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| **Waste Management Policy** |
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# Purpose

North Somerset Community Partnership (NSCP) is committed to the provision of high quality services in environments that are safe for patients, staff and visitors alike.

NSCP is committed to ensuring the health, safety and welfare of its employees and contractors who are involved in the management, handling, storage and disposal of waste and of others who may be affected by waste materials, which result from its work.

This policy has been produced to describe NSCP’s management arrangements for ensuring that all waste generated as a result of their activities is managed in accordance with all legal requirements, associated technical guidance and Codes of Practice.

The Health Technical Memorandum (HTM) 07-01: ‘Safe management of healthcare waste’ is recognised as the Department of Health’s (D H) framework document for good practice for the management of healthcare waste. This was updated and issued in March 2013.

The HTM 07–01 advises that healthcare waste is any waste produced by, and as a consequence of, healthcare activities. The document guidance also applies to offensive/ hygiene and infectious waste produced in the community from non-NHS healthcare sources.

The Environmental Protection Act 1990 is the principal Act that imposes a ‘Duty of Care’ on producers of waste and as part of its legal responsibilities, NSCP is required to accept responsibility for waste management from the point of origin through to final disposal.

# Statement

NSCP is committed to ensuring the health, safety and welfare of its employees and contractors who are involved in waste disposal and of others who may be affected by waste materials which result from its work. The policy applies to all employees of NSCP. It is intended to enable NSCP to safeguard employees and all other persons during the handling, storage and disposal of waste. NSCP’s main objectives with regard to waste management are to:

* Ensure that all waste, produced in all areas of NSCP and in patient’s homes arising from care given by the employees of NSCP as detailed in the Health and Safety at Work Act 1974 and the Environmental Protection Act 1990, is handled, collected, segregated and disposed of safely and in accordance with statutory requirements best practice and NSCP procedures.
* Ensure that all waste containers are correctly stored, locked and labelled in accordance with the statutory and NSCP procedural requirements.
* Monitor contractor compliance with statutory requirements and NSCP standards for waste disposal
* Ensure that records of waste consignments are kept in accordance with statutory requirements.
* Monitor the arrangements for the collection, storage and disposal of all waste.
* Provide staff with suitable information, instruction and training to ensure that NSCP’s waste management Procedure and procedures are understood and followed.
* Provide staff with appropriate personal protective clothing for handling waste.
* Require suppliers to reduce the level of waste packaging provided with their goods or services in line with the Producer Responsibility Obligations (Packaging Waste) Regulations 1997.
* Ensure that equipment used for disposing, storage and removal of waste complies with statutory and NSCP Procedure requirements.
* Ensure that all waste is segregated to comply with statutory requirements and codes of best practice.
* Ensure that all electrical and electronic equipment is handled, segregated and disposed of to comply with statutory requirement and Codes of Practice.

In the community and domestic settings in particular, waste is often disposed of through the domestic waste route. NSCP recognises that through the provision of healthcare within these settings, arrangements must be in place to ensure health and safety issues are considered, risk assessed and managed appropriately following current waste disposal guidance. This should ensure that contaminated waste is put into the correct disposal category and does not cause subsequent harm.

# Statutory Requirements and Definitions

All organisations who manage waste and/or have responsibility for the management of waste are required to fully comply with a duty of care to safely manage the handling, storage and disposal of the waste in a correct and proper manner. The statutory requirements covering the duty of care in waste management are contained in:

* The Environmental Protection Act 1990 (section 34)
* The statutory duty of care applies to everyone in the waste management chain. It requires producers and others who are involved in the management of the waste to prevent its escape, and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal. A key element to the duty of care is the requirement for producers (other than householders) to keep a written description, adequately describing the type and quantity of waste. This should accompany the waste as it is moved from point of production to point of final disposal
* Department of Health Environment and Sustainability HTM 07-01 Safe Management of Healthcare Waste sets out clear guidance and best practice, detailing all arrangements, protocols and procedures relating to healthcare waste

Under the duty of care, waste producers have a duty to classify and describe their waste correctly as hazardous or non-hazardous waste categories as identified in Appendices 1 and 2. Waste management includes the following topics:

* Categorisation and segregation of waste
* Safe handling, storage and disposal of healthcare waste by staff
* Transportation of waste
* Waste minimisation
* Recycling of waste

NSCP recognises that every effort should be made to minimise the volume of waste produced and, wherever possible, find an alternative where hazardous or difficult to dispose of products are used.

# Roles and Responsibilities

#  The Chief Executive

The Chief Executive has overall responsibility on behalf of NSCP for managing all aspects of health and safety. In practice, the responsibility for the management and control of waste is delegated to the Director of Quality, Nursing and Therapies.

# 4.2 The Director of Quality, Nursing And Therapies

* Ensure that in view of the diversity of NSCP operations and the range of waste materials encountered, appropriate procedures and protocols are developed in line with service or functional needs, taking into account hazardous waste and also including waste materials that are not normally considered hazardous to health (non-hazardous waste)
* Be responsible for the co-ordination of all waste management issues and for improving the control of waste
* Ensure that adequate waste management arrangements are implemented and maintained on all NSCP premises
* Ensure the provision of expert, competent advice by the Facilities and Health and Safety Manager
* Ensure that there are staff on each site who are properly trained and co- ordinated to deal with day-to-day waste management issues
* Ensure that any risk to a person’s safety is adequately controlled, and reduced to the lowest level which is reasonably practicable
* Ensure that all staff involved in the handling of healthcare waste are offered vaccination against Hepatitis B through the Occupational Health Service
* Ensure that adequate resources are available to provide equipment that complies with statutory requirements
* Inform staff, patients, visitors, contractors and others of the policy
* Ensure that this policy is adhered to by staff and that resources are available to ensure effective implementation

# 4.3 Senior Managers (to include Executive Managers, Business and Service Delivery Managers)

* Ensure that risk assessments are undertaken with regard to safety arrangements for the management of waste
* Ensure that the control measures identified in the risk assessments are implemented
* Ensure that all potential hazards from waste are correctly assessed and identified, and that appropriate measures are taken to protect the health of employees and those who are contracted out to transport and dispose of the waste
* The procedures and guidelines identified in this policy are adhered to and that arrangements are monitored following incidents relating to waste management
* All staff are aware of the correct procedures for waste management and have received appropriate waste management training
* As appropriate, staff are provided with personal protective equipment for the safe handling of waste, as identified in the risk assessment
* All adverse incidents associated with waste management (e.g. failure of collection service, significant spillages, insufficient containers etc.) are reported immediately to the Facilities and Health and Safety Manager and to other relevant senior staff as appropriate
* All accidents associated with the handling of waste are reported and investigated in accordance with NSCP’s Incident Reporting Procedure (Datix) and to ensure, where appropriate, that reports are made to the Occupational Health Service
* Ensure any staff with health concerns, or who become ill due to occupational exposure, are referred to the Occupational Health Service. To further ensure that relevant staff have access to Hepatitis B vaccination through the Occupational Health Service and the procedures set out in the Prevention of Occupational Exposure to Blood-Borne viruses (BBVs), including Prevention of Sharps Injuries Procedure are followed
* All relevant staff are provided with appropriate information, instruction and training on waste segregation and disposal procedures
* Staff attend the Waste Management training, including refresher and update courses

#  The Facilities, Health & Safety Manager

Advise on and ensure that there are adequate arrangements in place for the management of waste at each NSCP site, including the monitoring and review of all waste management arrangements on NSCP premises

* Liaise with the Local Authorities to ensure the appropriate management of healthcare waste from community healthcare provision;
* Ensure that the provisions of the contract with the Waste Contractor, including all arrangements for transport, licences, consignment and transfer notes are in line with statutory requirements
* Advise on the content of staff training and ensure that records of staff training in relation to waste management are maintained
* Monitor compliance with all relevant NHS Estates and NHSE Controls Assurance Performance Indicators
* In liaison with the Health and Safety Advisor to monitor compliance with hazardous waste procedures within all areas of NSCP in order to reduce the possibility of infection and any adverse impact on patient care
* Arrange for an annual waste audit to be carried out and to provide an annual report to the Director or Quality, Nursing and Therapies
* Ensure all waste contractors comply with the relevant statutory and health and safety related standards
* Ensure that waste is only transferred to authorised persons, i.e. a regulated waste carrier or disposal licence holder
* Ensure all contractors employed by or working on behalf of NSCP will make the necessary arrangements to comply with NSCP’s waste management Procedure and waste management procedures.

#  The Facilities, Health & Safety Manager

Has day to dayresponsibility for ensuring adherence to the contract for the management of waste at each NSCP site. The Facilities and Health and Safety Manager will ensure:

* All waste containers used conform with appropriate standards
* Arrangements are in place for the regular collection and removal of waste containers
* There is the provision of a secure, clean compound for waste containers prior to their collection for off-site disposal
* The implementation of recycling facilities for non-hazardous waste, as appropriate
* Act as NSCP point of contact for waste enquiries
* That the risks associated with the various categories of waste are identified and minimised and will, by developing safe systems for containment and defining standards for disposal ensure:
* Waste is correctly segregated
* An adequate number of waste containers and receptacles for the storage of waste are provided and are readily accessible
* Waste containers are correctly secured and labeled before leaving the service area in accordance with statutory requirements
* Procedures are in place for dealing with waste spillage

Arrangements are in place for the disposal of all waste products regularly, safely and in accordance with statutory requirements.

#  The Facilities, Health & Safety Officer

Has day-to-day responsibility for ensuring adherence to the contract for the management of waste at each NSCP site. The Health and Safety Advisor will:

* Carry out risk assessments and ensure that the written risk assessments are reviewed at least annually and following any incident involving non- compliance with waste management procedures
* Ensure that adequate procedures are in place to enable a prompt response to any waste related incident
* Ensure that, when necessary, incidents are reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
* Investigate any waste related incident in conjunction with the Facilities and Health and Safety Manager.
* Ensure all major breaches of the waste management procedures are reported to the Director or Quality and Clinical Effectiveness and the Health and Safety Committee (HSAG).

#  All Employees

Have a general duty to take reasonable care of their own safety and that of others who may be affected by their actions, and to co-operate with NSCP in meeting its health and safety responsibilities. Employees will ensure that all waste is:

* Appropriately segregated and placed in the correct waste container
* Traceable where required to source
* Transferred to waste collection points and stored safely and securely. NB waste handlers are responsible for transferring waste bags from the point of use to the waste container and must follow the control measures identified in the risk assessment. Employees will:
* Not intentionally or recklessly interfere with anything provided for the purposes of protecting waste management safety or welfare at work, including personal protective equipment
* Report all incidents, concerns or failure of equipment/safe systems of work using NSCP’s Incident Reporting Procedure (Datix)
* Report any illness that has resulted through occupational exposure to their line manager, and to take appropriate action in accordance with the recommendations of the Occupational Health Service
* Attend training and refresher courses as identified in line with their job role
* Adhere to the provisions of this Procedure and any risk assessments and control measures identified.

# The Waste Contract Operator / Transportation of Waste

It is NSCP’s legal responsibility to verify that the waste contractor is registered as a waste carrier, has a valid waste management licence / permit for the disposal of waste prior to waste being removed from site. NHS organisations take ownership of their waste from generation through to transport and ultimate disposal. The Facilities and Health and Safety Manager will make arrangements for the waste contract operator to be audited by NSCP on an annual basis.

NSCP’s contract with the Waste Contract Operator will ensure that:

* The above provisions are adhered to
* Incidents of damage or defect occurring to any waste containers or machinery are reported to the Facilities and Health and Safety Manager immediately
* Incidents of incorrect waste handling procedures by NSCP staff (e.g. incorrect use of colour coded refuse bags) are reported to the Facilities and Health and Safety Manager
* Appropriate waste consignment and transfer notes are completed and recorded
* All certificates for the storage of waste are maintained and retained for a minimum of two years
* There is the provision of appropriate equipment for the transportation of waste throughout NSCP.

# Segregation of Waste

Hazardous healthcare waste, including potentially infectious and pharmaceutically contaminated waste will be segregated from other healthcare waste during care delivery as identified in Appendix 6 of HTM 07 01. The waste will be identified in accordance

with the categories set out in Appendix 1 of this policy and placed in the correct colour coded receptacles as identified in Appendix 2.

Non-hazardous healthcare waste, such as hygiene waste, will be packaged and managed in accordance with the provisions of Appendices 1 and 2 and the criteria set out in 10 below - Management of Healthcare Waste in the Community.

Effective segregation of hazardous and non-hazardous healthcare waste is important in controlling infection and reducing waste management costs.

# Safe Handling of Hazardous Waste

NSCP will ensure that all staff involved in the handling of waste receive the appropriate and relevant training to ensure that they are aware of the correct procedures for segregating, handling and disposing of waste.

Waste will be disposed of as close to the point of use as possible, and immediately after use.

**Preparation and Staff Protection**

* All staff handling healthcare waste should be offered appropriate immunisation.
* All staff handling healthcare waste should be made aware of the benefits of basic hygiene including hand washing and the importance it has in reducing the risk from handling healthcare waste. All staff involved in handling healthcare waste should have easy access to hand washing facilities.
* NSCP staff involved in the collection and movement of all types of waste will wear protective clothing and Personal Protective Equipment (PPE) appropriate to the type of waste being collected. The appropriate equipment should be identified as part of the risk assessment for the task being implemented. The risk assessment should identify the precautions to be taken. This should avoid any contamination from waste itself or from touching potentially contaminated bags or containers.
* Where PPE is provided, employees are obliged to use it and also to report any defect, excessive wear or malfunction to their line manager so that the equipment can be replaced or if appropriate repaired.
* PPE will be identified within the risk assessment but may include protective gloves, aprons, protective glasses or footwear.
* NSCP shall ensure that suitable waste receptacles are readily available, and in visible places at the point of use/waste generation, e.g. where sharps are being used, sharps boxes must be directly at the point where sharps waste will be.
* Sacks containing household or clinical waste should be handled with care and should only be picked up by the neck.
* Sacks containing waste of any type must not be thrown, dropped or manually compressed into any type of container.
* Waste receptacles are to be sealed when full.
* Bags or sharps boxes are not to be filled to more than 3⁄4 capacity.
* All bags must be tagged appropriately
* Waste containers are to be kept upright, during use or when full
* Items are never to be removed from waste receptacles. Sealed bags/containers should never be reopened
* After dealing with waste, staff should ensure that they dispose of any used PPE appropriately into waste receptacles
* Hand hygiene should be performed following any waste handling/disposal in accordance with the provisions of the Hand Hygiene Policy
* Containers that are not labelled, over-full, damaged or incorrectly sealed will be rejected and bought to the immediate attention of the manager responsible for the particular collection point and the Facilities and Health and Safety Manager.

# Purpose

Unused, clean waste bags/containers will be stored in a clean area until they are required.

Waste containers will need to be stored before transport for disposal elsewhere. The size, location and layout of storage will depend upon the type and quantity of the waste produced and the frequency of collections. Waste should not be allowed to accumulate in corridors or other places accessible to members of the public. Only waste containers Labelled with the place of origin will be collected for disposal. This is to ensure that the source of waste can be determined at any time en-route to the disposal point.

NSCP will undertake to provide safe storage areas that are:

* Reserved for waste only and in a designated safe area which is easy to clean
* Well lit and ventilated
* Enclosed, lockable and secure with authorised access only
* Clearly marked with warning signs and secure to prevent un-authorised access
* Sited away from food preparation and general storage areas and from routes used by the public
* Provided with a separate storage for sharps containers
* Provided with access to first aid and washing facilities
* Cannot be accessed by animals

# Spillages from waste containers / receptacles

If bags/containers are leaking they should not be instantly moved, but this should be reported to the line manager/Facilities and Health and Safety Manager to ensure that steps are taken to safely manage any spillages/loose items immediately, and to carry out decontamination procedures where applicable.

NSCP will ensure that there is a readily available supply of appropriate spillage kits to help ensure the correct action in the event of a spillage is able to be taken. Spillage kits will be provided at each NSCP site and will contain, for example:

* Disposable gloves
* A disposable apron
* An infectious waste sack/medicinal waste receptacle
* Paper towels
* Disposable cloths
* Disinfectant as recommended
* A means of collecting sharps

Sharps must not be picked up by hand. Spilled waste and any absorbent materials need to be placed in an infectious waste receptacle for disposal. Any exposed sharps should be managed following the procedures identified in the Sharps, Needle-stick Injuries and Blood Borne Viruses Policy.

# Management of Healthcare Waste in the Community

Where care is provided in the community (private dwellings) and ‘healthcare’ waste is generated from the activities of a healthcare worker, the healthcare worker is responsible for ensuring the waste is managed correctly. Risk assessments in accordance with HTM 07-01 must be carried out and the control measures identified strictly adhered to. This should ensure that contaminated waste is put into the correct disposal category and does not cause subsequent harm.

Those who care for themselves at home and as such generate waste must also be a consideration and appropriate support and guidance must be in place locally for them to ensure waste is disposed of correctly.

The local procedure for the management of healthcare waste in the community is undertaken by North Somerset Council. Full details of the service or advice can be obtained through the Waste Management Service, North Somerset Council on 01934 888 802.

North Somerset Council will give advice on storage and determine collection frequencies that will take into account storage conditions and bulk.

Healthcare workers are not permitted to transport waste that is hazardous. However, a small sharps container for the disposal of sharps following the administration of an injection is permitted. The sharps container must be closed during transit and contained within another container such as a bag or box.

Community healthcare can take many forms and occurs in various environments. It includes activities undertaken by all healthcare workers who provide services outside of the hospital to:

* Patients in their own home
* Residents of care homes (without nursing care)
* House holders who are self-medicating and self-caring

It should be noted that ‘patients in their own houses’ includes those living in assisted premises where there is on site monitoring of residents activities to help to ensure their health, safety and wellbeing.

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

A rational approach to assessment of infectious waste is applied using a risk-assessment approach. Both infectious and offensive waste streams require management in community settings. Using this rational approach we will reduce unnecessary costs and introduce the potential carbon savings associated with the unnecessary treatment of non-infectious waste.

It should be noted that other community healthcare workers not listed above should refer to the main guidance and sector guides where applicable. This section does not apply to:

* general practices;
* healthcare/medical centres;
* care homes with nursing care;
* dentists; or
* any other form of healthcare practice.

**Waste risk assessment**

**Infectious waste**

Waste is classified as infectious waste where:

* It arises from a patient known or suspected to have an infection, whether or not the causal agent is known, and where the waste may contain the pathogen; or
* Where an infection is not known or suspected, but a potential risk of infection is considered to exist.

This assessment must be done on a patient-specific basis. This should be classified as hazardous infectious waste and should be packaged appropriately and sent for suitable treatment and disposal (see Table 15). 6 The Carriage Regulations (see Chapter 4, ‘Healthcare waste definitions and classifications’) differentiate between two types of infection risk:

* **Category A infectious substances (UN 2814):** the United Nations produces a list of infectioussubstances classified with Category A andincludes viral haemorrhagic fevers;
* **Category B infectious substances (UN 3373):** this classification includes all other wasteclassified as infectious waste and these are themost common types of infectious waste.Category B infectious waste substancesconsigned as waste will be to UN 3291.

**Management of Category A infectious waste in the community**

In practice, it is unlikely that Category A infectious waste will be encountered in the community setting. Category A substances are likely to cause life-threatening disease and, in general, are able to spread easily and therefore pose a risk to the local community and healthcare workers. If it is suspected that a Category A infectious substance has been encountered, the Health Protection Agency and the Department for Transport should be informed for additional advice and authorisations regarding the movement of the waste.

The Carriage Regulations specify that Category A substances should only be packaged in specialist packages and boxes – for further details see Chapter 7, ‘Transport packaging and operations’ for transport requirements of Department of Health 07/01 Safe Management of healthcare waste.

**Management of Category B infectious** **waste in the community**

Where waste is generated by a healthcare worker for people in their own homes, the healthcare worker is responsible for ensuring that the waste is managed correctly; this is part of their duty-of-care.

**Assessing whether waste poses a risk of infection**

Healthcare workers working in the community and in the household environment need to assess the waste they are producing for the hazardous properties it may contain, most notably, “infectious” or offensive waste.

To accurately assess whether the waste generated is infectious, a risk assessment should be performed. This should be based on the **professional** **assessment, clinical signs and symptoms, and** **any prior knowledge of the patient**. The following initial generic risk assessment is to be used in conjunction with the waste assessment provided in ‘Healthcare waste definitions and classifications’.

The usual contaminants associated with typical items of healthcare waste are blood and body fluids incorporating urine, vomit, sputum, faeces, pus and wound exudates. These general categories should be used to subcategorise the waste as either:

* infectious – waste from any known or suspected infection, and from any other cases where a risk of infection has been identified; or
* contaminated with body fluids more suited to the offensive classification (that is, lower risk wastes).

The waste, the risk posed by the waste and the waste classification will always be classified the same regardless of the healthcare setting (for example whether in the acute hospital or the community environment).

Examples of contaminated items are swabs/wipes, bandages, bed pads, equipment, protective clothing (gloves, aprons), single-use items. Table 15 provides a matrix for classifying offensive and infectious waste in the community.

**Note on patients colonised with microorganisms that staff traditionally manage with protective equipment such as gloves and aprons (for example MRSA, glycopeptide-resistant enterococci (GRE) or colonisation with other multi-resistant bacteria)**

Where a patient in the community has been found to be carrying a multi-resistant organism and is being cared for by a healthcare worker, the healthcare waste generated is not necessarily infectious.

In assessing the risk of infection from waste produced by such a patient, the following should be considered:

Is the patient colonised but not receiving specific treatment for infection with this microorganism (for example MRSA)?

If the answer is “yes”, the status of the patient does not affect the assessment of the waste. The healthcare worker should refer to the wound and dressing assessment given in part 1 and part 2 in this sector guide.

Is the patient colonised and receiving treatment for an infection (for example, MRSA)?

If the answer is “yes”, an assessment of waste is required.

Is the patient infected with MRSA and receiving treatment, and is the microorganism present in the waste generated?

If the answer is “yes”, the waste produced should be classified as infectious waste.

**Table 15 Risk assessment approach to waste segregation based on likelihood of infection being present**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contaminant** | **Proposed general classification** | **Examples** | **Exception to this rule** |
| Urine, faeces, vomit and sputum | Offensive (where risk assessment had indicated that no infection is present, and no other risk of infection exist) | Urine bags, incontinence pads, single-use bowls, nappies, PPE | Gastrointestinal and other infections that are readily transmissible in the community setting (e.g. verocytotoxin-producing *Escherichia* *coli* (VTEC), campylobacter, salmonella, chickenpox/shingles)Hepatitis B and C, HIV – only if blood ispresent |
| Blood, pus and wound exudates | Blood, pus and wound exudates Infectious unless assessment indicates no infection present. If no infection, and no other risk of infection, then offensive | Dressings from wounds, wound drains, delivery packs | Blood transfusion itemsDressings contaminated with blood/wound exudates assessed not to be infectious.Maternity sanitary waste where screening or knowledge has confirmed that no infection is |

**Notes:**

All Category A and B species, and therefore downstream waste items, will be deemed infectious/hazardous under waste regulations irrespective of the contaminant matrix.

Potential hazards from the use of cytotoxic and cytostatic medicines may also be relevant in some instances and with some drugs. This would also prevent the waste being considered offensive.

Following the generic assessment, there are two further parts to the risk assessment.

***Part 1: wound assessment***

The following criteria are based on the Delphi process of identifying wound infection in six different wound types (European Wound Management Association, 2005).

|  |  |
| --- | --- |
| **Signs and symptoms of****infection** | **Probability of wound being****infected** |
| **Is there presence of erythema/cellulitis?** | High |
| **Is there presence of pus/ abscess?** | High |
| **Is the wound not healing as it should, or has healing been delayed?** | Medium |
| **Is the wound inflamed and has it changed appearance?** | Medium |
| **Is the wound producing a pungent smell?** | High |
| **Is the wound producing an increased purulent exudate?** | Medium |
| **Has the wound increased in pain?** | High |
| **Has there been an increase****in skin temperature?** | Medium/Low |
| **Is the patient on antibiotics for an infection present in the wound?** | High |
| **Is the wound to be swabbed for infection?** | Medium |

**Note:**

It should be recognised that this is not an exhaustive list of signs and symptoms of wound infection and that different types of wound will present differently. This tool is to assist in the basic assessment of all wounds in order to correctly categorise whether the waste produced contains an infectious fraction and therefore infectious waste. Further information and advice regarding assessment of wound infections should be sought from the local tissue viability specialist nurse.

**I**f the wound assessment indicates that the wound is infected, all associated contaminated dressings etc should be classified as infectious waste to comply with the definitions of infectious waste.

If there are any other reasons why the waste may present a risk of infection, it should be classified as infectious waste and disposed of appropriately. If the waste is infectious, this will need to be packaged for appropriate treatment and disposal. This will usually be in an orange bag.

***Part 2: non-infectious dressings***

Where either assessment above has identified that the dressing is not infectious, the following should be considered (noting that the type of dressings that are produced in the community by a healthcare worker can vary greatly):

1. Contaminated dressings from a wound assessed by the healthcare worker as non-infectious can be treated as non-hazardous and should be contained and disposed of in the offensive/ hygiene stream.
2. Any recognisable item of non-infectious healthcare waste cannot legally be disposed of in the black-bag waste stream and should therefore be disposed of in the offensive/hygiene waste stream.
3. Mixed domestic waste does contain small numbers of plasters, small dressings and incontinence products. Where the healthcare worker produces the same or similar items, these – with the following considerations – can be double-bagged and placed in the domestic waste (with the householder’s permission). The following should be considered:
4. Type of healthcare waste – if it looks like a healthcare waste, and is not obviously a normal constituent of domestic waste, then it should not go in the black bag;
5. The quantity produced – where a number of small dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive/hygiene waste. If, however, the amount produced is relatively small and consistent with that likely to be found in the household waste stream (for example that bought from a local pharmacy or supermarket by the householder), it may be discarded in the domestic waste;
6. Packaging – where such waste is placed in the domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange, as the waste is not deemed to be infectious – thin opaque plastic bags such as sandwich bags and bin liners are appropriate.

**Offensive/hygiene waste arising from healthcare**

Many items classified as healthcare waste produced in the community by a healthcare worker are unlikely to be classified as infectious waste and should be segregated and managed as offensive/ hygiene waste. This requires item- and patient specific assessment. Examples are provided in Table 15 under ‘Management of Category B infectious waste in the community’.

This waste should be segregated at source and packaged and treated as offensive/ hygiene waste. In principle, this should not be placed in the domestic waste; however, exceptions to this have been noted above and examples are stoma and catheter bags.

**Notes**

1. Any offensive waste arising from a patient being treated with cytostatic or cytotoxic drugs should be sent for incineration in yellow bags with purple stripes (yellow bags are also acceptable), as traces of these medicines may appear in contaminated items. The incineration of such wastes will ensure complete destruction. Alternative arrangements may be made following expert advice on the behaviour of the particular pharmaceutical which indicates that the medicine or dangerous breakdown products will not be present in the waste item in question.
2. Any liquid waste classified as offensive following a risk assessment will most likely be disposed of at the premises via the foul sewer. Liquid wastes are banned from landfill; therefore, non-infectious body fluids (for example urine/vomit), although classified as offensive, should not be disposed of in the offensive yellow/black waste stream if this is being sent to landfill. They can, however, be absorbed onto a cloth (for example kitchen towel) or solidified with absorbent or gelling granules, for example, and placed in the offensive bag whilst ensuring there is no free-flowing liquid present.

**Example waste streams**

Examples are provided in Table 16 for typical waste arising from activities in the community sector.

Healthcare workers will produce the following waste types and require the following colour for segregation:

* Yellow- or purple-lidded sharps receptacle;
* Orange bags for infectious waste;
* Black/clear bags for domestic waste;
* Yellow/black bags for offensive waste;
* Red-lidded container for anatomical waste (for example placentas).

The colour of the waste receptacle will depend on how the waste should be treated and disposed of as detailed in Table 16 (further details on classification are provided in this sector guide).

**Notes**

1. Sharps receptacles must be UN-type-tested and approved tested and certified to BS 7320 (see ‘Transport packaging and operations’).
2. Sharps receptacles should be collected when filled to the fill line and should never exceed the permissible marked mass. If the sharps receptacle is seldom used, it should be collected after a maximum of three months, regardless of the filled capacity.

**Self-medicating patients and sharps disposal**

Where the householder is a self-medicating patient who uses injectables (for example a person with diabetes) with no healthcare worker involved in the administration, the GP or healthcare worker should prescribe the householder a sharps receptacle relevant to the medication being administered and advise them of local disposal options.

The householder should be trained in how to use the sharps receptacle before it has been prescribed, to ensure that they understand its use and ensure it is correctly sealed and labelled.

Once the sharps receptacle is filled to the “fill line”, it should be sealed by the householder and taken back either to the GP surgery or to the local pharmacy for disposal or arrangements for collections should be made with the PCT or local authority. For self-medicating housebound patients, the GP or healthcare worker responsible for prescribing treatment should advise on collection arrangements.

Local authorities have specific duties in relation to healthcare waste as detailed in paragraph 3.19, ‘Local authorities’ responsibilities’. Authorities have a duty to collect household waste including healthcare waste from domestic properties. Under the Controlled Waste Regulations, the authority may charge for the collection of specific waste streams, which includes clinical waste (that is, healthcare waste from a householder’s sharps receptacle).

**Note**

It is no longer acceptable to advise self-medicating patients to dispose of their sharps and lancets into the household black-bag waste stream. Case Study: Partnership Working and Benefits for all

Contaminated needles and sharps produced in the community can cause problems for Local Authorities and PCTs unless a robust storage and collection system is in place. Diabetics and other sharps users have in some instances in the past been advised to place sharps in a plastic bottle for disposal; however, this presents a potential risk to council staff during collection. In addition to this, it was felt there was a general lack of awareness of how to dispose of clinical waste by residents and holidaymakers, especially needles and sharps.

Cornwall NHS Trust brokered a joint agreement with Cornwall County Council, NHS trusts, infection control and the Environment Agency to implement a new initiative to provide sharps receptacles through GPs to diabetic and renal patients. To support the initiative, they produced a pamphlet on the safe disposal of clinical waste to cater for all users of the scheme.

Key benefits are:

* Raised awareness across Cornwall of safe management of sharps
* Improved safety systems for waste operatives collecting municipal solid waste (MSW) and clinical waste
* Synchronised response to request collection
* Financial control across “Cornwall Plc” by sharing cost.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity/cause | Waste Type | Classification and colour coding | Justification | Disposal route |
| Healthcare visits of, for example, post-operative wounds that are infected | Vast majority of soft infectious waste such as dressings, bandages and some plastic single-use instruments can be treated | Waste from an infection or is infectious is disposed of in orange bagsEWC: 18 01 03\* | The vast majority of “bagged” infectious waste produced in the community will be placed in the orange waste stream. Therefore the use of orange bags in the community is recommended | Alternative treatment to render it safe |
| Healthcare visits of, for example, wounds that are not infected | Non-infectious dressings, single-use instruments, stoma bags, catheter bags, incontinence pads1 | Waste classified as offensive/hygiene waste disposed of in yellow/black bagsEWC: 18 01 04 | Used for recognisable healthcare waste that is neither infectious waste nor hazardous waste and is classified as non-hazardous offensive waste | Municipal incineration/energy from waste/landfill |
| Midwifery and delivery (e.g. anatomical waste such as placentas)2 | Anatomical waste such as placentas | Placed in a n appropriate red-lidded container EWC: 18 01 03\* | A relatively small amount of waste produced in the community  | Disposal by incineration only |
| Medical injections- for the administration of chemotherapy, antiviral or hormonal drugs | Associated sharps and liquid residues of the medicinal products that are cytotoxic/ cytostatic  | Placed in an appropriate purple-lidded leak-proof sharps receptacleEWC: 18 01 03\*18 01 08 | Sharps contaminated with cytotoxic/cytostatic medical products  | Disposal by incineration only |
| Medicinal injections with non-cyto drugs | Associated sharps and liquid residues of the medicinal products that are determined to be non-cyto | Yellow-lidded sharps receptacle, If the syringe contains residual liquid medicines, this container needs to be leak proofEWC: 18 01 03\* | Likely to be medically-contaminated sharps in the community | Incineration |
| Packaging as a result of treating a patient OrOther municipal wastes i.e. mixed domestic waste | Uncontaminated mixed waste e.g. cardboard, plastic3 | If not contaminated and non-infectious EWC 20 03 01Domestic disposed of in black/clear bags | Used packaging, whilst carrying out patient treatments in the home will in most circumstances not be infectious/clinical waste | Non-hazardous municipal incineration/energy from waste or landfill/material recycling facilities/reuse |

**Notes**:

1. There are exemptions to this (see paragraph 19).
2. Where anatomical, placenta or other waste that requires incineration is being generated, it will be appropriate for healthcare workers to carry yellow packaging. As most “incineration only” waste is either anatomical or sharps and/or contains free liquid, the use of small rigid leak-proof yellow containers is recommended
3. Not applicable to recognisable healthcare waste (e.g. plastic equipment); however, there are exemptions to this.

Community nurses should use the sharps receptacle appropriate to the waste they generate e.g. a yellow leak-proof sharps receptacle with a purple lid for cytotoxic or cytostatic waste. **Orange-lidded sharps receptacles are generally not advisable for use in the community in England and Wales, unless the community nurse can ensure they are not medically contaminated sharps. In Scotland and Northern Ireland, orange-lidded sharps receptacles may be used for both medically uncontaminated or fully discharged syringes.**

For all waste streams including healthcare waste, checks must be undertaken to ensure the site where the waste is permitted or licensed to accept the waste stream.

**Single-use instruments**

Single-use instruments are now commonly being used in the community by a number of healthcare professionals (for example chiropodists). Single-use instruments can take the form of plastic, wood or metal instruments.

Contaminated single-use plastic or wood instruments – where there is no risk of sharps and they are deemed to be infectious – can be safely disposed of as infectious waste in the orange-bag waste stream.

Single-use metal instruments – where there is no risk of sharps and they are deemed to be infectious – should be put into a rigid yellow container clearly marked either for decontamination or for incineration. This will vary depending on the arrangement with the waste contractor and facilities available. Large metal instruments, if placed in the alternative treatment process, may damage the equipment at the facility.

Where the instruments are deemed to be non-infectious, they should be sent for disposal as offensive/hygiene waste. In the case of metal instruments, they should be sent for metal reclamation and recovery where available.

**Note**

Single-use instruments cannot legally be disposed of in the black-bag waste stream.

**Stoma/catheter bags**

If a healthcare worker is involved in the care of a stoma site, the waste from a stoma patient can be disposed of in the black-bag waste stream

If used in bulk (that is, large quantities of waste as a result of the healthcare worker or by the individual), this becomes offensive/hygiene waste for disposal in yellow/ black bags for landfill or municipal incineration.

However, if the person develops any type of gastrointestinal infection or the site becomes infected, the bag needs to be disposed of as infectious waste into the orange-bag waste stream. If the householder is self-medicating with no healthcare worker involved, they are able to dispose of their own waste into the black-bag waste stream.

**Note**

There are certain healthcare waste streams, even when produced by the householder that should not be placed in the black-bag domestic waste stream. For example, wound vacuum drains should be treated as infectious waste and disposed of in the orange-bag waste stream. The householder should have the relevant procedures explained and training given at the time of prescription.

**Maggots**

All maggots used for wound management should be secured in a rigid yellow container or double bagged in yellow bags and marked as UN 3291.

**Waste packaging and receptacles**

The type of packaging used will vary on the type of waste produced – see Table 16 for further details:

* + If the waste is **liquid** or contains free liquids (for example a partially-discharged syringe body), it should only be placed in a package designed to take liquids, such as a rigid leak-proof plastic drum, or one with absorbing gels/ materials.
	+ If the waste is a **sharp**, it should only be placed in a sharps receptacle.
	+ **All other** waste may be packaged in flexible bags (infectious or offensive waste bags).

It is not always practical for healthcare workers to carry many different types of packaging with them. Therefore, healthcare workers should be supplied with the most appropriate packages to meet their needs. Where possible, the type of packaging required should be determined prior to in-situ treatment based on the pre-visit assessment and patients’ records.

**Transporting offensive or infectious waste from patients’ homes**

Where waste is generated by a healthcare worker for people in their own homes, the healthcare worker is responsible for ensuring that the waste is managed correctly; this is part of their duty-of-care.

Managers need to ensure that arrangements are in place to ensure that the waste is packaged and labelled correctly and transported for appropriate treatment and disposal. Local options may vary, but in general the community healthcare organisation has two options.

**Option 1 – collection from the premises/ householder**

Only if the householder consents to the storage of the waste can the healthcare worker producing the waste leave it in the home for later collection by an appropriate organisation (for example a waste contractor acting on behalf of the local authority or healthcare provider). If the householder declines to give consent, the healthcare worker cannot legally leave the waste. This problem should be discussed with the householder and the manager of the healthcare worker in order to explore all options of convenient and safe resolution.

Healthcare organisations and their employees have responsibility for the waste while it is being stored awaiting collection and for arranging that collection. **While awaiting collection from the** **householder’s home, the waste should be stored** **in a suitable place to which children, pets, pests** **etc do not have access. It is not appropriate to** **leave the waste unsupervised on the pavement** **awaiting collection.**

Waste should be packaged and labelled appropriately, and adequate instruction should be given in relation to safe pre-collection storage. The householder should be provided with the correct containers/packaging to ensure correct disposal.

The party collecting the waste should be provided with the information required under duty-of-care requirements.

A consignment note is not required for the movement of hazardous waste from domestic premises. However, a consignment note should be completed and accompany the movement of the waste if not from domestic premises, as infectious waste is classified as hazardous waste.

**Option 2 – healthcare worker transports waste**

The healthcare worker producing the waste can transport the infectious or offensive waste from the home environment back to base where waste collection and disposal arrangements are in place. Where healthcare workers are transporting waste in their own vehicles, they should ensure that they are transporting the waste in suitable UN-approved rigid packaging, for example containers or drums.

The community healthcare organisation has responsibility for providing suitable equipment. In instances where the healthcare worker is expected to transport the waste and is not travelling by car (such as by bicycle or public transport), the healthcare organisation should make appropriate arrangements for suitable containers for the collection of waste in these circumstances. Local procedures should be in place for management of the waste from cradle to grave for community healthcare waste (including transport and compliance with the Carriage Regulations). This should be detailed in the organisation’s waste policy. The healthcare worker should also have received appropriate training, either in-house or contracted-out, which addresses the safe transportation of waste. This is the responsibility of the organisation and should be reviewed as part of the auditing programme. For waste training, policy, and auditing see Chapter 6, ‘Managing compliance’.

Normally, the carriage of any quantity of clinical waste requires the carrier (healthcare worker) to fit a 2 kg fire extinguisher irrespective of the quantity of waste. The Department for Transport has issued an authorisation to exempt community nurses from this requirement.

# Feminine Hygiene within Healthcare Premises

NSCP has a contractual arrangement for this to be collected from all sites that are included on the contract. The waste shall be deposited within the approved receptacles that have been specifically provided for the purpose.

# Waste Minimisation (Non-hazardous Waste)

Waste minimisation forms part of waste management and is concerned with the reduction of the amount of waste that is disposed of by members of staff. It is essential that all staff try to reduce the amount of waste that they dispose of, not only for environmental reasons, but to comply with local initiatives and Government directives. The categorisation of non-hazardous waste and waste minimisation are set out in Appendices 3 and 4.

# Risk Assessment

Risk Assessments should be undertaken in respect of all aspects of the management, handling, storage and disposal of waste, but should especially be undertaken for the following groups of staff:

* Staff working in a clinical environment
* Staff that are required to dispose of clinical waste
* Staff who are required to use sharps as part of their duties

**The Facilities and Health and Safety Manager** will be responsible for ensuring that risk assessments are appropriately conducted to identify the risk to staff and others who may be affected by their actions. The risk assessment process is set out in the Risk Management Policy which should be read in conjunction with this policy.

# Training

NSCP is committed to ensuring that all staff, including senior management and the Board receives information, instruction and training appropriate to their roles and responsibilities.

Specific training related to waste management will form part of NSCP training programme.

Staff members are responsible for identifying changes in their work environment and practices which would necessitate retraining.

The training programmes will be advised and evaluated by **the Facilities and Health and Safety Manager** to ensure that they remain up to date and in line with national guidelines and statutory responsibilities.

# Accident and Incident Reporting

All accidents and incidents will be reported in accordance with the agreed accident reporting procedures set out in the Incident Reporting Procedure.

Reference for sharps injuries should be made to the Blood Borne Viruses Policy.

Further reference procedures can be identified through the Control of Substances Hazardous to Health Procedure.

# Supporting Staff after an Incident

Debriefing will take place after serious incidents have occurred affecting personal safety, to establish the details of what happened and to provide emotional help to the staff involved. Managers will be involved in these debriefing sessions and, where appropriate, a referral will be made to Occupational Health.

# Monitoring, Audit and Review

The effectiveness of this procedure will be assessed by trend analysis of local incident reporting and follow-up action of waste related incidents. Accident and incident reports will be analysed by the Waste Manager on a monthly basis, and quarterly reports presented to the Health and Safety Committee, including lessons learnt evaluation.

The key to preventative action is a profound understanding of how accidents and incidents occur and to learn from that understanding. Action plans will be developed and lessons learnt will be identified to prevent reoccurrence.

The Health and Safety Action Group (HSAG) will monitor and review this procedure every two years. This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with national guidelines and current practice.

# Appendices

# Appendix 1 Healthcare Waste Categories

Staff must assess waste as it is produced to identify its infectious, chemical and medicinal properties and segregate appropriately for disposal.

|  |  |
| --- | --- |
| Hazardous Waste (examples) | Non-Hazardous Waste (examples) |
| Infectious wasteMedicines Amalgam Chemicals Batteries | Offensive/hygiene wasteDomestic wasteFood wastePackagingRecyclates ([paper, glass, aluminium) |

**Infectious waste** has two categories for the purposes of transport legislation:

* **Category A**: An infectious substance which is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in humans or animals. Highly infectious waste includes waste arising from exotic infectious diseases and laboratory cultures;
* **Category B**: An infectious substance which does not meet the criteria for inclusion in Category A. This constitutes most infectious waste produced in healthcare.

**Medicinal waste** has two categories:

* Cytotoxic and cytostatic;
* Medicines other than cytotoxic and cytostatic

**Offensive/hygiene waste:** is non-infectious waste arising from healthcare, which does not require specialist treatment but may cause offence to those coming into contact with it, i.e. human hygiene waste, incontinence products, sanitary waste, nappies, plaster casts, etc.

# Appendix 2 Waste Segregation and National Colour Coding

 (also see HTM 07-01)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Waste | Examples | Container | Disposal |
| **Infectious waste (Category A)** | Anatomical waste: placenta, tissues, organs etc, and laboratory waste.Waste from highly infectious diseases, e.g. Ebola virus | Yellow rigid lidded bin or bag | Hazardous waste incineration |
| **Infectious waste (Category B)**HTM 07-01 states that the majority of ‘bagged’ infectious waste produced in the community will be placed in the orange waste stream | Assess for infection risk. Infectious: dressings, swabs, bandages, pads, suction liners, stoma bags, catheter bags, plastic disposable instruments (not sharps)**Non-infectious: treat as offensive / hygiene waste(Sometimes difficult to differentiate which is infectious or offensive)** | Orange lidded bin or bag | Licensed or permitted treatment facility or incineration |
| **Clinical Sharps** | Not contaminated with medicinal products ORFully discharged sharps contaminated with medicinal products (NOT cytotoxic or cytostatic medicines) | Orange lidded sharps container | Incineration or alternative treatment facility |
| **Clinical Sharps** | Partially or undischarged sharps(NOT cytotoxic or cytostatic medicines) | Yellow lidded, liquid-proof sharps container | Hazardous waste incineration |
| **Cytotoxic/cytostatic waste and sharps** | All contaminated waste. Soft waste: including gloves, swabs, packaging etc | Yellow bag or lidded bin with purple stripe | Hazardous waste incineration |
| Sharps waste: needles, syringes, ampoules etc. | Yellow sharps bin with purple stripe |  |
| Type of Waste | Examples | Container | Disposal |
| **Offensive/ hygiene waste** | Non-infectious dressings, swabs, drains, incontinence pads, suction liners, stoma bags, catheter bags, plastic disposable instruments (not sharps) | **Yellow bag with black stripe (Currently being placed into patients general waste bin )** | Deep Landfill |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicines (not cytotoxic or cytostatic)** | Unused drugs and other pharmaceutical products. Never discard them into the drainage systemControlled drugs: comply with local procedures | Yellow rigid lidded box for liquids or solids | Hazardous waste incineration |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental amalgam and mercury** | Amalgam and teeth containing amalgam fillingsNB Avoid waste by purchasing non-mercury products | White rigid box with mercury suppressant | Recovery |

# Appendix 3 Hazardous and non-hazardous waste and its disposal

All items will be disposed of in the manner outlined below, unless recycling facilities are available:

**Aerosols (Hazardous)**

Aerosols should be treated in the same manner as glass.

**Aluminium / Tin Cans**

Aluminium cans should be treated in the same manner as domestic waste (see below) unless specific recycling facilities are available

**Cardboard and paper**

Cardboard boxes should be flattened. Cardboard packaging once flattened should be deposited in the recycling receptacles for recycling

**Crockery**

Broken or unwanted crockery should be treated in the same manner as glass.

**Confidential Waste**

Confidential waste should be placed in the confidential waste recycling bins, after having been torn into quarters

**Domestic**

Domestic waste should be placed in black plastic sacks. Bags will be sealed and removed by the domestic services staff or contracted cleaning services staff prior to removal from NSCP premises

**Fluorescent Tubes (Hazardous)**

Defective tubes will be replaced in accordance with the provisions of the pre-planned maintenance contract and will be disposed of by the contractor to ensure that the small amount of mercury contained within them is managed appropriately.

**Food Waste**

It is the responsibility of kitchen and ward staff to ensure that waste foodstuffs are disposed of in black plastic bags and collected. Bags should be sealed and placed in an external skip provided by the designated contractor.

Waste oils and fats should be decanted into empty oil containers

**Fridges/freezers (Hazardous)**

This equipment will be disposed of by arrangement by the Facilities and Health and Safety Manager via a registered specialist company.

**Glass**

All broken and damaged glass should be deposited in paper sacks, sealed and left in the designated refuse area.

Any glass which has been in any way contaminated should be dealt with in line with the procedures for the disposal of sharps.

**Miscellaneous**

Occasionally, items of waste which do not fall into the general pattern of the waste stream come to light. Advice should be sought from the Facilities and Health and Safety Manager in such circumstances.

# Appendix 4 Ways to minimise non-hazardous waste

The key way of minimising waste is by correct segregation at the point of production. This can most easily be achieved by ensuring that the right bin is nearest to where that particular type of waste is generated.

Other ways of minimising waste are listed below:

* Increasing staff awareness of both segregation and recycling
* Recycling of paper, cans and printer toners
* Avoiding the printing out of documents sent electronically where possible
* Using both sides of paper when printing or photocopying
* Using scrap paper as notepads
* Using scrap paper in printers and fax machines wherever possible
* Fully re-using internal envelopes
* Converting used external envelopes as internal envelopes
* Using electronic mail for correspondence wherever possible
* Avoid producing long computer printouts if shorter summaries will suffice
* Avoid over-subscription to trade magazines, cancel duplicate issues
* Collapsing of all cardboard boxes before disposal

All staff should be involved in waste management and ensure that they follow the principles of waste management minimisation and recycling within this policy.

# Appendix 5 Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

|  | **Title of document being reviewed:** | **Yes/No/****Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? |  |  |
|  | Is it clear whether the document is a guideline, procedure, procedure or strategy?  |  |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? |  |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? |  |  |
|  | Are individuals involved in the development identified and appropriate subject experts? (subject experts may include expert patients)  |  |  |
|  | Is there evidence of consultation with stakeholders and users? |  |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? |  |  |
|  | Is the target population clear and unambiguous? |  |  |
|  | Is the language clear and unambiguous?  |  |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? |  |  |
|  | Are all references cited in full using the Harvard referencing method? |  |  |
|  | Are local/organisational supporting documents referenced? |  |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it? |  |  |
|  | If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document? |  |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? |  |  |
|  | Does the plan include the necessary training/support to ensure compliance? |  |  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? |  |  |
|  | Have archiving arrangements for superseded documents been addressed? |  |  |
| **9.** | **Process for Monitoring Compliance**  |  |  |
|  | Are there measurable standards or KPIs to support monitoring compliance of the document? |  |  |
|  | Is there a plan to review or audit compliance with the document? |  |  |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? |  |  |
|  | Is the frequency of review identified? If so, is it acceptable? |  |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation? |  |  |

|  |
| --- |
| **Individual Approval** |
| If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval. |
| Name |  | Date |  |
| Signature |  |
| **Committee Approval** |
| If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents. |
| Name |  | Date |  |
| Signature |  |

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership

# Appendix 6 Health Technical Memorandum 07-01 – Safe Management of healthcare waste

# Appendix 7 Further legislation

Further legislation that applies and must be considered in the waste management process is detailed below;

* The Hazardous Waste (England and Wales) Regulations 2005
* Control of Substances Hazardous to Health Regulations 2002
* The Chemicals (Hazard Information and Packaging for Supply) Regulations 2002
* The Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use of Transportable Pressure Equipment Regulations 2004
* The Management of Health and Safety at Work Regulations 1999
* The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2005
* The Environmental Protection Act 1990
* Producer Responsibility Obligations (Packaging Waste) Regulations 1997.

# Appendix 8 Equality Impact Assessment

|  |
| --- |
| **Equality Impact Assessment**  |
| **Section 1: Initial Assessment**  |
| **Policy Author** | **Date of Assessment**  |
|  |  |
| **Title of Policy** | **Is this a new or existing policy?** |
|  |  |
| **1. Briefly describe the aims, objectives and purpose of the Policy / Guidance Document:** |
|  |
| **2. Who is intended to benefit from the proposed process and in what way?** |
|  |
| **3. Who are the main stakeholders in relation to this Policy/Guidance?** |
|  |
| **4. Are there concerns that the Policy/Guidance does, or could have, a differential impact due to any of the equality areas?****(Y/N – delete as appropriate)** |
| AgeDisabilityGender reassignmentMarriage and Civil PartnershipPregnancy and MaternityRaceReligion or BeliefSexSexual orientation | Y/NY/NY/NY/NY/NY/NY/NY/NY/N |
| **5. What existing evidence (either presumed or otherwise) do you have for this?** |
|  |
| **6. Based on the answers given in questions 4 & 5 is there potential for an adverse Impact in this policy/guidance?** |
| **No / Yes (Please delete where appropriate)** **Please explain:** |
| **7. Can this adverse impact be justified?** |
| **No / Yes (Please delete where appropriate)** **Please explain:**  |
| **If you have not identified adverse impact or you can justify the adverse impact, finish here.** **If you have identified adverse impact that cannot be justified, please continue to Section 2**  |
| **Section 2: Full Impact Assessment**  |
| **8. What experts/relevant groups have you approached to explore their views on the issues? Please list the relevant group/experts, how they were consulted and when.**  |
| **Relevant groups/experts** |  |
| **How were the views of these groups obtained?** |  |
| **Date contacted** |  |
| **9. Please explain in detail the views of these groups/experts on the issues involved:** |
|  |
| **10. Taking into account the views of the groups/experts and the available evidence, what are the risks associated with the policy, weighed against the benefits of the policy if it were to stay as it is:** |
| **Risks** | **Benefits** |
| If you have found that the risks outweigh the benefits you need to review the policy further and put together an implementation plan which clearly sets out any actions you have identified as a result of undertaking the EIA. These may include actions that need to be carried out before the EIA can be completed or longer-term actions that will be carried out as part of the policy or development**.** |
|  |
| **11. Monitoring arrangements and scheduled date to review the policy and Equality Impact Assessment:** |
|  |
| **Review Date**  |  |