

# POLICY FOR THE MANAGEMENT OF HEALTHCARE WASTE

**Author:** Mark Ball, Assistant Hotel Services Manager

**In consultation with:** Head of Estates,  
Infection Control Consultant Nurse,  
Pharmacy Operations Manager,  
Clinical Midwifery Manager,  
Mortuary Manager,  
Dangerous Goods Safety Advisor,  
Head of Pathology Services,  
Health and Safety Manager

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Ratified by: Non Clinical Risk Committee

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Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 1 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

## History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Jul 2007	New policy complete rewrite to reflect the requirements of new legislation and collection arrangements. Replaces Clinical and Household Waste Disposal Policy	Non Clinical Risk Committee
2	Dec 2010	Review	
3	Oct 2012	Minor changes to section 11 – Cytotoxic Waste	Health & Safety Committee
4	Nov 2015	Review and update	

For more information on the status of this document, please contact:	Mark Ball, Assistant Hotel Services Manager
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Audience	All staff

## INTRODUCTION

Ashford and St Peter's NHS Foundation Trust (Trust) recognises the environmental and health impacts that waste may present. Incorrect waste disposal could lead to pollution, which is detrimental to health and the environment. The Trust aims to ensure that the waste management processes do not pose a risk to patients, visitors, staff, refuse collectors, any other person or the environment. The Trust is committed to waste segregation, minimisation and recycling wherever practicable in line with the waste hierarchy and current waste legislation.

This waste handling policy is written in line with the Controlled Waste Regulations 2012, Hazardous Waste Regulations 2005 the Department of Health Safe Management of Healthcare Waste version:2.0:England and best practice document Health Technical Memorandum (HTM) 07-01

The Chief Executive of the Trust will have the overall responsibility for the implementation of this policy. Waste management within their own wards and department will be the responsibility of the Divisional Manager.

To effectively manage healthcare waste, all those involved in the management of the waste stream should have access to this policy which clearly defines who is responsible for the waste and how it should be managed.

## PURPOSE

This policy identifies the wide range of waste produced in the hospitals. This waste will be segregated, sorted, handled, transported and disposed of as safely and efficiently as possible and in accordance with "Safe Management of Healthcare Waste, Version 1". Directorates and departments must ensure that any local policies/procedures conform to this waste management policy.

## DUTIES

The Trust is guided by the hierarchy of waste management which sets out, in order of priority, the waste management options:

- Prevention;
- Preparing for re-use;
- Recycling;
- Other recovery (for example, energy recovery);
- Disposal.

The Environmental Protection Act 1990 imposes a duty of care on any person who produces hazardous waste. The duty requires such persons to ensure that there is no unauthorised or harmful deposit or disposal of the waste and on the transfer of waste to ensure that the transfer is only to an authorised person and that a written description of the waste is also transferred.

Ashford & St Peter's Hospitals NHS Foundation Trust also has a general duty under subsections 2 and 3 of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health and safety of employees and other persons who may be affected by the storage, handling or disposal of waste products.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 1 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

To effectively manage waste generated on healthcare premises, those responsible for the management of the waste should understand and must comply with the requirements of three separate regimes:

- Health and Safety
- Environment and Waste
- Transport

For waste management practices to comply with these requirements, appropriate waste management services need to be procured.

Environment and waste legislation across the UK specifies the roles and responsibilities of those involved in the management of waste.

Everyone who manages and has responsibility for the management of waste is required to fully comply with his or her own “duty of care”. The statutory requirements covering duty of care in waste management are contained in:

- Section 34 of the Environmental Protection Act; and
- The Environmental Protection (Duty of Care) Regulations

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 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 of the duty of care is the requirement for producers 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.

In particular the producer must:

- Describe the waste fully and accurately
- Complete and sign a waste transfer note (or consignment note for hazardous waste) prior to waste being transferred to another party
- Pack waste securely in line with carriage regulations
- Store waste safely on-site
- Register as a waste carrier (if required) and make all reasonable checks on waste carriers
- Select an appropriate recovery or disposal method
- Ensure waste falls within the terms of the waste contractor’s waste management license, permit or exemption

Health and Safety Legislation is based on the assessment of risk. The Control of Substances Hazardous to Health Regulations (COSHH) and the Management of Health and Safety at Work

Regulations specifically require those dealing with potentially infectious substances (including waste) to assess the risk to the public and staff that may come into contact with it.

The COSHH Regulations set out the duty of employers to manage the exposure to hazardous substances, including healthcare waste. Employers must:

- Assess the risks to employees and others from hazardous substances, including healthcare waste

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 2 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

- Make arrangements for reviewing the assessment as and when necessary, but no less than two yearly intervals – and sooner if there is any reason to suggest that the risk assessment is no longer valid
- Aim to eliminate or prevent these risks, and if this is not possible to adequately control the risks
- Provide suitable and sufficient information, instruction and training for employees about the risks
- Provide health surveillance and immunisation where appropriate

Transport legislation is based on the principles of hazard and risk assessment, and substances are classified according to their primary hazard.

The Carriage of Dangerous Goods Regulations are intended to reduce the risks of harm or damage to people property and the environment posed by the carriage of dangerous goods.

The Regulations cover:

- Training of personnel involved in the chain of distribution
- Substance classification and identification
- Packaging
- Marking, labelling and documentation
- Safety equipment and emergency procedures
- Safe loading
- Vehicle specification and operation

The Carriage Regulations may require healthcare managers to appoint a dangerous goods safety advisor (DGSA). The requirement to appoint such a person is a duty on the employer and is in large part dependent on the quantity of dangerous goods transported. These may include:

- Clinical waste
- Medicinal chemical wastes
- Radioactive material

## RESPONSIBILITIES

### Director of Facilities

The Director for Facilities is the nominated Senior Manager responsible for the management of waste at the Trust.

### Head of Facilities Support Services

Head of Facilities Support Services is responsible for ensuring that waste contractors are compliant with all relevant legislation and carry out their duties in accordance with their contractual obligations.

He/she will also make sure that all areas are audited in accordance with this policy.

### Portering and Security Manager

The Portering and Security Manager is responsible for:

- Delivering of waste reduction initiatives
- Carrying out Duty of Care visits to contractors premises
- Facilitating Training Programmes for waste awareness and segregation
- Providing advice in matters concerning waste disposal
- Conducting compliance checks and providing reports on findings

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 3 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

### Housekeeping staff

Housekeeping staff are responsible for transporting waste to the appropriate Yellow, Orange or Tiger Striped topped bins or segregated storage areas for domestic and recycled waste, and for ensuring that waste is kept segregated in these areas and that the areas are cleaned daily. The segregated areas and the bins must be kept locked. Cardboard is to be flat packed.

### Managers and Heads of Departments

Ward and other managers are responsible for the training of staff in correct waste consignment, the handling, storage and segregation of waste and that the waste management document is implemented within their designated areas.

### Infection Control Team

Infection control team are responsible for promoting best practice in waste segregation, handling and storage through updates and training events for staff and as part of auditing process.

### Ward Staff

Ward staff are responsible for securing and identity tagging all Clinical Waste bags and sharps bins. The correct segregation of waste according to this policy and the safe filling and sealing of waste bags.

### Portering Staff

Portering staff are responsible for:

- frequent daily collections of Clinical, Offensive and Domestic Waste from each storage disposal point.
- maintaining segregation of Clinical, Offensive and Household Waste during transportation to the Main Central Waste Disposal area.
- using separate bins specifically provided for Waste collection. These can be towed to the Main Central Waste Disposal Area using the electric tow vehicles. Only three bins may be towed at any one time. Bins must not be over loaded during use. Bins must be locked.

### All Staff

All staff have a responsibility to comply with this policy and to report any untoward occurrences relating to waste on a Trust incident form in accordance with the Trust Incident Policy:

## **WASTE MANAGEMENT DEFINITIONS AND CLASSIFICATIONS**

Waste regulation requires the classification of waste based on hazardous characteristics and point of production, through the use of the correct European Waste Catalogue (EWC) codes. The table below shows the types of waste produced by the healthcare sector that are classified as hazardous and non-hazardous.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 4 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

<b>Hazardous waste</b>	<b>Non-hazardous waste</b>
Infectious waste	Domestic waste
Fluorescent tubes	Food waste
Laboratory waste	Offensive/hygiene waste
Cleaning chemicals	Packaging wastes
Photo chemicals	Recyclates (paper, glass, aluminium, cardboard)
Oils	Furniture
Batteries	Construction and demolition waste
Waste electronics	Grounds waste
Asbestos	
Paints	
Solvents	
Cytotoxic and Cytostatic products	
Dental Amalgam	

#### Domestic Waste

For the purposes of this policy, domestic waste is the same as, or similar to, waste from accommodation used purely for living purposes and which is suitable for landfill.

#### Recycling

The trust is actively engaged in recycling certain types of waste which avoid the need for the waste to be sent to landfill or other alternatives. The trust is committed to continue where possible to recycle all types of waste which fall into this category and the trust has the resources and facilities in order that this can be achieved. Currently the trust recycles the following:

- Cardboard
- Paper – including newspaper, magazines, catalogues, envelopes and paper towels
- Steel and Aluminium cans – clean (no food residue)
- Plastic bottles, pots and trays (HDPE, PET and PP)
- Glass Bottles – clean (no food residue)

The above recyclates are to be disposed of in a clear/green see through waste bag and can be mixed

Batteries will be collected in bulk by contacting the Estates Helpdesk 2882

When disposing of batteries:

a) ensure compliance with waste regulations and organisational procedures for handling waste. They must not be disposed of in any other waste stream.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 1 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

- b) consider use of a battery discharging device to remove any remaining charge (if available).
- c) cover the battery terminals with an insulator – insulating tape is acceptable. Batteries must only be placed in collection receptacles designed for that purpose and they must be clearly labelled. It may be advantageous to segregate lithium cells from alkaline cells as the former have higher waste value and sorted batteries may provide financial savings to the organisation. Seek guidance from battery waste contractor.

Printer cartridges Via collection points in office areas or the Trust post rooms  
 Fluorescent tubes Through the Estates Helpdesk 2882

### Clinical Waste

The definition of clinical waste has historically been used to describe waste produced from healthcare and similar activities that pose a risk of infection that may prove hazardous.

Taken from the Controlled Waste Regulations (Issued under the Environmental Protection Act), clinical waste is defined as:

- (a) 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, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
- (b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

Broadly, therefore, clinical waste can be divided into two categories of materials:

- Waste which poses a risk of infection
- Medicinal waste

Clinical waste must be segregated from other types of waste and be treated/disposed of appropriately in suitable facilities according to the risk it poses.

### Infectious Waste

Infectious waste is a waste whose collection and disposal is subject to special requirements in order to prevent infection

Healthcare waste generated from healthcare practices, or produced by healthcare workers in the community, is considered to be infectious waste unless assessment has taken place. This assessment is based on an item (and patient specific) clinical assessment by a healthcare practitioner.

Municipal waste from domestic minor first-aid and self-care ( of a type that does not require recourse to a healthcare practitioner) is assumed to be non-infectious unless a healthcare practitioner indicates otherwise. Therefore, soiled waste such as nappies sanitary products and plasters are not considered to be infectious unless a healthcare practitioner gives the producer advice to the contrary.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 2 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

## Offensive/Hygiene Waste

The term offensive/hygiene waste describes waste which is non-infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it. Offensive/hygiene waste includes waste previously described as human hygiene waste and sanitary product waste, and does not need to be classified for transport.

Examples of offensive/hygiene waste include:

- Incontinence and other waste produced from human hygiene
- Sanitary waste
- Nappies
- Medical items and equipment which do not possess a risk of infection including aprons, plaster casts, urine bags, bowls etc.
- Autoclave Waste

## Medicinal Waste

Medicinal waste includes expired, spilt and contaminated pharmaceutical products, drugs, vaccines, and sera that are no longer required and need to be disposed of appropriately. This definition also includes discarded items contaminated from the use in the handling of pharmaceuticals, such as bottles or boxes with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

Medicines are divided into three broad groups:

- Cytotoxic and cytostatic
- Pharmaceutically active, but not cytotoxic or cytostatic
- Not pharmaceutically active and possessing no hazardous properties (e.g. saline and glucose).

Only cytotoxic and cytostatic medicines are classified as hazardous waste, although other medicines often possess hazardous properties and therefore require appropriate treatment and disposal. All known cytotoxic waste from ward areas should be disposed of in designated purple top bins at ward level. It should not be returned to pharmacy. All other unwanted medication should be returned to pharmacy for assessment on disposal.

## Controlled Drugs

Any controlled drugs (ward stock and patients own) for destruction must be given to a pharmacist. Ward areas should discuss with their ward pharmacist

## Medical Devices

Medical devices are defined in the Medical Devices Regulations as:

An instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which:

(a) is intended by the manufacturer to be used by human beings for the purpose of:

- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation, of or compensation for an injury or handicap
- investigation, replacement or modification of the anatomy or of a physical process, or

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 3 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

- control of conception;

and

(b) does not achieve its principal intended action in or on the human body by pharmacological immunological or metabolic means, even if it is assisted in its function by such means, and includes devices intended to administer a medicinal product or which incorporate as an integral part a substance which, if used separately, would be a medicinal product and which is liable to act upon the body with action ancillary to that of the device.

Where implanted medical devices have been in contact with infectious bodily fluids and have been assessed to be infectious, they should be classified as infectious waste.

If the device contains hazardous substances or components including nickel cadmium and mercury-containing batteries, the description of the waste on the consignment note must fully describe the waste and all its hazards.

Disinfected medical devices should be classified as non-infectious healthcare waste. The description given of the waste must adequately describe the waste and any hazardous characteristics (even if the waste is not classified as hazardous waste).

#### Implants

Special care should be taken if a deceased person has an implant, particularly if it has electronic components such as an implantable cardioverter defibrillator or other implanted cardiac aid. For example:

- There may be a risk of electric shock to a person removing and subsequently handling them
- Cremation or disposal by incineration may cause batteries to explode leaking toxic gas

Such implants should be deactivated, removed with consent, decontaminated and disposed of in a safe manner in the hazardous waste stream.

Protocols for the removal of implants should be determined. It is recommended that cardiac units, manufacturers, suppliers and funeral directors should be consulted. Disposal may include return to the manufacturer or cardiac unit who need to be aware of duty of care implications. N.B. Removed items are waste produced by the healthcare organisation. Where the patient has asked to retain the item, it is not considered waste since it has not been discarded.

#### Radioactive Waste

Radioactive waste generated from healthcare includes radionuclides used in therapeutic and diagnostic medicine.

The UK environmental regulatory authorities regulate the storage and use of radioactive materials in hospitals. Small users of radioactive sources (including hospitals) require authorisation to discharge or dispose of radioactive waste except where it is permitted under an exemption order.

Radioactive waste should be labelled with the appropriate class according to its hazard characteristics. The hazard warning diamond used may vary according to the isotope and the level of hazard posed. The Ionising Radiations Regulations specify that a

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 4 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

Radiation Protection Adviser (RPA) should be appointed to advise on the management and use of radioactive materials. The RPA should work with healthcare staff to ensure the safe disposal of radioactive waste.

### Anatomical Waste

For the purposes of this policy the definition of anatomical waste includes body parts or other recognisable anatomical items,, which may be offensive to those who come into contact with such items. All anatomical waste must be disposed of into red lidded containers so that it can be disposed of separately to other clinical waste and in a more sensitive and respectful manner.

### Sharps Waste

Sharps are items that could cause cuts or puncture wounds, including needles, syringes with needles attached, broken glass ampoules, scalpel and other blades, and infusion sets.

All syringes where fully or partially discharged, with or without medicines, should be disposed of in the correctly coloured sharps bin.

Sharps waste does include medicinal waste in the form of:

- bottles
- vials
- ampoules
- tubes or tablets

But not

- swabs or
- other soft infectious waste or anatomical waste

### Liquid Waste

Liquid waste or solidified waste or solidified liquid waste should be placed in rigid leak-proof containers for disposal. Under the Landfill Regulations, liquid waste cannot be sent for disposal to a landfill site.

## **SEGREGATION**

Segregation of waste at the point of production into suitable colour-coded packaging is vital to good waste management. Health and safety, carriage and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. The following colour-coded waste segregation guide represents best practice and ensures at minimum compliance with current regulations.

<b>Colour (Description)</b>	<b>Examples</b>
Yellow (Highly Infectious)	Waste that requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Orange (Clinical Infectious)	Waste that may be “treated” Indicative treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs).

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 5 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

Tiger	Stripe	Offensive	Non infectious healthcare waste and waste deemed as offensive May be landfilled or go to suitably permitted or licensed energy from waste plant.
Purple (Cytotoxic)			Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Blue (Pharmaceutical)			Medicines other than those listed above Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Red (Anatomical)			Body parts and organs including blood bags and blood preserves Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
Black (Food)			Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site Includes food and vegetable matter.
Clear/Green(Recycling)			Recyclables Includes paper, plastic bottles, cardboard, glass bottles and metal cans.

## WASTE AUDITS

**Pre-acceptance Audits** are a requirement for producers of healthcare wastes in England and Wales in order to comply with the permit requirements of the waste contractor at the permitted site receiving the waste. The Trust shall implement systems for auditing to ensure that statutory requirements for pre-acceptance of healthcare and/or any other waste are met.

The Trust appoints an external independent waste adviser to undertake the annual pre-acceptance audit and provide a report on the following aspects:  
investment is required for additional cleaning if there is an outbreak of infection or contamination.

- Review of the Waste Policy and confirm compliance by all who are affected by it
- Waste practices and procedures (i.e. waste classification, segregation, packaging) at frontline activities
- Review of waste storage
- Review of waste documentation
- Suggested recommendations and requirements to ensure compliance to legislation and best practice

Ad-hoc audits – Hotel Services staff will perform regular departmental audit and waste segregation checks, with the aim of raising awareness of correct segregation

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 6 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

## WASTE ELECTRICAL AND ELECTRONIC EQUIPMENT

Waste electrical and electronic equipment will be disposed of in accordance with the Waste Electrical and Electronic Equipment Regulations and the policy for the management, use and disposal of Medical Equipment

## AREAS OF ACTIVITIES NEEDING SPECIAL CONSIDERATION

### Operating Theatres

Human tissue (i.e. limbs) is not to be mixed with other waste, and special arrangements need to be made for the disposal of all human tissue in line with the guidance within the "Human Tissue Act 2004".

Therefore, all human tissue must be separately bagged by theatre staff using the heavy duty yellow bags also ensuring that an identification tag is attached to the bag specifically provided for the purpose or placed in a one way Sulo Bin and the red lid sealed.

All bags or bins must be clearly marked stating human tissue for incineration. Regardless of time of day or day of week Portering staff must be notified that a special collection of human tissue is required. It is the responsibility of the Senior Theatre Nurse to ensure that human tissue is properly handed over to portering staff for disposal.

Portering staff will separately transport Human tissue for disposal to the clinical waste storage area.

Deliveries of bags or bins containing human tissue made to the storage area, must be handed directly to the operator, (under no circumstances may human tissue be left unattended) who will ensure that these are separately identified to the collection contractor.

### Maternity Services and Labour Ward

Placentas for disposal by incineration must be put in red lidded placenta boxes and then placed in clinical waste bins.

### Pharmacy Services

A specific procedure detailing the sorting and storage of pharmaceutical waste in the pharmacy should be available. For reasons of security it is required that pharmaceutical waste thus generated remains under the control of the pharmacy.

Medicines, surplus or unused must be returned to the Pharmacy for recycling or destruction. Wards and departments are not authorised to dispose of waste medicines/drugs. Under no circumstances may waste medicines/drugs be discharged to sewer.

Medicines for disposal by incineration will be discussed with the waste contractor and will be packed according to their instructions. Hazardous and chemical waste will be segregated and separate arrangements will be made with the contractor to uplift these types of waste as a separate consignment in blue or blue lidded pharmaceutical waste containers.

Pharmaceutical waste will be collected directly from the Pharmacy department by the clinical waste team, the consignment notice system will be operated in all cases.

Where specific disposal instructions are sent out with drugs by Pharmacy, these instructions must be followed.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 7 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

### Pathology waste

The handling of waste within the laboratory should be in accordance with “Safe Working and the Prevention of Infection and Clinical Laboratories” published by the Health Services Advisory Committee and “Safe Working and Prevention of Infection in Mortuaries”.

Where an assessment indicates a risk of infection to staff, advice can be obtained from the Director of Infection, Prevention and Control (DIPC) who will determine the method of waste disposal and level of supervision required.

### Nuclear Medicine Department

Special precautions need to be taken in this area to prevent the unauthorised removal of Radio- active waste from the department. Portering and Security manager must ensure that staff are trained and fully familiar with the waste disposal protocol for the department before being assigned duties within the department.

All training should be carried out in conjunction with the Lead Physicist of Nuclear Medicine.

All disposals of radioactive waste must comply with the Radioactive Substances Act 1993. The detailed policies and procedures for the disposal of radioactive waste are contained in the Local Rules for the Department of Nuclear Medicine.

If it is necessary to incinerate radioactive waste, then the Lead Physicist or other qualified person nominated by them will make arrangements for the clinical waste contractor to be informed that a collection of special waste is required. The special waste will be collected directly from the department generating the waste and a consignment notice system will be operated in all cases.

### Disposal of Suction Liners

Disposable suction containers should be carefully sealed and placed in the appropriate box (over 100mls) or an orange waste sack (under 100mls).

## **CONTROLLED DRUGS**

Part used epidural syringes/bags and part used ampoules containing controlled drugs are not to be returned to Pharmacy. In the following situations destruction of controlled drugs is required to be carried out in the clinical area:

- Any excess from ampoule or vial
- Accidental breakages
- Individual doses that have been prepared but not administered
- Individual doses that have been partially administered e.g. syringe drivers, patches
- Dropped tablet/caplets

The disposal of above controlled drugs must be carried out within the clinical area in the presence of two members of staff one of whom must be a registered nurse. A record of the destruction must be made in the back of the controlled drug record book on a page reserved for this. Documentation must include the patient’s name, the medicine details, the volume/amount being disposed of and the date and time of disposal. Both persons should sign the entry. The controlled drug should be denatured using an approved CD denaturing kit before being disposed of into the sharps bin.. See separate policy on Trust net –

<http://trustnet/docsdata/pharm/CD%20SOP%20W003%20Ward%20administration%20and%20wastage.doc>

Sharps bins used in clinical areas should be sealed once  $\frac{3}{4}$  full or when they contain six inches of liquid. The sharps bin should be labelled “contains mixed pharmaceutical waste and sharps – for incineration”

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 8 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

If Controlled Drugs are denatured on site then a valid T28 exemption registration with the Environment Agency will be required.

## **CYTOTOXIC WASTE DISPOSAL**

Parenteral cytotoxic drugs are prepared to individual patient requirements and issued by the Pharmacy Department.

Where a full dose has been administered to a patient and no spillage has occurred, empty syringes, IV bags, needles, etc. should be disposed of into purple top sharps bins.

Disposable clothing, towels, etc. which have not been in contact with spillage can be disposed of as normal clinical waste.

- Parenteral cytotoxic drugs are prepared to individual patient requirements and issued by the Pharmacy Department.
- Where a full dose has been administered to a patient and no spillage has occurred, empty syringes, IV bags, needles, etc. should be disposed of into purple top sharps bins on ward.
- Disposable clothing, towels, etc. which have not been in contact with spillage can be disposed of as normal clinical waste.

**If the full dose has NOT been administered, follow the disposal instructions outlined below.**

- Remove any needles and dispose of in cytotoxic waste bin. Replace seal on syringe. Double bag waste in yellow cytotoxic waste bags and seal well using an identification tag (NOTE: these bags are large enough to allow for the occasional need to dispose of contaminated clothing, towels, etc. For normal use, where only small volumes are involved, please put the items in the bottom of the bag and then fold and roll into a small package. This will provide maximum safety and reduce the disposal company charges).
- Seal the bag with an identification tag and dispose of in a cytotoxic bin.
- Record the event in patient's case record.

**If a spillage has occurred, follow the instructions provided with the 'cyto spill kit'.**

- Remove any needles and dispose of in cytotoxic waste bin. Replace seal on syringe.
- Clear up the spillage using the cytotoxic spill kit provided.
- Seal the cytotoxic waste bag with an identification tag and dispose of in a cytotoxic bin.
- Should any area of skin be affected by spillage then this must be washed thoroughly before donning clean clothes.
- Record the event on a Trust incident form.
- Any staff affected by spillage to skin should report immediately to the Occupational Health Department or A&E outside weekdays 9-5hrs.

Extreme care must be taken when packaging waste to ensure that operators subsequently handling the waste do not become contaminated.

All non-parenteral forms of cytotoxic drugs (tablets, capsules, etc.) are labelled:-

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 9 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	--------------

**CAUTION  
CYTOTOXIC DRUG  
HANDLE WITH CARE**

In common with all non-parenteral preparations, these must be returned to Pharmacy for destruction or recycling when they are not wanted on the ward or department. Destruction will take place in accordance with the Pharmacy waste policy. Should staff have any queries regarding the handling or disposal of cytotoxic waste then they should contact the Oncology Pharmacist for advice. See also Medicines Management Policy. The Chief pharmacist will be responsible for the safe and appropriate disposal of such wastes, using the Trust approved waste contractor.

The Waste will be collected directly from the Pharmacy Department by the contractor and a consignment notice system will be operated in all cases.

### **STORAGE AND TRANSPORTATION**

Storage areas at the point of production should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated and so as to avoid waste of different classifications being stored together in the same area. Different waste streams in the same store should be clearly separated, such that a leak from one waste category cannot contaminate the contents or packaging of another.

Each ward/department has a designated waste storage or disposal area and waste must not be stored outside this area. Waste will be collected from these areas at a frequency determined by local circumstances. Clinical waste storage carts must be kept locked and secure at all times.

All persons engaged in the transportation of clinical Waste must be made aware of the requirements to adhere to the "Duty of Care" imposed by current environmental legislation.

Where Clinical Waste is moved in bulk within the premises, dedicated trucks, trolleys or wheeled containers are to be used to transport the waste containers to the nominated storage area. Vehicles and containers are to be clearly marked "Clinical Waste only". They should be so designed and constructed that they:

- Can be easily cleaned, disinfected and drained.
- Do not offer harborage or ingress for insects or vermin.
- Prevent so far as is reasonably practicable, particles of waste becoming trapped on edges or crevices.
- Allow waste to be easily loaded, secured and unloaded.
- Adequately contain any leakage from damaged containers.

Contractors authorised to collect and transport Clinical Waste to and from the Trust's Central Storage area are to be familiar with and comply with Waste Licensing requirements.

The persons responsible for the transfer of Clinical Waste to and from the Trust are to ensure that safe systems of work are in operation at all times and in particular that:

- Collectors, drivers and other handlers are aware of and trained in the nature and risks of the waste being carried.
- Such operatives are familiar with the procedures to be taken in the event of spillage or accidents.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 10 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

- Written instructions, safety equipment and protective clothing are provided on the vehicle and that these are checked daily.
- An emergency telephone number is provided.

## TRAINING

All employees who are required to handle and/or move Clinical Waste must be adequately trained. Categories of staff that must be trained include:

- Medical and Locum staff.
- Pharmacy staff
- Nursing staff.
- Bank/Agency staff.
- Housekeeping staff.
- Porters.
- Laboratory staff.
- Professional and Technical staff.
- Post-Mortem technicians.
- Transport drivers.
- Storage operators/relief operators.
- Staff working in the community.

The level of training needed will depend on the level of staff involvement with Clinical Waste.

In general all staff must be trained, informed and instructed about the risks associated with, and the procedures to be used in order to ensure the safe handling, segregation and storage of Clinical Waste. In addition to this all staff must be made aware of the procedures to be used following a spillage, or an accident, and must be familiar with the requirements regarding the use of personal protective equipment.

Specific staff, for example, Clinical Waste Storage staff, drivers, community and laboratory staff will require a greater depth of training - (see relevant sections of this document).

All staff that transfer, transport or handle large quantities of Clinical Waste must be trained to:

- Know how and why to use control measures and/or protective equipment
- Check that storage containers are effectively sealed before handling
- Ensure that the origin of the waste is named on the container
- Handle sacks by the neck only, they should not be clasped against the body and never thrown or dropped. Care should be taken to avoid knocking sacks against legs.
- Be aware of the special problem related to the disposal of Sharps. It is the responsibility of the user of the Sharps container to ensure that it is PROPERLY SEALED before being sent for disposal.
- Check that the seal on any used waste storage container is unbroken when movement is complete.
- Know the procedure to be followed in case of an accidental spillage and be aware of the procedures to be followed in order to report an incident.
- Know the appropriate cleaning and disinfection procedures including the safe method of steam cleaning vehicles.

It is recommended that waste storage operatives are offered Hepatitis B vaccination and have their immunity checked subsequently in accordance with Occupational Health guidance.

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 11 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

It is essential that relevant staff are informed and if necessary retrained when policies and procedures are revised.

A record of all training/retraining must be kept.

Written local procedures must be available in all areas and accessible to all staff.

It is the responsibility of Staff Managers to ensure that staff are adequately trained before being assigned to duties involving Waste Disposal.

## PROCEDURES FOR HANDLING HOUSHOULD AND CLINICAL WASTE

All staff handling clinical or household waste must wear appropriate and suitable Personal Protective Equipment (PPE) as supplied.

All bags of waste must not be more than three-quarters full. Appropriate training is essential for all employed staff. Basic personal hygiene is a vital element in reducing risks from handling Clinical Waste. Adequate washing facilities should be conveniently available for staff handling Clinical Waste.

If there is a risk of skin contamination when cleaning up body fluids disposable gloves and a disposable apron should be worn. In certain circumstances, face visors or goggles may be necessary to avoid risks from splashing and they should be readily available. Try not to touch the spill directly when cleaning it up. Hands must be washed and dried thoroughly after removal of PPE. Refer to Spillage of Blood and Body Fluids Policy:

<http://trustnet/documents/menu711.htm>

Staff that regularly have to handle, transfer, transport Clinical Waste containers will require further protection:

- Heavy Duty Gloves should be worn when handling clinical waste containers and sacks. Containers should be picked up by the handle provided and sacks by the neck only, the operators other hand should not be used to support the bottom of the container and under no circumstances should containers be thrown in receptacles or held close to the body.
- Safety Shoes/Industrial Wellington boots should be worn to protect the feet against the risk of containers being accidentally dropped. The soles of such shoes/boots should offer protection from spillage.
- Industrial Aprons/Leg Protectors should be worn if the means of handling presents a risk of bodily contact with waste sacks.

Hepatitis B and Tetanus primary immunisation and reinforcing dose (as appropriate) should be provided for all staff handling Clinical Waste.

Inoculation injuries involving clinical waste or body fluids must be reported without delay to the Occupational Health Department or if out of hours A&E or the **Walk In Centre**. An incident form should be completed and the procedure for inoculation injuries followed. (See Needlestick, Sharps, Human Bites and Contamination Accident Policy).

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 12 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

## **EQUALITY IMPACT ASSESSMENT**

A baseline equality impact assessment has been carried out (see Appendix 1). This has concluded that no further assessment is required.

## **MONITORING**

The effectiveness of this policy will be monitored by the Trust Environment and Energy Group. The policies will be monitored by the process of audit, initially by ward or department head and annually by Hotel Services Team. Where relevant action plans will be written and forwarded to relevant Matron or Department Head.

## **DISSEMINATION AND IMPLEMENTATION**

This policy will be available to all staff through publication on the Intranet. Hard copies will also be distributed to each ward and department.

The line manager will be responsible for ensuring their staff are made aware of this policy and for ensuring compliance.

## **ARCHIVING**

Responsibility for archiving trust-wide policies lies with the Quality Department, where all paper copies will be stored, and electronic folders have been set up to hold master copies.

Requests for retrieval of documents can be made to the Quality Department.

## **OTHER ASSOCIATED DOCUMENTS**

Ashford & St. Peters NHS Foundation Trust documents:

- Infection Control Policies
- Occupational Health Department Policies
- Health and Safety Policy
- Risk Management Policy
- Dress Code Policy
- Standard Precautions Policy
- Medicines Management Policy
- Needlestick, Sharps, Human Bites and Contamination Accident Policy
- Spillage of Blood and Body Fluids Policy
- Policy for the Management, Use and Disposal of Medical Devices
- Safe handling and disposal of Sharps Policy

## **REFERENCES**

Environment and Sustainability Health Technical Memorandum 07-01 - Safe Management of Healthcare Waste version 2

Waste Management is organised in accordance with the prevailing legal framework, EC directives, national regulations and other recognised guidelines as detailed below:

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 13 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

The Health and Safety at Work Act 1974  
 The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)  
 The Management of Health and Safety at Work Regulations 1999  
 The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009  
 The Waste Electrical and Electronic Equipment Regulations 2006  
 The Waste Electrical and Electronic Equipment (Amendment) Regulations 2007  
 The Waste Electrical and Electronic Equipment (Amendment) Regulations 2009  
 The Waste Electrical and Electronic Equipment (Amendment) Regulations 2010  
 The Medical Devices Regulations 2002  
 The Medical Devices (Amendment) Regulations 2008  
 The Pollution Prevention and Control Regulations 2000  
 Environmental Protection Act 1990  
 Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991  
 Environmental Protection (Duty of Care) Regulations 1991  
 Controlled Waste Regulations 1992  
 Waste (England and Wales) Regulations 2011  
 The Environmental Permitting Regulations (England and Wales) 2010  
 Hazardous Waste (England and Wales) Regulations 2005  
 Hazardous Waste (England and Wales) (Amendment) Regulations 2009  
 List of Wastes (England) Regulations 2005  
 List of Wastes (England) (Amendment) Regulations 2005  
 Control of Pollution (Amendment) Act 1989  
 Controlled Waste Regulations 1992  
 Controlled Waste (Amendment) Regulations 1993  
 Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003  
 Environmental Protection (Duty of Care) (Amendment) (Wales) Regulations 2003  
 Waste Batteries and Accumulators Regulations 2009  
 The Site Waste Management Plans Regulations 2008  
 Human Tissue Act 2004  
 The Chemicals (Hazard Information and Packaging for Supply) Regulations 2002

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 14 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

## APPENDIX 1

### IMPACT ASSESSMENT TOOL

Name: Mark Ball

Policy/Service Management of Healthcare Waste

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		For each category describe how you have involved stakeholders including service users and employees
	<b>Management of Healthcare Waste</b>		
	Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	No	
	Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	No	
	Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	No	
	Culture (consider dietary requirements and individual care needs)	No	
	Religion or belief (include dress, individual care needs and spiritual needs for consideration)	No	
	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)	No	
	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	

Volume 12 Facilities & Estates	<b>Current version is held on the Intranet</b>	First Ratified July 2007	Next Review April 2021	Issue 4	Page 15 of 19
--------------------------------------	--	-----------------------------	---------------------------	---------	---------------

		Yes/No	Comments
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this policy, please refer it to the appropriate Action Group, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Emma Alderman, HR Manager, on extension 4328.