WASTE MANAGEMENT POLICY

For use in: All wards & departments at WSFT
For use by: All Staff employed by WSFT
For use for: Waste Segregation & waste management***
Document Owner: WSFT Waste Committee
Status: Approved

Purpose of this Document:
Large quantities of waste and, specifically clinical waste, are produced every day from a whole range of workplaces. Unless the segregation, handling, transport and disposal are properly managed, such waste can present risks to the health and safety of staff, patients and others (persons not in the Trusts employment).

The West Suffolk NHS Foundation Trust (the Trust) is committed to ensuring the health, safety and welfare of its employees and of others who may be affected by the waste generated from the Trust’s work. The aim of the policy is to arrange for the disposal of all waste regularly, safely and in accordance with statutory requirements. This policy is for use at all sites directly managed by the Trust.

The waste disposal arrangements will be regularly reviewed. In accordance with the principles of the waste hierarchy, waste prevention/reduction is considered to be the first priority of waste management. Re-use and/or recycling initiatives will be taken where reasonably practicable in order to help protect the environment and make better use of resources. The Trust will approach the tackling of plastic pollution. Plastic being an important material in present’s economy but also a major source of pollution needs to be addressed seriously. It is England’s ambition to follow the European Strategy for Plastics in a Circular Economy (European Comission, 2018). Consequently, the Trust will be mindful of as we develop our approach to reusing and recycling.

This policy will include a “Code of Practice” (section 4) and Waste Disposal Data Sheets (Appendix B). It is this that will form the main practical guidance under which all waste should be handled and disposed of within the Trust.

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1. **Introduction**

In the 2018 HM Government Waste Strategy: “Our Waste, Our Resources: a Strategy for England” (HM Government, 2018) it is stated that a heavier financial burden for the producers of waste will be implemented following the ‘polluter pays’ principle. The waste producer has the duty to comply with the legislation in place and to protect the natural world by leaving it in a better condition for future generations. There are several new objectives proposed in this strategy, including the creation of legislation for mandatory separate food waste collections by 2023 and 75% recycling rate for packaging by 2030. The Trust will follow these principles and continually contribute for a better management of earth’s resources.

These factors make it necessary for the Trust to address this matter seriously; specifically the following legislation applies to waste generation in healthcare facilities.

1.1. **Legislation and Guidance**

**UK Statutory Instrument:**
- Hazardous Waste Regulations 2005;
- The Hazardous Waste (Miscellaneous Amendments) Regulations 2015;
- The Health and Safety At Work etc. Act 1974
- Control Of Substances Hazardous to Health (COSHH) Regulations 2002;
- Carriage of Dangerous Goods & Use of Transportable Pressure Equipment Regulations 2009;
- The Environmental Protection Act 1990 with the amendments presented in the Environmental Protection (Miscellaneous Amendments) (England and Wales) Regulations 2018, Part 2;
- The Environmental Permitting (England and Wales) Regulations 2016, SI 2016/1154 with the amendments presented in the Environmental Protection (Miscellaneous Amendments) (England and Wales) Regulations 2018, Part 3;
- The Controlled Waste (England/Wales) Regulations 2012;
- The Waste Electrical and Electronic Equipment Regulations 2013;

**European Union’s Legislation:**

**Guidance Documents:**
- Environment and Sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste;

1.2. **Waste management**

Waste management is the term given to the whole spectrum of activities that are associated with the generation, and final disposal of waste. These include:
- Waste generation;
- Handling of waste;
- Storage of waste;
- Transportation of waste;
- Final disposal.

This means that the Trust has the responsibility over the waste that it produces and therefore must manage it accordingly to the best available practices.

Healthcare organisations by their very nature generate a significant and diversified amount of waste. The waste generated must be classified according to the List of Wastes (England) Regulations 2005 (Department for Environmental, Food and Rural Affairs, 2005) and managed accordingly. It is also best practice to adopt a colour code system in order to ease all the management processes. The following policy and procedure aims to address these issues and every effort has been made to simplify the following document.

1.3. Terms and Definitions

Definition of Waste
Any substance or object the holder discards, intends to discard or is required to discard is classified as waste under the Waste Framework Directive (European Directive (WFD) 2006/12EC), as amended by the Directive 2008/98/EC and Directive (EU) 2018/851 Amending Directive 2008/98/EC on Waste. Once a substance or object has become waste, it will remain waste until it has been fully recovered and no longer poses a potential threat to the environment or to human health. From this point onwards, the waste ceases to be waste and there is no longer any reason for it to be subject to the controls and other measures required by the Directive.

Clinical waste has the meaning given by section 1, schedule 1 of the Controlled Waste (England and Wales) Regulations 2012 (Statutory Instrument 2012 no. 811).

Hazardous Waste has the meaning given by section 6 of Part 2 of The Hazardous Waste (England and Wales) Regulations 2005 (Statutory Instrument 2005 No.894).

Offensive Waste has the meaning given by section 1, schedule 1 of the Controlled Waste (England and Wales) Regulations 2012 (Statutory Instrument 2012 no. 811).

Waste Management means the collection, transport, recovery (including sorting), and disposal of waste, including the supervision of such operations and the after-care of disposal sites, and including actions taken as a dealer or broker.

1.4. Waste Classification

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

1. Any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property HP9 infectious (Waste (England & Wales) regulation 2011);

2. Certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, HP10 to HP15 (Waste (England & Wales) Regulation 2011);

3. Medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.
1.5. Type of waste streams

Infectious/Hazardous Clinical Waste for Incineration Only
These types of waste must be sent for incineration only, must be segregated from other wastes and must be identified and securely sealed in approved yellow coloured clinical waste sacks, bags or authorised containers. It is identified by the EWC 18 01 03*.

Infectious/Hazardous Clinical Waste suitable for incineration or alternative treatment
These types of waste must be sent for incineration or alternative treatment i.e. autoclave only. They must be segregated from other wastes and must be identified and securely sealed in approved orange coloured clinical waste sacks, bags or authorised containers. It is identified by the EWC 18 01 03*.

Offensive Waste (Non Hazardous Hygiene Waste)
This is Non-infectious healthcare waste that does not require treatment or incineration to render it safe prior to disposal but which may cause offense to those coming into contact with it. Non-hazardous offensive waste must be segregated from all other healthcare waste at the point of production and stored separately for transport by an approved carrier. Currently, segregation of this waste from infectious waste is carried out in designated areas only. It is identified by the EWC 18 01 04.

Autoclaved Clinical Waste (Pathology)
Clinical waste that has been autoclaved on site prior to further treatment and or disposal shall be (if rendered safe) disposed of as non-hazardous hygiene waste. In the Trust this waste is incinerated due to data protection issues. If not rendered safe then it should be disposed of by incineration depending on the classification of the waste. Pathology cat 2/3 room waste for example is autoclaved on site before removal for final disposal.

Medicinal Waste
All unused, patient returns or out of date medicines must be returned to the Pharmacy for classification, packaging and disposal. All part used medicines and/or items contaminated with residues of medicines, except cytostatic/cytotoxic medicines, must be disposed of into identified and approved rigid sealed containers i.e. 30 or 60 litre yellow body with Blue lid suitable or cardboard containers for high temperature treatment Incineration. It is identified by the EWC 18 01 07. Please note- any out of date alcohol gel must also be sent back to Pharmacy for disposal.

Cytostatic/Cytotoxic Waste
All cytotoxic / cytostatic waste that is produced should be transferred to the waste station (including any items contaminated with residues of cytotoxic / cytostatic medicines) in either a yellow bodied, purple lidded approved rigid sealed container for liquids and a purple or purple striped yellow bag (in a 770 litre bin), or purple lidded Sharpsmart. It is identified by the EWC 18 01 06*.

Anatomical Waste
Anatomical waste is defined as any recognisable body part, tissue or organ arising from healthcare with exception of that which is generated post-mortem. Anatomical waste must be segregated from other wastes and contained in rigid sealed containers 30 or 60 litre yellow body with red lid, identified suitable only for high temperature treatment. It is identified by the EWC 18 01 06* if chemically preserved, 18 01 03* if coming from an infectious patient and/or 18 01 02 if not chemically preserved and not coming from an infectious patient.
The removal, storage and disposal of human organ and tissue post-mortem are subject to The Human Tissue Act 2004 and so fall outside the scope of this policy and procedure.

Confidential Waste
The Trust must only dispose of waste containing confidential information or images by an approved confidential waste processor. Confidential papers are to be placed in the Blue wheelie bins located throughout the Trust. It is identified by the EWC 20 01 01.

Clinical Waste Generated in the Community by Trust Midwives
The segregation of infectious, non-infectious, sharps and anatomical waste must be practiced at the home of a patient treated by midwifery staff in accordance with this policy and procedure. Only clinical waste produced by a patient in their home that is the direct consequence of giving birth must be brought into the Trust for safe disposal.

Clinical Waste generated by the Trust's community nurses
The segregation of infectious, non-infectious, sharps and anatomical waste must be practiced at the home of a patient treated by community nurses in accordance with this policy and procedure. Only clinical waste produced by a patient in their home that is the direct consequence of treatment by a community nurse must be brought into the Trust for safe disposal.

Waste Electrical and Electronic Equipment
Waste Electrical and Electronic Equipment (WEEE) is any item that is powered by mains, battery or electricity. WEEE must be segregated from other waste in accordance with The Waste Electrical and Electronic Equipment Regulations 2013.

Waste Batteries
There are certain battery types, battery packs, that are classified under the and The Waste Batteries and Accumulators Regulations 2009 and so must be segregated, stored and transported for recycling separately from non-hazardous batteries and or other waste.

Waste Containing Mercury
Any waste containing or contaminated by Mercury is a hazardous waste and must be identified, collected and stored separately for safe disposal.

Domestic Waste
Domestic Waste is the non-infectious and non-hazardous waste found in the Trust. It is identified by the EWC 20 03 01.

Food Waste
Currently, the Trust doesn’t segregate the food waste from Domestic Waste. However, the food waste is already segregated into a pulp that goes into the domestic waste stream. It is planned that eventually, the food pulp is collected to an Anaerobic Digestion Facility.

Waste Destined for Recycling
The Trust will, as opportunities arise, implement waste recycling schemes to minimise the amount of recyclable items that goes to Energy from Waste Plant. There’s already in place the recycling of cardboard, mobile phones, paper, uniforms, batteries, WEEE, furniture/wood, metal and plastic (in appointed areas) within the Trust.

Wastes Produced by Contractors
Contractors working at sites belonging to the Trust must comply with the terms and conditions of the individual project contract with respect to waste disposal. No waste generated by a contractor must knowingly be mixed in the Trusts Waste Management Systems.

Other Wastes
Advice should be sought from the Estates Energy and Waste Officer and/or Operational Estates & Environment Manager for any other waste substance or material that is not easily defined by the waste categories listed by this policy and procedure.

2. Objectives and Scope

The objectives of the policy and procedure are to ensure:

- The negative effects minimization of the generation and management of waste on health and environment;
- Compliance with all relevant legislation;
- That staff are provided with the guidance in the safe handling and disposal of all of the Trust's waste;
- Identify and apply safe methods of segregation and disposal of the relevant waste streams.

The scope of the policy and procedure:
This policy and procedure is designed to cover all waste generated within the Trust and applies to all aspects of Waste Management from its initial production through to its final disposal.

3. Management Responsibilities

3.1. Chief Executive
The Chief Executive, in line with the Trust’s Health, Safety and Welfare Policy PP018 has overall responsibility for the setting of Waste Management Policies, and for ensuring that, where so far as is reasonably practicable, the production of waste is minimised and that risks associated with handling, transporting and disposing of waste are assessed and eliminated or reduced.

3.2. Estates Manager
The Estates Manager will be accountable to the Chief Executive for:

- Maintaining the day to day compliance with this policy and procedure;
- Ensuring that any developments in pursuance of the safe handling and disposal of waste are reflective of legal requirements, good working practice and accepted guidance;
- Ensuring that proactive arrangements exist for monitoring and further developing waste management within the Trust.

3.3. Estates Energy and Waste Officer
The Estates Energy and Waste Officer is responsible for:

- Ensuring that operational issues are conducted in line with this policy and procedure and that compliance is monitored;
- Administering the tracking records regarding Hazardous and Non-Hazardous waste;
- Providing training and advice to all Line Managers and their staff;
- Ensuring that this policy and procedure is reflective of current National legislation;
- Ensuring facilities are available for the disposal of all wastes generated in the Trust and that they all comply with current legislation;
- Developing the Trusts proactive approach to Waste Management in relation to utilising resources more efficiently and improving recycling schemes;
• Ensuring that the Board is kept fully informed of significant Waste Management risks and any associated significant developments or issues.

3.4. Responsibilities of Department Heads, Matrons and Line Managers

Department Heads, Matrons and Line Managers shall:
• Hold responsibility commensurable with the Trust's Health, Safety and Welfare Policy PP018;
• Ensure that all staff under their direct control are aware of the details necessary to deal with the waste produced within their respective work areas;
• Ensure that the necessary resources are available so that all aspects of this policy and procedure can be met. Any problems in this area should be directed to the attention of line management;
• Ensure notification is made through the Trust’s incident reporting system (Datix), for any problem relating to compliance with the policy and procedure, this includes attention to local storage and staff handling arrangements;
• Ensuring that risk assessments are completed, captured and regularly reviewed on Datix risk register for all waste generating or handling tasks.

3.5. All Staff

All staff should:
• Ensure that all waste is disposed of in accordance with the requirements laid down in this policy and procedure.
• Ensure that all waste is segregated into its appropriate category.
• Identify any material under the COSHH regulations or WM3 Technical Guidance which is destined for the waste stream and ensure its appropriate disposal.
• Act in accordance with the requirements placed upon them in the Trusts Health, Safety and Welfare Policy PP018.

All staff have a monitoring and compliance role. They should draw to their Managers attention any local instances of non-compliance; these may be due to poor working practices, lack of resources, etc. Advice should always be sought in areas of uncertainty. Waste disposal is strictly controlled and any wrong decision could potentially expose individuals to risks, or the Trust to prosecution. Further advice on any aspect of waste disposal is available from the Estates Energy and Waste Officer and/or Operational Estates and Environment Manager.

4. Code of Practice

4.1. Segregation

Waste must be classified and segregated in accordance with the regulations to ensure that each category of waste transported by or on behalf of the Trust meets the waste acceptance criteria of the authorised waste receiving site/process.

This policy and procedure requires that waste produced by the Trust is segregated into defined waste categories to ensure compliance with the regulations and maintain a safe working environment for staff, patients and others.

All staff members of the Trust have a responsibility to ensure that the waste generated by their activities is segregated and identified as follows and in accordance with the specific requirements outlined in the Waste Disposal Data Sheets (WDDS).
The use of colour codes to identify the different waste streams is utilised to support and guide healthcare workers to segregate waste appropriately and ensure compliance with legal and best practice guidance (see Appendix C).

4.2. **Specification of waste containers**

Clinical waste containers (this includes both bags and sharps bins) must comply with NHS Performance Specifications. All containers (sacks or bins) must be removed when ¾ full and taped with department named tape to ensure that source of the waste can be identified. All waste categories will be allocated by the recommended colour code as detailed on HTM 07-02 (see appendix C).

Packaging used to contain articles/substances falling in scope of the Carriage Regulations will meet the specifications for their assigned packing instruction.

Bags used for clinical waste within the Trust and Community are to meet the UN standard requirements. Where healthcare workers are transporting waste in their own vehicles, they should ensure that they are transporting the waste in a suitable UN-approved rigid package.

4.3. **Storage**

On removal from the department the waste should only be stored in the approved containers within the disposal rooms adjacent to most departments. Clinical waste and offensive waste should be stored in the yellow containers, domestic waste in the black containers and cardboard in the black containers labelled as cardboard only. The storage areas for healthcare waste throughout the Trust must be kept locked at all times so that they are not accessible to the general public and are kept out of reach of pests.

4.4. **Transport**

Transport of waste around the Trust must only be carried out using the correct wheeled containers. Containers used for Hazardous waste must be locked and the correct PPE must be provided and used.

4.5. **Personal protective equipment (PPE)**

The Trust has a duty under the Health and Safety at Work etc Act 1974 and the COSHH Regulations to ensure suitable personal protective equipment is available to all staff that move and handle waste within the Trust.

With special reference to the Portering staff (responsible for the removal and transport of waste), in order to protect hands, legs and feet against needle stick injuries, they must wear the following PPE:

- Suitable Gloves;
- Safety Footwear.

4.6. **Untoward incidents and spillages**

4.6.1. The correct Management of any biological spill is to be found in Infection Control Manual ‘Standard Principles for Preventing Healthcare associated infections’. Additional information pertaining to Chemical Spills, Radioactive spills, etc., is to be found in the appropriate WDDS and within the Control of Substances Hazardous to Health (COSHH) policy and procedure PP039. If there is any doubt, then the Duty Manager should be contacted via the switchboard. The immediate area should be isolated until that advice has been received and acted upon. In the event of a serious spill that could potentially cause harm, the Fire Brigade should be contacted by the Estates Energy and Waste Officer via switchboard.
4.6.2. As per the Trusts Incident policy and procedure PP105 and 105b, the Trust incident reporting form must be completed on Datix and submitted for any accident/ incident involving waste.

4.6.3. Any member of staff who sustains a laceration, cut, stab or needle stick injury whilst dealing with any waste category should immediately bleed the wound and then wash with soap and water and cover with a dry dressing. They must then immediately attend the Occupational Health Department between 08:30 – 16:00 hours or the Emergency Department at weekends and out-of-hours. (See Trust Policy PP 083).

4.7. **Disposal of Equipment no longer required by the user**
The Trust has in place procedures for equipment no longer fit for purpose and for furniture/office equipment that is suitable to be reused.

4.7.1. **No longer suitable for use**
From time to time, pieces of equipment become redundant or reach the end of their expected working life. In these circumstances, with due regard given to any decontamination arrangements, disposal should be via e-care>CapMgmt for Wards and Departments. If unable to access e-care then contact Portering Department via helpdesk telephone number 5555.

4.7.2. **Furniture/Office Equipment suitable for reuse**
When furniture/office equipment (e.g. tables, chairs, filing cabinets) is still in good condition and could be reused then access the WarpIt portal, an online tool enabling all the staff to advertise any unwanted or underused items for reuse within the Trust. Access via intranet>orders&bookings>Warp-it.

4.8. **Final disposal**
Final disposal will take place from a recognised centre; this is normally from the designated Estates waste compound.

4.9. **Record/Tracking of Hazardous Waste**
According to the Directive 2008/98/EC of the European Parliament and of the Council of 19 November 2008 on Waste, on article 35 (2): “hazardous waste, the records shall be preserved for at least three years except in the case of establishments and undertakings transporting hazardous waste which must keep such records for at least 12 months”. The Directive was transposed into national law by The Hazardous Waste (England and Wales) Regulations 2005, Part 7 section 47, subsection 5 on subparagraph (i) from paragraph (c).
The Trust will keep paper records of Hazardous Waste quantity, nature, origin and, where relevant, the destination, frequency of collection, mode of transport and treatment method of the waste. Scanned copies will be kept more than three years for governance purposes.

5. **Community Health Waste**
The Safe Management of Healthcare Waste as set out in this policy and procedure also applies to waste generated in the community by West Suffolk NHS Foundation Trust staff. Landlords have the responsibility to make the arrangements with local contractors to dispose of all the waste. Therefore, West Suffolk staff must adhere to the local arrangements in place.
These may differ from the procedures adopted by West Suffolk Hospital Hardwick Lane site.

6. Purchasing
The Trust has a Procurement Policy (PP (16)297) where Environmental, Economic, Social and Sustainability Issues are included. This subsection is fully explained in the Trust’s Procurement Sustainability Policy, document reference PP (16)336. Waste is covered by section 4.1 on the Procurement Sustainability Policy.

7. Training
All persons who produce, handle, transfer or transport waste should be trained in the safe Management of waste in order to perform these duties. Online training is included on health and safety mandatory training presentation. In addition a waste leaflet is issued to all new employees of the Trust on their induction day.

All Wards and Departments should deliver specific waste related training as part of their Departmental Local Induction. On-going waste awareness and updates will be published in the Trust Green Sheet and presented at forums such as the Infection Prevention Link Practitioner Group. The Ward or Department Manager (including contracted services) is responsible for ensuring all staff working within their area, including temporary staff, are aware of and capable of performing the following duties:

- Correct segregation of waste;
- Informed and instructed in the risks associated with waste segregation and storage, in particular clinical waste;
- Know how to use control measures and protective equipment and to wear protective clothing when appropriate;
- Ensure the origin of the waste is clearly marked on the bag by the use of uniquely ward/department named tape;
- Ensure all waste bags and bins are labelled correctly;
- Check bags are effectively sealed and are no more than 75% full;
- Only handle bags by the neck, the bags should not be clasped against the body and never thrown or dropped;
- Know the procedure and location of nearest spill kit in case of accidental spillage.

It is the responsibility of departmental heads to ensure such training is given and recorded. Copies of training records documenting the training given to staff must be maintained.

Contract companies providing domestic, catering or portering services are responsible for ensuring all staff under their supervision, handling waste in any way are trained in accordance with Trust policy and procedures and all current relevant waste legislation. Whilst the Trust will provide waste training to contracted staff it is accepted that contractors may wish to utilise their own training department and programme. However the content must be agreed by the Trust’s Estates Energy and Waste Officer and/or Operational Estates and Environment Manager, and reviewed and updated on a regular basis.

8. Emergency Procedures
The Hazardous Waste (England and Wales) Regulations 2005, Part 9, section 61, subsection (2) defines emergency or grave danger as, “present or threatened situation arising from a substance or object which is, or which there are reasonable grounds to believe is, hazardous waste, and the situation constitutes a threat to the population or the environment in any place”.

This part of the regulations should be followed when there’s an emergency or grave danger situation.
9. Monitoring

This policy and procedure will be formally reviewed every 2 years or sooner if there is a change in relevant legislation or guidance or where circumstances indicate by the Waste Management Committee.

The monitoring process will follow the flowchart presented below.

**Waste Non-compliances Trigger List**

- Clinical Waste Bags placed outside the bins;
- Non-identified/signed Sharpsmart bins;
- Request to open a Sharpsmart bin;
- Clinical Waste bags are not taped with the Department tape;
- Clinical Waste/medicines/sharps/chemicals in Domestic Waste;
- Dirty/smelly clinical waste sluice bins (big yellow bins);
- Unlocked Confidential.

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10. Audits
The waste audits are covered by 3 departments within the Trust. All the non-compliances are escalated to the Waste Committee. The necessary measures to mitigate the non-compliances are analysed and actions are created. This is then monitored by the Waste Committee and the Estates Energy and Waste Officer.

10.1 Internal Audits
Facilities Monitoring, Infection Control and Health and Safety carry out audits across the site.

10.1.1 Facilities Monitoring
The Monitoring Officer will carry out select inspections, using TOPCAT software, of all patient ward, department and public communal areas i.e. public toilets, corridors, waiting areas. The inspections will be made monthly and allocated to Waste Management on the TOPCAT reports.

The guidance used to perform the audits regarding waste is presented on Appendix D. This report will be will sent to the Estates Specialist Services and Estates Energy and Waste Officer each month for them to collate the information and respond accordingly.

10.1.2 Infection Control
All in-patient areas are audited quarterly using the Perfect Ward App. Regarding waste, three domestic bins (bagged waste) are checked: “Are domestic waste bins used appropriately and not overfilled?” and three clinical waste bins (bagged waste) are checked: “Are clinical waste bins used appropriately and not overfilled?”. Each element of the audit report is RAG rated. Repeated issues are flagged as “Red”, new issues are flagged as “Amber” and resolved issues are flagged as “Green”. Pictures are taken in order to be used as proof.

The reports are sent to the ward manager and the Matron of each area who are required to respond with an action plan within 2 weeks. Ongoing unresolved issues are escalated to Heads of Nursing. Any non-compliance is reported to the Waste Committee.

10.1.3 Health And Safety
The Risk Office Team captures clinical and domestic waste on their workplace inspections as presented in Appendix D. Workplace inspections are carried out at agreed intervals, in each department or ward. This is recorded using the Datix risk register. The number of areas covered is reported to
the Health & Safety Committee and Corporate Risk Committee. Any actions regarding waste will be presented to the Waste Committee.

10.2 External Audits

10.2.1 Pre-Acceptance Audits
A third of the Hospital is audited every year by an independent third party.

10.2.2 Sharpsmart Audits
Every month the Trust receives an audit report from the sharps contractor.

11. Distribution and Implementation
This document will be widely circulated within the Trust, including all Heads of Department and Ward Managers and will be made available on the Trusts intranet and internet sites. Relevant changes will be brought to the attention of staff during circulation.

<table>
<thead>
<tr>
<th>Author(s):</th>
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<tr>
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<td>Approvals and</td>
<td>Waste Management Committee, Health and Safety Committee, Facilities Management Team.</td>
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<td>endorsements:</td>
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<td>Waste Management Committee members</td>
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<td>Equality Assessed:</td>
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<tr>
<td>Implementation:</td>
<td>Policies will be distributed by Manager to General Managers, Service Managers and all Ward/Department Managers. Policy will be available on the Trust Intranet Site.</td>
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<tr>
<td>Monitoring (give brief details how this will be done)</td>
<td>See page 13. Training records, Waste Returns, H &amp; S Waste Management quarterly reports.</td>
</tr>
<tr>
<td>policies/documents &amp; references</td>
<td></td>
</tr>
</tbody>
</table>

Equality Assessed: Yes

Implementation: Policies will be distributed by Manager to General Managers, Service Managers and all Ward/Department Managers. Policy will be available on the Trust Intranet Site.

Monitoring (give brief details how this will be done): See page 13. Training records, Waste Returns, H & S Waste Management quarterly reports.

Other relevant policies/documents & references:
- DH Environment & Sustainability HTM 07-01 Safe management of healthcare waste.
- Health, Safety and Welfare Policy PP018
- COSHH Policy PP039
### APPENDIX A - Contacts

<table>
<thead>
<tr>
<th>NAME</th>
<th>EXTENSION</th>
<th>BLEEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Estates &amp; Environment Manager</td>
<td>3375</td>
<td>332 or via Switchboard</td>
</tr>
<tr>
<td>Estates Energy and Waste Officer</td>
<td>3468</td>
<td></td>
</tr>
<tr>
<td>Duty Portering Supervisor</td>
<td>3522</td>
<td>959</td>
</tr>
<tr>
<td>Domestic Supervisors</td>
<td>3435/3553</td>
<td>745</td>
</tr>
<tr>
<td>Dangerous Goods Safety Adviser “Roadsafe UK”</td>
<td>Contact via Operational Estates &amp; Environment manager 3375 and/or Estates Energy and Waste Officer 3468.</td>
<td>332 or via Switchboard</td>
</tr>
<tr>
<td>Health, Safety and Risk Manager</td>
<td>3944</td>
<td>375</td>
</tr>
<tr>
<td>Infection Control Team</td>
<td>3688</td>
<td>505</td>
</tr>
<tr>
<td>Consultant Microbiologist</td>
<td>3068</td>
<td>via switchboard</td>
</tr>
<tr>
<td>Senior Pharmacy Technician (Trials and QA)</td>
<td>3232</td>
<td>436</td>
</tr>
<tr>
<td>Information Governance</td>
<td>2781</td>
<td>908</td>
</tr>
</tbody>
</table>
### APPENDIX B – Waste Disposal Data Sheets

#### B1: Infectious Waste: Orange Stream (Suitable for Alternative Treatment - AT)

**Containers**

Examples: Orange-stream infectious waste may be treated to render it safe prior to final disposal. Treatment may only take place in a suitably licensed or permitted facility. This waste stream *must not* contain chemicals, amalgam, sharps; medicines or anatomical waste.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Hazard warning</th>
<th>Receptacle</th>
<th>Allocated colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Waste produced from patients where infection is known or suspected;</td>
<td>Class 6.2 danger sign &amp; UN3291 clinical waste, unspecified, and not otherwise specified (n.o.s.).</td>
<td>400 gauge low density</td>
<td>Orange</td>
</tr>
<tr>
<td>• Waste which has been assessed as containing pathogenic microorganisms;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Soiled dressings from wounds where there is evidence of infection;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PPE that contacted with all the above.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Local storage arrangements**

- Enclosed pedal operated sack holders

**Collection and movement arrangements**

- Bags should be removed when ¾ full or at the end of a clinic.
- Bags should be twisted at the neck and sealed with department named tape issued to the area producing the waste.

**Central storage arrangements**

- Bags should be transferred to the nearest secure waste storage area and placed directly into the allocated yellow lockable clinical waste transport container sited in local disposal/sluice rooms.

**Spillage arrangements**

- Any package that is broken should not be transferred. The Ward/Department Manager should be called to the site and the offending items rebagged by the original producers of the waste into a large size 400 gauge orange bag. Bags should be resealed using the appropriate department named tape. The original seal should be retained pending any further investigation. Blood spillages should be cleaned up using an appropriate spill kit. Any other further action will be on the advice of the infection control team.

**Other information**

- Clinical waste should never be mixed with other waste. Bags must only be handled by the neck and should be carried away from the body.
- Transport containers should remain locked at all times. All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.
### B2: Infectious waste: Yellow Stream (Requires incineration)

<table>
<thead>
<tr>
<th>Containers 'Examples:'</th>
<th>The yellow infectious waste stream is used for waste that is infectious, containing chemicals for incineration only.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples</strong></td>
<td>Chemically contaminated samples and diagnostic kits.</td>
</tr>
<tr>
<td><strong>Hazard warning</strong></td>
<td>Class 6.2 danger sign &amp; UN3291 clinical waste, unspecified, n.o.s. 400 gauge low density.</td>
</tr>
<tr>
<td><strong>Allocated colour</strong></td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Local storage arrangements</strong></td>
<td>Enclosed pedal operated sack holders.</td>
</tr>
<tr>
<td><strong>Collection and movement arrangements</strong></td>
<td>Bags should be removed when ¾ full. Bags should be twisted at the neck and sealed with named tape issued to the area producing the waste.</td>
</tr>
<tr>
<td><strong>Central storage arrangements</strong></td>
<td>Bags should be transferred to the nearest secure waste storage area and placed directly into an allocated yellow lockable clinical waste transport container sited in local disposal/sluice rooms.</td>
</tr>
<tr>
<td><strong>Spillage arrangements</strong></td>
<td>Any package that is broken should not be transferred. The Ward/Department Manager should be called to the site and the offending items rebagged by the original producers of the waste into a large size 400 gauge yellow bag. Bags should be resealed using the appropriately colour coded tag and departmental tape. The original seal should be retained pending any further investigation. Blood spillages should be cleaned up using an appropriate spill kit. Any other further action will be on the advice of the infection control team. All disposal paperwork must be kept by the Operational Estates and Environmental Manager and Estates Energy and Waste Officer.</td>
</tr>
</tbody>
</table>
## B3: Sharps

### Containers’ Examples and Allocated colour codes

<table>
<thead>
<tr>
<th>1)</th>
<th>2)</th>
<th>3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Yellow Body with Yellow lid" /></td>
<td><img src="image2.png" alt="Yellow Body with Orange lid" /></td>
<td><img src="image3.png" alt="Yellow Body with Purple lid" /></td>
</tr>
</tbody>
</table>

### Sharps

Sharps are segregated and disposed of on the basis of their medicinal contamination. The lid colour of the container or whole container is based on the type of contamination and how the waste should be treated and disposed.

1) **Yellow Body with Yellow lid**: sharps that are contaminated with (that is, used in the administration of) non-cytotoxic and non-cytostatic medicines. Medicinally contaminated sharps also includes opened ampoules, and broken glass medicine bottles;

2) **Yellow body with Orange lid**: used for sharp items that are not contaminated with any medicines;

3) **Yellow Body with Purple lid**: for the disposal of sharps, needles/syringes and IV giving sets contaminated with cytotoxic/cytostatic medicines.

Please see WDDS B6 for all information regarding handling of Cytotoxic/Cytostatic Waste.

### Examples

- **Yellow with a yellow lid**: Sharps that are contaminated with bodily fluids and medicines from the administration of non-cytotoxic and non-cytostatic pharmaceuticals.
- **Yellow with orange lid**: Phlebotomy sharps and single use instruments, Sharps contaminated with blood.
- **Yellow with a purple lid**: Sharps, needles/syringes and IV giving sets contaminated with cytotoxic/cytostatic medicines.

### Hazard warning

Class 6.2 danger sign 7 Un3291 clinical waste, unspecified, n.o.s.

### Appropriate storage containers

Sharpsmart containers to BS 7320 & compliant with packing instruction 621.

### Local storage arrangement

Sharps containers must be placed in clinical areas. They must not be accessible to the general public and children in particular. Sharps containers must not be placed into clinical waste bags. All sharps containers must be locked when usage exceeds
| **Collection and movement arrangements** | Sharps containers should be removed when filled to the line. Sharps containers should be properly and effectively sealed as per manufactures instructions. Departmental identification labels on the sharps bin must be fully completed at assembly and also by staff sealing the bin. |
| **Central storage arrangements** | Bins should be transferred to the nearest secure waste storage area and placed directly into the Sharpsmart transporter container sited in the disposal rooms. |
| **Spillage arrangements** | Any package that is broken or leaking should not be transferred. The Ward/Department Manager should be called immediately to the site and the offending items re-boxed by the ward or department staff originally producing the waste. Contents should be swept up and transferred into another sharps box. The brush should be disposed of as clinical waste.  

N.B.  
For any issues associated with purple lidded sharps containers please see B6. |
| **Other relevant information** | All disposal paperwork must be kept by the Operational Estates and Environmental Manager and Estates Energy and Waste Officer. |
### B4: Anatomical Waste

<table>
<thead>
<tr>
<th>Container Example:</th>
<th>Anatomical waste will be stored in the Mortuary, Pathology lab, Theatres, Midwifery (Placentas) and Waste transfer station.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples</td>
<td>Identifiable human tissue includes amputated limbs and body organs.</td>
</tr>
<tr>
<td>Hazard warning</td>
<td>Class 6.2 danger sign and UN3291 clinical waste, unspecified, n.o.s.</td>
</tr>
<tr>
<td>Appropriate storage containers</td>
<td>UN approved bins of appropriate size to limb/tissue.</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>Yellow body with red lid. If red lids are not available a yellow lid can be substituted. It must then be clearly marked Anatomical waste.</td>
</tr>
<tr>
<td>Local storage arrangements</td>
<td>After placing in appropriate bin, seal bin and complete label. Put into secure waste area, and request removal to waste station as soon as possible.</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>Collected from Mortuary/Path Lab/Theatres/Midwifery by porters, following notification, and taken to be disposed of by incineration only.</td>
</tr>
<tr>
<td>Central storage arrangements</td>
<td>Stored in large 770lt dedicated bin in waste station.</td>
</tr>
<tr>
<td>Other relevant information</td>
<td>Post Mortem retained organs must be catalogued and, when designated for disposal, handled in accordance with relevant guidelines and with regard for relative’s wishes and consent. All limbs should be double bagged using two 400 gauge bags, twist at the neck and then seal again. Transfer straight into appropriate limb container. (770lt U N tested bin). All disposal paperwork must be kept by the. Operational Estates and Environmental Manager and Estates Energy and Waste Officer.</td>
</tr>
</tbody>
</table>
## B5: Non-cytotoxic/Cytostatic medicines

### Containers' Example:
Pharmacy waste bins containing waste medicines will be stored in the Waste transfer Station.

![Pharmacy waste bin](image)

### Examples
- Empty or partially used bottles, vials, syringe bodies without needles (e.g. enteral syringes), liquid measures that have been used with non-cytotoxic/cytostatic medicines.
- NB Empty and partially used ampoules MUST be disposed of as SHARPS waste.
- All Pharmaceutical dosage forms.
- There should be no needles in this container and no infection risk.

### Hazard warning
Limited quantities.

### Appropriate storage containers
Approved packaging for waste Pharmaceuticals tested to P621. UN3249, medicine, solid, toxic, n.o.s

### Allocated colour code
Yellow body with blue lid.

### Local storage arrangements
Pharmacy bins should be placed in designated areas away from public access.

### Collection and movement arrangements
Containers should be removed when filled to the line. Labels on bins should be fully completed. Collected by porters and taken to the waste station.

### Central storage arrangements
Bins should be transferred to the nearest secure waste storage area and placed directly into a designated 770/360 litre lockable wheeled bin sited in local disposal/sluice rooms.

### Spillage arrangements
Any package that is broken or leaking should not be transferred. The Ward/Department Manager should be called immediately to the site and the offending items re-boxed by the ward or department staff originally producing the waste. Contents should be swept up and transferred into another pharmacy bin. The brush should be disposed of as Pharmaceutical waste.

### Other relevant information
All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.
### B6: Cytotoxic & Cytostatic contaminated waste

#### Containers' Examples

- Unused Cytotoxic/Cytostatic medicines should be returned to Pharmacy if safe to do so. If there is any doubt on the safety of returning them, dispose of them into an appropriate Cytotoxic/Cytostatic waste container immediately;
- Items which may be considered to be contaminated, including: bottles, vials, personal protective equipment (PPE) and other materials used in the preparation of Cytotoxic/Cytostatic medicines.
- Any material or equipment that has been used to collect vomit or excreta from patients who have received Cytotoxic/Cytostatic medicines must also be disposed of as contaminated waste;
- Unknown medicines.

<table>
<thead>
<tr>
<th>Hazard warning</th>
<th>Do not allow such substances to come into contact with skin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate storage containers</td>
<td>U.N. approved container. UN 3291 containers, Sharpsmart containers or yellow bags with purple stripe marked cytotoxic waste.</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>U.N. approved yellow bins with purple lids, purple bags and Sharpsmart bins.</td>
</tr>
<tr>
<td>Local storage arrangements</td>
<td>Stored in secure Non-public area.</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>Transferred to waste station, and transferred as ‘hazardous waste’ to a licensed contractor.</td>
</tr>
<tr>
<td>Central storage arrangements</td>
<td>Stored in waste station.</td>
</tr>
<tr>
<td>Spillage arrangements</td>
<td>There should be an absorbent pad at the bottom of Cytotoxic/Cytostatic waste containers to reduce the risk of leakage. See Trust / Departmental Cytotoxic spill procedures.</td>
</tr>
<tr>
<td>Other relevant information</td>
<td>Contaminated materials such as bottles, infusion bags, PPE (personal protective equipment) and other materials used for administering of Cytotoxic and Chemotherapy should be placed in the</td>
</tr>
</tbody>
</table>
Cytotoxic/Cytostatic waste container after use;

- All staff that handle Cytotoxic/Cytostatic medicines or waste, or work in areas where they are used must be trained appropriately in the risks and appropriate practices for handling and disposing of waste. Their understanding of and adherence to local policies and protocols should be monitored.
- Contaminated needles, giving sets and tubing should be disposed of intact and not clipped, to prevent the formation of aerosols.
- The Cytotoxic/Cytostatic waste containers should be segregated from other clinical and non-clinical waste and not allowed to accumulate. All full Cytotoxic/Cytostatic waste containers should be transferred to the waste station by the Porters or removed by the Porters using the Sharpsmart system as soon as possible for removal from the Trust. Facilities for the storage and transportation of the Cytotoxic/Cytostatic waste awaiting destruction must not expose personnel to any risk from the waste.
- On no account is clinical Cytotoxic/Cytostatic waste as described above to be disposed of into the domestic sewerage system. All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.
### B7: Offensive Waste

**Bag's Example:**
Offensive/hygiene waste may be landfilled in suitably permitted/licensed facilities or sent for incineration at municipal incinerators for non-hazardous waste (including energy from waste). Owing to landfill restrictions, this waste stream should not be used for gypsum wastes. If liquid wastes are placed in this waste stream, it is also prohibited from landfill. Currently adopted in designated areas only.

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste produced from the treatment of patients where infection is not confirmed or suspected:-</td>
</tr>
<tr>
<td>• Incontinence Pads;</td>
</tr>
<tr>
<td>• Urine Collection Pots;</td>
</tr>
<tr>
<td>• Disposable Colostomy Bags. (liquid content must be drained into WC or macerator prior to disposal);</td>
</tr>
<tr>
<td>• Sanitary Towels;</td>
</tr>
<tr>
<td>• Empty catheters and urine collection bags;</td>
</tr>
<tr>
<td>• Body fluid soiled, gloves, aprons;</td>
</tr>
<tr>
<td>• Uncontaminated gloves and aprons;</td>
</tr>
<tr>
<td>• Nappies;</td>
</tr>
<tr>
<td>• Sticking Plasters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard warning</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receptacle</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 gauge low density bag</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allocated colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow/Black Striped</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local storage arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enclosed pedal operated sack holders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collection and movement arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bags should be removed when ¾ full or at the end of a clinic. Bags should be twisted at the neck and sealed with department named tape issued to the area producing the waste.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central storage arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bags should be transferred to the nearest secure waste storage area and placed directly into a yellow lockable wheeled offensive waste transport container sited in local disposal / sluice rooms.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spillage arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any package that is broken should not be transferred. The Ward/Department Manager should be called to the site and the offending items re-bagged by the original producers of the waste into a large size 400 gauge yellow/black bag. The original seal should be retained pending any further investigation. Blood spillages should be cleaned up using an appropriate spill kit. Any other further action will be on the advice of the infection control team. All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.</td>
</tr>
</tbody>
</table>
## B8: Gypsum Waste

### Container’s Example:

Gypsum waste is currently segregated because if it enters a normal landfill with other biodegradable waste it may produce hydrogen sulphide gas. Currently adopted in designated areas only.

### Examples

Waste produced from the health care procedures:
- Plaster casts and related materials in accident and emergency departments, fracture clinics.

### Hazard warning

N/A

### Receptacle

Cardboard Based Clinical Waste Container

### Allocated colour

Yellow/Black Striped

### Local storage arrangements

Enclosed pedal operated sack holders

### Collection and movement arrangements

Boxes should be removed when ¾ full or at the end of a clinic and identified with the Department's name.

### Central storage arrangements

Boxes should be transferred to the nearest secure waste storage area and placed directly into a yellow lockable wheeled offensive waste transport container sited in local disposal / sluice rooms.

### Spillage arrangement

Any package that is broken should not be transferred. The Ward/Department Manager should be called to the site and the offending items re-boxed by the original producers of the waste into a large size 400 gauge yellow/black bag. The original seal should be retained pending any further investigation. Blood spillages should be cleaned up using an appropriate spill kit. Any other further action will be on the advice of the infection control team. All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.
## B9: Category A Pathogen Waste

### Containers' Examples:

![Category A Pathogen Waste Container](image)

### Category A Waste:

An infectious substance which is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals e.g. waste contaminated with pathogens presenting the most severe risk of infection such as Ebola virus.

### Examples

Microbiological Cultures and potentially infected waste from Pathology

### Hazard warning

Class 6.2 (infectious) & UN2814 clinical waste, infectious

### Appropriate storage containers

If it is known that the waste is from a category A micro-organism, the waste is to be assigned to UN2814, infectious substance. Affecting humans. Advice from the DGSA (Dangerous Goods Safety Advisor) must be sought immediately.

### Allocated colour

Yellow.

### Local storage arrangements

When there is need to inactivate the waste on-site (for example pathogen cultures, Category A waste), the waste should be stored within the containment laboratory (which access is restricted to authorised users) and only transported to the autoclave when the autoclave is available for immediate use.

### Collection and movement arrangements

Where it is necessary to transport such waste to a remote autoclave, it must be delivered as safely as possible. Where transport of infectious waste to a remote autoclave involves movement via communal corridors, the waste should be contained within two layers of containment – the secondary containment being robust and leak-proof with a lid that can be secured while in transit and transported, where appropriate, using a trolley system. The exterior of the receptacle should be surface-decontaminated prior to leaving the containment laboratory. Arrangements need to be made to co-ordinate the transport of the waste from the containment laboratory to ensure that waste is autoclaved immediately and is not stored in the autoclave room.

### Central storage arrangements

This waste should not be stored in communal areas for any extended period unless appropriate security and safety controls are in place.

### Spillage arrangements

Any spillage will require evacuation of the surrounding area and specialist clean up, as per the COSHH assessment and safety Data Sheet. All disposal paperwork must be kept by the Operational Estates and Environment Manager.
**B10: Domestic Waste**

<table>
<thead>
<tr>
<th>Bag Example:</th>
<th>Domestic waste is similar in nature and composition to waste generated at home. Domestic waste should not contain any infectious materials, sharps, medicines or chemicals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples</td>
<td>Fruit cores, tea bags, food wrappers, crisp packets, polystyrene packaging.</td>
</tr>
<tr>
<td>Hazard warning</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Appropriate storage containers</td>
<td>Bags of 225 gauge low density</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>Clear</td>
</tr>
<tr>
<td>Local storage arrangements</td>
<td>Enclosed pedal operated sack holders, bags should be removed from holder when ¾ full. All bags should be tied at the neck.</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>Bins should be transferred to the nearest secure waste storage area and placed directly into a black wheeled bin sited in secured areas.</td>
</tr>
<tr>
<td>Central storage arrangements</td>
<td>All waste must be transferred in the wheeled bin to the on-site compactor. All containerised waste should then be tipped into the compactor using the lifting device connected to the compactor.</td>
</tr>
<tr>
<td>Spillage arrangements</td>
<td>Any broken or damaged bags must be rebagged, in-situ, prior to onward transit.</td>
</tr>
<tr>
<td>Other relevant information</td>
<td>All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer.</td>
</tr>
<tr>
<td>Domestic sharps</td>
<td>Glass, crockery etc. whether broken or not, should be well wrapped (in newspaper etc.) and placed in a suitable cardboard box. These boxes should be securely sealed with sticky tape marked “broken glass” and placed in the large domestic waste bin sited in the nearest secure waste storage area.</td>
</tr>
</tbody>
</table>
## B11: Non-Confidential Paper

| Container’s Example: | Non-Confidential Paper (NO Patient Identifiers or commercially sensitive information).  
Examples:  
Newspapers;  
Magazines;  
Catalogues;  
Pamphlets;  
Envelopes. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard warning</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Appropriate storage containers</td>
<td>Grey 240 litre Wheelie Bin</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>Grey</td>
</tr>
<tr>
<td>Local storage arrangements</td>
<td>Located at strategic areas around the Trust.</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>Bins should be transferred to the recycling waste storage area by the porters.</td>
</tr>
<tr>
<td>Central storage arrangements</td>
<td>All waste must be transferred in the wheeled bins to the waste station ready for collection by the contractor to be recycled.</td>
</tr>
</tbody>
</table>
## B12: Confidential Waste Paper

<table>
<thead>
<tr>
<th>Container Example:</th>
<th>Confidential waste falls into two categories.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Patient information where a client or</td>
</tr>
<tr>
<td></td>
<td>condition/treatment can be identified;</td>
</tr>
<tr>
<td></td>
<td>- Business information that provides information as to how a business is operated, i.e. financial or of interest to a competitor.</td>
</tr>
<tr>
<td></td>
<td>NB: If confidential information of either of the above categories is stored on a non-paper format e.g. DVD, CD-ROM, the Trust Information Governance lead MUST be contacted for advice on its safe and legal disposal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard warning</th>
<th>Not applicable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate storage containers</td>
<td>Blue 240 litre wheelie bins</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>Blue bins only, lockable lids</td>
</tr>
<tr>
<td>Local storage arrangements</td>
<td>Within the department (taking steps to ensure means of escape and general access and egress is not impaired).</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>Collected every 2 weeks. The bins are removed to Estates where shredding takes place on site. Bins cleaned &amp; returned to designated locations. If bin is filled before collection date then a collection request should be made via the porter's helpdesk.</td>
</tr>
<tr>
<td>Security arrangements</td>
<td>If any bins have faulty lock, contact porter’s team to remove it to secure area &amp; bring replacement bin.</td>
</tr>
<tr>
<td>Other relevant information</td>
<td>All disposal paperwork must be kept by the Operational Estates &amp; Environment Manager and Estates Energy and Waste Officer.</td>
</tr>
</tbody>
</table>
### B13: Waste Oil and Cooking Oil

<table>
<thead>
<tr>
<th>Examples</th>
<th>Engineering lubricants, cutting fluids, waste oils (including those used in some therapy areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard warning</td>
<td>Do not allow such substances to come into contact with skin. See product Material Safety Data Sheet and COSHH risk assessment to verify if item falls in scope of carriage regulations and if so assign relevant hazard warning.</td>
</tr>
<tr>
<td>Appropriate storage containers</td>
<td>Waste oil container</td>
</tr>
<tr>
<td>Allocated colour code</td>
<td>Various</td>
</tr>
<tr>
<td>Located storage arrangements</td>
<td>Estates compound &amp; when full, Waste oil is removed from site immediately by specialist contractor.</td>
</tr>
<tr>
<td>Collection and movement arrangements</td>
<td>This type of waste may be classified as hazardous waste and will be collected from the Estates department by a licensed contractor. Note – this type of waste is not classified by the Trust as general, routine, everyday waste.</td>
</tr>
<tr>
<td>Central storage arrangements</td>
<td>Estates compound</td>
</tr>
<tr>
<td>Spillage arrangements</td>
<td>Any spillage of oil or cutting fluids a spill kits must be used. Once absorbed; the area will be cleaned in accordance with the procedure detailed on the substance Material Safety Data Sheet and COSHH Assessment.</td>
</tr>
<tr>
<td>Other relevant information</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Catering oils:</td>
<td>Waste catering oil, is stored in a specialist waste container and is collected by an approved licensed contractor. All disposal paperwork must be kept by the Operational Estates and Environment Manager.</td>
</tr>
<tr>
<td>Container’s Example</td>
<td>AA, AAA, 9V - Mixed Household batteries; Industrial Batteries.</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>

| Hazard warning       | If the following criteria is met then the carriage regulations do not apply as long as used stored batteries:  
|                      | - Battery cases are unbroken;  
|                      | - They are secured in such a way that they cannot leak, slip or fall or be damaged e.g. by stacking on pallets;  
|                      | - There are no dangerous traces of alkalis or acids on the outside of the articles. |

<table>
<thead>
<tr>
<th>Appropriate storage containers</th>
<th>30litre and 60 litre storage containers located on Estates Compound in a locked metal container.</th>
</tr>
</thead>
</table>

| Local storage arrangements   | Domestic Batteries of the above types should be placed in containers provided and stored until collected by porters.  
|                              | Industrial Batteries terminals must be taped and the batteries must be placed inside the locked metal container. |

| Collection and movement arrangements | Container will be collected by porter and taken to Estates Compound into the locked metal container and emptied into the 30/60 litre containers. The ward battery container will be returned to the ward/department that it was taken from.  
|                                      | The stored containers will be collected as required by an approved contractor. |

<table>
<thead>
<tr>
<th>Central storage arrangements</th>
<th>Batteries are stored in leak proof containers. These containers are stored away in a locked container in the Estates Compound.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spillage arrangements</th>
<th>Not applicable.</th>
</tr>
</thead>
</table>

| Other relevant information  | All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer. |
| **Examples** | Laboratory and Pharmaceutical acids, solvents and respective empty containers, etc. |
| **Hazard warning** | Various. Please refer to local Safety Data Sheets and COSHH Assessments. |
| **Appropriate storage containers** | Bottles and drums. |
| **Allocated colour code** | Various. |
| **Local storage arrangements** | Bottles or special / drums/crates |
| **Collection and movement arrangements** | The Operational Estates & Environment Manager and/or Estates Energy and Waste Officer will contact an appropriate contractor for collection. |
| **Central storage arrangements** | Stored in Flammable Liquid Store (Managed by Pharmacy and Pathology) and waiting collection by an approved contractor. |
| **Spillage arrangements** | Various – in accordance with the procedure detailed on the Safety Data Sheet and COSHH assessment for the individual chemical. |
| **Other relevant information** | Items fall in scope of the Carriage Regulations and require packaging and labelling in accordance with these Regulations. All disposal paperwork must be kept by the Operational Estates and Environment Manager and Estates Energy and Waste Officer. |
## B16: Radioactive Waste

### Examples
Solid waste and aqueous waste.

### Hazard warning
The bins from Nuclear Medicine and the Isotope Store will be marked with the radioactive trefoil during the decaying period. After that they should be removed and the normal procedure is followed for each type of stream.

### Appropriate storage containers
No bags should be labelled with radioactive trefoil in any of the trust bins. Only waste within the bins in Nuclear Medicine and the isotope store will be marked with the radioactive trefoil. These are removed before placing in the domestic or clinical waste bins as they are no longer radiative at the time of disposal.

### Allocated colour code
Colour code adopted by the different waste streams in place: sharps bins, orange clinical waste and clear domestic waste bags.

### Local storage arrangements
The aqueous waste is disposed down the drain. The drainage system of the premises is authorised for disposal up to the limit of 50 GBq. The Trust is only allowed by Environmental Permitting Regulations (EPR) to accumulate solid radioactive waste. All solid waste is stored in the isotope store until it has completely decayed. Once it has completely decayed it can then disposed as sharps, clinical or domestic waste. Bags must not be more than ¾ full and securely sealed prior to onward transport.

### Collection and movement arrangements
Delivered to the central on site storage area according to site procedure.

### Central storage arrangements
Waste will be stored in accordance with site licence.

### Spillage arrangements
The Nuclear Medicine Spills procedure is contained within the Nuclear Medicine Department Regulation, Policies and Procedures Folder. It is authorised by the Radiation Protection Advisor. A hard copy is kept in the Nuclear Medicine Department and it is stored electronically on Radiology Charlie.

### Other relevant information
EPR permits nuclear medicine an activity level of 20 GBq within a 1 month period. Figures are submitted monthly to the East Anglian Radiation Protection Services.
### B 17: Builders' Waste

<table>
<thead>
<tr>
<th><strong>Examples</strong></th>
<th>Materials from new buildings or refurbishments.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hazard warning</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Appropriate storage containers</strong></td>
<td>Open skips.</td>
</tr>
<tr>
<td><strong>Allocated colour code</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Local storage arrangements</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Collection and movement arrangements</strong></td>
<td>To be stored inside the working compound.</td>
</tr>
<tr>
<td><strong>Central storage arrangements</strong></td>
<td>As detailed in the main contract and work specification.</td>
</tr>
<tr>
<td><strong>Spillage arrangements</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Other relevant information</strong></td>
<td>Waste must only be transferred or transported by a licensed contractor, who must provide a copy of the transport note to the contract supervising officer (in the estates department) responsible for the contract. All disposal paperwork must be kept by the CAPITAL PROJECT OFFICERS.</td>
</tr>
<tr>
<td><strong>B18: Teeth with and without amalgam</strong></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Containers 'Examples:'</strong></td>
<td>Teeth with &amp; without Amalgam must be placed into separate white leak proof container.</td>
</tr>
<tr>
<td><strong>Hazard warning</strong></td>
<td>Amalgam contains Mercury</td>
</tr>
<tr>
<td><strong>Appropriate storage containers</strong></td>
<td>Teeth should be placed into small specimen pots then placed into a larger leak proof container.</td>
</tr>
<tr>
<td><strong>Local storage arrangements</strong></td>
<td>To be stored in Theatres or Day surgery until the leak proof container is full. When the container is full it needs to be sealed with department named tape.</td>
</tr>
<tr>
<td><strong>Collection and movement arrangements</strong></td>
<td>Porters to collect full white leak proof container, then store in waste area ready for collection by an approved contractor.</td>
</tr>
<tr>
<td><strong>Central storage arrangements</strong></td>
<td>Waste transfer area</td>
</tr>
<tr>
<td><strong>Spillage arrangements</strong></td>
<td>Limit spread of contamination, wear disposable gloves (and overshoes if appropriate). Contact the Theatre supervisor or the Pharmacy Department for assistance.</td>
</tr>
<tr>
<td><strong>Other relevant information</strong></td>
<td>Teeth with and without amalgam will be stored in a safe area within the waste transfer area. Records of disposal must be kept by the Operational Estates and Environment Manager. Amalgam (hazardous waste) <strong>must</strong> be kept separate from all other waste streams.</td>
</tr>
</tbody>
</table>
## B19: Waste Electrical Electronic Equipment

### Examples:

<table>
<thead>
<tr>
<th>Local storage arrangements</th>
<th>Collection and movement arrangements</th>
<th>Central storage arrangements</th>
<th>Other relevant information</th>
</tr>
</thead>
</table>
| All items of WEEE will be stored in the Estates Compound. | Via Authorised contractor | WEEE storage area in locked / sealed skip. | • EEE is equipment which is dependent on electric currents or electromagnetic fields in order to work properly and equipment for the generation, transfer and measurement of such currents and fields.  
• WEEE is electric or electronic equipment which has come to end of life and has been designated as waste including all components. Sub-assemblies and consumables which are part of the product at the time of disposal. All disposal paperwork must be kept by the Operational Estates and Environment manager and Estates Energy and Waste Officer. |

### Scope of the Waste Electric and Electronic Equipment Regulations 2013??

All equipment dependant on electric currents or electromagnetic fields

10 indicative categories

- Large household appliances
- Small household appliances
- IT and telecommunications equipment
- Consumer equipment
- Lighting equipment
- Electrical and electronic tools
- Toys, leisure and sports equipment
- Medical devices (with the exception of all implanted and infected products)
- Monitoring and control instruments
- Automatic dispensers

### NB:

WEEE equipment covers computers in which there is a hard drive that may contain Personal Identifiable data. The Trust has specific rules contained within the Information Security Policy PP060 for the destruction of computer hard drives and therefore these must be removed in advance of computers being placed for disposal.
APPENDIX D - Audit Forms

Facilities Monitoring

Guidance on TOPCAT check list.

- The waste receptacle should be visibly clean, including lid and pedal, with no blood & body substances, dust, dirt, debris, stains and spillages. Receptacles should be emptied frequently & not allowed to overflow.
- Correct waste in bin i.e. Clinical /Domestic etc.;
- Good condition, not rusty or damaged;
- Silent closing lid/foot pedal;
- Report old/obsolete type bins i.e. any with elastic cord around top to hold bag in place;
- Top of the bin clear to enable free opening.

Health and Safety

<table>
<thead>
<tr>
<th>Waste Disposal- Clinical Waste</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the waste been correctly segregated into the relevant categories?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the different categories of waste been packaged correctly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where appropriate, is the waste correctly labelled?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are bags and boxes filled to the correct level of 75% full?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the appropriate containers available?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the correct colour coded bags in the respective bins?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are sharps containers safely stored? And being used correctly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the waste stored appropriately prior to collection?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the waste skip/bin locked?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are instructions for the correct disposal of waste displayed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the waste been collected according to schedule?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the full clinical waste bags placed in the sluice bins, labelled with the department/ward tape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the FULL Sharpsmart containers properly identified, dated &amp; signed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waste Disposal- Domestic Waste</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Comment</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is all domestic waste placed in the correct bag (clear or black) and bin? (black or green)</td>
<td></td>
</tr>
<tr>
<td>Is all domestic waste held in a bag holder?</td>
<td></td>
</tr>
<tr>
<td>Are the bags filled to the correct level of 75% full?</td>
<td></td>
</tr>
<tr>
<td>Are all of the bags securely closed?</td>
<td></td>
</tr>
<tr>
<td>Are the bags stored safely prior to removal?</td>
<td></td>
</tr>
</tbody>
</table>