

## Management of Waste Policy

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# Foreword

This Policy is published under the authority of the Health and Safety committees of Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS). This Policy is to be applied across all areas of LPFT and LCHS, and reflects the changes in legislation as well as any changes in LPFT or LCHS practices.

## 1 Scope

- (1) This Policy encourages prevention and minimisation of problematic wastes and robust protocols to facilitate cost effective segregation of all other waste streams. Its arrangements and audit process for monitoring, reviewing and improving compliance follow the cradle to grave waste management model. These waste management arrangements are written in accordance with the current relevant waste management legislation and guidance, including *Health Technical Memorandum 07-01: Safe Management of Healthcare Waste and Requirements*, *Environmental Protection Act 1990*, *The Hazardous Waste (England and Wales) Regulations 2005*, *The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009*, and *The Environmental Permitting (England and Wales) Regulations 2016*. This Policy also dovetails with the NHS Carbon Reduction Strategy and supports key actions on waste identified by the NHS Sustainable Development Unit.

## 2 Introduction

- (1) Legislation and procedure currently underpinning waste management compliance in healthcare sectors promote a hierarchy of disposal options. Waste prevention is a favoured option, but if waste production is unavoidable; segregation to ensure compliance with disposal facility permitted conditions and the most carbon efficient treatment, recovery or disposal route is required. Additionally, regulatory bodies such as the Care Quality Commission (CQC) and the Environment Agency (EA), require NHS Trusts to adopt a holistic cradle (production) to grave (treatment, recovery, or disposal) concept to managing each waste stream.
- (2) The terms 'healthcare wastes' and 'non-healthcare wastes' are used in this Policy –
  - (a) Healthcare wastes are defined as "wastes generated from diagnosis, treatment or prevention of disease", and include –
    - (i) healthcare sharps;
    - (ii) anatomical waste and blood products;
    - (iii) infectious wastes such as wastes contaminated with blood, pus, or wound exudates;
    - (iv) non-infection offensive or hygiene wastes such as wastes contaminated with faeces, urine, vomit or sputum;
    - (v) wastes contaminated with healthcare chemicals;
    - (vi) wastes contaminated with medicines;
    - (vii) gypsum wastes;
    - (viii) medical gas canisters; and
    - (ix) medical devices;

- (b) Non-healthcare wastes are defined as “wastes that are similar in nature and composition to household or other commercial and institutional wastes”, and includes –
  - (i) recyclable material such as co-mingled recyclables; paper, cardboard, plastics, metal cans, and foil, WEEE (waste electrical and electronic equipment);
  - (ii) other readily recyclables such as batteries and printer toner cartridges;
  - (iii) black sack material after recycling has taken place;
  - (iv) wastes subject to *The Hazardous Waste (England and Wales) Regulations 2005* such as packing contaminated with dangerous substances, wastes containing mercury and certain WEEE items that have components which contain dangerous substances;
  - (v) bulky items such as waste office furniture;
  - (vi) glass;
  - (vii) aerosol cans; and
  - (viii) crockery and ceramics.
- (3) Because healthcare wastes and non-healthcare wastes generally have dissimilar treatment, recovery, and disposal routes, the Trust employs the services of one or more waste contractors to collect these waste streams.

### 3 Statutory Obligations

- (1) The following five tiers of legislation underpin waste compliance in the healthcare sector –
  - (a) environmental and waste legislation, regulated by the Environment Agency (EA) and Local Authorities (LAs);
  - (b) health and safety legislation, regulated by the Health and Safety Executive (HSE);
  - (c) carriage of dangerous goods legislation, regulated by the HSE and the Vehicle Operator Services Agency (VOSA);
  - (d) infection control legislation via *The Health and Social Care Act 2008 Code of Practice*, regulated by the CQC;
  - (e) controlled drugs regulated via *The Misuse of Drugs Act 1971*, *The Misuse of Drugs (Safe Custody) Regulations 1973* and *The Misuse of Drugs Regulations 2001*.
- (2) The *Health Technical Memorandum 07-01: Safe management of healthcare waste, version 2.0* (HTM 07-01), consolidates much of the waste management legislation and guidance produced by these regulators into a single document. HTM 07-01, along with recent guidance produced by the Department of Environment, Food and Rural Affairs (DEFRA) on applying the waste hierarchy, inform the majority of arrangements outlined in this Policy.
- (3) To meet their main statutory obligations, the Trust is required to –
  - (a) ensure suitable assessment and classification of all waste streams;
  - (b) appropriately segregate waste streams including the use of NHS unified colour coded healthcare waste packaging system;
  - (c) maximise re-use and recycling options for non-healthcare wastes streams in accordance with the waste hierarchy;

- (d) ensure appropriate internal collection and handling of waste from the point of production and secure storage of these wastes on premises which the Trust operates out of, whilst awaiting collection by an approved licensed waste contractor;
  - (e) describe its waste accurately on waste transfer documentation when it passes them on to its approved waste contractors, and subsequently keep transfer records and returns from the facilities that treat, recycle, or dispose of its waste streams;
  - (f) conduct waste duty of care checks for all waste contractors to confirm they are licensed to carry wastes produced by the Trust, and the places they store, treat, recycle, or dispose of these wastes are suitably licensed or permitted;
  - (g) implement a monitoring system to ensure that –
    - (i) pre-acceptance audit returns are made to facilities that store, treat, and dispose of its healthcare wastes; and
    - (ii) suitable packaging and labelling of substances is carried out on substances that are deemed dangerous under carriage of dangerous goods legislation;
  - (h) introduce review and improvement arrangements to address any non-compliance with its waste procedures;
  - (i) provide training and information on safe handling and disposal of waste to its employees.
- (4) These obligations are expanded in to cradle to grave stages in Section 4 of this Policy.

## **4 Arrangements for Implementation**

- (1) In recognition of the regulators preference for using cradle to grave compliance assessment frameworks, these procedures, arrangements, and protocols are in the form of appendices that follow key cradle to grave stages –
  - (a) at the point of production, healthcare wastes will be assessed and classified by the clinician producing it as illustrated in “Appendix 1 – Healthcare waste assessment, classification, and segregation chart” as either –
    - (i) infectious/non-infectious;
    - (ii) medicinal/non-medicinal; or
    - (iii) chemically contaminated/non-chemically contaminated
  - (b) the clinician will segregate the assessed and classified healthcare wastes into specified colour coded waste receptacles as illustrated in “Appendix 2 – Treatment Area Waste Segregation Chart”, this colour coding is an NHS wide unified approach that indicates to those who handle the waste further down the chain how the waste should be characterised, handled, treated, recovered, or disposed of –
    - (i) pharmaceutical waste will be handled in accordance with the current relevant legislation and managed by the pharmaceutical teams within each Trust, HTM 07-01, pg.127 contains guidance for community pharmacy waste management. Appendix 8 contains a chart for the destruction of controlled drugs. For further guidance refer to individual SOPs.
    - (ii) More detailed information can be found in the ‘Policy for Prescribing, Supply, Storage and Disposal of Controlled Drugs within Lincolnshire Community Health Services NHS Trust’;

- (c) staff will ensure non-healthcare wastes are segregated to ensure recycling is maximised via the co-mingled recycling waste stream, which will minimise the amount of black sack waste for disposal;
    - (i) non-healthcare wastes that are unsuitable for the black sack or co-mingled recycling disposal routes, but which can still be recycled, such as WEEE, toner, or printer cartridges, scrap metal, and batteries, will be safely stored until arrangements can be made for their separate collection and recycling. “Appendix 3 – Non-healthcare waste segregation chart” provides a segregation matrix for non-healthcare wastes; and
    - (ii) where production of problematic wastes such as aerosols and containers contaminated with dangerous substances is unavoidable, the Trust’s Facilities Manager or waste competent person will provide advice for the safe and compliant packaging, labelling, and interim storage at the place of production. They will advise on whom to contact to arrange for its final collection, treatment, recovery, or disposal.
  - (d) the Trust’s Facilities staff and contracted Housekeeping staff that collect, handle, and store wastes, will –
    - (i) remove waste sacks from pedal bins;
    - (ii) seal sacks correctly
    - (iii) label healthcare receptacles and sacks to allow for tracking back to the premise and departments; and
    - (iv) replace the existing sack or box with the correct colour coded replacement
    - (v) take the segregated wastes directly to an external waste cart, or store them in an approved storage area
  - (e) “Appendix 4 – Waste Management Advice for Waste Handlers” illustrates the Trust’s arrangements and summarises waste handlers responsibilities.
- (2) Premises that the Trust operate from with a 770 litre cart exchange service are required to dedicate a bulk-up cart to a waste type and apply an appropriate poster to denote the waste type contents. Suitable posters are available upon request from the Trust’s waste competent person.
- (3) Where it is not possible to dedicate a bulk-up cart to a specified waste type, (such as a cart for orange sacks, a cart yellow lidded sharps), it is necessary to complement the existing healthcare waste contractor’s 770 litre cart exchange service with a 360 litre cart decant service. This ensures all premises colour coded healthcare wastes streams can be characterised appropriately on a hazardous waste consignment note (HWCN).
- (a) “Appendix 4 – Waste Management Advice for Waste Handlers” provides instructions to be followed on an interim basis to ensure healthcare wastes bulk-up carts containing mixed waste streams are labelled to ensure the carts contents are subjected to the most appropriate treatment, recovery, or disposal technology.
- (4) It is a legal requirement that hazardous and non-hazardous healthcare wastes are not stored in the same container –
- (a) the Environment Agency has the ability to electronically monitor hazardous waste from all premises via the statutory quarterly returns which waste contractors submit to the Environment Agency; and

- (b) the regulator routinely inspects premises that do not appear to be producing the expected categories and quantities of hazardous wastes, which consequentially, makes it important to ensure all hazardous wastes appear on HWCNs.
- (5) Security of stored waste is the responsibility of the Trust.
- (a) “Appendix 5 – Guidance on the Storage and Security of Waste” outlines the Trust’s responsibilities for ensuring healthcare and other wastes are secure at all times.
- (6) Transfer, collection, transportation, and record keeping –
- (a) there are two types of healthcare wastes collection services from the Trust’s premises –
    - (i) a decant service of one or more yellow healthcare waste 360 litre, two wheeled, wheelie bin bulk-up carts; and
    - (ii) a bin exchange service with one or more large 770 litre, four wheeled yellow bulk-up carts.
  - (b) decant service –
    - (i) the healthcare waste contractor operative decants the waste receptacles, such as the orange colour coded sacks and sharps boxes, from the 360 litre cart and itemises the contents of the cart on the HWCN;
    - (ii) the HWCN is countersigned by the person responsible for this task, and copies are retained and archived for a minimum of three years;
    - (iii) HWCNs are generated electronically and sent to Estates and Facilities for retention on behalf of the premises; and
    - (iv) the decant service is the preferred collection type for small waste producers as it ensures that each colour coded waste stream is individually itemised on HWCNs.
  - (c) cart exchange service –
    - (i) “Appendix 4 – Waste Management Advice for Waste Handlers” outlines the labelling system for the Trust’s healthcare waste streams.
  - (d) archiving –
    - (i) archiving of all waste consignment documents is a legal requirement;
    - (ii) Duty of Care, Controlled Waste Transfer Note (CWTNs) for non-hazardous waste transfers will be kept for two years and Hazardous Waste Consignment Notes (HWCNs) alongside the hazardous waste quarterly return summarising collections will be kept for three years; and
    - (iii) both CWTNs and HWCNs are sent directly to Estates and Facilities, and are stored by them on behalf of premises.
- (7) Monitoring compliance –
- (a) in order to verify healthcare wastes are correctly being assessed, classified, segregated, and managed correctly, the Trust will undertake waste compliance audits at premises producing healthcare wastes (Appendix 9) ;

- (b) audits will be used to provide assurances to the Trust's healthcare waste contractor that wastes are being segregated, packaged, labelled, and described correctly, and comply with the healthcare waste contractor's treatment, recovery, or disposal facility permits conditions;
  - (c) this process will commonly be referred to as a Healthcare Waste Pre-acceptance Audit.
- (8) Review and improvement programme –
- (a) the Trust is responsible for ensuring actions are taken to address lapses in performance by reviewing audit findings, agreeing actions and implementing improvements;
  - (b) reviews will be undertaken by the Trust's waste competent person;
  - (c) Issues will be addressed via discussions with the unit manager and if needed the Trust's Facilities Manager, and/or the Matron, and Infection Prevention and Control Leads.
  - (d) Each waste contractor generates monthly waste management reports, which highlight the cost and quantity of wastes produced by the Trust.
  - (e) The Trust's waste competent person, Facilities Manager, and/or the Trust's contracting team will deal with issues that cannot be addressed with waste contractors.
  - (f) The Trust's waste competent person or a facilities representative will report on audit findings to the Health & Safety committee, and by exception to the Infection Prevention
- (9) Training –
- (a) update sessions on healthcare waste training will be provided by the Trust's waste competent person to the following groups of the trust's staff –
    - (i) Clinical Team Leads will be provided with waste update guidance materials that can be cascaded to other clinicians;
    - (ii) Housekeeping staff will be provided with guidance on collection, handling, storage, and transfer of wastes;
    - (iii) Housekeeping contractors will be provided with waste update guidance materials that will be cascaded to their Housekeeping staff undertaking cleaning on the Trust's premises; and
    - (iv) Ward Managers, Facilities staff, and other staff working in the Trust's premises.
  - (b) training is currently incorporated within the mandatory Infection, Prevention and Control e-learning package; to be completed annually. The content of this is to be reviewed and if necessary updated to reflect any changes in future practice, legislative requirements or national guidance.
- (10) Business Continuity from the contractors' –
- (a) in the event of service failure, such as an incinerator breakdown, a contingency plan is put in place. This is prearranged with the Trust's waste contractor and forms part of the tender for the waste contract.

## **5 Duties and Responsibilities**

- (1) The Chief Executive –

- (a) retains overall responsibility for each respective Trust, and the management of waste in accordance with current legislation and guidance.
- (2) The Associate Director of Estates and Facilities will –
- (a) ensure that the requirements specified within the Trust’s waste Policy are appropriately resourced and implemented with the organisation, and that training arrangements are in place and resourced.
- (3) The Facilities Manager will –
- (a) ensure that the waste Policy is reviewed and updated to reflect any changes to legislation. They will manage the external contracts for the collection, transportation, and processing of waste generated by the Trust;
  - (b) ensure that a suitable training package is in place for community nurses to ensure safe transportation and disposal of waste; and
  - (c) escalate any issues to the Associate Director of Estates and Facilities as necessary.
- (4) The Trust’s Waste Competent Person will –
- (a) be trained and qualified in waste management;
  - (b) attend regular contract review meetings organised by the Trust’s contracting departments with general waste, recycling, and healthcare waste contractors;
  - (c) escalate issues to the Facilities Manager or Associate Director of Estates and Facilities, Matrons, and Infection Prevention and Control Lead as necessary;
  - (d) review incident reports related to waste management activities, and report on them to the Quarterly Waste Contract Review Meetings and to the Health and Safety Committee in order to maximise lessons learnt;
  - (e) audit premises on a rota basis annually and recommend improvements to segregation, collection frequencies, complement of carts, and other improvements; and
  - (f) provide training on waste segregation and management;
  - (g) provide the Trust with the skills to manage waste legally, efficiently, and cost effectively through;
    - (i) providing technical input into the writing of a comprehensive waste Policy for the Trust that outlines waste responsibilities, arrangements, and key protocols;
    - (ii) providing waste management updates that identify any new best practice or legislative requirements;
    - (iii) providing end of year reports summarising the Trust’s waste management progresses and submitting them to the Facilities Manager;
    - (iv) undertaking Duty of Care related, actual site audits of the Trust’s waste contractor’s premises;
    - (v) undertaking waste audits of LCHS premises that produce clinical waste on a yearly basis; and reporting any exceptions to the healthcare waste streams identified, to the contractor as required; (Appendix 9)

- (vi) undertaking clinical waste pre-acceptance audits, at the beginning of any new contract or when a significant change to the waste type produced occurs;
  - (vii) sharing findings of audits to the respective teams at each premises and reporting annually to the IPC Committee.
  - (viii) preparing and delivering waste segregation presentations and advice for cascading to clinical staff and input into Trust training events;
  - (ix) providing a waste query response service to the Trust, such as response to email queries;
  - (x) providing waste management mentoring for the Trust leads;
  - (xi) participating and inputting into regular contract review meetings with the Trust's waste contractors;
  - (xii) participating in waste contract tendering processes as required;
  - (xiii) preparing and requesting data for the Trust's Estates Return Information Collection (ERIC) reports; and
  - (xiv) supporting initiatives at specific premises to develop best practice.
- (5) The Premise Managers, Team Leaders, Housekeeping Supervisors will –
- (a) ensure staff report waste related incidents and these incidents are reviewed and acted upon;
  - (b) ensure provision of good quality, sufficient bins of the appropriate capacity. All bins are to be pedal operated and have a plastic base with a soft-closing lid.
  - (c) coordinate the waste management activities of the Housekeeping Staff and support them in this role, especially in relation to safe handling and storing of waste;
  - (d) ensure waste bulk-up collection cart capacities are optimised, and ensure healthcare waste collection arrangements reflect the range of waste streams produced at premises the Trust operates from;
  - (e) work closely with the Trust's waste competent person to ensure the segregation is optimised; and'
  - (f) provide or arrange training to staff members on the segregation and safe management of wastes.
- (6) The Managers will –
- (a) provide appropriate suites of waste receptacles with guidance where required from the Trust's waste competent person, in order to optimise –
    - (i) healthcare wastes segregation; and
    - (ii) non-healthcare wastes recycling;
    - (iii) minimise the black sack waste.
- (7) The Housekeeping Supervisors, Housekeepers, contracted Housekeeping Staff, Porters will –

- (a) remove full waste sacks from pedal bins and collect full waste receptacles such as sharps boxes, from areas around the premises;
  - (b) tag to seal sacks in the swan neck method (see page 22) and transfer them to the appropriate bulk-up cart in a secure waste storage area, ensuring a method of identification on each healthcare sack, preferably using a numbered plastic tie or printed label with the Trust name, Ward or Unit, and Postcode;
  - (c) replace sacks in sack holders and pedal bins;
  - (d) check the correct colour coded sacks and boxes are being ordered and delivered to each premises;
  - (e) ensure wastes are handled and transported safely and no potentially dangerous wastes are left unattended in public areas;
  - (f) check waste storage areas are secure as per "Appendix 5 – Guidance on the storage and security of waste and
  - (g) conduct periodic inspections to verify that bulk-up carts are secure; wastes have not been tampered with, and all external waste carts are locked.
- (8) The Clinical Staff will –
- (a) ensure healthcare wastes can be traced back to their origin, by –
    - (i) checking sharps box labels and healthcare waste sacks are correctly completed prior to moving them to waste storage areas; and
    - (ii) ensuring healthcare waste sacks have either a numbered plastic tie or label with the Trust name, Ward or Unit, and Postcode.
- (9) The Receptionists, Building Administrators, Managers will –
- (a) have access to HWCNs and other waste documentation via Estates and Facilities.
- (10) All Trust Staff will –
- (a) recycle as much waste as possible and minimise the black sack waste stream and segregate non-healthcare wastes, according to "Appendix 3 – Non-Healthcare Waste Segregation Chart"
- (11) The Director of Nursing will –
- (a) ensure that matters relating to waste management in clinical areas are appropriately resourced and implemented within the organisation;
  - (b) ensure clinical staff are aware of their responsibilities to assess, segregate, and package wastes according to this Policy, by providing access to training and regular updates;
  - (c) ensure that clinical staff are aware of the process to escalate near-misses and incidents via the electronic reporting system.
- (12) The Matrons will –
- (a) ensure waste segregation training arrangements are in place and to make clinical managers aware of the requirement for clinical staff to attend waste training events and update sessions.

## **6 Healthcare Waste in the Community**

- (a) Waste produced by healthcare workers during home visits is regarded as the healthcare workers waste.
- (b) Where soft waste is produced in the patient's home there may be occasions when this waste is offensive/non-infectious or infectious;
- (c) Offensive/non-infectious waste - With the patient's permission, small quantities of waste which is regarded as non-infectious will be suitably wrapped and disposed of in the patient's black bag municipal waste bin or cart.
- (d) Infectious waste – This may require the use of Bio-bins; information can be found in The Infectious Clinical Wastes Disposal Process (Appendix 6) which contains frequently asked questions and details how to identify and dispose of clinical waste that may be encountered during home visits.
- (e) Sharps will be transported back to the healthcare workers base in an approved sharps box with a temporary closure or fully closed if the bin is full. This will be transported in an approved transit container, e.g. a Daniels Community Nursing Container; (Appendix 7) provides further guidance regarding compliant containers.

Waste produced by healthcare workers in schools or other community settings shall be managed and transported in the same way as outlined above.

## **7 Arrangements for Managing Waste Electrical and Electronic Equipment**

- (1) Domestic WEEE items will be handled as follows –
  - (a) WEEE items, such as kettles, toasters, and hazardous WEEE such as fridges, can be stored at the site of production until the next collection is arranged by Estates and Facilities;
  - (b) WEEE collection requests can be made through the Planet FM Helpdesk;
  - (c) WEEE will be stored carefully in order to maximise any refurbishment opportunities; and
  - (d) if large items cannot wait for the next collection, Estates and Facilities should be informed via the Planet FM Helpdesk so that a collection will be arranged, this carries a cost association for the requesting service.
- (2) IT waste, such as computer keyboards, laptop batteries or computer monitors, will be collected by the Trust's IT waste contractor –
  - (a) Collection of IT waste will be arranged by the producer of the waste directly contacting the Trust's IT contractor.
- (3) All medical devices are registered as assets, as such, carry Trust specific disposal and decommissioning processes –
  - (i) refer to the "LCHS Medical Devices Policy", and the "Medical Devices How to Guide: No. 6 Decommissioning and Disposal"

## **Glossary**

The following abbreviations have been used in this Policy:

WEEE – Waste Electrical and Electronic Equipment

HTM – Health Technical Memorandum

Defra – Department of Environment, Food and Rural Affairs

HWCN – Hazardous Waste Consignment Note

ERIC – Estates Return Information Collection

CWTN – Controlled Waste Transfer Note

## **Links for further guidance**

Link to HTM 07-01:

[Management and disposal of healthcare waste \(HTM 07-01\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

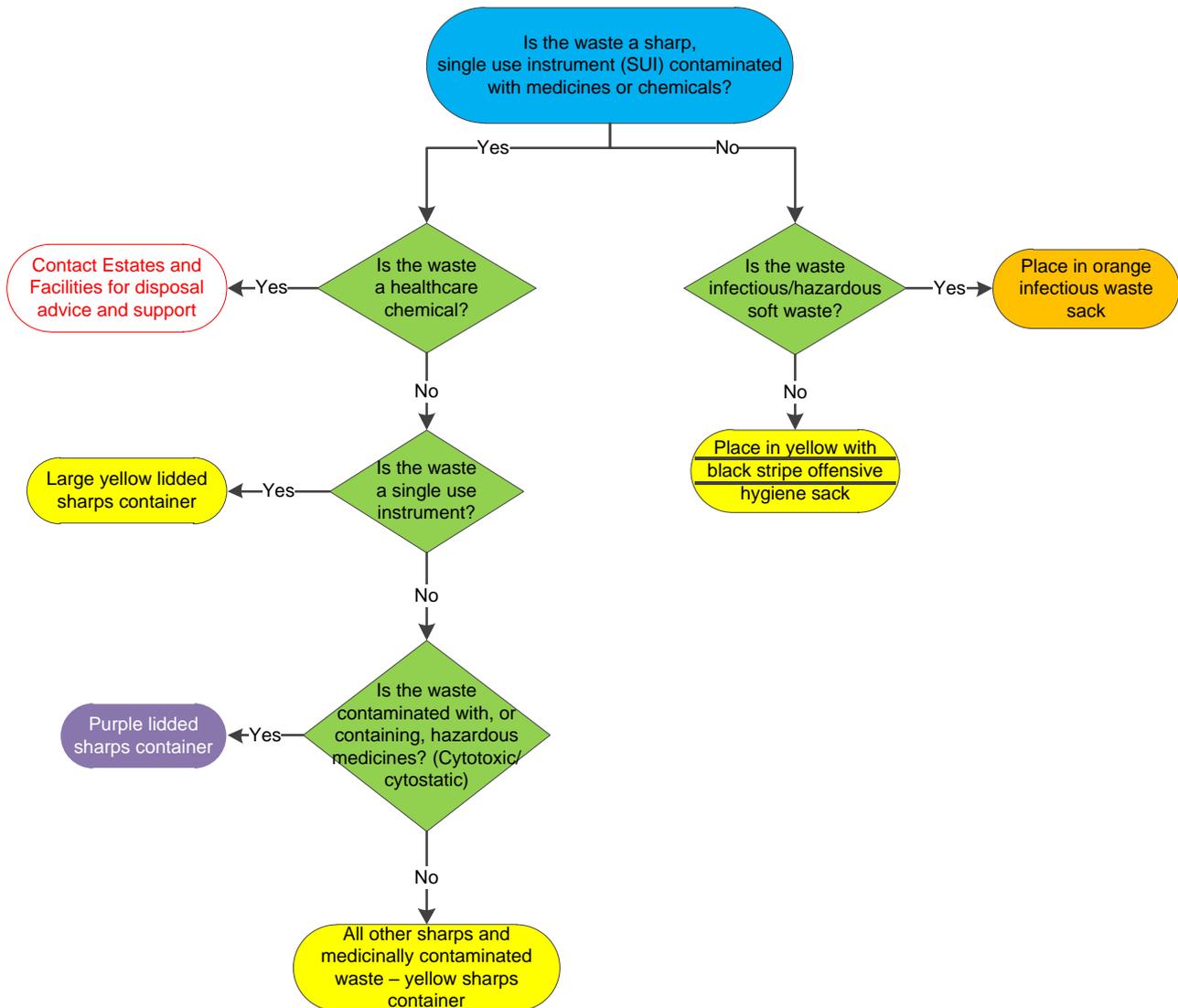
Link to specific Covid-19 waste SOPs:

[Coronavirus » COVID-19 waste management standard operating procedure \(england.nhs.uk\)](http://england.nhs.uk)

Link to Policy for Prescribing, Supply, Storage and Disposal of Controlled Drugs within Lincolnshire Community Health Services NHS Trust:

[P\\_CIG\\_18\\_Policy\\_for\\_Prescribing\\_Supply\\_Storage\\_and\\_Disposal\\_of\\_Controlled\\_Drugs.pdf \(lincolnshirecommunityhealthservices.nhs.uk\)](http://lincolnshirecommunityhealthservices.nhs.uk)

# Appendix 1 – Healthcare Waste Assessment, Segregation, and Classification Chart



## Appendix 2 – Treatment Area Waste Segregation Chart

Sack/box	Typical waste types
	<p><b>Offensive / hygiene (tiger-stripe sack) healthcare wastes;</b> waste contaminated with non-infectious bodily fluids; urine, faeces, vomit and sputum.</p> <p>Waste from Hepatitis B, C or HIV patients with no body fluids present can be regarded as offensive / hygiene wastes.</p> <p>PPE (personal protective equipment), such as aprons, gloves and masks that are contaminated with low risk contaminants.</p> <p>No liquids, medicines, chemicals or items that can pierce or protrude through, or damage the sack.</p>
	<p><b>Infectious (orange sack) healthcare wastes;</b> wastes contaminated with infectious bodily fluids; blood, pus and wound exudates, wound drains or PPE contaminated with infectious material.</p> <p>Low-risk contaminated items; urine, faeces, vomit and sputum from patients with gastric / urinary tract infections.</p> <p>No liquids or items that will pierce or protrude through the sack.</p> <p>No medicines, chemicals, alcohol gel bottles, nominally empty medicine or chemical containers.</p>
	<p><b>Commingled recyclable municipal wastes;</b> paper and card, uncontaminated couch roll and recyclable equipment packaging. Rinsed alcohol-gel and hand wash soap bottles, other uncontaminated plastics (but not plastic bags), metal drinks / food cans, clean foil, and cross-cut shredded documents.</p> <p><b>Maximise recycling – it saves money</b></p>
	<p><b>Non-recyclable municipal waste (black sack);</b> plastic bags, used tissues/hand towels, food waste, and non-paper cleaning materials.</p> <p>If there is no black sack waste bin in the treatment area use the tiger-stripe offensive hygiene bag for non-recyclable residual wastes.</p> <p><b>Divert wastes from black sacks – paper, card, plastic and metal must be recycled</b></p>
	<p><b>Medicinal &amp; non-medicinal sharps healthcare wastes (yellow lidded sharps box);</b> small quantities of non-hazardous medicines (such as vials and ampoules) and sharps contaminated with them. Temperature abused or out of date vaccines, small quantities of medicinal aerosols (no more than one aerosol per sharps box).</p>
	<p><b>Cytotoxic / cytostatic medicine sharps healthcare wastes (purple lidded sharps box);</b> small quantities of hazardous medicines e.g. chloramphenicol eye drops, contraceptive pill), and blister strips, sharps or medicine bottles contaminated with them. (Contact your pharmacy lead for a list of hazardous cytotoxic / cytostatic drugs).</p>

## Sack/box

## Typical waste types

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**Non-medicinal sharp healthcare wastes (orange lidded sharps box);** clinical waste sharps, infectious, non-medicinally contaminated, suitable for alternative treatment or incineration.

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**Pharmaceutical wastes;** 30/50 litre coloured box & coloured metal outer bin for pharmaceutical waste that is non-hazardous (e.g. lactulose, aripiprazole, olanzapine) and any blister strips, dosette box or bottles contaminated with medicines. Outer packaging needs to be removed and placed in the recycling (once patient identifiable information has been removed) only medication that is loose in bottles needs to stay in its original container.



Blue containers – **LCBS**

Green containers – **LPFT**

**Contact the Pharmacy leads in your Trust for information relating to current Cytotoxic and Cytostatic medications used.**

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**Chemical wastes;** Phenol, Iodine dressings, Formaldehyde, Glycerine, acids, fully expired hand-alcohol rub, alcohol-based products.

**Gypsum;** non-infectious wastes such as dental amalgam, plaster-cast

**Contact the Planet FM helpdesk to arrange a chemical waste collection**

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For any wastes not covered or any queries, please contact the Planet FM helpdesk for guidance.

## Appendix 3 – Non-Healthcare Wastes Segregation Chart

Waste stream	Segregation arrangement
Black sack municipal wastes, non-recyclable wastes	Seal pedal-bin black sack liners, using the swan neck method and an identification tag. Transfer to municipal waste bulk-up cart.
Commingled municipal recyclable wastes, paper, cardboard, plastic, metal and foil	Empty the contents of the commingled waste pedal-bin sack liner into the recycling waste bulk-up cart. Do not place the non-recyclable plastic bin liners in the bulk-up cart, reuse them.
Confidential paper wastes	To arrange a site visit and/or contract with the Trust's specialised shredding company, please contact:  <i>Shred-It, Stericycle Inc. Nottingham</i>  <i>Tel: 0800 028 1164</i>  <i>sarah.deegan@stericycle.com</i>
Other confidential wastes	For confidential I.T. wastes, such as CDs, USB sticks, laptops, hard drives, contact the Trust's I.T. department.  <b>Never</b> dispose of confidential or patient identifiable wastes in any other waste streams. Disposal of any other confidential wastes can be requested through the Planet FM Helpdesk
Empty but contaminated containers (non-medicinal containers such as detergent containers, alcohol hand wash gel bottles)	Triple rinse the container with cold water into the sluice, after consulting the substances MSDS (COSHH material safety data sheet). Ensure that PPE (personal protective equipment) such as gloves or eye protection is worn as per the MSDS and do not flush incompatible materials down the sluice together.  Recycle the empty rinsed container via the commingled municipal wastes stream. Further advice can be requested through the Planet FM Helpdesk.
WEEE (waste electrical and electronic equipment) items such as broken kettles, fridges, TVs	Must be segregated and recycled, and cannot legally be mixed with other municipal wastes. Store safely at the premises of production, pending collection by the Trust's WEEE recycling contractor.  Requests for collection of WEEE can be made through the Planet FM Helpdesk

Waste stream	Segregation arrangement
Scrap metal, broken furniture	<p>Non-WEEE items such as scrap metal, metal filing cabinets, broken chairs can be collected. Segregate and store at the premises of production pending collection by the Trust's contracted waste specialist.</p> <p>Requests for collection can be made through the Planet FM Helpdesk.</p>
Printer ink/toner cartridges	<p>A take-back service is offered by Ricoh, the Trust's current contracted provider of printers for used printer cartridges. Contact the Planet FM Helpdesk for advice</p> <p>For other cartridges, pack these in a box and label as "toner/cartridge" and post it via the Trust's internal courier service to "Fen House". The bottom of the box should be marked with the premises which produced this. These cartridges will then be collected by the Trust's approved toner and cartridge recycling company.</p>
Batteries	<p>Cover battery ends with non-conductive tape and place in collection boxes. Many premises which the Trust's operate services out of have access to "Battery Back" collection boxes.</p>
E-Cigarettes	<p>If these are needed to be disposed of within the Trust contact the Planet FM helpdesk.</p>
Mercury contaminated wastes	<p>Must be segregated and recycled, these cannot legally be mixed with other municipal wastes. Segregate and store safely at the premises of production pending collection.</p> <p>Advice should be requested through the Planet FM Helpdesk.</p> <p><b>Do not take any action with any item containing mercury until you have been advised by the Trust's waste competent person.</b></p>

Please contact the Planet FM helpdesk team for further guidance.

## Appendix 4 – Waste Management Advice for Waste Handlers

### Healthcare waste management

Healthcare waste sacks and boxes can be recognised by their bright yellow or orange colours; they are generated in areas where patients are treated. Clinical staff are required to segregate healthcare wastes into colour coded sacks and boxes that correspond to the waste type. The different colours lids on yellow boxes and colour coded sack types inform waste handlers and the contractor collecting the waste of its disposal requirements. All healthcare sacks and boxes must be placed into yellow 360 or 770 litre bulk-up carts supplied by the Trust's healthcare waste contractor or stored in clinical rooms until collection; they must never be placed in other contractors bulk-up carts.

Healthcare waste disposal guidance that all NHS Trusts are required to follow, indicate these wastes must be labelled to identify where the waste was generated; the label should indicate the premises name (and ward if applicable) and postcode. Waste handlers finding un-labelled healthcare waste receptacles are permitted to label them to the best of their ability, as any label is better than no label. If a sharps receptacle is found unlabelled, this should also be reported via the Trust's incident reporting system. If a sharps receptacle is found to have spilled its contents in a waste cart, this incident is also reportable.

### Typical healthcare waste receptacles used by the Trust



Tiger-stripe sack; non-infectious healthcare wastes for other recovery



Orange sack; infectious healthcare waste for incineration or alternative treatment



Yellow lidded sharps box; sharps or small quantities of medicines for incineration



Pharmaceutical yellow box with purple lid; for cytotoxic, cytostatic medication for high-temperature incineration



30 or 50 litre green or blue bin and green metal outer bin for pharmaceutical wastes for incineration



### Infection Prevention and Control

When healthcare waste is properly contained, carefully handled and safely stored it should not pose a significant risk in terms of the spread of bacteria. However, the risk of contracting the Hepatitis B Virus if waste handlers have not been vaccinated from needle-stick exposure in a healthcare setting is much higher than for HIV. This is because of the greater infectivity of the Hepatitis B Virus and due to the greater prevalence of it in the community, consequently all waste handlers should be vaccinated by the occupational health team.

Healthcare waste containers should be capable of containing waste without spillage, puncture, or splitting during handling and transport to the bulk-up carts. If waste sacks have been over-filled, punctured by the contents, or found to be split, the incident should be reported to your supervisor and an incident report should be completed via the Trust's incident reporting system.

When waste handlers remove waste sacks from sack holders or pedal bins, they should do so with care and without touching the inside of the sacks, as inside surfaces of sacks could be contaminated with the sack's contents. Once removed from the sack holder or pedal bin, sacks should be effectively sealed by either tying at the neck, or with a tie wrap. Traceable pre-printed tie wraps can be used, however it is also acceptable to label swan-necked sacks with the name of the premise, the ward or department if applicable, and the postcode, using pre-printed self-adhesive labels attached to the outside of empty sacks prior to placing in to bulk-up carts.

Before handing used sharps boxes, ensure that they have been assembled correctly and the colour-coded lid is firmly clipped in to place. If you notice an incorrectly fitted sharps box lid, a mismatched lid or label, or an in-use sharps box without an appropriately completed identification label, the incident should be reported to your supervisor and an incident report should be completed via the Trust's incident reporting system. The box should also be made safe as to prevent any further incident.

Full sharps boxes should only be transported to the waste bulk-up area when the aperture has been permanently sealed shut. Sharps box apertures have a temporary closed position which is used when they are not in use or when they are being moved by the clinician to and from the patient, and a permanently sealed position which is used to seal them when they are full and ready for disposal. Only transport full sharps boxes when their apertures are in the permanently sealed position. If your duties require you to assemble and replace any full sharps container removed from a treatment area, follow the manufactures' assembly instructions, or for Sharpsguard® boxes follow the guidance in these appendices.

Waste handlers should thoroughly wash their hands after handling waste sacks, sharps boxes, and bulk-up carts.

## Swan neck tying of healthcare waste sacks



Hold the bag by the neck and twist until tight.

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At this stage the twisted neck can be knotted; tractability can be achieved via a sack label with the name of the premise, the ward or department if appropriate, and the postcode.

For swan neck tying and numbered tie wrap tracing, fold over the neck of the bag to form a 'swan neck.'

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Place a ratchet type departmental tag ID around the folded neck and tighten.

Alternatively, knot and affix a self-adhesive address label on the sack with the name of the premise, the ward or department if appropriate, and the postcode, or simple write the details on the knotted sack with a permanent marker pen.

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When the sack is securely sealed and labelled, it can be disposed of in accordance with the remainder of the Trust's Waste Management Policy.

## Recognising a correctly assembled sharps box



The lid should always match the colour of the container's label; yellow lid with a yellow label, purple lid with a purple label, orange lid with an orange label.

If this is not the case, report the incident to your supervisor and complete an incident report via the Trust's incident reporting system.

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In order to fit the lid correctly, the following procedure should be followed:

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1. With the container resting on a firm surface, press down on one side of the lid with the ball of your hand.



2. Work your hand around the lid of the container, pushing the remainder of the lid into position. An audible 'click' is normally heard when the final part of the lid is pushed into place.



3. The seal on the lid should be tested by trying to take the lid off; a correctly sealed lid is almost impossible to remove once clicked into position.



4. The lid should appear evenly locked around the circumference of the sharps box, and the person who assembled the box should complete the appropriate section of the label.

Any sharps box found where you suspect the above procedures have not been followed, should be reported to your supervisor, and an incident report should be completed via the Trust's incident reporting system.

## Sharps container aperture positions for Sharpsguard® sharps boxes



### ***Door open position***

The door in the lid is fully open, allowing for disposal of sharps into the container.

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### ***Temporary closure position***

The door in the lid has been pulled across to the temporary closure position. Accidental access to the contents is reduced. The lid can still be opened allowing for further use.

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### ***Final, permanent, closure position***

The door in the lid is closed and locked firmly by pushing the door fully across. The lid cannot be opened again and the sharps container can no longer be used.

Sharps boxes are only safe for handling and transport to the Trust's disposal cart storage area when the lid aperture is in this final position.

## **Sharps injury procedure**

Following an inoculation injury, the injured party should encourage bleeding, then wash the injury site thoroughly with soap and running water without scrubbing. If splashing of blood or other bodily fluids into the eyes, nose, or mouth has occurred, these must be rinsed thoroughly. Remove any contact lenses as part of the rinse procedure for eyes.

The incident must immediately be reported to the respective line manager or supervisor. Occupational Health should be contacted, and an incident form completed via the Trust's incident reporting system. Out of hours, contact the senior nurse for the site, and attend Accident and Emergency if necessary. Occupational Health can be left a message, and they will respond the following day.

Community Nurses should contact their manager and attend Accident and Emergency as soon as possible. An incident form must be completed via the Trust's incident reporting system.

## **Spillage procedure**

- Warn persons nearby to avoid contact with any spilled waste, such as a split healthcare waste sacks or a dropped sharps box that has shed its contents.
- Obtain a spillage kit if needed for liquid waste.
- Put on a disposable apron and gloves.
- For split or damaged healthcare waste sacks, slide a new sack over the damaged one. Be sure to use the same colour-coded sack type. For loose items, use a dustpan or a shovel, and paper roll or paper towel, to scoop up spilled waste into the replacement sack.
- If sharps are spilled from a sharps container, the following procedure should be followed. The correct assembly of sharps boxes should prevent such occurrences.
  - Consider the safety of the location before attempting to collect waste items, including the slope, surface, and likelihood of being bumped or pushed whilst dealing with waste.
  - Wear protective clothing; a disposable apron and gloves. Gloves will not prevent you from being injured, but will provide a clean barrier between your hands and the sharp.
  - Take the sharps container to the area of spillage and place on a flat surface, not held in hands.
  - Make sure you have a clear view of the syringe(s) or sharp(s). Carefully remove any nearby rubbish or debris that is obstructing your view. Do not put your hands into any area that you do not have a clear view of.
  - Only pick one sharp up at a time. If sharps are close together, carefully separate them by using a stick or the end of a broom.
  - Do not attempt to recap any needles, as this is how most accidental needle-stick injuries occur. The cap is usually bright orange and can be disposed of like normal waste if it is not contaminated with bodily fluids such as blood.
  - Pick up used syringes by the plunger or plastic end of the barrel, using forceps with the needle pointing away from you. Never touch the sharp end or the point with your fingers or hands.

- Place each needle or syringe into the sharps container and then close the lid ensuring that it locks securely. Complete the label on the container with the name of the person locking it and the date.
- Follow procedure as for blood spillages on floor area where sharps were spilled.
- Dispose of protective clothing and clean up equipment in the appropriate clinical waste sack.
- Place container in a secure location.
- Wash and dry hands thoroughly.
- Report the incident using the Trust's incident reporting system.

### Healthcare wastes contractor bulk-up carts

There are two types of healthcare waste collection from premises the Trust' operates from; the predominant collection at smaller premises is a decant service with one or more yellow 360 litre two wheeled wheelie bin bulk up carts. Alternatively, larger sites may have a cart exchange service with one or more 770 litre four wheeled bulk-up carts. It is also possible to combine the 360 litre decant service bulk-up carts with the 770 litre cart exchange service bulk-up carts, in order to optimise the premises collection service.

#### Four wheeled 770 litre bulk-up cart



Cart exchange service

#### Two wheeled 360 litre bulk-up cart



Cart decant service

#### For the bulk-up cart decant service:

The healthcare waste contractor operative decants the waste receptacles, such as the colour-coded sacks and sharps boxes, from the 360 litre bulk-up carts and itemises the contents of the cart on a Hazardous waste consignment note (HWCN). After checking, this is countersigned by the person responsible for handing over these wastes. Copies of the HWCN should be archived for a minimum of three years, and are stored by Estates and Facilities on behalf of the premises. This decant service is the preferred collection type for small waste producers, as it ensures that each colour-coded waste stream is individually itemised on HWCNs.

#### For the bulk-up cart exchange service:

The cart exchange service is designed for larger premises that are able to dedicate each 770 litre cart to a specific colour-coded waste stream and its corresponding tag. Because smaller sites are unable to do this for all healthcare wastes streams, sites are advised to compliment dedicated tiger-stripe and orange sack 770 litre bulk-up carts with smaller 360 litre decant service bulk-up carts, to ensure all waste streams are appropriately characterised on HWCNs.

**Sack/Box**

**Labelling requirement**



Tiger-stripe sack; non-infectious healthcare waste, EWC code 18 01 04.

Label healthcare waste sacks with premise name, ward or department if applicable, and the postcode. Deposit in a dedicated yellow 770 litre bulk-up cart.

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Orange sack; infectious healthcare waste, EWC code 18 01 03.

Label healthcare waste sacks with premise name, ward or department if applicable, and the postcode. Deposit in a dedicated yellow 770 litre bulk-up cart.

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It is unlikely that any Trust premise will produce sufficient quantities of each of these additional waste streams to warrant a dedicated yellow 770 litre healthcare waste contractor bulk-up cart for each. If this is the case, the healthcare waste contractor can provide a yellow 360 litre decant service bulk-up cart for sharps/orange sacks, and these will be decanted from the smaller cart at the same time the healthcare waste contractor exchanges the sites 770 litre carts. To set-up an arrangement such as this, or for advice, contact the Trust's waste competent person via the Planet FM helpdesk.



**It is illegal to store hazardous (sharps and orange sacks) and non-hazardous waste (offensive hygiene – yellow with black stripe sacks) in the same cart, so separate carts will be needed to ensure correct segregation and storage.**



Please inform your pharmacy technician regarding the disposal of controlled drugs, and refer to the "Policy for Prescribing, Supply, Storage and Disposal of Controlled Drugs within Lincolnshire Community Health Services NHS Trust"

## Appendix 5 – Guidance on the Storage and Security of Waste

Guidance on waste security can be found in the legislation for environmental waste, and carriage of dangerous goods and health and safety legislation.

Environmental waste legislation indicates security precautions at sites where waste is stored, which should prevent theft, vandalism, or scavenging of waste by pests. In addition, holders are required to take special care to secure waste that has a serious risk attached to it, such as infectious waste in orange sacks, medicine wastes in yellow, blue, and purple lidded boxes. Waste holders should undertake regular reviews of the waste in their possession to ensure that it has not been disturbed or tampered with.

Healthcare wastes sacks and boxes should never be left unattended in areas accessible to the public, nor should they be stored on the floor. Sharps boxes, which are in-use, should be out of reach of children and their closures should be in the temporary closed position when not being used.

Full sharps boxes should have their lid closed to the permanent position, the label fully completed, and they should then be taken to either a secure disposal point, the waste contractor's bulk-up cart, or kept securely in the clinic rooms whilst awaiting collection. Waste sacks that have been removed from their sack holders should be sealed and labelled with the premises name (and ward if applicable) and postcode, either using a marker pen or a printed self-adhesive address label. Registered identifiable tags would also suffice.

The regulatory guidance does not define what is meant by the term 'secure', but as it highlights healthcare waste for particular attention, the procedure recommends outside storage in locked 360 litre or 770 litre carts. These carts should not be accessible to the public, and carts in non-secure areas should be chained and padlocked to a secure object, and the combination code provided to the Trust's healthcare waste contractor. Furthermore, regular audits should be undertaken to ensure waste is not being disturbed or tampered with; if there is evidence of tampering, security arrangements should be reviewed and improved.

The regulatory guidance has highlighted Carriage Regulations apply to the Trust's waste storage compounds as they are used for dangerous goods storage, such as infectious waste. The regulations state that storage areas shall be properly secured, well lit, clean and tidy, and where possible and appropriate not accessible to the general public. They also state that premises should check the healthcare waste contractor's driver's identification prior to undertaking waste transfers. All carriers of dangerous goods are required to carry an identification card.

The regulatory guidance indicates that sites that do not possess a dedicated secure waste compound that meets all of these requirements should conduct a risk assessment to determine what level of security is acceptable. For healthcare waste storage areas which are accessible to the public, it may be necessary and prudent to conduct regular security checks and record details of these checks for review purposes. Checks should include; cart-lock checks and a check for evidence of any tampering. All bulk-up cart defects should be reported to the Trust's healthcare waste contractor via the Planet FM helpdesk.

Healthcare waste storage areas should have a 'No Unauthorised Persons' sign displayed where possible.

Premises that do not have a dedicated waste compound and are concerned about the security of their healthcare and other wastes could consider purchasing a secure wheelie cart storage systems.

**Appendix 6 – Infectious Clinical Wastes  
Disposal Process**

**Infectious Clinical Wastes Disposal Process**  
*(Where waste is produced in patient's own home)*

Author Cheryl Day (Update L Roberts, B Charlton & LCHS Estates)  
Version 6  
Date November 2019

**Purpose**

The purpose of this document is to provide community staff with an outline of the processes associated with the disposal of infectious clinical wastes produced by them in the patient's own home. This is to ensure that the wastes produced by the organisation are disposed of safely and in line with current legislative guidance.

**Scope**

The guidance is for use by staff who are employed by Lincolnshire Community Health Services NHS Trust.

This document contains questions and answers to common queries, the templates required to ensure that the process is safely implemented and the contact details of the waste contractors.

## Questions & Answers

### **Q1. What type of wastes require separate “infectious waste” disposal?**

All “infectious” wastes produced by the clinician in the patients home must under EU law be disposed of via a clinical waste stream. Infectious wastes produced by the clinician must not be disposed of via the domestic waste route.

(NOTE: Wastes produced by the patient is not subject to the same rules/regulations).

### **Q2. How do I know if the waste is “infectious”?**

It is the clinician’s responsibility to assess the wastes and determine if the waste is infectious or non-infectious. This may be determined through clinical examination, specimen testing or a pre-existing diagnosis.

The table at Appendix B is a useful tool to assist in the assessment of the “infectivity status” of the wastes.

### **Q3. When do I need to commence the waste disposal process?**

As a general rule if you are taking a wound swab because the wound looks infected – you must commence the infectious waste pathway. (See Appendix A) In addition all wastes which are contaminated with infectious body fluids (e.g. blood stained from a Hep B positive patient) or a confirmed infection (e.g. Strep. A in a wound) must be treated as infectious.

### **Q4. My patient is colonised with MRSA- do I need to organise the collection?**

Colonisation with a micro-organism in the absence of infection does not require an “infectious waste” collection to be implemented. However if the wound is infected this must be disposed of as infectious waste.

### **Q5. I have some “offensive/identifiable healthcare wastes”: How do I dispose of these?**

All PPE and consumables used during the care of an infected patient must be disposed of via the infectious waste disposal route. However, there are other wastes which are classified as “identifiable” or “offensive” healthcare wastes that may additionally require separate handling. A list of the frequently produced “offensive” wastes and recommended disposal methods is detailed at Appendix C.

### **Q6. What do I need to do to set up the collection?**

It is essential that your patient is made aware of the need for and reasons why you a special waste collection is required. A sample letter is provided at Appendix D

You must complete a risk assessment (see Appendix E) and identify with your patient/carer a safe, dry and secure place identified to store the wastes until collection. You will then need to obtain a supply of “Bio-bins”.

### **Q7. How do I obtain Bio-bins?**

Various sizes are available from NHS supply chain. For ordering codes, see Appendix G.

**Q8. So how do I arrange for the collection of the waste?**

You must fill in the infectious waste collection request form (Appendix F) and ensure that this is sent to PHS via secure email Form to be password protected (instructions at Appendix G) and emailed to [lincs@pfs.co.uk](mailto:lincs@pfs.co.uk) with a contact name and number of requester. The waste will be collected from the patient's home by PHS. In some business units a designated administrator may process the forms to PHS for you (it is your responsibility to confirm this – see Appendix G). A copy of the form must be additionally sent by the requestor to the Planet FM helpdesk to allow checking of invoices.

**Q9 Can I carry the waste in my own vehicle?**

The RCN have a preference for waste produced in patients homes to be collected by a contractor, however, even the RCN acknowledge sometimes the return of the waste in a healthcare workers vehicle is inevitable. Special carriage of dangerous goods compliant packaging must be used (e.g. Bio-bins for non-sharps waste), healthcare waste sacks are not compliant with carriage regulations and must not therefore be transported in staff vehicles.

**Q10. Does the process cost the patient any monies?**

The cost of the collection and provision of the boxes will be met fully by Lincolnshire Community Health Services NHS Trust

**Q11. When do I stop the collection?**

If your patient has a blood borne infection and is producing “blood stained wastes” it will be necessary to continue the collections until the patient has been discharged from your caseload.

Where a patient has a wound infection and the patient has received/is receiving antibiotics it is usually possible to discontinue the waste collection at around day 4 (this assumes that the wound is improving). Where the wound continues to show signs of infection the infectious waste collections must continue.

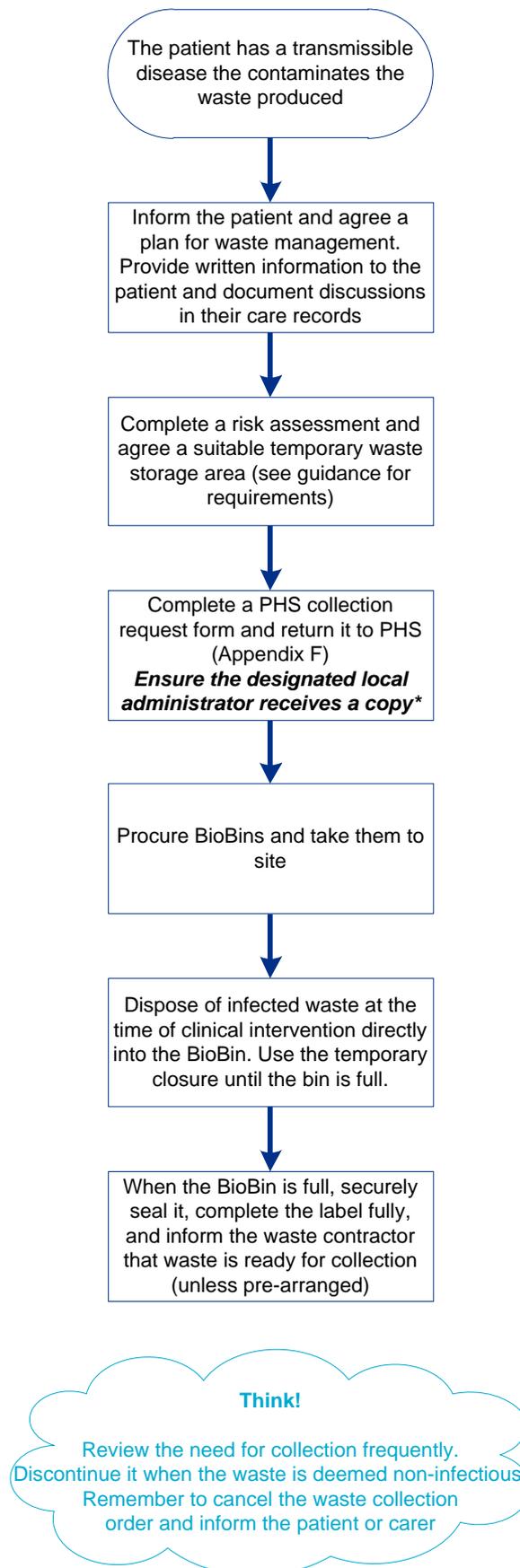
It is your responsibility to ensure (either directly by you or your designated administrator) that PHS are informed that the waste collections are no longer required for your patient.

**Q12. My patient refuses to allow me to set up the collection – what do I do?**

In some instances it may be permissible to carry the waste back to your base for disposal (as in Q9 above). It is recommended that if you have any questions you contact the Planet FM helpdesk with your query.

Non concordances must be reported via Datix.

## Appendix A – Process Pathway



\* Some business units have a designated business unit administrator who manages the referral process to PHS. Alternatively, contact Estates and Facilities

## Appendix B – Infectious Waste Assessment

Signs and symptoms of infection	Probability of infection	Comments
Is there presence of erythema or cellulitis?	High	Treat as infectious
Is there presence of pus or abscess?	High	Treat as infectious
Is the wound not healing as it should, or has healing been delayed?	Medium	Infectious or non-infectious at the discretion of the clinician
Is the wound inflamed and has it changed appearance, smell, pain level, or skin temperature?	Medium	Infectious or non-infectious at the discretion of the clinician
Is the patient on antibiotics for an infection present in the wound?	High	Infectious
Are you thinking of swabbing for infection?	Medium	Treat as infectious
Does the patient have a BBV infection?	High	Treat as infectious if stained by bodily fluids

## **Appendix C – Recommendations for disposal of consumables “offensive” wastes**

### **PPE**

PPE is generally regarded as offensive and if produced in small quantities and consistent with PPE likely to be found in household waste it may be bagged and discarded in the patient’s domestic waste bin.

### **Urinary catheter (indwelling and intermittent)**

If offensive (non-infectious) it may be double-bagged and discarded in the patient’s domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Urinary catheter drainage bag**

If offensive (non-infectious), contents to foul sewer (down patient’s toilet) emptied bags may be double-bagged and discarded in the patient’s domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Urinary flip flow valves**

As per other catheter/drainage bag wastes; if offensive (non-infectious) it may be double-bagged and discarded in the patient’s domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Stoma flanges**

If offensive (non-infectious) it may be double-bagged and discarded in the patient’s domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Stoma drainage bags**

If offensive (non-infectious) contents to foul sewer (down patient’s toilet) it may be double-bagged and discarded in the patient’s domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Peritoneal dialysis bags & tubing**

If offensive (non-infectious) contents to foul sewer (down patient's toilet) it may be double-bagged and discarded in the patient's domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Vacuum drainage bags and tubing**

These should be treated as infectious waste and disposed of in the Bio-bin waste stream. The householder should have the relevant procedures explained and training given at the time of prescription.

### **Naso-Gastric tubes**

If used for administering food it may be double-bagged and discarded in the patient's domestic waste bin, however, if used for administering medicines it would be regarded as clinical waste (due to the medicinal contamination) and require segregation and separate collection for incineration disposal (not an orange sack alternative treatment waste).

Naso-Gastric tubes contaminated with medications would require a blue coloured Bio-bin for the disposal route and as such the patient at home may need to be provided with more than one bin. i.e. if they have infectious waste and wastes contaminated with medicines as these should not be mixed in the same receptacle. The waste company would require informing that medicinal contaminated wastes may form part of the waste components for collection.

### **Rectal collection devices**

If offensive (non-infectious) contents to foul sewer (down patient's toilet) it may be double-bagged and discarded in the patient's domestic waste bin.

If infectious, a solidifying agent should be obtained to solidify any liquid wastes prior to placing it into the relevant colour coded Bio-bin. The waste company or council would require informing of the type of waste to be collected.

### **Feeding tubing for gravity & pump feeds**

If used for administering food (not medicines) there is no reason why this tubing should not be considered offensive (non-infectious) and therefore it may be double-bagged and discarded in the patient's domestic waste bin.

## **Appendix D – Sample Letter**

### **Information for patients regarding PHS home collections**

Dear Patient / Carer

Potentially hazardous clinical waste cannot legally be placed in your domestic waste bin by Lincolnshire Community Health Services NHS Trust staff. The healthcare worker treating you considers some of the waste generated during your treatment to be potentially hazardous at this time and therefore unsuitable for disposal in your domestic waste bin.

Your healthcare worker will have discussed and agreed a safe place on your premises to leave one of our clinical waste containers. The healthcare worker has placed waste that is unsuitable for your domestic waste bin in this container and will add more waste to this container whilst treating your condition over the next few days. Please do not open or place any other item in this container.

The most cost effective way for Lincolnshire Community Health Services NHS Trust to dispose of this clinical waste in is to have it collected by our waste contractor PHS UK Ltd., and the healthcare worker treating you will arrange for it to be collected by this contractor in about one week's time.

Once the healthcare worker is satisfied the clinical waste generated during the treatment of your condition is no longer potentially hazardous, there will be no need to separate it into one of our clinical waste containers and subject to your permission, the waste will be placed in your domestic waste bin.

If you require any further advice regarding the clinical waste left on your premises please contact your community nursing team/healthcare worker on the number below.

*<Add telephone number and name of the clinical team>*

## Appendix E – Waste storage risk assessment

<b>Patient's name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Date of birth</b>	
<b>NHS number</b>	
<b>Patient's GP</b>	
<b>Date risk assessment completed</b>	
<b>Healthcare worker carrying out risk assessment</b>	

Please tick the relevant boxes below

1. Information has been given to the patient or carer regarding the importance of segregating the clinical waste
  
2. Storage of the waste has been discussed with the patient or carer and they are willing and able to store the waste until collection by PHS. The healthcare worker will contact PHS to arrange collection of this waste Yes  Go to Q3  
No  Go to Q4
  
3. A suitable storage place has been agreed between the patient or carer, and the healthcare worker. *This needs to be a secured area, such as a shed or garage* Yes   
No
  
4. Where patient approval is not obtained, the waste must be placed in a Bio-bin, placed inside a Daniels Community Nursing Container, and removed by the healthcare worker

Date \_\_\_\_\_

Patients Signature \_\_\_\_\_  
 Healthcare Workers Signature \_\_\_\_\_

**CONFIDENTIAL** Fax or Attachment to a secure email

**Appendix F – LCHS new patient home collection request form**



Patient Name	
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Patient Address Including postcode	

Collection Requirements	No. of Bio-bins	Frequency

Account number	4643255
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Collections to commence from	
------------------------------	--

Staff member requesting and contact number	
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Call 02920 809716 or email to [lincs@phs.co.uk](mailto:lincs@phs.co.uk) to arrange collection

Then forward this form Estates and Facilities once completed to ensure invoice is paid

\*PHS Office completion\*

PHS Account No	XXXXXX
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Regular collection day	
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## **Appendix G – Information**

### **Bio-bins**

Further stock is available from NHS Supply Chain or from the Supplier

Econix Ltd,  
Unit 6 Parkwood Business Park,  
75 Parkwood Road,  
Sheffield,  
S3 8AL

T: 01143277573

T: 01143600709

F: 01142750662

### **Bio-bin NHS Supply Chain Order Codes**

1L: FSL690 Cardboard Based Clinical Waste Container Orange

2L: FSL418 Cardboard Based Clinical Waste Container Orange

5L: FSL694 Cardboard Based Clinical Waste Container Orange

30L: FSL871 Cardboard Based Clinical Waste Container Orange

### **Purchase Number for Invoices**

540001029

## Appendix H – Bio-bin instructions

### To use Bio-bin®

#### Stacked

Bio-bins come stacked which means more space efficiency

- Remove a Bio-bin from stack

#### Fill line

Do not fill above line to prevent overfilling

- Deposit non-sharp waste inside
- When full seal down (take note of fill line to prevent overfilling)

#### Waste information

To be filled in by user with type of waste, where it was created and when it was disposed of etc.

- Stack ready for disposal

#### Handle - New

Includes a small hole which allows an identification tag to be attached

Press here



#### To temporary seal

- Push sides inwards and fold down lid
- Fold over flap and press mushroom lock together where it states 'press here' to temporary seal

Peel release paper



#### Flat top

Bio-bin can be stacked post use



#### To permanently seal

- Remove Release paper
- Fold down as before and stick tabs down to line up with print on side of box

## Appendix 7 – Carriage of Infectious Wastes and Specimens in Vehicles

### Healthcare wastes produced by community healthcare workers in patient's homes

Healthcare waste generated by healthcare workers in the community, such as during a home or care home visit, is considered to be the healthcare worker's waste. Furthermore, all sharps will be considered infectious, and other non-sharps materials will be regarded as infectious waste unless an item, and or patient-specific assessment and segregation has taken place by the healthcare practitioner using the assessment procedure in Appendix 1. Infectious wastes cannot legally be disposed of in the patient's general waste cart, and these wastes need to be segregated from the non-infectious offensive or hygiene wastes. Segregated infectious fractions of waste should be managed by using a Bio-bin and arranging a collection from the patient's home. When then item is a sharp it may be necessary to return the waste to your base (using a Daniels Community Nursing Container) and dispose of the sealed container in the premise's healthcare waste contractor waste bulk-up carts.

A collection can be arranged with the local authority to collect and dispose of infectious waste generated from the treatment of a long-term health problem. For more information, please contact the Planet FM helpdesk.

With the patient's permission, small quantities of non-infectious offensive or hygiene wastes can be suitably double wrapped in white bags (not healthcare waste sacks) and placed in the patient's domestic waste cart.

### Sharps box carriage



The Daniels Community Nursing Container is recommended for community healthcare professionals who need to have a suitable container to hold small quantities of sharps produced in the course of their everyday roles. It also has a central section that can be used to carry diagnostic specimens, such as bloods or swabs, as these are also regarded as dangerous goods. These containers are available from NHS Supply Chain, or the manufactures website ([www.daniels.co.uk](http://www.daniels.co.uk)).

If diagnostic specimens are to be carried in the Daniels Community Nursing Container, then a supplementary carriage of dangerous goods compliant UN 3371 diamond should be applied to the container, with a minimum size of 100 mm<sup>2</sup>.

## Appendix 8 – Destruction of Controlled Drugs

Destruction of Controlled Drugs (based on Royal Pharmaceutical Society Guidance for Pharmacists on the safe destruction of Controlled Drugs) - For further guidance refer to individual SOPs.

### Methods and procedures for destruction.

Tablets, capsules and other solid dose forms	Remove from blister packaging (ensure gloves are worn) or bottle and place in a CD denaturing kit. Best practice would be to grind (using grinder in the box) or crush tablets and capsules before adding to the CD denaturing kit. NB if grinding or crushing solid dosage forms, ensure any particles of CD dust released into the air are minimised. Wear a suitable face mask, gloves and ensure the area is well ventilated.
Liquids	Liquids can be poured straight into the CD denaturing kit. Large quantities of liquids may need to be added and adsorbed into an appropriate amount of cat litter and then disposed of via the usual waste disposal method for medicines. The empty bottle should be rinsed out and the liquid disposed of into a pharmaceutical waste bin. Labels and other identifiers from the container should be removed or obliterated. The clean, empty container should be disposed of in the recycling waste.
Suppositories	Suppositories can be dissolved in a small quantity of hot water. The resulting liquid should be poured into the CD denaturing kit or added to an appropriate amount of cat litter as for liquids above.
Fentanyl Patches	Patient should be encouraged to remove their own patch Remove the backing and fold the patch over onto itself Patches removed from patients can be folded over into themselves and disposed of in the Household waste (if removed by patient) clinical waste if removed by staff. Suitable gloves must be worn.
Fentanyl Lozenges	Dissolve in a small quantity of warm water. The resulting liquid should be poured into the CD denaturing kit or added to an appropriate amount of cat litter as for liquids above.
Liquid ampoules	Liquid ampoules should be opened, the liquid placed in the CD denaturing kit and the ampoule itself placed into a sharps bin which is labelled "contains mixed pharmaceutical waste and sharps – for incineration". Suitable gloves should be worn.

Powder ampoules	Powder ampoules should have water added to dissolve the powder; the resulting mixture should be poured into the CD denaturing kit. The ampoule should be placed into a sharps bin which is labelled "contains mixed pharmaceutical waste and sharps – for incineration". Suitable gloves should be worn.
Multiple use vials	The contents should be removed from the vial (using syringe and needle) and added to the CD denaturing kit. The vial should be placed into a sharps bin which is labelled "contains mixed pharmaceutical waste and sharps – for incineration". Suitable gloves should be worn. Where no sharps bins are available empty ampoules can be placed in the denaturing kit.
Aerosol formulations	Aerosols should be expelled into water (to prevent droplets of drug entering the air) and the resultant liquid poured into the CD denaturing kit.
<p>Doses of CD injections or liquids that are prepared but not administered or only partly used (and less than 5ml) must be destroyed immediately by being emptied into the blue bins or sharps bin in the ward/dept. by a Registered Nurse and witnessed by a competent member of staff. There must be a gel sachet in the bottom of the bin. Any amount 5ml and over must be denatured in the provided denaturing kit. The CD register must detail the amount given to the patient and the amount destroyed.</p>	

## Appendix 9 – Waste Audit Tool

### Premises Annual Waste Audit Tool

These audit questions seek to confirm the premises wastes are being assessed, classified, segregated and colour coded in line with the relevant aspects of Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste. Trust premises produce no recognisable anatomical wastes and only rarely medicinally contaminated materials other than sharps. Small quantities of medicinally contaminated item (e.g. out of date medicines) can be disposed of in sharps boxes,

Colour coded healthcare waste sacks and boxes are characterised on hazardous waste consignment notes (HWCNs) according to Appendix 4.

The Appendix audit, review has been benchmarked against Environment Agency guidance EPR 5.07 and agreed with PHS Group plc (01/02/2013), if followed it meets the healthcare waste pre-assessment audit requirements for wastes destined for alternative treatment disposal, IPPC Transfer Station and clinical waste incineration.

Audit to be shared with respective teams at each premises on completion and additionally reported to the IPC committee annually.

<b>1.</b>	<b><i>Date of Audit</i></b>	
<b>2.</b>	<b><i>Auditor(s) &amp; Job Titles</i></b>	
<b>3.</b>	<b><i>Name and address of premise</i></b>	
<b>4.</b>	<b><i>Areas being assessed (Ward / Department / Service)</i></b>	<b><i>Assessed (Y / N / NA)</i></b>
<b>4.1</b>		
<b>4.2</b>		
<b>4.3</b>		
<b>4.4</b>		
<b>4.5</b>		
<b>4.6</b>		
<b>4.7</b>		
<b>4.8</b>		
<b>4.9</b>		
<b>4.10</b>		
<b>5</b>	<b><i>Healthcare waste produced per collection interval</i></b>	

5.1	<b>Number of Orange sacks</b>	
5.2	<b>Number of Tiger stripe sacks</b>	
5.3	<b>Number of yellow lidded sharps boxes</b>	
5.4	<b>Number of purple lidded sharps boxes</b>	
5.5	<b>Anatomical / Other</b>	
5.6	<b>Physical form</b>	As per HWCN
5.7	<b>Does the premise have a pharmacy</b>	
5.8	<b>Does the premise take back patient returned medicines</b>	
5.9	<b>Does the premise take back self-medicating patient sharps</b>	
6.	<b>Healthcare waste contractor outside bulk-up cart compliment.</b>	
6.1	<b>770 litre exchange / collection interval</b>	
6.2	<b>360 litre decant / collection interval</b>	
7.	<b>Hazards associated with sack / box contents</b>	As per HWCN
8.	<b>Composition:</b> All healthcare wastes assessed, classified and segregated as per Appendix 1 & 2 of the Trust Waste Policy. Compliance audits are undertaken in line with HTM 07-01. Recommendations via; observation of practices, visual observation of contents of sacks and boxes and questioning of clinical staff.	

#### Audit results from areas inspected in question 4

9.	<b>Non-Sharps Waste Management</b>	Y/N/NA	Comments
9.1	Are foot operated clinical waste boxes with Tiger stripe sacks easily accessible for offensive / hygiene wastes, and no medicines, chemicals or liquids are disposed of in these sacks?		
9.2	Are foot operated clinical waste boxes with orange sacks easily accessible for infectious waste, and no medicines, chemicals or liquids are disposed of in these sacks?		
9.3	Are recycling (or general waste) receptacles available in treatment areas for non-healthcare wastes such as hand-wash paper towels, uncontaminated couch roll and recyclable packaging?		

<b>9.4</b>	Aerosols must not be placed in healthcare, recycling or general waste sacks. If they are generated on the premise, are they segregated and separately managed (e.g. via a Veolia EcoBox)?		
<b>9.5</b>	Contaminated nominally empty containers (detergent, alcohol gel, hand wash gels etc.) should not be disposed of in waste boxes/sacks. Are they being segregated and separately managed (e.g. rinsed and recycled)?		
<b>9.6</b>	Are non-sharps wastes being segregated in line with Appendix 1 & 2 of this waste procedure? Physical audits are not recommended; contents of pedal-bins can be observed by flipping the lids to check visible contents, staff can be questioned and observations of practices made (also see Qs 13 & 14)		
<b>10</b>	<b>Specialist Dental Waste Management</b>	<b>Y/N/NA</b>	<b>Comments</b>
<b>10.1</b>	Is dental amalgam waste segregated and collected separately by a recycler? (it must not be placed in medicine/sharps boxes or orange/tiger-stripe sacks)		
<b>10.2</b>	Is amalgam waste characterised as dental amalgam waste on consignment notes and do these notes have the EWC code 10 01 10 on them?		
<b>10.3</b>	Does the premise have waste transfer notes to prove x-ray photochemical wastes are separately collected by a recycler and are these chemicals characterised with EWC 09 01 xx codes?		
<b>11</b>	<b>Waste Management Training Arrangements</b>	<b>Y/N/NA</b>	<b>Comments</b>
<b>11.1</b>	Do clinical staff receive waste assessment and segregation training?		
<b>11.2</b>	Do facilities staff receive waste collection, handling, storage and transfer training?		

<b>11.3</b>	Do other premise staff have sufficient guidance to segregate waste as per Appendix 3?		
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Auditors are required to make observations and record practices in surgeries; verbal questioning of

<b>12.</b>	<b>Sharps Waste Management</b>	<b>Y/N/NA</b>	<b>Comments</b>
<b>12.1</b>	Are yellow lidded sharps boxes available for sharps or medicinal (e.g. temperature abused vaccines) waste disposal?		
<b>12.2</b>	Are purple lidded sharps boxes available for sharps contaminated with hazardous medicines (e.g. Goserelin, Methotrexate, Progesterone, and Testosterone)?		
<b>12.3</b>	Are all sharps boxes assembled correctly and were they signed on assembly?		
<b>12.4</b>	Are temporary closures being used on unused sharps boxes?		
<b>12.5</b>	Are sharps boxes locked and signed when filled to the fill-line and are they taken to a designated secure clinical waste storage area?		
<b>12.6</b>	Are yellow lidded sharps boxes characterised as infectious clinical waste on hazardous waste consignment notes and do these HWCNs characterise these boxes as EWC codes 18 01 03 (infectious) and 18 01 09 (non-hazardous medicine)?		
<b>12.7</b>	Are the purple lidded sharps boxes characterised as infectious clinical waste on hazardous waste consignment notes and do these HWCNs characterise these boxes as EWC codes 18 01 03 (infectious) and 18 01 08 (hazardous medicine)?		
<b>12.8</b>	Do sharps appear to be being segregated in line with Appendix 1 & 2 of this procedure? (physical audits are not recommended)		

clinical staff (Q.13) and visual examination of sack/box contents (Q.14).

<b>13.</b>	<b>Clinical Staff Waste Segregation Questionnaire</b>	<b>Disposal Practice</b>
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<b>13.1</b>	How are contaminated single use liquid medicine measuring cups disposed of?		
<b>13.2</b>	How is continence waste disposed of?		
<b>13.3</b>	How are Medicine contaminated sharps disposed of?		
<b>13.4</b>	Show the clinical staff the list of non-chemotherapy hazardous medicines and ask which are produced on the premise		
<b>13.5</b>	Where are these hazardous medicine contaminated wastes disposed?		
<b>13.6</b>	How are nominally empty alcohol gel and hand wash soap containers disposed of?		
<b>13.7</b>	Ask clinical staff to list the injectables medicines they regularly use		
<b>13.8</b>	How are hand-wash paper towels disposed of?		
<b>13.9</b>	How are medicine waste spillage clean up materials disposed of?		
<b>13.10</b>	How are loose waste tablets disposed of?		
<b>13.11</b>	How are disposable gloves and aprons disposed of?		
<b>13.12</b>	How are controlled drugs managed/disposed of?		
<b>13.13</b>	How are wastes contaminated with blood disposed of?		
<b>14.</b>	<b>Receptacle Type</b>	<b>Location</b>	<b>Observed Contents</b>
<b>14.1</b>			
<b>14.2</b>			
<b>14.3</b>			

<b>14.4</b>			
<b>14.5</b>			
<b>14.6</b>			
<b>14.7</b>			
<b>14.8</b>			
<b>14.9</b>			
<b>14.10</b>			
<b>14.11</b>			
<b>14.12</b>			
<b>14.13</b>			
<b>14.14</b>			
<b>14.15</b>			
<b>14.16</b>			

<b>15.</b>	<b><i>Collection arrangements from treatment areas, handling, storage and transfer</i></b>	<b>Y/N/NA</b>	<b>Comment</b>
<b>15.1</b>	Are full clinical waste sacks appropriately tied off and stored in a designated secure area?		
<b>15.2</b>	Does the clinical waste storage area have a lockable clinical waste bulk-up cart(s)?		
<b>15.3</b>	If the healthcare waste contractor exchanges a 770 litre bulk up cart is the cart Bio-track tagged with the appropriate Bio-track tag denoting the contents of the cart?		
<b>15.4</b>	Are all the healthcare waste receptacles (sacks and sharps boxes) labelled so they can be traced back to the premise/ department/ward?		

<b>16</b>	<b><i>Hazardous Waste Registration and record keeping</i></b>	<b>Y/N/NA</b>	<b>Comment</b>
<b>16.1</b>	Does the premise produce more than 500kg of hazardous waste per year? if yes, is the premise registered with the Environment Agency as a hazardous waste producer?  Registration number.....  Expiry date .....		
<b>16.2</b>	Are hazardous waste consignment notes and quarterly returns available for healthcare waste and are these retained for 3 years?		
<b>17.</b>	<b>Recycling arrangements</b>	<b>Y/N/NA</b>	<b>Comment</b>
<b>17.1</b>	Is the premise recycling wastes adequately and does it have a dedicated bulk-up cart for comingled recyclables?		
<b>17.2</b>	Does the premise recycle WEEE and does it have waste transfer paperwork for transferred or collected WEEE?		
<b>17.3</b>	Does the premise have recycling boxes for toner/ink cartridges, or is this waste transferred to a separate bulk-up site?		
<b>17.4</b>	Is the premise a WEEE bulk-up point, if yes is the wastes stored safely and securely and is the waste transfer paperwork in order?		

### Audit, Review and Improvement Tool

No responses to Appendix 9 questions 9 - 12/15 – 17, inappropriate wastes identified in receptacles in question (Q 13), and inappropriate answers to clinical staff questionnaire (Q 13) need to be reviewed and assurances made that non-compliances will be addressed by the premise/Trust. The following tables explain why yes or in some cases N/A are compliant. Non-compliant waste streams identified in question 14 will need to be addressed by the premise, for example via staff meetings or signposting staff to the Appendices 1/2/3 segregation charts.

9.	Non-Sharps Waste Management	Compliance Requires	Suggested Improvement Program
9.1	Are foot operated clinical waste pedal-bins with Tiger stripe sacks easily accessible for offensive/hygiene wastes, and no medicines, chemicals or liquids are disposed of in these sacks?	Part 4; Regulation 18 of The Hazardous Waste Regulations 2005 bans the mixing of hazardous waste (orange sack) with non-hazardous waste (tiger-stripe sack).  Consider using tiger-stripe sack pedal-bins in areas where infectious waste is unlikely to be generated, or use both orange and tiger-stripe pedal-bins in the same treatment area.	
9.2	Are foot operated clinical waste pedal-bins with orange sacks easily accessible for infectious waste, and no medicines, chemicals or liquids are disposed of in these sacks?	Where infectious waste is produced it must be placed in orange colour coded bag and described as infectious. Orange sacks are destined for alternative treatment disposal and medicines and chemicals are <b>not</b> compatible with this treatment process.  See Segregation charts in Appendix 2.	
9.3	Are recycling (or general waste) receptacles available in treatment areas for non-healthcare wastes such as hand-wash paper towels, uncontaminated couch roll and recyclable packaging?	Hand-wash paper towels are not healthcare wastes and should be disposed of via the comingled recycling waste stream along with uncontaminated couch roll and packaging.  See Segregation charts in Appendix 2.	
9.4	Aerosols must not be placed in healthcare, recycling or general waste sacks. If they are generated on the premise, are they segregated and separately managed (e.g. via a Veolia EcoBox)?	Aerosols are generally hazardous wastes due to their flammable propellants; they should never be placed in sacks. They should be segregated and stored separately pending collection by an approved waste contractor.  If the aerosol is a medicine (e.g. anaesthetic spray) healthcare waste contractor will permit one aerosol to be disposed of in each sharps box.  Consider using alternatives to aerosols.  Non-medicinal aerosols can be segregated into an EcoBox from Veolia Environmental Services.	
9.5	Contaminated nominally empty containers (detergent, alcohol gel, hand wash gels etc.)	These are not healthcare wastes and should not be disposed of into healthcare waste sacks. They should be segregated; and subject to checking their contents	

	should not be disposed of in waste boxes/sacks. Are they being segregated and separately managed (e.g. rinsed and recycled)?	material safety data sheet COSHH information, triple rinsed and recycled. Care should be taken to utilise the appropriate personal protective equipment and to ensure the rinse waters from different materials will not cause an adverse reaction to occur producing dangerous gases or reactions.
<b>9.6</b>	Are non-sharps wastes being segregated in line with Appendix 1 & 2 of this waste procedure? Physical audits are not recommended; contents of pedal-bins can be observed by flipping the lids to check visible contents, staff can be questioned and observations of practices made (also see Qs 13 & 14)	Segregation of healthcare wastes according to the HTM 07-01 colour coded segregation approach is mandatory and ensures waste streams are stored, treated, recycled or disposed of in accordance with environmental waste legislation.  See Segregation charts in Appendices 1 & 2.

<b>10</b>	<b>Specialist Dental Waste Management</b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>10.1</b>	Is dental amalgam waste segregated and collected separately by a recycler? ( <i>it must not be placed in medicine/sharps boxes or orange/tiger-stripe sacks</i> )	Segregation into suitable containers and separate collection and recovery at a metal recycling facility.	Not currently applicable for the Trust.
<b>10.2</b>	Is amalgam waste characterised as dental amalgam waste on consignment notes and do these notes have the EWC code 10 01 10 on them?	Dental amalgam is identified in the EWC as a hazardous waste (EWC code 18 01 10).	Not currently applicable for the Trust.
<b>10.3</b>	Does the premise have waste transfer notes to prove x-ray photochemical wastes are separately collected by a recycler and are these chemicals characterised with EWC 09 01 xx codes?	X-Ray photochemical waste is identified in the EWC as a hazardous waste (EWC code 20 01 17) and should be transferred using a HWCN.	Not currently applicable for the Trust.

<b>11</b>	<b>Waste Management Training Arrangements</b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>11.1</b>	Do clinical staff receive waste assessment and segregation training?	H&SCA 2008 Criterion 9(p) Precautions in connection with handling waste should include:	

<b>11.2</b>	Do facilities staff receive waste collection, handling, storage and transfer training?	training and information (including definition and classification of waste)	
<b>11.3</b>	Do other premise staff have sufficient guidance to segregate waste as per Appendix 3?		

<b>12.</b>	<b>Sharps Waste Management</b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>12.1</b>	Are yellow lidded sharps boxes available for sharps or medicinal (e.g. temperature abused vaccines) waste disposal?	Orange lidded sharps boxes should not be used for any sharps containing medicines or any other medicine contaminated wastes	
<b>12.2</b>	Are purple lidded sharps boxes available for sharps contaminated with hazardous medicines (e.g. Goserelin, Methotrexate, Progesterone, and Testosterone)?	Hazardous medicines require incineration at a higher temperature than non-hazardous medicines and purple lids alert the incineration plant of this requirement.	
<b>12.3</b>	Are all sharps boxes assembled correctly and were they signed on assembly?	An audit trail is required to trace the origin of healthcare waste receptacles.	
<b>12.4</b>	Are temporary closures being used on unused sharps boxes?		
<b>12.5</b>	Are sharps boxes locked and signed when filled to the fill-line and are they taken to a designated secure clinical waste storage area?	An audit trail is required to trace the origin of the waste and that it has been correctly assembled, labelled, dated, locked and signed. This is the waste producer's responsibility not the waste collection contractor.	
<b>12.6</b>	Are yellow lidded sharps boxes characterised as infectious clinical waste on hazardous waste consignment notes and do these HWCNs characterise these boxes as EWC codes 18 01 03 (infectious) and 18 01 09 (non-hazardous medicine)?	Hazardous Waste Regulations (HWRs) require waste producers to describe their wastes accurately. The EWC for infectious waste sharps with residual non-hazardous medicine contamination is 18 01 03 and 18 01 09.  If the Trust fails to check whether healthcare waste contractor are describing the Trust's waste correctly it is failing in its waste duty of care.	
<b>12.7</b>	Are the purple lidded sharps boxes characterised as infectious clinical waste on hazardous waste consignment notes and do these HWCNs characterise these boxes as EWC codes 18 01 03 (infectious) and 18 01 08 (hazardous medicine)?	Hazardous Waste Regulations (HWRs) require waste producers to describe their wastes accurately. The European Waste Codes (EWC) for infectious waste sharps with residual hazardous medicine contamination are 18 01 03 and 18 01 08.  Waste incinerator operators are required to incinerate hazardous medicines separately from other wastes at a higher temperature; this is why they need to be segregated into purple lidded boxes.	
<b>12.8</b>	Do sharps appear to be being segregated in line with Appendix 1 & 2 of this	The contents of sharps boxes can be observed through the aperture staff can be questioned and	

	procedure? (physical audits are not recommended)	observations of practices made.	
<b>15.</b>	<b>Collection arrangements from treatment areas, handling, storage and transfer</b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>15.1</b>	Are full clinical waste sacks appropriately tied off and stored in a designated secure area?	Waste producers have a duty of care (DoC) to anyone coming into contact with their wastes (including the person collecting and disposing of it). Its packaging should remain intact during; handling, storage, in transport and prior to the disposal process. Breaches of waste DoC can result in prosecution by the Environment Agency or the Local Authority.	
<b>15.2</b>	Does the clinical waste storage area have a lockable clinical waste bulk-up cart(s)?	See Appendix 5	
<b>15.3</b>	If the healthcare waste contractor exchanges a 770 litre bulk up cart is the cart tagged with the appropriate tag denoting the contents of the cart?	See Appendix 4	
<b>15.4</b>	Are all the healthcare waste receptacles (sacks and sharps boxes) labelled so they can be traced back to the premise/department/ward?	See Appendix 4 - each sharps box and healthcare waste sack should be labelled so container or sub-container have a unique identifier for the original producer. Sharps box labels should be completed and sacks labelled with a permanent marker or with pre-printed address labels for the premise.	

<b>16</b>	<b><i>Hazardous Waste Registration and record keeping</i></b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>16.1</b>	<p>Does the premise produce more than 500kg of hazardous waste per year? If yes, is the premise registered with the Environment Agency as a hazardous waste producer?</p> <p>Registration number.....</p> <p>Expiry date .....</p>	<p>Any waste producer producing more than 500 kg of hazardous waste in any 12 month period is required to register with the Environment Agency (phone 08708 502858 and ask to make a 'hazardous waste notification') as a hazardous waste producer.</p>	
<b>16.2</b>	<p>Are hazardous waste consignment notes and quarterly returns available for healthcare waste and are these retained for 3 years</p>	<p>The HWR require producers of hazardous waste to keep certain records of their arisings for 3 years, keeping all hazardous waste consignment notes and quarterly returns from the waste disposal/recovery contractor fulfils these requirements. Failure to keep these records can result £300 fixed penalty notice from the Environment Agency.</p>	

<b>17.</b>	<b>Recycling arrangements</b>	<b>Compliance Requires</b>	<b>Suggested Improvement Program</b>
<b>17.1</b>	Is the premise recycling wastes adequately and does it have a dedicated bulk-up cart for comingled recyclables?	Part 5, Regulation 12(1) of The Waste (England and Wales) Regulations 2011 requires waste producers to take all measures available to apply a hierarchy of priority when transferring wastes; and recycling is higher in the hierarchy than disposal, consequently mixing recycling waste with general waste (which is destined for landfill disposal or energy recovery in cement kilns would be breaching this legislation.)	
<b>17.2</b>	Does the premise recycle WEEE and does it have waste transfer paperwork for transferred or collected WEEE?	The same argument as 17.1 applies to WEEE wastes	
<b>17.3</b>	Does the premise have recycling boxes for toner/ink cartridges, or is this waste transferred to a separate bulk-up site?	The same argument as 17.1 applies to toner/ink cartridge wastes	
<b>17.4</b>	Is the premise a WEEE bulk-up point, if yes is the wastes stored safely and securely and is the waste transfer paperwork in order?	See Appendix 5 for security. Waste duty of care law requires waste transfer paperwork for all waste transfers.	

### **Summary Report**

This review of non-compliant findings from the audit summarises the improvement program that will be implemented by the practice.

Results of audits will be raised to the Health & Safety Committee.

I certify I have completed this audit, review and improvement program thoroughly and;

- i) Any non-compliances (i.e. no responses in questions 9-12/15 – 17), have been addressed via the improvement programs highlighted in the right-hand column of the above tables by the practice,
- ii) Clinical staff have been questioned using the questionnaire and incorrect responses have been addressed via practice meetings or signposting staff to the Appendix 1/2/3 segregation charts of the waste Policy,

- iii) Non-compliances associated with observational audits of clinical waste bins have been addressed via practice meeting or with individual staff members.

**Signed:**.....

**Name and Job Title:**.....

## Appendix 10 – Equality Analysis

**NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required**

### Equality Impact Analysis Screening Form

Title of activity	Implementation of new Trust Waste Policy.		
Date form completed	June 2021	Name of lead for this activity	Benjamin Charlton

Analysis undertaken by:		
Name(s)	Job role	Department
Benjamin Charlton	Facilities & Waste Advisor	Facilities

What is the aim or objective of this activity?	To implement a waste Policy to be used by the Trust.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	All staff, patients, carers & visitors.

#### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Impacts (what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

### Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

### Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: June 2023