

Waste Management Policy

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1. Introduction

We care | We respect | We are inclusive

Originally formed in 2000, ELFT has long been recognised as a centre of excellence for mental health care, innovation and improvement. Our ambition is to make a positive difference by providing people with mental and community health care services that support their recovery. And help them to achieve the most fulfilling lives possible. Everything we do is driven by our values of care, respect and inclusivity. Our patients' needs matter most and we are constantly working to improve our support for all who use and have contact with our services. Our extensive research approach, commitment to education and emphasis on quality means we are at the forefront of excellence in mental health care.

Outstanding Services

In September 2016, the Trust was rated as 'Outstanding' by the Care Quality Commission. The Trust was once again rated at 'Outstanding' by the CQC in June 2018.

Our Patch

Wherever patients receive our services and from whichever team, our values of care, respect and inclusivity underpin all that we do. We were first established as a mental health trust to cover East London, but have been broadening our remit for some time. Our core area includes City of London, Hackney, Newham and Tower Hamlets and, Bedfordshire and Luton (since April 2015). We also deliver numerous services to many other people further afield. They include specialist services in north east London, Hertfordshire and Essex; psychological therapies in Richmond; and an award-winning specialist mother and baby psychiatric unit in Homerton that receives referrals from all across the south east.

Our Staff | Estate | Population

Our 6,300 staff, the heart of our operation, provide £467 million worth of services from over 100 community and inpatient sites. Our East London population totals around 750,000 and we are proud to serve one of the most culturally diverse parts of the UK. In Bedfordshire and Luton, we are now responsible for a further 630,000 people's mental health and community health (Bedfordshire only) care needs.

Our Services

You can see the full range of our services in the [website directory](#), but in brief the services we provide cover the following areas. Wherever possible our aim is to provide people with alternatives to hospital admission so that they can receive their care close to home, while remaining as independent as possible. We have:

- Addiction services
- Assertive outreach services

- Community services (Eg. Foot health, , wheelchair services, physiotherapy, occupational therapy and district nursing)
- Community mental health teams
- Crisis mental health teams
- Forensic services
- Home treatment teams
- Inpatient mental health services
- Learning Disabilities teams
- Primary health care services
- Psychological therapies
- Rehabilitation teams
- Specialist community health services in Newham (Diabetes care, continence, respiratory disease, and end of life care)
- Telehealth

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

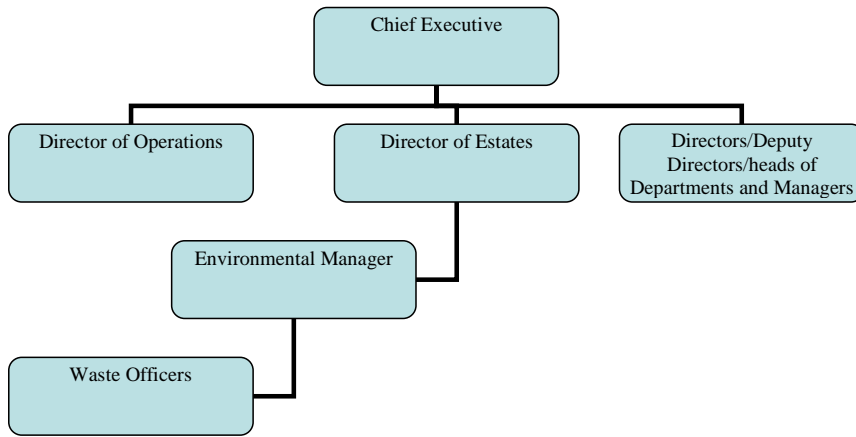
The East London NHS Foundation Trust (the Trust) is committed to ensuring the health, safety and welfare of its employees and of others who may be affected by the waste generated from the Trust's work. The aim of the policy is to arrange for the disposal of all waste regularly, safely and in accordance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

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

Waste must be managed, handled and disposed of in a manner that ensures:

1. Risks to health, safety and the environment are controlled.
2. All applicable legislation is complied with.
3. The most viable disposal options are selected.

Waste Hierarchy



This strategy document is designed to enable delivery of the following specific waste management aims:

- To ensure that waste is segregated in an effective manner that meets the requirements of legislation and the Department of Health's HTM 07-01 'Safe Management of Healthcare Waste'
- To minimise waste arisings
- To ensure the safety of staff, patients and visitors
- To ensure protection of the environment
- To ensure protection against scavenging, infestation and human interference.
- To meet the requirements of NEAT and contribute to the Trust's compliance with the Government's requirement from the NHS to set sustainability at the heart of an integrated approach to good governance.

This document therefore sets out the management arrangements within the Trust that will ensure effective waste management. This includes the establishment of clear responsibilities, and documenting performance requirements in key areas, particularly in relation to the segregation, storage, handling, transportation and disposal of waste. This will be achieved by better training and access to the waste strategy across all sites. High standards of waste management will not be achieved without thorough training for all relevant staff.

2. Responsibilities

Chief Executive

The Chief Executive has responsibility for the following:

- Overall compliance with the environmental policy statement and this strategy

- Ensuring that, when advice or Enforcement Notices are received from the Environment Agency, Health and Safety Executive, Fire Service or Local Authority with respect to waste management activities, their implementation is secured.
- Proposing to the Board objectives and targets associated with the pursuit of this strategy. This will fall in line with the carbon reduction commitment of 100% by 2040
- Ensuring the maintenance of the environmental policy statement and this strategy and their dissemination throughout the Trust
- Monitoring of functions for waste management delegated to Directors.

Director of Operations

The Director of Operations has responsibility for the following:

- Implementing the waste strategy requirements throughout the Trust
- Monitoring of functions for waste management delegated to Directors, Managers and Heads of Departments.
- Monitoring and reviewing this strategy at least once per annum, in co-ordination with the Director of Capital Development, Estates and Facilities Management
- Overseeing a waste management training programme for all staff as appropriate

Director of Estates, Facilities and Capital Developments

The Director of Estates, Facilities and Capital Developments has responsibility for the following:

- Implementing the waste strategy requirements throughout his department.
- Ensuring effective liaison with the Health and Safety Executive, Environment Agency, Fire Service and Local Authority with respect to waste management activities.
- Monitoring and reviewing this strategy at least once per annum, in co-ordination with the Director of Operations
- Overseeing a waste management training programme for staff in his department.
- Co-ordinating and responding in the event of accidents and emergencies.
- Providing support and guidance to other Directors and Heads of Departments regarding waste management issues.

Directors, Deputy Directors, Heads of Departments and Managers

All Directors, Deputy Directors, Heads of Departments and Managers have responsibility for the following:

- Ensuring this strategy's requirements are implemented within their own designated areas or departments.
- Co-ordinating waste handling, segregation and storage arrangements within their area or department.
- Liaising with the Director of Estates, Facilities and Capital Developments
- Ensuring that staff within their area or department receive appropriate waste management training.

Environmental Manager and Waste Officers

The Waste Manager is responsible for ensuring that the storage and disposal of clinical waste is undertaken in accordance with the Department of Health's HTM 07-01 'Safe Management of Healthcare Waste' and waste legislative requirements. The manager is also responsible for advising staff on the correct procedure for the handling and storage of clinical wastes, providing any training and ensuring that all sites have the correct disposal unit, consumables and waste guidance.

Members of Staff

All staff within the Trust are responsible for the following:

- Adopting the Waste Management Strategy Document into their own work.
- Ensuring that they handle, segregate and store waste generated by their activities in compliance with this Strategy Document.

Environmental Risk Management Committee

As defined by the Environmental Policy Statement document, an Environmental Risk Management Committee will be formed within the Trust. Members of the committee will be identified by the Director of Estates, Facilities and Capital Developments.

Infection Control Committee

Environmental manager to report on a 6 monthly basis to the Infection Control Committee highlighting any infection control risks that may occur as a result of waste handling and management.

3. Legal Requirements and Guidance

The following legislation has been identified as being applicable to waste management within the Trust:

Acts of Parliament

- Environmental Protection Act 1990 – Part II
The Environmental Protection Act saw the introduction of the 'Duty of Care' on waste. This requires that as a waste producer, the Trust must ensure that waste is not illegally disposed of, does not escape from a person's control, and is only transferred, with a transfer note, to an authorised person. Typically, a person will be authorised to receive waste if they are registered as a waste carrier or hold a waste management licence. Though the Trust is under no specific obligation to audit its waste's final destination, the Duty of Care Code of Practice considers it to be a prudent means of a person protecting their position because it demonstrates that steps have been taken to prevent the illegal treatment of waste.

Where waste is brought on to any given Trust premises from other premises of any sort the Act usually requires a waste management licence to be in force relating to the activity of keeping (and undertaking any treatment) of the waste. This requirement also applies where the Trust undertakes any waste treatment operations on its own waste prior to its removal from the premises. Exemptions from licensing apply in limited circumstances and these circumstances are described in the relevant sections of this strategy document.

- Health and Safety At Work Act 1974
This Act is the major piece of health and safety legislation in Great Britain. The Act introduced a comprehensive and integrated system to deal with workplace health and safety and the protection of the public from work activities.

The Act places general duties on employers, employees, self – employed, manufacturers, designers and importers of work equipment and materials. Responsibilities are placed to produce solutions to health and safety problems, which are subject to the test of reasonable practicability.

Various regulations are made under the Act, which have the same scope, many of these evolving from European Directives, which enables the potential to achieve clear and uniform standards.

Statutory Instruments

- Controlled Waste Regulations 1992
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- Environmental Protection (Duty of Care) Regulations 1991
- Landfill (England and Wales) Regulations 2002
- Hazardous Waste (England and Wales) Regulations 2005 (as amended)
- List of Wastes (England) Regulations 2005
- The Control of Substances Hazardous to Health Regulations 2002 (as amended)
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992 (as amended)
- The Personal Protective Equipment at Work Regulations 1992 (as amended)
- The Provision and Use of Work Equipment Regulations 1998 (as amended)
- The Health and Safety (Consultation with Employees) Regulations 1996
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Waste Management Licensing Regulations 1994 (as amended)
- The Waste Incineration (England and Wales) Regulations 2002

- The Pollution Prevention and Control (England and Wales) Regulations 2000
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007
- The Chemicals (Hazard Information and Packaging for Supply) Regulations 2002

The Trust will assess its compliance with this legislation through regular review and monitoring by the Environmental Risk Management Group.

Guidance

Guidance material;

Health Technical Memorandum 07-01 'Safe Management of Healthcare Waste'
Standards for Better Health (DoH)
Healthcare Waste Minimisation – a compendium of good practice (NHS Estates).
Total Waste Management – Best Practice Advice on Local Waste Management for the NHS in England
Sustainable Development: Environmental Strategy for the NHS
Interim Guide: Hazardous and Offensive Healthcare Waste Disposal Services (PASA)
Waste Management Strategy

4. Waste Categorisation and Disposal

As a minimum, the Trust will ensure that waste is segregated and disposed of in compliance with legislative requirements, the good practice set out in HTM 07-01 'Safe Management of Healthcare Waste' and in a manner which is consistent with compliance with the Standards for Better Health C4(e) and C7.

Eight waste streams are identified for the Trust and are summarised below, with their disposal routes.

4.1. Mixed municipal waste

This constitutes commercial office waste, including containers and catering waste (that have not contained hazardous substances), and other non-hazardous wastes not provided for elsewhere in this document. Some recyclable wastes may also fall into this category – for example cardboard and paper. This waste stream is likely to arise in both clinical and non-clinical areas. Currently, this waste will be removed from the Trust by a designated contractor and disposed of to landfill.

On a regular basis, the Trust Environmental Risk Management Group will review this waste stream in line with the waste hierarchy, looking for techniques to avoid, reduce, reuse and / or recycle waste before disposal options are considered. The most feasible treatment and / or disposal route will be selected. Targets are to be set in accordance with the Carbon Reduction Scheme. An 80% reduction in carbon is currently required by 2050. Therefore a 2% reduction year on year of carbon emissions will be the aim of the Trust. Waste will form a part of this reduction but not exclusively.

4.2. Clinical, Offensive/Hygiene Waste and Hazardous Wastes

Clinical waste is defined under the Controlled Waste Regulations 1992 as:

“Any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, needles, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research or the collection of

blood for transfusion, being waste which may cause infection to any persons coming into contact with it.”

The previous clinical waste classification scheme using Groups A-E has been removed because it does not reflect the Lists of Waste codes (which implement into English and Welsh law the European Waste Catalogue). Waste that is not infectious (human hygiene and sanitary protection waste) is referred to in this document as offensive/hygiene waste.

Clinical wastes will be segregated at source from all other waste streams. The type and colour of containers used for each type of clinical waste will accord with HTM 07-01. All clinical wastes will be coded using the codes set out in Chapters 18 and 20 of the List of Wastes (England) Regulations 2005. This will be achieved through training, signage and supplying the correct equipment/receptacles to make this possible.

The assessment of a clinical waste to determine whether it is potentially infectious and should therefore be treated as a hazardous waste is made without regard to the level of infection posed. In the pursuit of a precautionary approach to the handling, storage and disposal of clinical waste, there is a presumption in favour of classification as infectious if a clinical assessment has not been made at all. Only healthcare professionals are permitted to make clinical assessments of infection hazard and assessments must be patient- and item-specific.

Medicinal waste includes expired, unused and spoilt pharmaceutical products and items contaminated with such products. Medicinal wastes can be broadly divided into three groups:

- Cytotoxic and cytostatic (clinical hazardous)
- Pharmaceutical, but neither cytotoxic nor cytostatic (clinical non-hazardous)
- Non pharmaceutically active (non-clinical non-hazardous)

Though not hazardous for the purposes of waste legislation, non-cytotoxic and non-cytostatic medicines may still possess hazardous properties and their disposal will always therefore be preceded by a consideration of any hazardous properties shown in the Manufacturer's Safety Data Sheets (MSDS). It is a Duty of Care requirement that the written description accompanying a waste transfer is sufficient to allow the correct handling by the transferee and so any hazards or particular handling requirements shown on the MSDS will be reflected in such written descriptions. Cytotoxic and cytostatic medicines will not be mixed with other medicines where they are incompatible or where the treatment/disposal requirements would be affected.

Offensive/hygiene waste is non-clinical and non-hazardous. It includes incontinence and sanitary wastes, and medical items which do not pose a risk of infection. It does not need to be classified for transport.

All materials contaminated with mercury are hazardous and must be consigned as such. The packaging and labelling of all dangerous wastes will accord with the Carriage Regulations (e.g. Class 6.2 for infectious wastes and Class 3 or 6.1 for medicinal wastes).

Used medical devices will be assessed in accordance with the framework set out in the Hazardous Waste (England and Wales) Regulations 2005 in the same way as all other waste items. Such assessment will take account of not just the infection hazard but also other potential hazards posed by components such as batteries. Appropriately disinfected or unused medical devices will not be considered to pose an

infection hazard. Devices removed from patients and disposed of or returned to the manufacturer are subject to the same Duty of Care provisions as other waste items.

Bed mattresses will be clinically assessed by nursing staff to determine whether or not they constitute infectious clinical waste. In some cases, they will be determined as non-clinical waste and will be disposed of via the mixed municipal waste stream. All clinical waste will be removed from the Trust by an appointed contractor and disposed of via incineration or first subject to appropriate treatment, after which it will then be incinerated.

The hazardous waste assessment framework will consider, in relation to healthcare wastes and wastes arising from municipal sources which are similar to healthcare waste:

- Assessment for medicinal properties
- Assessment for the chemical properties
- Assessment for the infectious properties
- Review of assessment
- Assessment for offensive properties

As part of the Trust's arrangements for compliance with the COSHH Regulations and the Management of Health and Safety at Work Regulations, the risk of staff coming into contact with potentially infectious wastes will be risk assessed.

Regular assessments, training and audits will be undertaken to ensure that clinical waste is effectively segregated throughout the Trust.

In accordance with the Hazardous Waste Regulations 2005, the Environment Agency will be notified annually of each of our premises that produce more than 500kg of hazardous waste a year. If less than 500kg/year is produced at any of the premises, the premises will be exempt from this requirement. 500kg of hazardous waste equates to approximately:

- 10 small TVs; or
- 14 lead acid batteries; or
- 500 fluorescent tubes; or
- 5 small domestic fridges;

or any combination of the above.

Mixing of hazardous wastes and hazardous and non-hazardous wastes is prohibited.

Please see below for the waste streams the Trust currently uses;

Domestic Waste – General domestic waste, paper towels, food produce etc Gloves and aprons not contaminated by blood and body fluids.

Offensive Waste – Soiled bandages, nappies, gowns, bloodied swaps. Offensive waste (not known to be infected.)Gloves and aprons contaminated by blood and body fluids but not known to be infected.

Yellow lidded Sharps Box – Syringes, razors, disposable scissors, scalpels

Clinical waste Bio-Bins – Any infectious materials such as swabs, dressings, gowns etc.Gloves and aprons known to be contaminated with infectious material.

Blue Lidded medicine Boxes – For disposal of tablets, liquid medicines etc

4.2.1 District and Community Nurse Waste Disposal Provisions

If you operate as a nurse in the community you may not have the same access to waste disposal as a staff member operating out of a Trust managed property and therefore waste disposal differs to accommodate this. The same waste categories still apply but below sets out the manner in which it is to be disposed of.

Clinical waste

These are materials that are either assessed by a GP or a district nurse to pose a risk of infection to those who come into contact with them or they are contaminated with hazardous medicines, such as cytotoxic or cytostatic drugs or other dangerous substances. Consult your waste manager or infection control representative to find out if your healthcare waste is clinical (infectious or hazardous) waste. Please make sure it is not offensive waste (see below). If it is clinical waste your waste manager or infection control representative should make appropriate arrangements for its collection.

Sharps, such as needles, blades and syringes, are also classified as clinical waste. Under no circumstances should sharps be disposed of in the normal household rubbish. Even if they are not contaminated or used they should be placed in special sharps boxes for separate collection and disposal. Your waste manager or infection control representative should make appropriate arrangements for its collection.

If you are treating a service user at their home or at a care home, the waste produced cannot simply be placed in the normal household rubbish. Ask your waste manager or infection control representative to assess the waste and advise you on how to dispose of it. While some of your waste could need special collection (clinical waste) some can be double wrapped and disposed of with normal household rubbish (offensive waste).

The local council will usually provide a service for the removal of all types of potential medical waste and they are the first port of call for clinical waste removal. If this is not possible for whatever reason then on a one of an ad hoc basis, clinical staff can take clinical waste to the nearest healthcare site that the Trust operates a clinical waste system from.

Offensive (hygiene) waste

'Offensive waste' is non-clinical waste that's non-infectious and does not contain pharmaceutical or chemical substances, but may be unpleasant to anyone who comes into contact with it.

You must segregate healthcare offensive waste from both clinical and mixed municipal wastes.

If you've produced more than 7kg of municipal offensive waste, or have more than one bag in a collection period, you must segregate it from any mixed municipal waste.

If you've produced less, you can dispose of your municipal offensive waste in your mixed municipal waste ('black bag'). Use classification code 20-03-01.

Examples	Waste status	Human healthcare	Animal healthcare	
Healthcare offensive waste	Outer dressings and protective clothing like masks, gowns and gloves that are not contaminated with body fluids, and sterilised laboratory waste	Non-hazardous	18-01-04	18-02-03
Municipal offensive waste	Hygiene waste and sanitary protection like nappies and incontinence pads	Non-hazardous	20-01-99	20-01-99

Medicines

Out of date and surplus medicines should not be disposed of in your normal household rubbish but taken back to a pharmacy for correct disposal.

Empty non-contaminated packaging and containers for medicines and other medicinal products can be placed in household recycling bins. These may include cardboard boxes, paper instructions and clean plastic bottles.

4.3 Confidential Waste

In some cases, paper waste will require specialist disposal due to the fact that it contains confidential information (e.g. patient's records).

Some confidential waste will be shredded on site, and subsequently disposed of via the general waste stream. Non-shredded confidential waste will be removed from the site by a specialist contractor, who will arrange for secure disposal.

Confidential waste may occasionally be contaminated and form clinical waste. Such paper will be disposed of as clinical waste.

4.4 Asbestos and Waste Oils

Asbestos waste is hazardous and will be consigned as such via the contractor carrying out removal works. Waste oil (hazardous) and items contaminated with waste oil (always assumed to be hazardous) will be consigned from the site and reprocessed.

4.5 Waste electrical and electronic equipment (WEEE)

The Waste Electrical and Electronic Equipment Directive (WEEE Directive) was introduced into UK law in January 2007 by the Waste Electrical and Electronic Equipment Regulations 2006.

The WEEE Directive aims to reduce the amount of electrical and electronic equipment being produced and to encourage everyone to reuse, recycle and recover it.

The WEEE Directive also aims to improve the environmental performance of businesses that manufacture, supply, use, recycle and recover electrical and electronic equipment.

4.6 Gardening Waste

All gardening waste must either be composted on site or removed from site and composted. If this is not possible then there must be a separate waste stream in place for an external organisation to remove in a brown bin setup or similar where the organic waste is treated properly and composted.

4.7 Current Trust Waste Stream

The Trust currently uses offensive waste as the main waste receptacle on site wards and treatment rooms. This is a yellow and black tiger striped bag with clear signage on all bins. We then operate a bio-bin clinical waste system. These bio-bins are stored flat pack within the treatment room and only used when the nursing staff have treated an infectious patient. Once used these bio bins are taken away and disposed of as normal clinical waste would be. The Trust uses yellow lidded sharps boxes for disposal of sharps. The Trust is also endeavouring to introduce blue lidded pharmaceutical boxes for disposal of medicines.

4.8 Waste Tagging

The Trust has currently sought to introduce waste tags for all clinical or offensive waste producing sites. These are being distributed to all sites at the time of writing. These must be attached to any clinical or offensive waste bags or containers.

5. Storage Requirements

In order to protect the health and safety of employees, visitors and patients, and the wider environment, all waste must be appropriately stored at all times. For each of the waste streams described above, the following storage requirements must be observed.

All containers used for waste must meet Trust requirements and comply with all relevant current legislation and guidance.

5.1 Mixed Municipal Waste

Mixed municipal waste must be stored in either green or black bins or black bags. Any containment must be adequate enough to prevent leakage of the waste and all containers must be sealed when full.

In clinical areas, full bags will be removed to a designated point by either domestic staff or nursing staff. The individual removing the full bag is responsible for replacing with a new bag. Porter staff will then use the tug system to collect the waste from the designated point and remove it to the compactor, replacing the full container or bin with an empty one. Bins will be washed on a monthly basis.

In non-clinical areas, waste may be removed as described above, or alternatively domestic staff may take the bag directly to the compactor.

All staff are required to ensure that mixed municipal waste is effectively segregated from clinical waste.

5.2 Clinical, Offensive/Hygiene Waste and Hazardous Wastes

Storage and packaging requirements for clinical and offensive/hygiene wastes will be subject to the system set out below. **Waste types used by Trust in bold:**

Packaging Requirements	Waste Types	Disposal Requirements
Yellow bag with radiation hazard symbol	Healthcare waste contaminated with radioactive material (e.g. dressings and tubing from treatments involving low level radioactive isotopes)	Incineration
Yellow bag or container with purple stripe	Infectious waste contaminated with cytotoxic/cytostatic medicines (e.g. dressings and tubing from cytotoxic/cytostatic medical treatments)	Incineration
Yellow with purple lid	Sharps contaminated with cytotoxic/cytostatic medicines	Incineration
Yellow bag or container	Infectious and other waste requiring incineration including anatomical waste, diagnostic	Incineration

	specimens, reagents or test vials, and kits containing chemicals	
Yellow container	Partially discharged sharps not contaminated with cytotoxic/cytostatic medicines (e.g. syringe bodies)	Incineration
Yellow container	Medicines in original packaging	Incineration
Yellow container	Medicines not in original packaging (e.g. waste tablets not in foil or bottle)	Hazardous waste incineration
Orange container or bag	Infectious and potentially infectious waste, autoclaved laboratory waste (e.g. soiled dressings gloves and aprons)	Licensed/permitted treatment facility
Yellow container with orange lid	Sharps not contaminated with medicines or fully discharged sharps contaminated with non-cyto medicines (e.g. sharps from phlebotomy) To be used by phlebotomy only.	Incineration or alternative treatment
Yellow bag with black stripe	Offensive/hygiene waste (e.g. bedding and plaster casts) Sanitary pads, incontinence pads, dressings, all not known to be infected.	Deep landfill
Black or clear bag	Mixed municipal waste (domestic waste) e.g. confectionary waste and flowers Also gloves and aprons not contaminated with blood and body fluids / infected.	Waste recovery
White container	Amalgam waste	Recovery

Source: Health Technical Memorandum 07-01: Safe Management of Healthcare Waste

For all types of clinical waste, the bags and / or container used should not be filled above 75% of capacity.

ALL types of clinical waste must be labelled with their source: each clinical area will be provided with identification tags and this must be used on each bag or container placed for disposal. These waste tags are used for domestic waste also.

Once placed in a waste container, clinical waste should not be removed.

Once the container is sealed, it must not be re-opened without the permission of the Director of Estates and Facilities.

In clinical areas, full clinical waste bags or containers will be removed to a designated point by either Domestic Staff or Nursing Staff. The individual removing the full bag or container is responsible for replacing with a new bag. Porter staff will then use the tug system to collect the waste from the designated point, replacing the full container or bin with an empty one. Clinical waste bins will be washed on a monthly basis.

Mercury waste will arise following a mercury spillage. Spillage kits including disposable plastic gloves, paper towels, a bulb aspirator (for the collection of large drops of mercury), a vapour mask, a suitable receptacle fitted with a seal, a mercury-absorbent paste will be available for the clean-up of mercury spillages. The response to mercury spillages will be risk-assessed by the Trust. Any residual waste must be containerised in a leak-proof container and consigned as hazardous waste. Vacuum cleaners and aspiration units will not be used.

Batteries will be removed by Porter Staff or Domestic Staff. Batteries will be stored in containers that could prevent leakage of any battery liquids and kept within a secure area at all times.

5.3 Confidential Waste

Confidential waste must be stored in a manner that ensures it remains secure and cannot be accessed by unauthorised persons.

For non-clinical Confidential Waste that is to be removed by the specialist contractor, dedicated bags will be provided. Once filled, these should be securely sealed and removed by the contractor.

Clinical confidential waste should be stored according to the category of clinical waste that it falls within: see section 5.2.

5.4 Waste Oil. All waste oil arising will be placed in the dedicated Waste Oil Tank. Items contaminated with oil (for example filters and wipes) will be placed in the adjacent dedicated wheelie bin. Both containers must be kept secure at all times and prevent the escape of the oil. Waste oil and oil contaminated items will be consigned as hazardous waste.

5.5 Asbestos waste will only be handled and stored by the appointed Asbestos Removal Contractor. Whilst on site, all asbestos waste must be double bagged and placed within the locked container provided. The appointed Asbestos Removal

Contractor must provide detailed guidance prior to commencement of works with regard to specific storage and removal procedures. These must be reviewed and approved by the Trust.

5.6 Fluorescent tubes will either be stored in a dedicated area awaiting treatment using the on-site crusher, or stored in a dedicated container awaiting collection by a specialist contractor. Particular care will be taken when handling any damaged or broken fluorescent tubes.

5.7 Gardening Waste is the responsibility of the Grounds Maintenance staff who will be required to remove it, in vehicles where necessary, to the dedicated composting setup.

5.8 Contractors' Wastes Waste produced by contractors will be stored in designated areas and in dedicated containers as provided by the contractor, unless otherwise agreed by the Site Manager. Contractors will be required to demonstrate a Duty of Care over any waste produced and disposed of by them on the site.

6. Handling Requirements

A manual handling assessment will be carried out in accordance the Manual Handling Policy.

The assessment will consider the following areas:

- The need to undertake manual handling
- The task
- The working environment
- Individual capability
- Any other factors

The assessments will identify manageable weights, specific personal protective equipment to wear such as gloves and/or safety shoes, lifting aides etc, which will culminate in a documented safe system of work for each identified type of waste load. In addition, in accordance with COSHH requirements, waste handling activities will be risk assessed. As part of the risk assessment process (and the identification of appropriate control measures), the need for immunisation (for example against Hepatitis B and tetanus) will be considered.

The Ward/Department in co-operation with the Manual Handling Advisor and others will ensure that all members of staff receive training on likely hazards and safe working practices prior to commencement of the activity. In addition to the training to be delivered to all those who are likely to handle waste (and as part of the induction process), job-specific training may be required. Where any waste management licensable activities are carried out, it will be ensured that the relevant WAMITAB certificate of technical competence is held by the operator/supervisor (i.e. someone with day-to-day involvement) of those operations. Relevant operational training will be provided to those undertaking waste management activities exempt from the requirement for a waste management licence (e.g. baling).

7. Documentation

Under section 34 of the Environmental Protection Act, the Trust is required to fulfil its Duty of Care on Waste. Evidence must be available to demonstrate that waste is not illegally disposed of, is handled by an authorised person and is transferred with a transfer note.

For each of the waste streams described earlier in this document, the following documentation must be retained:

- Waste transfer note between Trust and appointed disposal contractor (for hazardous Waste, a Consignment Note must be completed).
- Copies of waste carrier's registration certificates for all contractors moving the waste until its final resting point. (N.B. Waste Carrier registrations expire every three years).
- Copies of waste management licences/PPC permits for each site receiving the waste until and including its final resting point.

Where licences cannot be provided, contractors are required to provide appropriate evidence of exemptions. The validity of waste carrier registrations will be checked directly with the Environment Agency (either online or by telephone) prior to the use of a waste carrier for the first time and then at least once each year thereafter. Because the Duty of Care Code of Practice considers it a prudent means of an organisation protecting its position by demonstrating that steps have been taken to prevent the illegal treatment of waste, the Trust will periodically audit those sites which receive its waste. All those removing waste from the Trust's premises will be registered waste carriers (or be proven exempt from the requirement to register). Checks will be made to ensure that any party engaged to broker waste management services on behalf of the Trust is registered with the Environment Agency as a waste broker.

7.1 Transfer Notes

Transfer notes must:

- Give a description of the waste
- State the quantity of the waste
- Give a description of the containment of the waste
- State the time and place of the transfer
- State the name and address of the persons transferring and receiving the waste
- State whether the person taking the waste is a waste collection authority, holder of a waste management licence, a person exempt from such a licence or a registered waste carrier.
- Give the 6-digit Lists of Waste code for the waste.
- Give the SIC Code
- Give permit number
- Be stored and provided by the Trusts waste contractor

Where the waste type, quantity, source and destination are the same (known as repeat movements) a single waste transfer note may be written to cover all movements within a 12-month period. Transfer Notes will be retained for a minimum of 2 years.

7.2 Consignment Notes

Consignment Notes must be completed in respect of movements of Hazardous Wastes. The format will differ depending on whether the consignment forms part of a multiple collection or not. The Consignment Note must travel with the waste consignment. Returns from the recipient of the waste will be retained alongside consignment note copies for a minimum of three years online

7.3 Duty of Care Visits

Duty of Care visits may be made by the Trust in order to inspect the disposal of Trust waste. The visits may be announced or unannounced, and will typically commence with an employee of the Trust following the waste vehicle to confirm that it is taken to the designated disposal point. Further inspections of the disposal facilities may then also be carried out. In order to demonstrate that the Trust has undertaken such visits, a record of the visit will be prepared and retained. The record should detail the date of the visit, the site(s) visited and practices seen. Any concerns arising from these visits should be immediately reported to the Deputy Director of Estates, Facilities and Capital Developments.

7.4 Internal Documentation

Consignment notes will accompany the movement of hazardous wastes between trust premises and will be retained as set out in 7.2 above via an online portal provided by the contractor

8. Accidents and Incidents

In the event of any incident or accident (e.g. spillage of waste), the health and safety of patients, staff and visitors in the area of the spill must remain a primary consideration.

Guidance on major incidents, accidents or spillages is provided in the Trust Emergency Management Plan.

The risks arising from the incident will be assessed and appropriate action will be identified and taken. The following points should be observed at all times:

- Staff dealing with the spill should wear Protective Clothing that is appropriate to the nature and magnitude of risks from the spillage.
- The Trust's policies, procedures and guidance relating to Infection Control must be observed.
- The area affected by the spillage must be clearly marked, and if appropriate, isolated.
- If an area is required to be disinfected, this should be done using a disinfectant containing 10,000ppm chlorine.

- Appropriate absorbent materials should be used to contain liquids. Saturated or contaminated absorbent materials must be disposed of in an appropriate manner – e.g. absorbent material contaminated with blood, must be disposed of as clinical waste.
- Sharps must not be picked up by hand, but should be removed to a sharps bin using appropriate remote handling equipment.
- In the event of a sharps injury and / or accidental exposure to body fluids, the Trust Policy for the Management of Inoculation (Needlestick Injuries) Incidents will be followed.
- Any absorbent materials, disinfection materials and PPE used in dealing with the spill or incident should be replaced with new materials.

ALL accidents and incidents must be reported via the Trust Incident Reporting system Datix which can be found at this web address;

<http://mh126-hq-datix/Datix/Live/index.php>

9. Compliance and Audit

The Environmental Risk Management Committee will meet at least quarterly. These meetings will allow progress against requirements set in this strategy document to be monitored. Procedural guidance and training needs may also be reviewed. Minutes of these meetings will be kept.

Internal Audit

Waste Management will be part of the internal audit programme. A specific focus will be placed on checks to ensure that non-clinical wastes are being appropriately segregated from all non-clinical wastes. Such audits of waste segregation will be supplemented by audits of waste storage and waste movement documentation. In addition, this strategy document will be reviewed on an annual basis. Review of audit findings will be undertaken by the Audit Committee and they will report their findings to the Trust Board.

External Audit

Once per annum, this strategy document will be audited by an external organisation to:

- Ensure that it remains appropriate to the Trust and its environmental position
- Ensure that its requirements are being met in all areas of the Trust.

Results of the Audit will be submitted to the Trust Board.

10. Monitoring and Recycling

From April 2021 the rate of landfill tax will be £94.15 per tonne for active waste and £3.00 per tonne for inactive waste. These costs are liable to rise annually due to the need to avoid all landfill costs. An inevitable passing on to the customer of these increased costs of disposal will result and so the financial driver for the Trust increasing recycling rates has never been stronger.

The Trust has decided that a Total Waste Management approach has not been a successful one in past tender contracts and has therefore gone out for tender for April 2021 awarding the 4 different lots to different contractors. It is hoped that this approach will provide value for money and also better control and management of the waste process for the different waste streams.

All waste data and analysis will be found on the waste contractors waste portal and it is the responsibility of the waste team to analyse this and make savings and efficiency's where possible. This data will also help the Trust to improve its environmental commitment and hit the carbon reduction targets that we have set.

Waste produced by routine office activities shall be minimised through re-use and recycling wherever practicable and waste produced through the routine management of outside areas shall be minimised through the prevention of litter accumulation, and through on-site composting of ground waste, wherever practicable. In addition, we will take the following approaches to specific waste arisings:

- Waste produced as a result of the receipt of product samples shall be minimised by only requesting those product samples that are essential to effectively conduct a tendering exercise or execute a contract and arranging for supplier take back where practicable.
- Waste produced from plant and equipment shall be minimised through its efficient operation and maintenance in accordance with manufacturer's instructions.
- Waste from refurbishment and other construction activities will be minimised by appropriate design specifications.

Wastes will be segregated at source, into wastes requiring disposal and those for which recycling has been arranged. At locations where provision is made for the segregation of paper, cardboard, plastics, aluminium, glass or wood, these containers will be clearly and appropriately labelled. Redundant IT equipment will be sent for recycling to an approved contractor wherever practical.

We will undertake a review of waste storage facilities in order to establish the viability of installing compactors for various waste types and investigations will be conducted into the costs of contracting additional recycling provision. Subject to the approval of the Board, staged numeric targets for increasing recycling rates across the estate will be set following this review of viability. In reflection of the differing flexibility of sites to accommodate waste segregation schemes, targets will be specific to each site, in aggregate contributing to the Trust's overall defined targets for waste recycling.

11. Covid 19 and general pandemic response

The Trust will adhere to COVID-19 waste management standard operating procedure 5 January 2021, Version 4 which is shown below. Double click to access.

Classification: Official
Publications approval reference: 001559



COVID-19 waste management standard operating procedure

5 January 2021, Version 4

Updates from Version 3, published on 23 September 2020, are highlighted in yellow.

This document sets out the waste management approach for all healthcare facilities including primary care facilities and testing facilities in England.

A simple and pragmatic approach will be implemented to ensure that waste is managed in a safe manner and critical waste disposal resources are not exhausted during the COVID-19 emergency response.

We need to work together across organisations to collectively deliver waste management services during this period of expanded demand.

What does this mean for healthcare staff?

You must apply the [HTM 07-01](#) across your facilities when re-opening services for non COVID-19 patients. The COVID-19 procedure below needs to be applied for COVID-19 areas.

The Advisory Committee on Dangerous Pathogens designates waste arising from COVID-19 patients as infectious clinical waste (EWC code 18-01-03*). It must be packaged in UN-approved orange bags in accordance with the safe management of healthcare waste (HTM07-01). The transport categorisation for this waste is Category B. Sharps and pharmaceutically contaminated items should continue to be segregated into appropriate containers sent for incineration; these should not enter the orange bag stream.

12. Review

This Policy Document will be reviewed periodically (at least annually) by the Waste Management Committee, in conjunction with the Director of Estates, Facilities and Capital Developments and the Environmental Manager

The Review will ensure that the document remains up to date, and includes any requirements as a result of changes to environmental legislation, or other internal documents.

The review must be documented.

APPENDIX

A. PROCEDURAL GUIDANCE

Guidance for Domestic and Portering Staff

Domestic and Portering staff will come into contact with a number of waste streams in the course of their work including:

- Mixed municipal waste
- Clinical waste
- Confidential waste
- Non-clinical hazardous wastes e.g. batteries and fluorescent tubes

Whenever handling waste, staff are expected to meet Trust standards with regard to protecting the health and safety of staff, visitors and patients, and protecting the environment.

1.1 Storage and packaging of waste

If:

- The waste container is broken or:
- Waste is leaking from the bag or container (including any sharps) or:
- There is evidence that incorrect waste has been placed in the bag or container or:
- The waste is stored or packaged inappropriately

then staff should not move the waste, and must inform their Line Manager or Supervisor immediately.

The correct requirements for waste packaging are set out earlier in this document.

Once any waste bag or container is sealed, staff are not permitted to break the seal or re-open the bag or container.

1.2 Waste Segregation

Staff must never mix different types of waste where specific bins are provided for those waste types. Hazardous and clinical wastes must never be mixed with other waste types.

1.3 Waste Removal

If a waste bag or container requires removal, staff should remove it to the hospital or office's designated collection point for removal off-site by a waste contractor.

Before removing a waste bag or container a manual handling assessment will have been carried out. The safe system of work will have formed part of the training programme for the individual. This will include the safe method of removal i.e. the lift and precautions to take (e.g. PPE). If training has not been received, the individual should not attempt to move the load but ensure the area is safe until the supervisor can be contacted.

In the event of a sharps injury or contamination with blood or body fluids, the member of staff must seek advice IMMEDIATELY from the Occupational Health Department or attend the Accident and Emergency Department of an acute services hospital.

The individual removing the bag or container is responsible for replacing it with a new one.

Staff must ensure that once sealed, Clinical Waste is stored in secure areas (e.g. a locked room or cupboard) or locked containers at ALL times.