.

The procedures which support the implementation of this Policy are included in Section 6 and the Appendices A-H.

4 PRINCIPLES

4.1 The Policy has been developed with the intention of providing a clear definition of responsibilities in relation to waste management. Improved use of resources and the correct segregation, recycling and disposal of waste will ensure the Trust complies with environmental legislation and guidance whilst reducing its impact on the environment.

4.2 The outcomes of the defined standards and requirements of this policy will

be:

- Compliance with relevant legislation and other guidance relevant to the management of healthcare waste;
- Continual improvement in the management of waste as indicated through the results of waste audits and increased recycling and recovery processes;
- Energy (and carbon) reductions;
- Pollution prevention control and effective management of risk;

- Improved awareness and knowledge in waste management best practice.

5 DUTIES

5.1 Executive Committee – The Managing Director has overall responsibility for ensuring compliance with all statutory regulations and guidance related to waste management. This responsibility can be devolved to Directors, Heads of Departments and Managers. The Executive Committee has a duty to ensure a management regime is in place to effectively manage waste legislation requirements.

5.2 Lead Executive Director – the lead Executive Director for this policy (Executive Director of Communications & Corporate Governance) has strategic responsibility for ensuring sufficient resources are made available for the company to achieve its waste management obligations.

5.3 Policy Lead – the Policy Lead (Environmental Manager) has operational responsibility for the effective management of the company's waste in accordance with this Policy. Particular responsibilities include:

- Waste and recycling contract management (including ensuring that contractors meet current legislative requirements) and Duty of Care is sustained;

Dissemination of information to staff with regard to best practice and legislation updates;

- Reviewing the Waste Management Policy in line with changes in legislation and guidelines, in liaison with the Infection Control Team and other stakeholders;

- Ensuring suitable procedures exist relating to waste handling and disposal;

- Managing the conduct of waste audits;

- Coordinating the maintenance and retention of all statutory documentation;

- Waste performance reporting (inclusive of waste financial performance, quarterly KPI reports, annual reports and ERIC returns);

- Facilitating company compliance with this Policy.

5.4 Head of Procurement – The Head of Procurement is responsible for the tendering process leading to the award of contracts for the disposal of waste; for adjusting contracts and services as wards and departments close and new ones open; and for identifying alternative means of disposal which represent best economical value.

5.5 Directors / Services Managers / Leads – 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. They are responsible for making staff aware of this Policy and any subsequent updates to it and ensuring staff understand its implications.

They are responsible for informing the Environmental Manager and the Head of Procurement of the closure of wards or departments or opening of new units that require waste collection services.

5.6 Infection Prevention and Control Department – It is the responsibility of the Infection Prevention and Control Department to provide advice to Managers and staff on matters relating to infection prevention and control with regard to the handling of waste.

5.7 Ward Managers / Modern Matrons / Heads of Department – are responsible for all operational waste management issues within their departments, in particular, for ensuring that all waste within their area of remit is segregated, stored and disposed of in accordance with the Policy, and that all statutory documentation is completed and held in accordance with current legislation. It is also their responsibility to notify the identified

Policy Lead / Maintenance Contractor / Transport Department of any items of hazardous waste (including electrical items) for which separate disposal has to be arranged. It is vital that all sites use the company approved contractors for the disposal of all wastes in order to ensure that

the company is meeting its legal obligations. Information on approved contractors is available from the Estates and Facilities Department.

5.8 Estates Officers / Estates Business Partners / Maintenance Contractor / North Mersey Health Informatics Service Officers – it is their responsibility to ensure that all contractors / sub-contractors working on company premises are made aware of the company's Waste Management

Policy and work within the terms of its requirements via the local induction process.

5.9 All Staff – are responsible for complying with the requirements of this Policy (and its associated procedures) and for ensuring that the company satisfies its legal obligations with respect to the management and disposal of waste, in so far as it relates to matters within their sphere of responsibility. All staff are responsible for reporting any adverse incidents or 'near misses' associated with the management of waste in accordance with the company's adverse incident reporting procedure.

6 CLASSIFICATION OF WASTE

6.1 The term 'hazardous waste' is used in England, Wales and Northern Ireland to describe waste with hazardous characteristics in line with the List of Wastes Regulations 2005, which transpose the European Waste Catalogue (EWC) into domestic legislation and provide codes for the movement of all hazardous and non-hazardous wastes.

6.2 Under the Hazardous Waste Regulations (Amendment) 2009 'hazardous waste' is waste that has hazardous properties that may make it harmful to human health or the environment. Such wastes are harmful to human health or to the environment either immediately or over an extended period of time. Since the Trust produces hazardous waste it has a 'duty of care' to make sure it is disposed of properly. This includes keeping hazardous wastes separate from all other wastes and not mixing different types of hazardous waste. The movement and ultimate disposal of hazardous wastes is controlled through the issue of 'hazardous waste consignment notes' (section 7.2.3).

6.3 Hazardous wastes produced by the company include:

- Electrical equipment containing hazardous components
- Sharps instruments , Drills, Guide Wires containing hazardous components
- Medical devices

6.4 A table of the different properties of waste that makes it hazardous (the Hazard Groups) is set out in Appendix C.

6.5 In order to ascertain whether a particular chemical is hazardous waste, staff should refer, in the first instance, to the COSHH sheet or Safety Data Sheet relating to it.

6.6 Infectious waste (H9 on the Hazardous waste table) is defined by the Hazardous Waste Regulations (Amendment) 2009 as, “substances containing viable micro-organism or their toxins which are know or reliably believed to cause disease in man or other living organisms”.

6.7 Clinical waste is defined under the Controlled Waste Regulations 2012 (issued under the Environmental Protection Act 1990) as:

“Any waste which consists wholly or partly of human or animal tissue, blood or other body 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”.

Clinical waste can be divided into three broad groups of materials:

- Any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property H9 Infectious);
- Certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, H10 to H15);
- Medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.

The relationship between the definition of clinical waste and hazardous waste definitions is summarised in the table in Appendix D. The key principle is that clinical waste is equivalent to hazardous waste with only two possible exceptions:

- Segregated non-cytotoxic and non-cytostatic medicines or separate fractions of out-patient returned medicines;
- Clinical waste from municipal sources that are not in any way directly or indirectly associated with healthcare.

6.8 Cytotoxic and Cytostatic Medicines are medicinal products possessing one or more of the above stated hazardous properties. Only these medicines are classified as hazardous waste. This is a waste which is hazardous 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), blister packs, tots. This includes inhalers, medicinal aerosols (some of which are flammable).

6.9 Pharmaceutical waste this is waste which is non-hazardous e.g., medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), blister packs, tots. This includes inhalers, medicinal aerosols (some of which are flammable).

6.10 Non-infectious / unused sharps to consider classifying any such items as non-infectious, sufficient information about the individual source patient should be known to conclude that there is no risk of infection and that the waste is not clinical waste.

For example, if policy or practice (including those of waste contractors) includes any prophylaxis as a result of needle-stick injuries with these items, a risk of infection has clearly been identified and consequently this material must be classified as infectious. The WellWell Medical Ltd Domestic Waste Contractor collects the waste in compaction wagons and any waste entering is subject to deformation which will disrupt packaged items. The waste does not go directly to landfill and their contents are disgorged then sorted by hand at a materials recovery facility (MRF) to remove recyclables. Any sharps, however packaged initially, increase the risk of needle-stick injury to personnel due to their potential disruption. For the health and wellbeing of the Trust's Waste Contractor, as they would not have the ability to differentiate between hazardous and non-hazardous sharps, all non-infectious or unused sharps must be disposed of in the sharps boxes and taken away by the WellWell Medical Ltd Clinical Waste Contractor.

6.11 Domestic waste (black / clear / paper sacks) this waste is similar in nature and composition to waste generated in the home. Domestic waste must not contain any infectious materials, sharps or medicinal products.

The Company's domestic waste is collected by a contractor who undertakes the sorting and separate of the waste for recycling at a transfer station; the residue goes for energy recovery and / or disposal by landfill in a licensed site.

6.12 Confidential waste is any information or combination of information about an individual that identifies them and is defined by the Data Protection Act 1998. This can be in many forms such as patient records, contract information and budgetary information.

All confidential waste paper must be shredded to British Code of Practice (BS EN15713) either on site or passed to a secure and specialist contractor for shredding. This means that paper is cross-shredded to an agreed size of between 12mm and 4mm width.

6.13 Offensive / Hygiene waste is healthcare waste or similar waste from municipal sources, which meets the following criteria:

- It is not clinical waste;
- It is not dangerous for carriage;
- The producer has identified, after segregation at source, that it is suitable for disposal at a non-hazardous landfill site without further treatment;
- It may cause offence to those coming into contact with it. Offensive / hygiene waste includes waste previously described as 'human hygiene waste' and 'sanpro waste'. Potentially offensive / hygiene waste may include:
 - incontinence and other waste produced from human hygiene;
 - sanitary waste;
 - disposable medical items and equipment that does not pose a risk of infection, including PPE (items that are not clinical waste).

Waste items from healthcare activities must have been assessment for medicinal, chemical and infectious properties to confirm that they are not clinical waste before offensive properties can be considered.

6.14 Waste Electrical and Electronic Equipment (WEEE) the disposal of all waste electrical and electronic equipment (including fridges, fluorescent tubes, computer monitors, televisions) is governed by the WEEE Regulations 2013. These require the Trust to separately collect, appropriately store and recycle all electrical goods through a licenced contractor. Electrical goods are defined as items with a plug, battery or that can carry an electrical current. Many items of WEEE will be classed as hazardous if they have hazardous components (e.g., fridges, fluorescent tubes).

6.15 Waste Medical Devices

Infected / Used Medical Devices are medical devices that have been in contact with infectious bodily fluids and have been assessed to be infectious. They should be classified and disposed of 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. Disinfected / Unused Medical Devices should be classified as non-infectious healthcare waste. A description of the waste is required even if the waste is not classed as hazardous waste.

6.16 Bone Waste Streams

Bone is classified a hazardous waste and includes bone grafts in any form and materials contaminated with blood. Bone waste must be collected by suitably licensed or permitted waste management contract whereby the waste undergoes a infectious diseases process prior to final disposal. Bone contaminated with blood are also classified as hazardous waste. Bone separation devices must be used to ensure waste is removed from the waste contamination. The bone separator should meet the BS ISO criteria and CE marked to meet CQC Regulation 15 Premises and Equipment. Bone must be disposed of into a white lidded container.

Orthopaedics practitioners must ensure that all waste is treated appropriately, and bone containing blood should be segregated and sent for appropriate recovery/disposal. Bone extracted teeth must be collected and disposed of separately in a suitable container provided by the waste collection company. Waste radiographic and fixer developer solutions are classified as hazardous and must be collected by a suitably licensed company or waste facility for material recovery and/or incineration.

7 SUPPORTING PROCEDURES FOR WASTE MANAGEMENT

7.1 Waste Segregation, Storage and Handling

7.1.1 Waste segregation at the point of production into suitable colour-coded containers is vital for good waste management and for complying with Health and Safety, Carriage and Waste Regulations. The prohibition in law of the mixing of certain categories of waste means that the colour coding of waste streams by the Trust, as shown in Appendix A, is required to meet legal requirements.

7.1.2 All containers must be labelled to identify the waste types within them to ensure appropriate onward management; in addition the label needs to identify the producer.

7.1.3 All bags and plastic containers used for the disposal of hazardous waste must have the appropriate UN3291 clinical waste markings.

7.1.4 Packaging for clinical items is not classified as clinical waste and must not be disposed of into clinical or offensive waste bags or sharps boxes under any circumstances. Sharp bins are to be used for sharps only and must not contain clinical waste, gloves or any other non-sharp items.

7.1.5 The location of waste bins, sharps boxes and internal waste storage areas, as well as the extent of PPE required by staff, should be based on local risk assessments. Adequate supplies of appropriate waste bags, containers and PPE must be provided on each site and in each treatment area. Stock levels must be monitored by staff using the equipment.

7.1.6 Waste receptacles should be placed as close to the point of waste production as possible. Waste bags must be removed from bins and correctly sealed for collection when two thirds full or sooner if necessary. Waste bags that cannot be collected immediately must be stored in a designated waste storage area while awaiting collection. Storage areas should be secure and inaccessible to the public and service users.

Unsecured hazardous waste (clinical waste) must not be placed in corridors, passageways or areas to which the general public or service users have access to. Heavy duty bin lids should be kept closed and locked at all times. Bins should never be overfilled. Bins should be kept clean and tidy at all times. Cleaning of clinical waste bins is carried once per year by the waste contractor. Staff should arrange additional cleaning of bins if and when required.

7.1.7 Prior to removal to the storage area, clinical and offensive waste bags must be tied and tagged. The locally held Clinical Waste Tag Book must be completed each time a tag is used and tags must be used in sequential order. Clinical Waste Tag Books must be kept for a minimum of 3 years as this is a legal document. Sharps boxes, Cytotoxic / Cytostatic and Pharmaceutical bins must be permanently closed with the labels fully completed on assembly and when closing off. Waste bags should be carried by the neck only, away from the body and sharps boxes by the handle only. Clinical waste tags are available from the Facilities Administration Department.

7.1.8 Appropriate PPE should be worn by staff handling waste (subject to local risk assessment), as a minimum this should be disposable gloves.

7.1.9 All staff working in clinical areas are offered immunisation against Tetanus and Hepatitis by the company's Occupational Health Department, in compliance with Department of Health Guidelines.

All waste awaiting collection must be stored in a suitable area that is locked and inaccessible to the public and service users. The area must also be solely designated for waste, clean, well ventilated and free from insects and rodent infestation. The storage area must be clearly labelled and identified as storing clinical waste. Clinical waste must be segregated from other wastes within the compound and stored inside lockable bins.

All bins within the area / compound must be kept locked at all times. Sharps boxes must be kept in a separate bin or suitable approved container.

7.1.10 If waste is to be transported around the site, it must remain secure and inaccessible to the public and service users at all times.

To prevent contamination, trolleys / vehicles used for transportation should not be used for any other purpose. Such containers should be cleaned at regular intervals and be completely sealed and leak-proof.

7.1.11 Waste should not be moved between sites by unauthorised persons. For the transport of waste by Community Healthcare professionals see section 7.8. If waste needs to be moved between sites advice should be sought from the Environmental Manager prior to the movement of waste to ensure legal guidelines are met.

7.1.12 Non-clinical hazardous wastes (e.g., fridges, fluorescent tubes, monitors, paints, solvents etc.) should be securely stored under cover awaiting disposal. The Transport Department or Maintenance Contractor should be contacted to arrange disposal of such items.

7.2 Transfer Notes, Waste Documentation and Record Keeping.

7.2.1 The Waste (England and Wales) (Amendment) Regulations 2014 replace the requirements set out in the Environmental Protection (Duty of Care) Regulations 1990. The new Regulations require that when controlled waste is transferred a written description of the waste (the 'transfer note') must be completed and contain specified information. Additionally, from 1st October 2011, whenever waste is passed on to someone else, it will need a declaration on the waste transfer note (or 'consignment note' for hazardous waste) that the waste management hierarchy has been applied. This means that disposal options for the waste must have been considered in the priority order of waste prevention, preparation for reuse, recycling, other recovery (e.g., energy recovery) and finally disposal (e.g., by landfill).

7.2.2 Controlled Waste Transfer Notes – the Trust has an obligation to ensure that the Controlled Waste Transfer Note (required for all non-hazardous waste) contained the following information:

- Description of the waste (including the EWC Code – see Appendices A and B)
- Quantity of waste
- Trust and site details
- Waste contractor details including waste carriers registration number
- Details of intended destination site for waste disposal.

The transferor and recipient must both sign and keep a copy of the note. An annual waste transfer note may be used to cover all movements of regular transfer of the same type of non-hazardous waste. For all waste documentation that is held locally it is a legal requirement that copies of waste transfer notes are retained by all parties for a minimum of two years. A hard copy or electronic copy is acceptable.

7.2.3 Hazardous Waste Consignment Notes – the Trust has a legal obligation to ensure that hazardous waste consignment notes are completed and retained whenever hazardous waste is transported off site.

The consignment notes must contain the following information and all sections must be completed before the note is signed:

Part A – Notification Details:

- Consignment note number / code
- Name and address of the site where the waste is being created
- Name and address of the waste producer (if different from the site details)
- Premises code (Hazardous Waste Registration Number – if the site produces more than 5000kg per annum)

Part B – Description of the Waste:

- Process giving rise to the waste

- SIC code for the process giving rise to the waste
- Description of the waste; European Waste Catalogue Code (EWC);

Quantity; Chemical / Biological components of the waste; Physical form of waste; Hazard code; Container type, number and size

- EWC Code; Packing group; UN identification number; Proper shipping name; UN classes; Special handling requirements.

Part C – Carrier’s Certificate

- Carrier (Driver) name
- Company Name and address details
- Carrier registration number / reason for exemption
- Vehicle registration number
- Carrier’s signage, time and date.

Part D – Consignor’s Certificate

- Consignor (staff member handing over the waste) name
- Company name and address details
- Consignor’s signature, time and date.

Part E – Consignee’s Certificate

Part E will be completed at the disposal site by the company receiving the waste (‘Consignee’). Once completed Part E must be returned to the WellWell Medical Ltd in the form of a copy of the original paperwork with Part E filled out or an electronic return from the Consignee. Most disposal companies issue hazardous waste Producer Returns quarterly.

Upon receipt the Hazardous Waste Consignment Note (with completed Part E) and / or the Hazardous Waste Producer Return must be filed and retained for a minimum of three years. A hard copy or electronic copy is acceptable. A sample completed Hazardous Waste Consignment Note is set out in Appendix E.

7.2.4 Hazardous Waste Premises Notification – under the Hazardous Waste Regulations 2009, sites which produce more than 5000kg of hazardous waste per annum, must register with the Environment Agency to obtain a Hazardous Waste Premises Code. This code must be stated on all Hazardous Consignment Notes or provided to waste contractors when disposing of hazardous waste.

Note: although premises producing under the 500kg threshold are exempt from the premises notification requirement, all other legislative requirements, including consignment notes for each collection continue to apply.

7.3 Spillages

7.3.1 General Bagged Waste – the main risk is that arising from cross contamination / infection. In the event of a burst bag or spillage, appropriate PPE that is consistent with the risk must be worn. The waste items should be placed into a new bag of the appropriate colour (same as original bag) and double bagged if necessary.

7.3.2 Clinical Waste – all spillages of clinical waste must be cleared without by the member of staff responsible for the spillage. PPE must be worn and the items collected and re-bagged into a new clinical waste sack, double bagging if necessary. Before clearing the waste, a visual inspection must be made to check for the presence of sharps. If found the guidance on sharps spillage must be followed before the other waste is collected.

7.3.3 Sharps Boxes – all spillages of sharps waste must be cleared without delay and not left unattended. Suitable PPE must be worn, and the items collected and placed into a new sharps box. Under no circumstances should sharps be picked up with bare hands. Spilled sharps items should be collected using an extension grab or a pair of large tweezers, if deemed safe to do so. For large spillages or spillage within the external waste bins, specialist removal should be arranged. Split or damaged sharps boxes with sharps still inside, must be placed into a larger sharps box or rigid clinical waste container before disposal.

7.3.4 Mercury – (if mercury equipment is still in use within the company in items such as sphygmomanometers, blood pressure meters/ monitors/ gauges or thermometers) Mercury waste must not be discharged to the public sewer. Mercury Spillage Kits should be made available to all areas that use mercury products or items of equipment that contain mercury. The spillage kit should be used to collect any significant quantity of free mercury for recycling. A written procedure for dealing with mercury spillages should be readily available to staff in the areas of use. Under no circumstances should a vacuum cleaner be used to clean up mercury, as this will vent mercury vapour into the atmosphere.

The main risk is by skin absorption on contact with mercury and by inhalation of mercury vapour, which may slowly vaporise into the air from exposed surfaces. This risk is increased in hot, confined areas.

Mercury readily combines with other metals to form ‘amalgams’, which in turn emit mercury vapour, and from which mercury may be absorbed by skin contact. Prevent contact with jewellery (e.g., rings) and with any metal equipment, which is difficult to decontaminate.

7.3.5 Other Chemicals – the essential steps are:

- review information on the COSHH assessment or the manufacturer’s material safety data sheet;
- only tackle the spillage if it is safe to do so and you have the necessary equipment to hand;
- contain the spillage to prevent further spread;
- prevent exposure of other persons in the vicinity;
- absorb and dispose of, using an appropriate spillage kit, as quickly as possible;
- decontaminate the area and return it to normal use;
- suitable contingency procedures (including the provision of spillage

kits) to deal with foreseeable spillages of harmful chemicals should be devised by the users, and included with the COSHH assessment of health risks associated with that chemical or process.

7.3.6 Blood or Bodily Fluid Spillages – refer to the Trust’s Infection Prevention and Control Policy (IC01).

7.4 Adverse Incident Reporting

7.4.1 All major spillages, accidents, incidents and near misses involving waste should be reported through the Trust’s Reporting, Management and Review of Adverse Incidents, as set out in Trust’s Policy SA03.

7.5 Recycling

7.5.1 The Trust employs a commingled waste collection and recycling contractor across its sites. This will mean that recyclable waste (e.g., plastics, glass, paper, cardboard etc.) is segregated from general waste for recycling at a sorting station following collection by the contractor. All such waste will not need to be placed into separate containers by staff, but placed within the general waste containers / black bags.

7.5.2 Office paper – in order to preserve the quality of the paper for recycling, this should be collected by way of dedicated office waste paper recycling bins containing clear plastic sacks. Once full sacks should be tied and placed in with the normal general waste container for the recycling contractor to separate out at the sorting station.

7.5.3 Cardboard - should be flattened and dry before being placed in the general waste containers. All other recyclable items should be rinsed out and dry before being placed into waste bins.

7.5.4 Confidential waste – this will continue to go through the specified route and cannot be disposed of in the general waste containers. See Appendix A for more details.

7.5.5 All recyclable hazardous waste (e.g., toner cartridges, fluorescent tubes, WEEE) will continue to go through the specified route and cannot be disposed of in the general waste containers. See Appendix A for more details.

7.6 Training

7.6.1 Due to the extent and nature of waste produced by the Trust, it is important that all staff receive appropriate training on the handling, segregation, transportation, storage and disposal of all waste produced.

7.6.2 Every member of staff involved in the production, handling and disposal of waste has a responsibility to ensure that they are aware of the contents of this procedure.

7.6.3 Initial training on the Hazardous Waste Regulations, segregation, handling and storage of waste will be provided to nominated staff as part of the Corporate Induction process and / or corporate mandatory training.

7.6.4 Following the initial training, specific training relating to the job function should also be provided by the line manager at local induction. Any training received should be formally recorded. Guidance for Managers on Local Induction Training for Waste Management can be found in Appendix G.

7.7 Healthcare Waste in the Community

7.7.1 Community healthcare can take many forms and occurs in various environments. It includes activities undertaken by all healthcare workers who provide services outside of the hospital too, for example, service users in their own homes and householders who are self-medicating.

7.7.2 Community healthcare workers, as producers of healthcare waste and specifically infectious waste, are required to comply with waste regulations including the Hazardous Waste Regulations 2009, and therefore need to ensure that waste is segregated, described, classified and disposed of appropriately.

7.7.3 Healthcare workers working in the community, and in the household environment, need to assess the waste they are producing for the hazardous properties it may contain, most notably 'infectious'. The assessment of infectious waste can be applied using a risk assessment approach to reduce unnecessary disposal costs (both financial and environmental). This should be based on professional assessment, clinical signs and symptoms and any prior knowledge of the service users.

7.7.4 Where the assessment has identified that the dressing is not infectious, the following should be considered:

- Contaminated dressings from a wound assessed by the healthcare worker as non-infectious can be treated as non-hazardous and should be contained and disposed of in the offensive / hygiene stream.

- Mixed domestic waste does contain small numbers of plasters, small dressing and incontinence products. Where the healthcare worker produces the same or similar items, these (subject to the following considerations) can be placed in the domestic waste stream, with the householder's permission. The following considerations apply:

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

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

- o Packaging – where such waste is placed in domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange, as the waste is not deemed to be infectious. Thin opaque plastic bags (e.g., bin liners) are appropriate.

7.7.5 Healthcare workers will produce the waste types listed below and require the following colour coded containers for segregation:

- Yellow sharps container;
- Yellow / black bags for offensive waste (tiger bags);
- Orange bags for infectious waste;
- Purple lidded container for hazardous cytostatic / cytotoxic waste;

- Blue lidded container for non-hazardous pharmaceutical waste;
- Black or clear bags for domestic waste.

7.7.6 Waste generated by Healthcare Worker

7.7.7 Where waste is generated by a healthcare worker for people in their own homes, the healthcare worker is responsible for ensuring that the waste is managed correctly. This forms part of their 'duty-of-care' obligations under waste legislation.

7.7.8 It is not always practical for healthcare workers to carry many different types of packaging with them. Therefore, healthcare workers should be supplied with the most appropriate packages to meet their needs. Where possible, this should be determined prior to insitu treatment based on the pre-visit assessment and service user records.

7.7.9 Managers need to ensure that arrangements are in place to ensure that waste is packaged and labelled correctly and transported for appropriate treatment and disposal. In general there are two options:

7.7.10 Option 1 – collection from the premises / householder

- Provided the householder consents, the healthcare worker producing the waste can leave it in the home for later collection by an appropriate organisation (e.g., the Local Authority). If the householder declines to give consent, the healthcare worker cannot legally leave the waste.
- The Trust and their employees have responsibility for the waste while it is being stored awaiting collection and for arranging that collection. While awaiting collections from the householder's home, the waste should be stored in a suitable place to which children, pets, pests etc. do not have access. It is not appropriate to leave the waste unsupervised on the pavement awaiting collection.
- Waste should be packaged and labelled appropriately and adequate instructions should be given in relation to safe pre-collection storage. The householder should be provided with the correct containers / packaging to ensure correct disposal.
- The party collecting the waste should be provided with the information required under the 'duty of care' requirements.
- A consignment notes is not required for the movement of hazardous waste from a domestic premises.

7.7.11 Option 2 – healthcare worker transports waste

- Provided they have a suitable vehicle and have received relevant training, the healthcare worker producing the waste can transport the infectious or offensive waste from the home back to their base where waste collection and disposal arrangement are in place.

Where healthcare workers are transporting waste in their own vehicles, this should be transported in suitable UN approved rigid packaging, for example containers or drums. Reusable transport containers must be cleaned with detergents wipes upon emptying.

- Clinical waste sacks must not be transported in a vehicle, unless placed within a rigid UN approved container (bio-bins are disposable UN approved rigid containers).

- Sharps bins are UN approved rigid containers for the transportation of waste and therefore do not require any further packaging when fully closed. Sharps containers which are closed temporarily should be placed into an additional approved outer package.

- o For the purpose of transportation sharps boxes should be:

- o Placed in the boot of the vehicle;

- o Kept upright and secured using a vehicle hook;

- o Moved with the aperture in full closure mode, or;

- o Moved within an additional UN approved box if closure is temporary;

- o Kept out of sight and locked when the vehicle is left unattended.

- Normally, the carriage of any quantity of clinical waste requires the carrier (e.g., healthcare worker) to fit a 2kg fire extinguisher irrespective of the quantity of waste.

7.7.12 If infectious or hazardous waste is produced within a community environment that cannot be removed by the healthcare worker in a safe manner, contact the Infection Prevention and Control Department for advice.

8 DEVELOPMENT AND CONSULTATION

8.1 The following staff / groups were consulted with in the development of this policy document:

- (a) Estates and Facilities Department

- (b) Infection Prevention and Control Committee.

9 MONITORING OF COMPLIANCE AND EFFECTIVENESS

9.1 The monitoring of compliance with, and the effectiveness of, the Company's Waste Management Policy, will be achieved through the programme of annual, systematic and documented internal and external audits in accordance with the 'duty-of-care' regulations. Updates and actions from audits will be fed back to Site Managers, Ward/Clinical Managers and also via IPCC meetings.

9.2 Waste Audits

9.2.1 Under the 'Duty of Care' legislation, the Trust as a waste producer has a cradle to grave responsibility for the control, management and ultimate disposal of its waste. Waste audits need to be undertaken to ensure that waste is being correctly segregated and disposed of.

9.2.2 Waste audits will be conducted by the Environmental Manager in conjunction with other departments / colleagues as appropriate.

Departments / Service Units will also be required to undertake selfassessment using a specific audit tool. An audit tool guidance sheet for this purpose is set out in Appendix F. Completed sheets should be returned to the Environmental Manager.

9.2.3 Clinical Waste Pre-acceptance Audits – the Environment Agency has imposed a legal requirement within the terms of Environmental Permits for clinical waste disposal sites to ensure that producers carry out audits of their waste before it can be accepted. These are known as 'preacceptance audits'.

Any site producing over 5,000kg of clinical (hazardous) waste is required to undertake an audit annually. If the individual sites produce less than 5,000kg of clinical (hazardous) waste per annum, then they are audited every 5 years and the deadline for the first audit depends on the type of site. Any new site that requires clinical waste disposal must also be audited when first opened.

9.2.4 Internal Clinical Waste Audits are carried out on a yearly basis by the Environmental Manager and reported through the Infection Control Committee. Improvement Plans are required to be completed and implemented by the individual sites within set timescales.

10 REFERENCES

10.1 External Documents:

Department of Health 'Health Technical Memorandum 07-01: Safe Management of Healthcare Waste' (July 2013)

BS EN15713:2009 Secure Destruction of Confidential Material – Code of Practice

Environment Agency Hazardous Waste Technical Guidance Note WM2, 3rd Edition 2013

DEFRA Guidance for Dentists on Waste Dental Amalgam, 2005







10.2 Internal Documents:





WellWell Medical Ltd 'Infection Prevention and Control Policy (WWM08)

WASTE DISPOSAL STREAM TABLE

Appendix A

WASTE DISPOSAL STREAM TABLE

Examples:	Container Examples
<p>DOMESTIC/ GENERAL WASTE</p> <p>Waste similar to that produced in the home environment, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> clean packaging and wrappings <input checked="" type="checkbox"/> food and associated packaging <input checked="" type="checkbox"/> flowers <input checked="" type="checkbox"/> paper towels <input checked="" type="checkbox"/> packaging from medication <input checked="" type="checkbox"/> out of date dressings / bandages 	<p>EWC Code: 20 03 01</p>  <p>Domestic / general waste may be collected in black or clear plastic sacks or brown paper sacks depending on location.</p>
<p>OFFENSIVE WASTE (including sanitary / nappy waste) </p> <p>Waste that has been produced from the treatment of non-infectious patients and are contaminated with bodily fluids, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> personal protective equipment (gloves, masks, aprons) – non-infectious <input checked="" type="checkbox"/> wipes, dressings, plasters, bandages (non-infectious) <input checked="" type="checkbox"/> incontinence waste (non-infectious) <input checked="" type="checkbox"/> empty saline or glucose IV bags and tubing (no active medicines added) – non-infectious <input checked="" type="checkbox"/> soiled sanitary towels and tampons from public and work based female toilets <input checked="" type="checkbox"/> nappies from baby changing areas <input checked="" type="checkbox"/> colostomy bags 	<p>EWC Code: 18 01 04 and 20 01 99</p>  <p>Yellow bag with black stripe(s)</p> <p>THIS WASTE MUST BE TAGGED BEFORE DISPOSAL</p> <p>This waste stream can be disposed of to landfill, but may also be sent for energy from waste.</p>
<p>INFECTIOUS CLINICAL WASTE</p> <p>Waste that has been produced from the treatment of infectious patients, those suspected of having an infection and are contaminated with bodily fluids, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> personal protective equipment (gloves, masks, aprons) <input checked="" type="checkbox"/> wipes, dressings, plasters and bandages <input checked="" type="checkbox"/> incontinence waste <input checked="" type="checkbox"/> empty saline or glucose IV bags and tubing (no active medicines added) – infectious 	<p>EWC Code: 18 01 03*</p>  <p>UN approved orange bag</p> <p>THIS WASTE MUST BE TAGGED BEFORE DISPOSAL</p> <p>This waste stream is usually disposed of by alternative treatment methods, but may also be incinerated.</p>
<p>SHARPS</p> <p>Sharps waste that has been used in the treatment of infectious and potentially infectious patients and may have also been used for the administration of medicines or chemicals, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> needles and syringes – medicine contaminated <input checked="" type="checkbox"/> blades – medicine contaminated <input checked="" type="checkbox"/> scissors – medicine contaminated <input checked="" type="checkbox"/> other disposal instruments – medicine contaminated 	<p>EWC Code: 18 01 03* and 18 01 09</p>  <p>THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY. SHARPS BOXES MUST BE DISPOSED OF AFTER 3 MONTHS FROM ASSEMBLY DATE</p> <p>This waste stream must be disposed of by incineration.</p>
<p>CYTOTOXIC/STATIC WASTE</p> <p>Waste that has been used in the treatment of infectious patients and those suspected of having an infection, and may also have been used for the administration of cytotoxic and cytostatic medicines, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> needles and syringes – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> blades – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> scissors – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> IV bags, lines and tubing that have cytotoxic/static medicines added <input checked="" type="checkbox"/> unused, part used and out of date cytotoxic/static medicines 	<p>EWC Code: 18 01 03* and 18 01 08*</p>  <p>THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY</p> <p>This waste stream must be disposed of by incineration.</p>

PHARMACY & MEDICINE WASTE		EWC Code: 18 01 09	
<p>Non-cytotoxic/ cytostatic waste medicines, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> unused, part used and out of date tablets, creams, liquid dose medicines and patches <input checked="" type="checkbox"/> tablets in containers <input checked="" type="checkbox"/> blister packs <input checked="" type="checkbox"/> unopened medicine vials <input checked="" type="checkbox"/> liquids in bottles <input checked="" type="checkbox"/> inhaler cartridges <input checked="" type="checkbox"/> droplet bottles with pipettes 		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration.		
AMALGAM WASTE		EWC Code: 18 01 10*	
<p>Amalgam waste to be placed in dedicated white rigid containers which have a mercury suppressant</p>		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	Specialist recovery required.		
HAZARDOUS WASTE (chemical or highly infectious)		EWC Code: 18 01 02 and 18 01 03*	
<p>The Trust produces no highly infectious waste contaminated with Category A pathogens (18 01 02) and only small amounts of hazardous chemical waste (18 01 03*).</p>		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration and requires special arrangement prior to disposal.		
RADIOACTIVE WASTE		EWC Code: 18 01 03* and 18 01 02* (if infectious)	
<p>Healthcare waste contaminated with radioactive material, UN number will depend on isotope. Radioactivity takes precedence for transport class when above the lower threshold.</p>		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration at a facility subject to Radioactive Substances Act (RSA)		

Other Wastes by Type

<p>Alcohol Hand gels / sanitisers / creams</p>	<p>Alcohol hand gels / sanitisers / creams that do not contain siloxanes (which cause significant damage to plant and equipment used in the sewage treatment process) and whose safety data sheet (SDS) does not prohibit discharge to the sewer may be rinsed out and the packaging recycled or placed into the municipal waste stream. Note: Waste chemicals should never be placed in any clinical, offensive or mixed municipal waste stream. Disposal of out of date / unused alcohol hand gels / sanitisers / creams that do contain siloxanes should be placed in a UN approved yellow sealed unit and consigned as 18 01 06 (flammable liquid).</p>	<p>Recycled EWC code: 20 03 01 Incineration EWC code: 18 01 06 (Flammable liquid)</p>
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<p>Contaminated Medical Devices</p>	<p>Secure Packaging appropriate to device Contact Infection Prevention and Control Department for advice regarding decontaminating medical devices e.g. sphygmomanometers, suction machines. After decontamination contact the Company's Maintenance Contractor to arrange for specialist disposal. Declaration of Contamination Status certificate must be completed and attached</p>	<p>Landfill or Incineration depending on hazardous properties EWC Code: Depends on nature of device</p>
<p>Electrical & Electronic Equipment</p>	<p>All Electrical and Electronic Equipment including: Any item with a plug, battery or that can carry an electrical current, e.g. Fridges; Fluorescent Tubes; Ovens; Heaters All items must be disposed of in accordance with the Waste Electrical & Electronic Equipment Regulations</p>	<p>Recycling / Recovery</p>

	<p>2013 A completed Waste Disposal Request Form should be attached to all items. Fluorescent tubes are exchanged and disposed of by MITIE - contact 0151 471 2206 to arrange</p> <p>Bulky electrical items (e.g. fridges / ovens) follow the procedure as for 'furniture' (above) to arrange for collection and disposal</p>	
Cardboard	<p>All cardboard packing should be flattened, kept dry and placed within the general waste containers on site as part of the commingled waste collection and removal from site for recycling</p>	<p>Recycling EWC code: 20 01 01</p>
Office Paper	<p>Non-confidential paper waste should be placed within dedicated office waste paper recycling bins in plastic sacks. When full the sacks should be tied and placed in the general waste containers for collection and recycling by the commingled waste contractor</p>	<p>Recycling EWC code: 20 01 01</p>
Confidential Paper	<p>All confidential waste paper must be shredded to British Code of Practice (BS EN 15713:2009) either on site or in the dedicated confidential waste consoles for collection by the company specialist confidential waste contractor.</p> <p>WellWell Medical Ltd Northampton HQ – contact Kenny Houghton (kejvi.xhemali@wellwellmedical.com or 01604 714 222) to arrange collection with budget code, number of sacks and location to arrange for the logistics to collect</p> <p>To set up a new contract or cancel an existing confidential waste contract, please contact: Harriet Gega , Environmental Manager on 01604 714 222 email: Harriet.Gega@wellwellmedical.com</p>	
IT Equipment	<p>IT equipment is classified as hazardous waste under the Waste Electrical & Electronic Equipment (WEEE) Regulations. Contact the</p>	<p>Recycling EWC code: 16 02 13* 16 02 14</p>

	Desktop Service Team Engineers through the IT Service Desk (x. 10604 714222) to arrange collection.	
Mobile Phones	Mobile phones are classed as hazardous wastes and need to be disposed of through the correct routes. Contact the Voice & Data Team on 01604714 222 to arrange disposal.	Recycling EWC code: 16 02 13*
Toner Cartridges	The company operates a company wide toner cartridge recycling scheme whereby the cartridges are returned to either Office Depot or HP when new supplies are delivered. Collection boxes are available to order from Office Depot, HP websites. Contact the customer service for further information	
Solvents / Thinners	Solvents and containers which previously contained solvents are hazardous wastes and need to be stored in enclosed containers, prior to collection by a licensed contractor. Contact the Environmental Manager to arrange a collection.	Recovery / Hazardous waste landfill EWC code: 14 06 02* 14 06 03*
Other Chemicals	information on correct disposal and an indication of its hazardous status. Contact the Environmental Manager to arrange for appropriate disposal of hazardous chemicals through the Company's main waste contractor	













Appendix B

**EUROPEAN WASTE CATALOGUE (EWC) CODES FOR COMMON
HEALTHCARE WASTE TYPES
(to be shown on waste transfer and hazardous consignment notes)
(* indicates hazardous waste)**

EWC code	Description of code
09	Wastes from the photographic industry
09 01	Wastes from the photographic industry
09 01 01*	Water-based developer and activator solutions
09 01 02*	Water-based offset plate developer solutions
09 01 03*	Solvent-based developer solutions
09 01 04*	Fixer solutions
09 01 05*	Bleach solutions and bleach fixer solutions
09 01 06*	Wastes containing silver from on-site treatment of photographic waste
09 01 07	Photographic film and paper containing silver or silver compounds
09 01 08	Photographic film and paper free of silver or silver compounds
18	Wastes from human and animal health care and/or related research (except kitchen and restaurant wastes not arising from immediate health care)
18 01	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
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 or containing 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
20	Municipal wastes (household waste and similar commercial, industrial and institutional wastes) including separately collected fractions
20 01	Separately collected fractions (except 15 01)
20 01 31*	Cytotoxic and cytostatic medicines
20 01 32	Medicines other than those mentioned in 20 01 31*
20 01 99	Other fractions not otherwise specified (used for offensive waste)

Appendix C

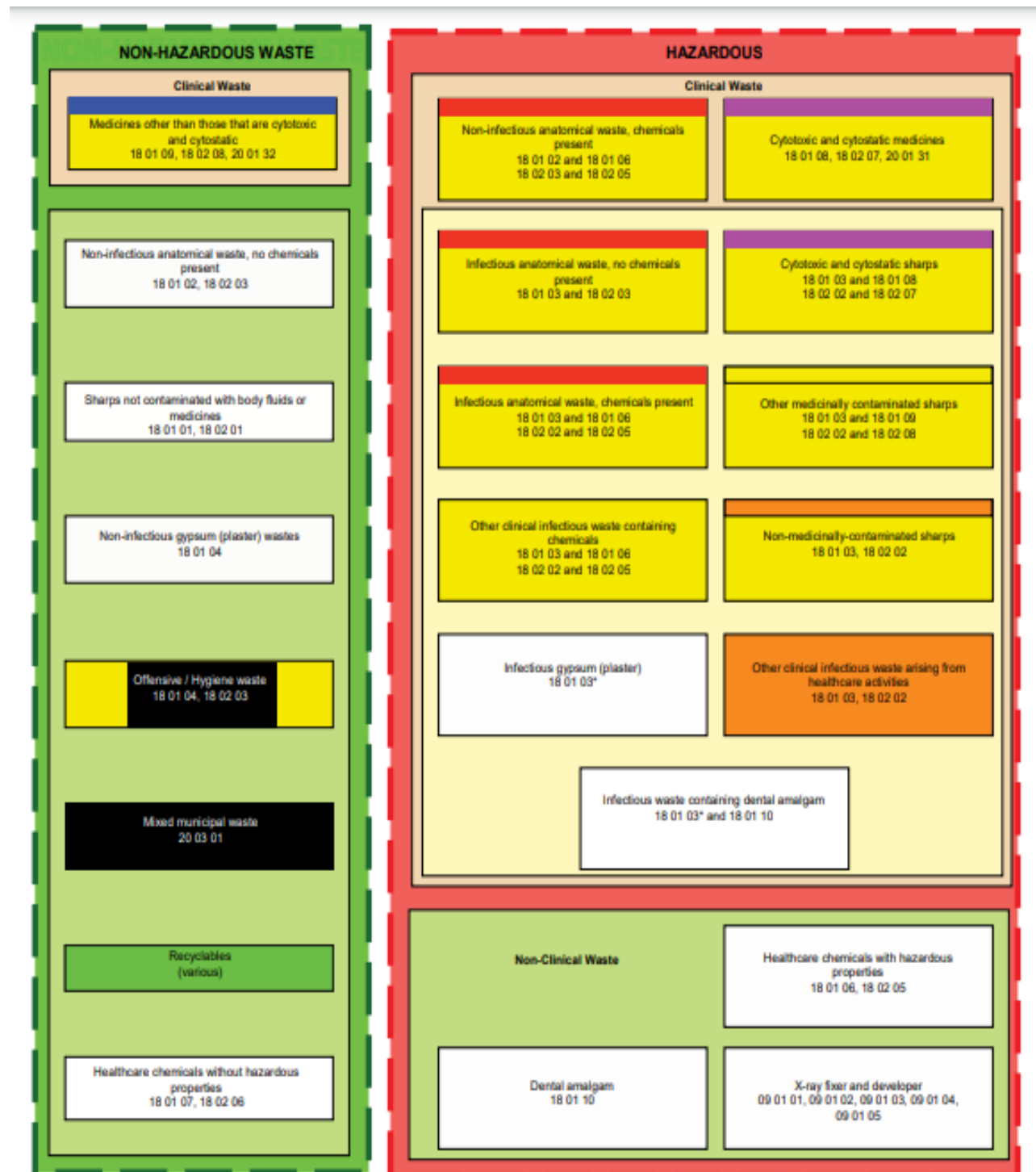
HAZRD GROUPS WICH IDENTIFYS WAST AS HAZARDOUS

Hazard Group	Hazard Symbol	Description
H1		Explosive – Substances and preparations which may explode under the effect of flame or which are more sensitive to shocks or friction than dinitrobenzene
H2		Oxidising – Substances and preparations which exhibit highly exothermic reactions when in contact with other substances, particularly flammable substances
H3A		Highly flammable
H3B		Flammable – Liquid substances and preparations having a flashpoint equal to or greater than 21°C and less than or equal to 55°C
H4		Irritant – Non-corrosive substances and preparations which, through immediate, prolonged or repeated contact with the skin or mucous membrane, can cause inflammation
H5		Harmful – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin or mucous membrane, can cause inflammation
H6		Toxic – Substances and preparations (including very toxic substances and 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
H7		Carcinogenic – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce cancer or increase its incidence
H8		Corrosive – Substances and preparations which may destroy living tissue on contact
H9		Infectious – Substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms
H10		Toxic for reproduction – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may produce or increase the incidence of non-heritable adverse effects in the progeny and / or of make or female reproduction functions or capacity
H11		Mutagenic – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce hereditary genetic defects or increase their incidence
H12		Substances and preparations which release toxic or very toxic gases in contact with water, air or an acid
H13		Substances and preparations capable by any means, after disposal, of yielding another substances e.g., leachate, which possesses any of the characteristics listed above
H14		Ecotoxic – Substances and preparations which present or may present immediate or delayed risks for one or more sectors of the environment

Appendix D

RELATION BETWEEN HAZARDOUS AND CLINICAL WASTE

DEFINITIONS



Appendix E

SAMPLE OF HAZARDOUS WASTE CONSIGNMENT NOTE

PART A Notification Details						
1. Consignment note code: ABC123/AB001			3. Premises code: ABC123			
2. The waste described below is to be removed from (name, address, postcode, telephone, e-mail & fax): The General Practice, High Street, New Town, The Shire, XX12 3YY Tel 0123 456789, anypractice@mail.com			4. The waste will be taken to (address and postcode): The Transfer Station, Low Street, Old Town, The Shire YY12 4XX			
			5. The waste producer was (if different from 1) (name, address, postcode, telephone, e-mail & fax)			
PART B Description of waste						
1. The process giving rise to the waste(s) was: Dental healthcare. 2. SIC for the process giving rise to the waste: 85						
3. WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified).						
Description of waste	EWC code	Qty (kg)	The chemical/biological components of the waste, their concentrations	Physical form	Hazard code(s)	Container type, number
Cytotoxic and Cytostatic clinical waste: Mixed sharps and pharmaceutical waste for incineration only	18 01 08* 18 01 08		Sharps, syringe barrels, medicine vials and ampoules (cytotoxic and cytostatic); see attached list	mixed	H3, H6, H7, H9, H10, H11	2 × 14-litre purple-lidded sharps box
Clinical waste: Mixed sharps and pharmaceutical waste for incineration only	18 01 03* 18 01 09	10 kg	Sharps, syringe barrels, medicine vials and ampoules (not cytotoxic and cytostatic)	mixed	H3, H4, H5, H9, H14	7 × 14-litre yellow-lidded sharps box
Clinical waste: non-medicinally contaminated sharps for incineration only	18 01 03*	10 kg	Sharps contaminated with body fluids, podiatry instruments	mixed	H9	1 × 14-litre orange-lidded sharps box
Clinical waste: infectious, suitable for alternative treatment	18 01 03*	20 kg	Dressings, PPE and swabs, not contaminated with chemicals or medicines. Contains ZnO dressings	mixed	H9, H14	27 orange bags
Clinical waste: infectious, containing chemicals and pharmaceuticals	18 01 03* 18 01 09 18 01 06*	20 kg	Medicated dressings, Formaldehyde preserved specimens	mixed	H9, H7	1 yellow bag
Clinical waste: anatomical for incineration only	18 01 03*		Placenta	mixed	H9	1 × 14-litre green-lidded bin
ADR information for each EWC identified above:						
EWC code			Description for Carriage	Special handling requirements		
18 01 03*			UN 3291 Clinical waste, unspecified, n.o.s, 6.2, II	No persons in handling chain to have direct contact. Waste to be disposed of at authorised site		
etc			etc	etc		

PART C Carriers certificate		PART D Consignors/holders certificate	
<p>(If more than one carrier is used, please attach a schedule for subsequent carriers. If a schedule of carriers is attached tick here)</p> <p>I certify that I today collected the consignment and that the details in A2, A4 and B3 are correct and have been advised of any specific handling requirements:</p> <p>1. Carrier driver name (please PRINT) Tony Driver</p> <p>2. On behalf of (name, address, postcode, telephone, e-mail & fax) The Transfer Station, Low Street, Old Town, The Shire, YY12 4XX Tel: 0987 654321; email: transfer@hotmail.com</p> <p>3. Carrier's registration no/exemption reason: ABC/012345</p> <p>4. Vehicle registration no: AB07 FIL</p> <p>Signature</p>		<p>I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.</p> <p>1. Consignor/Holder name (please PRINT) Mr Sydney Note</p> <p>on behalf of</p> <p>(name, address, postcode, telephone, e-mail and fax) The General Practice, High Street, New Town, The Shire, XX12 3YY Tel 0123 456789, anypractice@mail.com</p> <p>Signature Time: 18.00 Date: 29/02/2010</p>	
PART E Consignees Certificate (where more than one waste type is collected, all of the information given below must be completed for each EWC)			
Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted/rejected	Waste Management operation (R or D code)
<p>I received this waste at the address given in A4 on</p> <p>Vehicle registration no (or mode of transport if not by road): e-mail</p> <p>Where waste is rejected please provide details:</p> <p>I certify that the waste management licence/permit/authorised exemption no(s).</p> <p>authorises the management of the waste described in B at the</p>		<p>Name: (please PRINT)</p> <p>On behalf of (name, address, postcode, tel, & fax):</p> <p>Signature:</p> <p>Date:</p> <p>Time:</p>	

Appendix F

WASTE AUDIT SELF ASSESSMENT TOOL

WASTE MANAGEMENT AUDIT			
STANDARD QUESTIONS	Yes	No	If No – state reasons
Q1	Are staff aware of the Waste Management Policy (SA22) and Procedures?		
Q2	Does the Ward / Department / Health Centre or Clinic have up to date Waste Management posters displayed?		
Q3	Do all of the waste bins have notices displayed above them or on them identifying what waste can be disposed in them?		
Q4	Are the main containers for the waste bags, sharps bins and pharmaceutical bins in a locked and secure area?		
Q5	Is the main storage area clean and tidy?		
Q6	Does the internal waste area have a hand wash basin available or in close proximity?		
Q7	Does the internal waste area have vinyl flooring and wipeable walls?		
Q8	Are the main containers for clinical and sharps waste locked?		
Q9	Is clinical waste segregated from other waste?		
Q10	Are clinical waste sacks tagged and secured before disposal?		
Q11	Is the Clinical Waste Tag Book for clinical waste tags complete and up to date? Have tags been sequentially issued?		
Q12	Have Duty of Care Transfer notes (or hazardous waste consignment notes) been completed correctly and kept on file (if held locally)?		

Appendix G**GUIDANCE FOR MANAGERS ON LOCAL INDUCTION TRAINING FOR WASTE MANAGEMENT**

The attached pro-forma must be completed with any induction documentation and placed on the staff member's personal file.

At local induction every new member of staff must be given information and guidance on the Trust's Waste Management policy and procedures. This is in addition to the training they will receive when attending induction training.

The overall aim of waste management training is to provide staff with the knowledge to dispose of waste in a safe and cost reducing manner.

The bullet points listed below should be used as a basis for informing staff members of their responsibilities when dealing with waste disposal. As a minimum staff should receive information on each of the following areas to ensure they have a holistic view of waste management. Information within these procedures will provide further guidance on each point.

- Why the Trust operates a waste management system;
- How waste should be segregated;
- The difference between hazardous, clinical and domestic type waste;
- How to dispose of waste safely;
- Labelling and assembling of sharps containers and pharmaceutical bins;
- Tagging of clinical waste bags and recording information;
- Waste documentation and filing (where this is held locally);
- What to do in the event of a spillage or sharps injury;
- Where to obtain PPE equipment;
- Where to obtain waste bags, sharps bins and pharmaceutical bins;
- Who to contact to receive further information regarding storage and collection of waste for the staff member's designated base;
- How to report an incident;
- Who to contact to arrange waste collections from the Community – Community Clinical staff only.

Appendix H

SAMPLE OF DECONTAMINATION CERTIFICATE

DECLARATION OF CONTAMINATION STATUS

Prior to Inspection, Servicing, Repair, Condemning or Return of Medical Devices and Other Equipment

Make and Description of Equipment: Model /

Serial / Batch No:

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate

A. This equipment / item has not been used or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair, condemning or transportation.

B. 1. Has this equipment / item been exposed internally or externally to hazardous materials as indicated below? **Provide further details here**

YES/NO Blood, body fluids, respired gases, infected wounds, pathogens or pathological samples:

YES/NO Other biohazards:

YES/NO Chemical or substances hazardous to health:

YES/NO Other hazards:

2. Has this equipment / item been cleaned and decontaminated as per Infection Prevention and Control Policy guidelines?

YES – Indicate the methods and materials used:

NO – If the equipment / item could not be decontaminated please indicate why:

Equipment that has not been decontaminated must not be returned / transported without the prior agreement of the Mersey Care NHS Trust Infection Prevention and Control Team, and must not be collected / transported unless written instruction is received from the Mersey Care NHS Trust Infection Prevention and Control Team.

3. Describe how the equipment / item has been packaged to ensure safe handling / transportation.

I declare that I have decontaminated the above stated equipment / item, in accordance with the Infection Prevention and Control Department and Infection Prevention and Control Policy – Decontamination of Equipment Section

Authorised signature

Unit Name

(printed)

Dept

Position

Tel No

Date

The Infection Prevention and Control Team can be contacted on 01604 714 222