The Newcastle upon Tyne Hospitals NHS Foundation Trust

Waste Management Policy

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| Effective From: | 21 May 2018
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| Date Ratified: | 21 March 2018
| Ratified By: | Sustainable Healthcare Committee

1 Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust provide patient centred healthcare and from more specialist services than any other Trust in the UK. Because of this the Trust generates a broad range of wastes, including hazardous healthcare wastes, hazardous non-healthcare wastes and general wastes from wards, departments and support services. The Trust has a legal and moral responsibility to ensure that its waste does not endanger human health or the environment. Duty of Care requirements demand proper management of these waste streams from the time they are generated until they are ultimately disposed of (from cradle to grave). Failure to comply with this policy may render the individual(s) and/or Trust liable to prosecution, which can result in substantial fines, imprisonment and adverse publicity.

The Trust has made a commitment to provide a safe environment for its patients, visitors, staff and the surrounding community. This policy is based on the HTM 07/01 Safe Management of Healthcare Waste guidance document produced by the Department of Health (last update 2013) and readers are encouraged to refer to this document for more detailed guidance on the subject, direct link to this document available in Section 12.

This policy sets the framework for waste management within the Trust. Specific ward, departmental and directorate operational working procedures should be developed by directorate managers and department heads in order to put the requirements of this policy into practice.

2 Scope

This policy covers the management of all waste generated by Trust activities, from the point of generation until the point at which it is safely disposed of in accordance with legislation. All staff at all levels and in all directorates are covered by this policy; including office-based staff generating domestic waste, medical staff generating clinical waste and support staff in Estates and Facilities functions generating a variety of wastes. This policy is designed to protect patients, visitors, those handling our waste and the wider community from exposure to these wastes.
3 Aims

3.1 To protect the health and wellbeing of patients, visitors, staff, contractors and the wider environment.

3.2 To provide safe systems for: handling, storage, treatment and disposal of all wastes generated by and within the Trust.

3.3 To ensure that all wastes are treated and disposed of in an environmentally sound and cost-effective way.

3.4 To meet or exceed all current legislation governing handling, storage, treatment and disposal of all wastes generated by the Trust.

3.5 To follow the principles of the waste hierarchy and seek to eliminate, reduce, reuse, recycle and energy recover as much waste as possible. Waste that cannot be recycled should be sent for energy recovery wherever possible with the aim of sending no waste to landfill. Clinical waste previously considered for heat treatment should be assessed for infectious properties and wherever possible be sent to energy recovery.

4 Roles and responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for all aspects of waste management. Day to day operational responsibilities are delegated to Senior Officers. A more detailed breakdown of these responsibilities is given below.

4.2 Directorate managers and heads of service

Directorate Managers and heads of service are responsible to the Executive Group for ensuring effective implementation of this policy.

4.3 Ward and department managers

Ward and department managers are responsible for ensuring waste management policy implementation and compliance within their area(s). They are responsible for ensuring that staff with disabilities, for example those who have visual or learning disabilities, and also staff who have limited English, are given appropriate support and reasonable adjustment(s) to understand waste disposal and their responsibilities.

4.4 Trust waste manager

The Trust waste manager is responsible for:

- Providing waste management advice and guidance to all Trust staff.
- Auditing Trust waste practices regularly and reporting on compliance and incidents.
- Keeping up-to-date with changes in waste legislation and liaising with the competent authorities on waste management issues.
- Encouraging and introducing practical systems for the minimisation, re-use and recycling of materials wherever possible.
• Encouraging and introducing practical systems for a sustained reduction in clinical waste classified as hazardous for heat treatment.
• Working with supplies and procurement to reduce the amount of waste packaging and the amount of disposable/non-recyclable items produced by the Trust.
• Liaising with waste management contractors to facilitate regular waste collections and carrying out annual second party audits on the treatment facilities that receive Trust waste.
• Liaising with the Northern Clinical Waste Consortium Chair regarding the disposal of clinical waste.
• An annual review of the Trust waste policy, procedures, audits and incidents in the form of a report to Estates Senior Management Team. This report will identify areas for improvement with suggested actions for implementation.

4.5 Domestic services staff
Domestic Services staff are responsible for the removal of general waste from wards and departments and cleaning the trust standard sackholders and dedicated waste stores regularly.

In some areas of the hospitals Domestic Services staff are jointly responsible alongside ward staff for the safe removal and accurate segregation of appropriately contained clinical waste inside intermediate waste disposal rooms.

4.6 Ward staff
On most wards and departments ward clinical staff are responsible for the safe removal and accurate segregation of appropriately contained clinical waste inside intermediate waste disposal rooms.

4.7 Portering services staff
Portering staff are responsible for removing sealed and labelled waste bags and containers from the intermediate waste storage areas and transporting to the external storage area ready for collection by licensed waste contractors. Porters are also responsible for the transfer of other waste from wards and departments when requested, including bulky waste and items of furniture.

4.8 All staff
All staff, as waste producers, have a legal responsibility to comply with this policy and have a responsibility for advising patients and visitors of their need to segregate waste correctly during their time on site.
5 Definitions

5.1 Waste
The European Union’s Waste Framework Directive (2008/98/EC) defines waste as “any substance or object which the holder discards, intends to discard or is required to discard”. Even if the substance or article is given to someone else to be reused or recycled, it is still legally considered to be waste if it is no longer required by the person who produced it.

5.2 Hazardous waste
Hazardous wastes are wastes which present a hazard to human health or the environment and are covered by the Hazardous Waste (England & Wales) Regulations and the List of Wastes (England) Regulations. These waste categories are highlighted with an asterisk (*) in the European Waste Catalogue and in the List of Wastes (England) Regulations. Hazardous wastes are not just confined to healthcare (clinical) wastes but also to other wastes from offices and estates activities i.e. waste electronic and electrical equipment (WEEE), batteries, televisions, computers, light fittings and bulbs, fridges, lab and cleaning chemicals.

The link to WM3 Technical Guidance - Guidance on the classification and assessment of waste can be found in Section 12.

5.3 Mixed recycling – EWC 15 01 06
Mixed recycling, also known as dry mixed recycling or co-mingled recycling is the term used to describe the combined recyclables waste stream in the Trust. Non-confidential paper, soft and hard plastics and metal packaging can be placed into clear bags (usually inside a green sackholder) and sent for recycling. Mixing the recycling allows all recyclable waste streams to be collected in one receptacle which is invaluable in clinical areas where space is at a premium. See Section 6.84 for more information.

5.4 Glass (domestic-type glass) – EWC 15 01 07
Domestic-type glass such as coffee jars and milk bottles are not a healthcare waste and should be kept separate to allow safe disposal and recycling. Glass waste is dangerous due to the risk of breakage which can cause harm to those handling it. Glass, which is NOT contaminated with medicines, can be recycled if it is segregated, safely transported and deposited into a glass recycling container. Glass is easily recycled into more glass, reducing the need for virgin resources to produce more glass, so every effort should be made to segregate it for recycling. See Section 6.8.6 for more information.
NOTE: Glass containers that previously contained medicines cannot be rinsed to foul sewer and CANNOT be considered for recycling.

5.5 Waste electronic and electrical equipment (WEEE) – EWC 20 01 35* and 20 01 36
WEEE is defined by law in the Waste Electronic & Electrical Equipment (WEEE) Regulations. In simple terms it is any item of waste with a plug or requiring a battery (electrical supply) containing electrical components. Examples of this include a fridge, TV, microwave, desk fan, and telephone or
extension cable. WEEE must be kept separate from other waste streams and be collected by a specialist recycling contractor. More detail on WEEE can be found in the WEEE Regulations (see Section 12). See Section 6.8.18 for more information.

5.6 Batteries – EWC 16 06 01*, 16 06 02*, 16 06 03*, 16 06 04 and 16 06 05
Batteries arise across the Trust in numerous forms and are not easily separated into differing types. Currently the generating wards and departments dispose of mixed batteries into 5 litre tubs provided specifically for the purpose. These are collected periodically by Estates staff, taken to a central area and decanted into larger containers for onward collection. A separate container for lead acid batteries is provided in RVI and Freeman Estates areas enabling these to be collected separately for rebate. The Trust will continue to investigate options for segregated collection of battery types as these become available and/or practicable. See Section 6.8.19 for more information.

5.7 Domestic (non-recyclable) waste – EWC 20 03 01
Domestic residual waste is normal household type waste and general office waste that is not recyclable or confidential or hazardous in nature. It will include food and food contaminated packaging, non-recyclable packaging and paper towel, tissue and bed roll. It should not include hazardous waste, glass, clinical waste, sharps, liquids or anything that can be recycled (where recycling facilities are available). See Section 6.8.8 for more information.

5.8 Confidential waste
Confidential waste is regarded as any document, record, computer disk or tape, microfiche, audio or video tape or similar item for disposal, from which could be obtained the name and address of a patient, next of kin or employee of the Trust.

All records marked as Confidential which belong to any of the following categories must be treated as confidential and therefore disposed of accordingly:

5.7.1 Records containing personal information (e.g. medical records, patient files, pay roll and pension records, completed questionnaires and staff files).

5.7.2 Records of a commercially sensitive nature (e.g. contracts, tenders, purchasing records and legal documents).

5.7.3 Records concerning intellectual property rights (e.g. unpublished medical research data, draft papers and manuscripts).

See Section 6.8.9 for more information.

5.9 Non-infectious (tiger-bag) waste - EWC 18 01 04
This is non-infectious healthcare waste that does not require treatment or incineration in order to render it safe before disposal. Soft healthcare waste
arising in wards, departments or theatres is presumed to be not infectious unless the waste arises from a patient with a known or suspected infection. Examples will include soft healthcare waste, including dressings and swabs with bodily fluids, PPE (i.e. hats, gloves, and aprons), absorbent hygiene products (i.e. sanitary towels, incontinence pads and nappies) and empty giving sets that have NOT had medicines added. See Section 6.8.10 for more information.

5.10 Infectious (orange-bag) waste - EWC 18 01 03*
Waste defined as clinical waste on the basis of the infection risk posed should be considered hazardous infectious waste as this waste requires specialist treatment/disposal.

Waste is defined as infectious clinical waste if it arises from a patient who is known or suspected to have a disease caused by a microorganism or its toxin and the waste is likely to contain the viable infectious agent or toxin. Waste may also be defined as infectious clinical waste if, by clinical assessment or pathology results, the waste may cause infection to any person or other living organism coming into contact with it.

WM3 Technical Guidance - Guidance on the classification and assessment of waste; Appendix C (ppC33-C35) provides guidance for the assessment of Hazardous Property HP9 Infectious.

Advice on whether a waste is classified as infectious or non-infectious can be sought from the Infection Prevention and Control Team or the on-call Microbiologist.

Healthcare waste that is not infectious is classified as non-infectious waste (see Section 5.9). As non-infectious waste requires less resources to make it safe for disposal staff should make every effort to segregate this waste from the infectious clinical waste stream – to save costs and reduce our environmental impact. See Section 6.8.11 for more information.

5.11 Sharps waste – (yellow/orange/purple lidded containers EWC 18 01 01/18 01 03*/18 01 09/18 01 08* (dependent on contamination))
Sharps are items (or parts of items) of healthcare waste that could cause cuts or puncture wounds. This includes needles, the needle part of a syringe, scalpel blades, introducers, trocars, sutures, broken glass ampoules and the patient end of an infusion set.

5.11.1 Sharps waste does not include:
- Syringe bodies (other than the needle) and the residual medicine they contain;
- Medicinal waste in the form of bottles, vials, plastic ampoules, opened plastic ampoules;
- Tubes or tablets etc., swabs or other soft infectious waste or anatomical waste;
• Broken crockery/glassware from non-healthcare items (for example a coffee jar or milk bottles) – this should be treated as Glass for Recycling or Broken Crockery for Disposal.

See Section 6.8.14 for more information.

### 5.12 Medicinal (blue) waste (non-hazardous) - EWC 18 01 09
Medicinal waste includes:

- Expired, unused, spilt, and contaminated medicinal products, drugs, vaccines and sera that are no longer required and need to be disposed of appropriately;
- Discarded items contaminated with medicinal products, such as bottles or boxes with residues, giving sets with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

Where any of these materials are present in a waste, it contains a medicinal waste.

Hazardous (cytotoxic or cytostatic) medicinal waste is defined in Section 5.13 – this waste must be segregated from other medicinal waste.

Within the category of non-hazardous medicinal waste there are two sub-categories of medicinal waste:

- Medicines containing pharmaceutically-active substances and
- Medicines containing non-pharmaceutically-active substances.

The two categories have different disposal options:

- Medicines containing pharmaceutically-active substances must be sent for disposal by incineration (in rigid leak-proof containers such as BioBins or plastic Griff-type containers with a blue lid).
- Medicines containing non-pharmaceutically active substances (such as saline, glucose and sterile water) can have contents disposed to foul sewer and the packaging disposed of in the soft healthcare waste stream (tiger or orange bag) – or recycling opportunities can be explored. See Section 6.8.13 for more information.

### 5.13 Hazardous medicinal (purple) waste (cytotoxic and/or cytostatic) - EWC 18 01 08*
Hazardous medicinal waste is either cytotoxic (toxic to cells) or cytostatic (inhibition of cell growth). Both of which are hazardous to human health and must be segregated separate to other non-hazardous medicinal waste so that it can be sent for High Temperature Incineration. See Section 6.8.14 for more information.

### 5.14 Anatomical (red) waste - EWC 18 01 02
This is the category of waste for recognisable anatomical waste or human tissue which must be sent for incineration. Typical examples in the Trust
would be placentas from delivery suite or amputations from theatres. Given the sensitive nature of this waste it should be handled with care from the point of generation to the point of disposal. See Section 6.8.16 for more information.

5.15 **Bulky waste - EWC 20 03 07**
Bulky domestic waste is domestic-type waste that is too big to fit into a bag or box and be disposed of with other domestic waste in on site compactors. This waste should be collected separately by arrangement with the porters and put into bulky waste skips. Bulky Waste can also include furniture and other equipment for which other uses may be found before disposal. See Section 6.8.24 for more information.

5.16 **Biodegradable grounds maintenance waste – EWC 20 02 01**
Biodegradable waste that is generated by landscaping activities across the Trust should be segregated and composted to divert it from landfill or energy recovery. Examples of this waste include: fallen leaves, twigs, branches, prunings, waste plants and weeds.

5.17 **Food waste – EWC 20 01 08**
Food waste is defined as biodegradable kitchen and canteen waste and may be either packaged or unpackaged/plated food. If separated and contained it can be anaerobically digested or composted rather than being sent for disposal. Currently the Freeman Hospital uses bio-digesters for all plated food waste and the RVI has collections of packaged food waste from the catering department for AD treatment. This moves waste up the waste hierarchy and reduce the environmental impact of food waste disposal. Further opportunities for food waste at both sites are being investigated.

5.18 **Construction and demolition waste – EWC codes 17 01 01-17 06 05**
These wastes can be produced from large construction projects to minor maintenance projects. Depending on the scope of the project some waste generated can be hazardous (i.e. asbestos and paint). Trust tender documents for capital projects will include evaluation criteria for waste management planning, segregation, transport, disposal and record keeping as well reference to waste hierarchy principles.

5.19 **Radioactive waste**
Radioactive waste is waste that contains radioactive material. Radioactive waste is hazardous to most forms of life and the environment. Relatively small amounts of radioactive clinical waste are generated at a limited number of locations in the Trust. The creation, minimisation, handling and treatment of this waste is controlled under the Radioactive Substances Act 1993 with a specific Certificate of Authorisation. Any departure from the procedures authorised via this certification must be approved by the Radiation Protection Advisor. See Section 6.8.22 for more information.
6 Waste management

6.1 Climate change and the environmental impact of waste

The UK Climate Change Act 2008 introduced legally binding targets to cut emissions of greenhouse gases by at least 80% by 2050 from a 1990 base year. The Act also introduced powers to ask public-sector organisations to report on the work they are doing to adapt to climate change. Waste is now a high priority as it has a significant carbon footprint. It includes the emissions during production of the products that then go to waste; transport of the products and also transport related to waste disposal; and the treatment and disposal arrangements such as alternative non-burn technologies, incineration and methane from landfill. This demonstrates the importance of reusing, recovering and recycling products as much as possible in line with waste hierarchy principles. The Trust is committed through the Sustainability Policy and Sustainability Strategy to reducing its impact on the environment and in applying the waste hierarchy in order to achieve that end.

6.2 Legal and statutory obligations

The management of waste is tightly controlled by a number of legal and statutory obligations, with the main aims of protecting the environment and human health. The main UK act of parliament covering waste management is The Environmental Protection Act 1990 (though there are also close links with The Health & Safety at Work Act 1974). A number of statutory instruments have been created following this act of parliament (this list is not exhaustive):

- The Controlled Waste (England & Wales) Regulations 2012
- The Waste (England & Wales) Regulations 2011
- The Environmental Permitting (England & Wales) Regulations 2010
- The Site Waste Management Plans Regulations 2008
- The Waste Management (England & Wales) Regulations 2006
- Clean Neighbourhoods and Environment Act 2005
- The List of Wastes (England) Regulations 2005
- The Hazardous Waste (England & Wales) Regulations 2005
The Trust as an organisation, and every member of staff generating waste, has a legal duty of care to ensure all waste is segregated and disposed of correctly. With the introduction of the waste hierarchy in The Waste (England & Wales) Regulations 2011 there is also the duty to ensure all practicable measures have been taken to reduce waste, prepare waste for reuse, recycle waste and recover energy from non-recyclable waste rather than sending it for disposal. The Trust is required to apply the waste hierarchy to all waste streams. Producers of waste must now sign waste transfer notes with a declaration that they have complied with their duty to apply the waste hierarchy (set out below, with prevention being the most favourable and disposal the least favourable):

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6.3 Current waste contract arrangements

6.3.1 Clinical waste
The Trust is a founder member of the Northern Clinical Waste Consortium (NCWC). The consortium represents the majority of NHS clinical waste producers in the North of England procuring and managing clinical waste collection and treatment services on behalf of these NHS Trusts.

The NCWC contract for clinical waste collection services ensures that clinical waste is collected regularly in suitable containers & vehicles for transport and taken to facilities licensed to accept this waste. The contract also ensures that acute sites are provided with clean 770L and 360L carts with lockable lids and uniquely identifiable RFID chips and colour-coded waste classification discs for their appropriately contained clinical waste.

Contingency arrangements are provided for in the contract with contractor Business Continuity Plans approved and monitored by the NCWC.
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6.3.2 Non-clinical waste
The Trust has a combined waste management contract for non-clinical waste, covering categories such as non-recyclable residual waste, mixed recycling, baled cardboard, metal and glass. The contract is procured and administered directly by the Trust and contains a number of key requirements to ensure that the environmental impact of waste disposal is reduced wherever possible. At the heart of this contract is the commitment to reducing waste sent to disposal and increasing waste sent for reuse, recycling and energy recovery.

Contingency arrangements are provided for in the contract with a contractor Business Continuity Plan approved and monitored by the Trust Waste Management Group.

Confidential waste and Waste Electronic and Electrical Equipment (WEEE) have been each separately contracted since 2017.

6.4 Specialist advice
Specialist waste products and waste materials, not categorised or covered in detail in this policy, may present unique disposal problems and potential risks. If staff are in any doubt, or are uncertain as to the identity of any waste, they should seek advice from the Trust Waste manager.

Advice from other specialist officers may also be sought with regard to the type of waste below:

<table>
<thead>
<tr>
<th>Waste</th>
<th>Specialist officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radioactive</td>
<td>Radiation Protection Advisor</td>
</tr>
<tr>
<td>Flammable Materials</td>
<td>Fire Advisor</td>
</tr>
<tr>
<td>Infectious waste</td>
<td>Infection Prevention and Control Pharmacy</td>
</tr>
<tr>
<td>Medicinal waste</td>
<td>Information Governance/Security</td>
</tr>
<tr>
<td>Confidential waste</td>
<td></td>
</tr>
</tbody>
</table>

Other issues

<table>
<thead>
<tr>
<th>Other issues</th>
<th>Specialist officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving waste</td>
<td>Moving &amp; Handling Team</td>
</tr>
<tr>
<td>Safe storage of waste</td>
<td>Health &amp; Safety Advisor / Fire Advisor</td>
</tr>
<tr>
<td>Out of hours advice</td>
<td>Portering Services</td>
</tr>
<tr>
<td>Carriage of Dangerous Goods</td>
<td>Dangerous Goods Safety Advisor</td>
</tr>
<tr>
<td></td>
<td>(contact Trust Waste manager)</td>
</tr>
</tbody>
</table>
### Classification of waste

The European Waste Catalogue (EWC) and List of Waste (England) Regulations provide a full list of six digit numbers for each category of waste. Section 18 of this list is specifically for categories of waste produced by healthcare premises and sub-section 01 for waste categories from human healthcare:

<table>
<thead>
<tr>
<th>18</th>
<th>WASTES FROM HUMAN OR ANIMAL HEALTH CARE AND/OR RELATED RESEARCH (except kitchen and restaurant wastes not arising from immediate health care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 01</td>
<td>Wastes from natal care, diagnosis, treatment or prevention of disease in humans</td>
</tr>
<tr>
<td>18 01 01</td>
<td>Sharps (except 18 01 03*)</td>
</tr>
<tr>
<td>18 01 02</td>
<td>Body parts and organs including blood bags and blood preserves (except 18 01 03*)</td>
</tr>
<tr>
<td>18 01 03*</td>
<td>Wastes whose collection and disposal is subject to special requirements in order to prevent infection</td>
</tr>
<tr>
<td>18 01 04</td>
<td>Wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers)</td>
</tr>
<tr>
<td>18 01 06*</td>
<td>Chemicals consisting of or containing dangerous substances</td>
</tr>
<tr>
<td>18 01 07</td>
<td>Chemicals other than those mentioned in 18 01 06</td>
</tr>
<tr>
<td>18 01 08*</td>
<td>Cytotoxic and cytostatic medicines</td>
</tr>
<tr>
<td>18 01 09</td>
<td>Medicines other than those mentioned in 18 01 08</td>
</tr>
<tr>
<td>18 01 10*</td>
<td>Amalgam waste from dental care</td>
</tr>
</tbody>
</table>

Those waste categories highlighted with * indicate a waste that is considered hazardous and would be subject to controls in The Hazardous Waste (England and Wales) Regulations 2005.

In addition to the human healthcare specific waste categories above the Trust also produces a number of other categories of waste (this list is not exhaustive):

<table>
<thead>
<tr>
<th>15</th>
<th>Waste packaging, absorbents, wiping cloths, filter materials and protective clothing not otherwise specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 01</td>
<td>Packaging (including separately collected municipal packaging waste)</td>
</tr>
<tr>
<td>15 01 06</td>
<td>Mixed packaging</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20</th>
<th>MUNICIPAL WASTES (household waste and similar commercial, industrial and institutional wastes) including separately collected fractions</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 01</td>
<td>Separately collected fractions (except 15 01)</td>
</tr>
<tr>
<td>20 01 01</td>
<td>Paper and cardboard</td>
</tr>
<tr>
<td>20 01 02</td>
<td>Glass</td>
</tr>
<tr>
<td>20 01 08</td>
<td>Biodegradable kitchen and canteen waste</td>
</tr>
<tr>
<td>20 01 11</td>
<td>Textiles</td>
</tr>
<tr>
<td>20 01 21*</td>
<td>Fluorescent tubes and other mercury-containing waste</td>
</tr>
<tr>
<td>20 01 23*</td>
<td>Discarded equipment containing chlorofluorocarbons</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>20 01 25</td>
<td>Edible oil and fat (<em>i.e. waste cooking oil</em>)</td>
</tr>
<tr>
<td>20 01 39</td>
<td>Plastics</td>
</tr>
<tr>
<td>20 01 40</td>
<td>Metals</td>
</tr>
<tr>
<td>20 01 35*</td>
<td>Discarded electrical &amp; electronic equipment containing hazardous components (<em>i.e. hazardous WEEE</em>)</td>
</tr>
<tr>
<td>20 01 36</td>
<td>Discarded electrical &amp; electronic equipment not containing hazardous components (<em>i.e. non-hazardous WEEE</em>)</td>
</tr>
<tr>
<td>20 02</td>
<td>Garden and park wastes</td>
</tr>
<tr>
<td>20 02 01</td>
<td>Biodegradable waste</td>
</tr>
<tr>
<td>20 03</td>
<td>Other municipal wastes</td>
</tr>
<tr>
<td>20 03 01</td>
<td>Mixed municipal waste</td>
</tr>
<tr>
<td>20 03 07</td>
<td>Bulky Waste</td>
</tr>
</tbody>
</table>

Staff are encouraged to consult the HTM 07-01 Safe Management of Healthcare Waste guidance on the classification of healthcare waste streams (link in Section 12). There is a useful flowchart in Section 4 of that document entitled: Healthcare waste definitions and classification and includes a classification and assessment framework to help guide the decision making process.
6.6 Colour codes for waste categories

The *Safe Management of Healthcare Waste* guidance document lists the colour coding categories of healthcare waste. This has been reproduced below with Trust-specific amendments. These colour codes should be followed to ensure all waste is segregated correctly for safe, efficient, cost effective treatment and disposal. A full description of containers and colour codes specific to the Trust can be found in Appendix 1 (Trust Waste Segregation & Disposal Chart).

<table>
<thead>
<tr>
<th>Colour</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mixed recyclable waste (dry mixed recycling)</td>
<td>This waste is sent to a local material recovery facility (MRF) where the plastic, paper and metal items are separated and then recycled.</td>
</tr>
<tr>
<td>Green</td>
<td>Domestic (municipal) waste</td>
<td>This waste is sent to a local material recovery facility where the unsegregated plastic, paper and metal items are separated and then recycled. Remaining waste is sent to a local municipal energy from waste facility and burnt to produce electricity. No non-recyclable waste is sent to landfill.</td>
</tr>
<tr>
<td>Black</td>
<td>Non-infectious healthcare waste (often referred to as offensive waste)</td>
<td>This waste is sent to a suitably licensed municipal energy from waste facility. This waste stream is also suitable for deep landfill.</td>
</tr>
<tr>
<td>Yellow/Black</td>
<td>Clinical waste suitable for Treatment</td>
<td>This waste is classified as hazardous infectious waste and is sent to a local alternative treatment facility where it is rendered safe before disposal.</td>
</tr>
<tr>
<td>Orange</td>
<td>Medicinal waste</td>
<td>This waste consists of medicines (non-cytotoxic or cytostatic) or waste contaminated with this medicine and must be sent for incineration in a licensed clinical waste incinerator.</td>
</tr>
<tr>
<td>Blue</td>
<td>Clinical waste which requires Incineration</td>
<td>This waste is classified as Category A hazardous infectious waste and is sent for incineration in a licensed clinical waste incinerator. CJD waste must also be disposed using this classification.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Anatomical waste</td>
<td>This waste is recognisable anatomical waste which must be sent for incineration in a licensed clinical waste incinerator.</td>
</tr>
<tr>
<td>Red</td>
<td>Cytotoxic and Cytostatic waste</td>
<td>This waste consists of hazardous cytotoxic or cytostatic medicines or waste contaminated with this medicine and must be sent for high temperature incineration in a licensed clinical waste incinerator.</td>
</tr>
<tr>
<td>Purple</td>
<td>Amalgam waste</td>
<td>Produced by the Dental Hospital or community dentistry teams. This waste must be kept separate and sent for recovery by a licensed contractor.</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.7 Standard waste containers

Waste containers should be sufficient to safely contain the category and characteristics of the waste in question. For example, certain categories of clinical waste need to be contained in UN approved leak-proof containers.

6.7.1 Waste bins/sackholders

Trust standard waste bins and sackholders should be used to contain waste at the point of generation (with certain exceptions such as
operating theatres). Details on sizes, colours and order codes are available via Supplies or on the Waste intranet page. All sackholders should correspond to the colour coding of the waste they contain wherever possible or practicable (see Section 6.6) to allow for ease of recognition and segregation. In practice this means a sackholder with a black lid holding a black bag, for domestic waste.

The cleaning of waste bins/sackholders will be carried out at regular intervals by the domestic services staff in the relevant ward or department (as part of the ward/department cleaning regime).

6.7.2 Magnetic labels for sackholders
All waste sackholders should have a magnetic colour-coded label on the lid stating what can and can’t be disposed into it. In all instances the magnetic label must correspond to the waste stream referred to. The coloured labels will follow the colour codes set out in Section 6.6 and are available on request from the Estates Department (call the Service Desk on 21000) or contact environment@nuth.nhs.uk.

6.7.3 Waste bags and other waste consumables
Trust standard waste bags are available from stock in a variety of sizes and colours (which should match the category of waste – see Section 6.6). A list of Trust standard waste bags, and other waste consumables, is available from Supplies or can be found on the Waste intranet page. Waste receptacles for clinical wastes must meet UN3291 standards for packaging. No exceptions are permitted.

6.8 Waste segregation, packaging & handling
Efficient and effective waste segregation is an essential part of this policy and procedures. Waste will be segregated at source by the user to reduce handling risks. Trust staff must ensure that all waste produced is segregated correctly, packaged safely, made traceable and presented for collection in the correct containers. The following section outlines how each waste category should be segregated and packaged before disposal. This list is not exhaustive and if advice is required on segregation and packaging of other waste produced by the Trust then contact the Trust Waste manager on 21543.

6.8.1 Sealing waste bags and containers before disposal
6.8.1.1 Clear bags of mixed recycling should be used until full i.e. they do not need to be emptied every day. The waste these bags contain should be clean and dry so the bags should be filled efficiently to maximise their usage.

Clear bags of domestic waste should be tied at the neck on disposal. Trust staff should take care when carrying out this procedure and not touch the body of the bag to reduce the risk of injury from waste protruding from the bag.
6.8.1.2 Black bags of domestic waste should be emptied at least once a day or when three quarters full, whichever comes first. In some areas, such as offices, the black bag inside a bin can be left in the bin and reused once the waste has been removed if it has not been contaminated by the waste (i.e. if it hasn’t contained food or liquid). This process will only take place in non-clinical areas under the guidance of domestic services supervisors.

Black bags of domestic waste should be tied at the neck on disposal. Trust staff should take care when carrying out this procedure and not touch the body of the bag to reduce the risk of injury from waste protruding from the bag.

6.8.1.3 Clinical waste and non-infectious waste bags should be emptied at least once a day or when three quarters full, whichever comes first.

Clinical waste and non-infectious waste bags should be swan-necked and cable tied (with the appropriate coloured cable tie). Guidance on the procedure for swan-necking and cable tying bags can be found in Appendix 2. Trust staff should take care when carrying out this procedure and not touch the body of the bag to reduce the risk of injury from waste protruding from the bag.

6.8.1.4 Rigid leak-proof containers such as BioBins and sharps containers should be sealed according to manufacturer’s guidance. All rigid leak-proof containers and sharps containers need to be correctly sealed before disposal – this is the responsibility of the producing ward or department, not domestic or portering staff.

6.8.2 Labelling of waste bags and containers

All bagged waste generated by the Trust must be labelled to show where it has come from and when it was disposed of (SITE, WARD/DEPT, DATE, TIME). In the majority of cases the bags will have the Trust standard adhesive waste audit label (stock code NUTH082) completed and attached, however other methods are acceptable as long the same details are recorded on the bag or box.

Rigid sharps containers, such as Sharpsmart boxes and rigid leak-proof clinical waste containers such as BioBins, have pre-printed labels that must be completed to record waste traceability information. The labels on these containers must be completed with the location details and date opened as soon as they are brought into use. This allows checks to be made on the length of time the waste container has been in use. Once full the rigid container should be locked down and have the final part of the label completed (date closed).
Any bags or containers not labelled in this manner will not be removed from the waste disposal room. Waste porters are advised to not removed bags or containers that have not been labelled correctly and if found they are asked to report this to the ward or department supervisor for action as well as their own manager.

6.8.3 Waste handling
It is very important that staff handling any waste streams follow the appropriate routines for hand hygiene before, during and after handling the waste in question.

Links to the Hand Hygiene Policy and the Standard Precautions Policy can be found in Section 13.

All staff tasked with moving or handling waste bags or containers must be suitably trained and competent for the task.

Appropriate PPE should be worn to undertake the task safely.

Sealed and labelled waste bags should always be handled by the neck of the bag and away from the body at all times.

Waste containers (rigid leak-proof boxes and sharps boxes) should not be overfilled or filled with so much waste that would result in a manual handling risk to members of staff tasked with moving the waste.

Waste bags/containers that are too heavy should not be lifted. The matter should be reported to the appropriate department manager who should arrange to have the load reduced. Alternatively, appropriate assistance should be called for.

Advice, assessment and training on the movement and handling of waste can be obtained from the Moving & Handling Team.

6.8.4 Mixed recycling
Mixed recyclable waste (paper, soft and hard plastics, metal) should be segregated into a clear plastic bag inside a Trust standard green sackholder where provided with a 'Mixed Recycling' label on the lid to highlight that it can be used to segregate mixed recyclable waste. In some areas, i.e. operating theatres, sackholders are not used and the clear bag can be hung on a trolley or stand. Details on precisely which waste items can be recycled can be found on the Intranet Waste and Recycling pages.

As community health facilities are currently owned by a separate organisation the recycling containers will be dictated by the landlord. Trust staff working in these facilities should make themselves aware of the recycling provision in their facility and support it wherever possible.
6.8.5 **Cardboard boxes**
Small lightweight waste cardboard boxes, i.e. glove boxes and cereal boxes can be flattened and placed into a clear bag as mixed recycling.

Larger waste cardboard boxes must be flattened by the producing ward or department and then taken to the intermediate waste room for collection by the porters. On our larger sites this cardboard is crushed to produce half tonne bales which are collected for recycling. Each bale is worth money to the Trust, approximately £50 per bale, which accounts for both the savings from keeping it out of the general waste and the rebate received on the value of the material from the recycling contractor.

6.8.6 **Glass waste (domestic glass - non-medicinally contaminated)**
Non-medicinally contaminated glass i.e. coffee jars and milk bottles should be segregated into a sturdy cardboard box with lid. Once full the box should be taped down to make it safe, then the words ‘GLASS FOR RECYCLING’ written on the top and sides of the box. The whole box should then be put into a clear bag which should be tied and a completed adhesive waste audit label attached to it. Packaging the domestic glass in this way allows the glass to be transported internally by porters and domestic services staff, whilst allowing for the contents of the box to be emptied into a separate recycling container outside.

- This routine applies to broken glass which can also be recycled.
- Glass with medicinal residues must be disposed as medicinal waste. It cannot be rinsed to foul sewer and the glass cannot be recycled.

6.8.7 **Broken crockery**
Dispose of broken crockery (plates, cups) separately. These are not made of glass and cannot be recycled. Box these separately, and mark the box as ‘BROKEN CROCKERY FOR DISPOSAL’

6.8.8 **Domestic (non-recyclable) waste**
Domestic (non-recyclable) waste should be segregated into a black bag inside a Trust standard black sackholder with a black ‘Non-Recyclables’ label on the lid to highlight that it can be used to segregate domestic (non-recyclable) waste. In some areas, i.e. operating theatres, sackholders are not used and the black bag can be hung on a trolley or stand.

6.8.9 **Confidential waste**
Waste that contains confidential information must be destroyed or have the confidential information removed/deleted before it can be disposed of. If materials with confidential information intend to be discarded then every effort should be made to remove or destroy the confidential
information to avoid retrieval. There are various options available to achieve this, with some outlined below, if further advice on confidential waste destruction is required please contact the Information Security Team on 37368.

6.8.8.1 Shredding or rendering the information irretrievable at the point of production allows the material to be destroyed quickly and is the most preferential method of destruction from an information security point of view. Examples of this would be an office shredder.

6.8.8.2 At the Trust’s three main sites confidential waste bags can be used to segregate confidential waste paper. When the bag has reached the fill line it must be sent for on-site shredding by a specialist contractor (collections can be arranged by contacting the decanting stores at RVI or portering services at Freeman and CAV or the courier service at community sites). Users must ensure that the bag is safe and secure when in use (open) so that the confidential material cannot be retrieved. Users must also ensure that only confidential waste paper is put into the confidential waste bags as it is expensive to shred and treat. Under no circumstances should metal or glass items be placed into these bags. If non-paper confidential material needs to be destroyed, for example floppy discs or slides with patient details on, then a separate confidential waste bag can be opened and used for this waste as long as the words PLASTIC MEDIA FOR DESTRUCTION are written on both sides of the bag. This allows the material to be destroyed whilst not contaminating the shredded paper which can be recycled.

6.8.10 Non-infectious waste

Non-infectious healthcare waste should be segregated into a yellow bag with black stripe ("tiger bag") inside a Trust standard orange sackholder with a tiger striped ‘Non-Infectious waste’ magnetic label on the lid to highlight that it can be used to segregate offensive/hygiene waste. In some areas, i.e. operating theatres, sackholders are not used and the tiger bag can be hung on a trolley or stand.

Incontinence pads and stoma bags should only be disposed of after the major liquid content has been drained into the WC or sluice. If this is not possible an appropriate solidifying agent should be used and the waste placed into a rigid container such as a BioBin or a plastic UN3291 container with a tiger striped lid or body (yellow with black stripe).

In the case of theatres where suction containers are used or there are large volumes of bodily fluid that cannot be sluiced away an appropriate solidifying agent should be used and the waste placed into the rigid container with a leak proof lid.
In cases such as this consideration should be given to alternative means of fluid disposal now coming onto the market such as theatre suction systems which drain to foul sewer so avoiding the requirement for canisters, solidifying agents and waste disposal.

The assessment for whether healthcare waste is infectious (18 01 03*) or non-infectious (18 01 04) needs to be made by healthcare staff at point of generation. This assessment should take into account the contamination of the waste and whether or not the contamination is infectious. Patient history, observation, symptoms and pathology tests will all play a part in this assessment. HTM 07-01 has guidance on the decision making process and advice can be sought from Infection Prevention & Control.

Currently the non-infectious waste stream is being introduced on a ward by ward basis across the main hospital sites. This is being implemented carefully in order to ensure that staff are fully aware of what the waste stream relates to and what to do with healthcare waste arising in cases of known or suspected infection in a patient. In time the Trust will be using tiger bags in the majority of clinical areas.

6.8.11 Infectious clinical waste suitable for treatment

Infectious clinical waste suitable for treatment, rather than incineration, should be segregated into an orange bag inside a Trust standard orange sackholder with an orange ‘Infectious waste’ label on the lid or, if there is a risk of bag puncture or fluid spillage, into a rigid leak-proof container such as a BioBin or plastic UN3291 container with an orange lid or body. In some areas, i.e. operating theatres, sackholders are not used and the orange bag can be hung on a trolley or stand.

In the case of theatres where suction containers are used or there are large volumes of bodily fluid that cannot be sluiced away an appropriate solidifying agent should be used and the waste placed into the rigid container with a leak proof lid.

In cases such as this consideration should be given to alternative means of fluid disposal now coming onto the market such as theatre suction systems which drain to foul sewer so avoiding the requirement for canisters, solidifying agents and waste disposal.

Important note: Solid metal objects must not be disposed of as clinical waste for treatment as this will damage the processing equipment at the Alternative Treatment facility. Repair costs and any associated losses will be charged to the Trust.

6.8.12 Contaminated metal items i.e. single use instruments, hip joints

Contaminated metal items, such as single use metal instruments and waste hip joints, should be placed into a separate white reusable Sharpsmart box so that they can be decontaminated and sent for recycling. Every effort should be made to segregate this waste into these white containers to allow the valuable metal to be recycled,
however if a white metal recycling box is not available then the items can be placed into a yellow lidded sharps box and sent for incineration.

Under no circumstances should contaminated metal items be placed into orange bags or containers with orange lids, destined for heat treatment. As outlined in the previous section, these items will damage the processing equipment and repair costs and any associated losses may be charged to the Trust.

6.8.13 Sharps waste

Sharps waste such as syringe needles, blades, introducers, trocars, sutures and broken glass ampoules must be discarded into designated sharps containers. Trust staff should follow Trust guidance on needle stick injury prevention when dealing with sharps waste. Sharpsmart containers automatically prohibit further use when full; other sharps containers must be sealed when filled to the appropriate fill line. All sharps containers should have their label completed, when first opened/put to use, with the details of SITE, WARD/DEPT and DATE OPENED. During their in-use phase sharps boxes must be temporarily closed between sessions or at the end of the day.

Sharps waste can be stored, legally, at the site of generation for up to 12 months however wards and departments should try and ensure that all sharps boxes are in use for no more than three months to ensure a good turnover of waste. Because of this requirement sharps boxes should be sized according to the sharps waste production of each area i.e. large Sharpsmart boxes should not be used in areas that do not produce lots of sharps.

Collection of locked and labelled sharps boxes can be arranged by contacting the dedicated sharps porter on site.

6.8.14 Medicinal / pharmaceutical waste (non-cytotoxic or cytostatic)

Unwanted pharmaceuticals, in their original packaging, should be returned to the pharmacy of the hospital of origin to allow for assessment of potential reuse before disposal.

Used medicines and medicinally contaminated waste containing pharmaceutically-active substances (such as used medicine bottles, syringe bodies contaminated with medicines, used plastic ampoules and giving sets with medicines added) should be placed into a rigid leak-proof container such as a BioBin or plastic UN3291 container with blue lid. Medicines containing non-pharmaceutically-active substances (such as saline, glucose and sterile water) do not need to be disposed of in the medicinal waste stream. Instead any remaining contents can be emptied to foul sewer and the packaging can be placed into the soft healthcare waste stream (tiger or orange bag) – or opportunities to recycle this packaging can be explored. If the packaging is a rigid plastic bottle these can already simply be recycled.
6.8.15 Cytotoxic and/or cytostatic waste (i.e. hazardous medicinal waste)
Hazardous waste medicines known as cytotoxic and/or cytostatic, and waste contaminated with these medicines, should be segregated into a yellow bag with purple stripe inside a Trust standard sackholder with a yellow and purple label on the lid or, if there is a risk of bag puncture or fluid spillage, into a rigid leak-proof container such as a BioBin or plastic UN3291 container with a purple lid. In some areas, i.e. operating theatres, sackholders are not used and the yellow bag with purple stripe can be hung on a trolley or stand.

A list of medicines which are cytotoxic and cytostatic is maintained by the Pharmacy Department. Cytotoxic medicines are used in mostly used in specialist areas such as oncology (chemotherapy drugs) and they come with specialist handling and usage requirements. Cytostatic medicines are more widely used and do not always come with specialist handling and usage requirements (examples include Oxytocin used in the Delivery Suite,) though they still need to be disposed of as hazardous medicinal waste (colour code: purple).

Advice on handling, storage and disposal of hazardous (cytotoxic and cytostatic) medicines is available through your site Pharmacy.

6.8.16 Anatomical waste
Recognisable anatomical waste, or human tissue, should be segregated into a rigid leak-proof container with a red lid. **On no account must human tissue be mixed with other waste or left in an insecure place.** Where appropriate, Directorate Managers and Departmental Heads will ensure that especially sensitive procedures for the handling, storage and final disposal of foetal tissue are developed and maintained in line with current DoH and Human Tissue Authority guidance.

6.8.17 Infectious clinical waste requiring Incineration
Infectious clinical waste requiring incineration (e.g. Category A infectious waste from known or suspected CJD patients) should be segregated into a yellow bag inside a Trust standard yellow sackholder with a yellow label on the lid or, if there is a risk of bag puncture or fluid spillage, into a rigid leak-proof container such as a BioBin or plastic UN3291 container with a yellow lid. In some areas, i.e. operating theatres, sackholders are not used and the yellow bag can be hung on a trolley or stand.

6.8.18 Waste electrical & electronic equipment (WEEE)
Medical electrical or electronic equipment that need to be discarded must be kept separate from all other waste and a dedicated collection arranged with the Electronics & Medical Engineering (EME) team. Non-medical WEEE must be kept separate from all other waste inside the waste disposal room. The Trust Supplies department must be notified of the intention to dispose of these items and a ‘Request for Disposal of Redundant Furniture form must be requested from them.
The form must be completed and attached to the items for disposal before contacting the site portering team for removal. Under no circumstances should WEEE waste enter the domestic (black bag) waste stream or the construction/bulky waste stream. This hazardous waste stream is segregated and a specialist contractor is used to ensure it is reused or recycled.

In some circumstances WEEE may be contaminated with patient bodily fluid. If this patient contaminated WEEE cannot be decontaminated, to allow reuse or recycling, then the Trust Waste manager should be contacted on 21543 for further advice.

6.8.19 Batteries

Batteries contain hazardous heavy metals and cannot be disposed of into the domestic waste stream. Batteries should be segregated at source to allow them to be recycled. High battery producers can request a dedicated 5L battery recycling tub from Estates for segregation of batteries. These containers can then be exchanged for new empty ones when full by contacting the Estates Service Desk on 21000. Areas producing small amounts of batteries should still keep them separate from other waste streams and arrange a collection with Estates via 21000.

Batteries which are contaminated with infectious or potentially infectious waste, and which cannot be decontaminated, must be sent for incineration in a rigid leak-proof container such as a BioBin or plastic UN3291 container with a yellow lid (as per Section 6.8.17: Infectious clinical waste requiring incineration).

6.8.20 Laboratory waste

Category A infectious waste from pathology and other laboratories should be autoclaved before being collected for disposal. On occasions where autoclaving is not possible, the waste must be secured in leak-proof containers with yellow lids and labelled to indicate that the contents are unautoclaved Category A lab waste that requires incineration. Departmental managers, or porters where appropriate, must ensure that the waste is placed into a separate clinical waste cart for incineration. **Under no circumstances must this waste be mixed with Category B (orange) infectious clinical waste destined for heat treatment.** This waste must be placed into a cart with the waste indication disc turned to Yellow (HI) to ensure that it is sent for incineration. The waste contractor must be notified whenever unautoclaved Category A waste is to be sent.

6.8.21 Chemical waste

Chemical waste produced by wards and departments should have their disposal options assessed as part of the user COSHH assessment before first use. Some non-hazardous or low hazard chemical waste can be disposed of to foul sewer, with high dilution, under the Trust’s consent to discharge with Northumbrian Water. Trust staff should
consult the Water UK national guidance for healthcare waste water discharges when compiling COSHH assessments and considering options for unwanted or residual chemicals. Advice on chemical disposal to foul sewer can be obtained from Northumbrian Water directly.

Chemical waste that cannot be disposed to foul sewer should be deposited in the chemical waste store on site. This can be arranged by completing a chemical disposal request form (available to download from the waste intranet page). This form should be e-mailed to the Trust Waste manager who will liaise with the appropriate key holder for access to the chemical waste store. The producing department will be required to take the chemicals along with appropriate paperwork to the store at a time agreed with the key holder.

### 6.8.22 Radioactive waste

Radioactive clinical waste must be collected separately and held in identified carts in a secure store to await special collection by the licensed CWC contractor. Advice on radioactive waste disposal can be obtained from the Radiation Protection Advisor.

### 6.8.23 Mattresses

Condemned bed mattresses must be assessed by the Tissue Viability Nurse Consultant to determine if they need to be disposed of as clinical waste.

If they are assessed as infectious, clinical waste they must be put into a large orange mattress bag (available from the porters on request) and the bag fastened with an orange cable tie. A request should then be made to the porters to arrange a dedicated collection – the porters will then request a special collection by the clinical waste contractor.

If the mattress is not assessed as infectious clinical waste then the mattress can be disposed of as bulky waste. A request should be made to the porters to arrange a dedicated collection – the porters will then transport the mattress to the bulky waste skip on site.

### 6.8.24 Genetically modified waste

Genetically modified (GM) waste, i.e. stem cells, needs to be kept separate from all other waste streams. The handling, transport and disposal of GM waste is tightly regulated meaning our clinical waste contractor would need to be notified in advance of producing this waste before disposal can be arranged.

This waste should be contained following the same guidance as Category A infectious waste for incineration (Section 6.8.17) but depending on the category of GM waste it may need to be autoclaved on site before going into a separate clinical waste cart with a BioTrack tag on the handle for GM healthcare waste.
Any departments generating, or planning to generate, GM waste should contact the Trust Waste manager to ensure safe and correct disposal methods are in place.

**6.8.25 Unwanted equipment and furniture**

Wards or departments that have unwanted equipment (non-WEEE) and furniture to discard must contact the Supplies Department in order that they can assess the items for potential reuse elsewhere in the Trust, repair, refurbishment or, as a last resort, disposal.

All items must be assessed by the Supplies Department and a Request for Removal of Redundant Equipment form must be completed before the items can be removed from the ward or department. The form is available by contacting the Supplies Department.

Portering staff are under instruction not to remove any unwanted equipment or furniture without the completed notice attached.

Wards and departments needing to dispose of items are strongly urged to consider the nature of the item they are looking to dispose and its potential for re-use, repair or refurbishment. Providing accurate information to the Supplies Department will result in an item being reused and so saving on the costs associated with procuring new equipment.

The Trust’s internal Warp-It system, used for managing redundant items, will further help with the management of spare furniture or equipment.

**6.9 Dealing with spillages**

**6.9.1 General procedures for spillages**

It is very important that staff handling spillages follow the appropriate routines for hand hygiene before, during and after dealing with the spillage.

Links to the Hand Hygiene Policy and the Standard Precautions Policy can be found in Section 13.

Besides the procedures provided below please also refer to Departmental specific procedures.

All spillages must be cleaned up without delay and should not be left unattended or unsecured. For waste spillages occurring in the department of origin other department’s local collection point it shall be the responsibility of persons working in that department to clear the spillage.
Under no circumstances should patients or members of the public be allowed to assist or be involved in the clearing or cleaning up of spillages.

Only staff who have been appropriately trained and deemed competent in the management of a spill should deal with any spillages.

Departmental Managers will be responsible for ensuring that all personal protective equipment (PPE), as identified in COSHH assessments, is available at all times. Gloves and appropriate PPE must be provided and worn when dealing with all spillages.

Incidents involving waste spillages should be reported in line with the Trust’s Incident Management Policy.

For spillages in a patient’s home cleaning products containing chlorine must not be used on patient’s furniture or carpets. Any blood/body fluid on these items must be cleaned using soapy water and disposable paper roll/towel.

6.9.2 Responsibility for clearing of spillages

- Clinical areas – member of ward staff/department staff
- Non-clinical areas – member of domestic services staff
- Shops or PFI facilities – shop or facility staff (unless clinical waste is found in these areas in which case Patient Services should be contacted to arrange clinical staff support)
- During transit of waste – porter or driver
- Hospital grounds – Estates
- Patient’s Home – Community member of staff.

6.9.3 Dealing with liquid spillages

In the first instance, the spill should be contained and further spillage minimised. Access to the areas should then be restricted so as to limit exposure. Advice should be sought from the Infection Prevention & Control Team, or Health & Safety Advisor, if required.

Important Note: Never use chlorine releasing agent on spilled urine, as chlorine gas will be released.

Blood

Blood or blood stained spillages must be inactivated using a solution of 10,000 parts per million (ppm) of available chlorine.

The inactivated blood spillage can then be managed as “Other bodily fluid and excreta”

Other bodily fluid and excreta

Wear appropriate PPE.

Mop up spillages with disposable wipes.
Clean area with disposable wipes, hot water and detergent.

Disinfect the area with a solution of 10,000ppm of available chlorine, then clean with hot water and detergent, rinse and allow to dry.

Mark area with hazard cone.

Discard all wipes and waste into a correctly coloured clinical waste bag (depending on the waste) secure, tie and label appropriately and place in a designated area for collection.

For spillages from patients with suspected or known TSE (vCJD) contact a member of the Infection Prevention and Control Team immediately. Out of hours contact the on-call microbiologist via switchboard or refer to the Trust Policy on the intranet.

6.9.4 Dealing with mercury spillages

Mercury is a toxic waste which is NOT suitable for disposal by incineration or our drainage system, or as a clinical waste or domestic waste.

There are stringent environmental regulations governing the handling and disposal of mercury waste and mercury contaminated materials. In the event of a mercury spillage, no matter how small, proper precautions must be taken to protect the health and safety of patients, staff and visitors.

Mercury in its elemental form is a silver-white metal and is liquid at ordinary temperatures at which it can readily vapourise. Disposal to drain is prohibited and contaminated materials must NOT be incinerated or dealt with as household waste. **MERCURY AND MERCURY COMPOUNDS ARE TOXIC WASTE.**

The use of mercury in equipment or processes should be gradually replaced (e.g. after breakages) by mercury free equipment i.e. aneroid sphygmomanometers / thermometers.

6.9.4.1 In the event of a mercury spillage:

- Any person not required to deal with the spillage, including patients must be kept clear of the area. This is necessary to avoid the spread of contamination, and to minimise exposure.

- The Pharmacy Department must be contacted for advice and the provision of mercury neutralisation/decontamination materials as soon as possible.

- In all appropriate departments, the Departmental Manager should nominate an adequate number of staff to be responsible for the clean-up process in the event of a spillage. The person
who removes the spillage must wear all the personal protective equipment provided in the kit.

- The spillage should be cleaned up in accordance with the instructions contained in the kit and any broken glass should to be placed in the polythene bag which forms part of the kit.
- When all traces of mercury have been located and removed, the surface should be wiped with a paper towel, which should then be disposed of along with the other contaminated waste.
- If the spillage is greater than 10 ml of mercury, it is especially important to ensure good ventilation and to act promptly and to keep the exposure time as short as possible.
- Vacuum cleaners and other domestic equipment must never be used in the cleaning-up operation. It is virtually impossible to decontaminate this type of equipment and it will probably have to be discarded.
- The use of carpets should be avoided in areas where mercury or its compounds are used or prepared. In the event that a floor carpet is contaminated, the Estates Department must be informed. It may be necessary to replace the contaminated section of carpet.
- Mercury has a slight vapour pressure and if the contaminated area is a small room or confined space, the concentration of mercury in the atmosphere may need to be monitored a day or two after the clean-up. If monitoring does not take place or if staff have any doubts about the clean-up process they should contact the Health & Safety Manager.
- Once the spillage has been safely contained the Pharmacy Department should be contacted to arrange disposal of the material (as per Chemical waste).

6.9.4.2 Disposal of equipment containing mercury (non-spillage)
Contact the local Electronics & Medical Engineering (EME) Department to arrange collection and disposal of this equipment.

6.10 Storage and transfer of sealed waste bags or containers

6.10.1 At ward or departmental level
With certain important exceptions, filled waste bags, rigid leak-proof containers, sharps boxes and flattened cardboard boxes should be stored in the intermediate waste storage area close to the point of generation, either in bays or carts. This storage area must be of adequate size, be secure and be so sited as to allow easy and convenient access for collection. Waste storage areas must be locked when not in use. Bags must not be placed in passageways, lift areas or areas to which the public have uncontrolled access. Bags must not be stored on the floor.
6.10.2 Waste carts and Intermediate waste storage

Portering staff will ensure that sufficient clean waste carts are available, where room is available, in intermediate waste stores. Where carts are provided, portering staff will ensure that the carts are changed at regular intervals to ensure availability at all times.

The provided waste carts will have waste identification discs attached to a handle to allow for the appropriate waste stream for each waste cart to be indicated. Where appropriate the waste storage area will have additional communication to aid this process.

The ward/departmental manager will be responsible for ensuring that waste bags are correctly sealed with the correct tie and labelled correctly for disposal. Where carts are provided they will also be responsible for ensuring that waste is placed into carts and that the waste storage area is kept locked at all times. It is strongly advised that waste carts are also locked when not in use. Containers are not to be stored on ward/department corridors or otherwise left unsecured/unattended.

Clinical staff that produce clinical waste have a responsibility to ensure all clinical waste is properly segregated and deposited into appropriate containers that are stored safely and securely away from patients and the public whilst awaiting collection.

Staff putting waste into carts shall ensure that it is put into a suitably labelled cart with the waste indication disc turned to indicate the appropriate waste stream. Where a porter loads waste into a cart he will only add waste that is correctly sealed and labelled and into the appropriate cart.

Clinical waste bags and rigid containers must be placed directly into the allocated disposal area ready for collection. Waste which is not correctly prepared: i.e. overfilled, not swan-necked and cable tied, not correctly labelled or with external staining or leaking, will not be removed for disposal. However, if an issue is identified this will be brought directly to the attention of either the Portering Manager/Supervisor, Waste manager, Ward/Department Manager, Matron or Directorate Managers, who will be required to address the issue.

Clinical waste must never be transferred from one waste cart to another. Staff must never overfill a clinical waste cart. Either place the waste into an alternative cart or, if no alternative is available, take the waste back to the relevant ward/department and contact the Portering Supervisor immediately. In situations where the carts are constantly full, and waste is unable to be deposited, the Portering Manager must be contacted. If carts are found to be overfilled and no contact has been made with Portering Department then an investigation will be carried out by the Trust Waste manager.
Clinical waste must never be carried in the same cart as other material or other clinical waste types

If, due to the disposal requirements, more than one clinical waste cart is made available to staff carts should be filled in a systematic manner, e.g. left to right or in a clockwise direction. Instruction regarding the method should be clearly visible for all users who access the facility. This arrangement is intended to ensure that carts are filled efficiently and to eliminate the practice of double handling by Portering Staff.

With the introduction of the non-infectious waste stream it will often be the case that waste carts are provided for more than one waste stream. Staff should be aware of this and check that they are disposing of the appropriate waste into the correctly tagged waste cart. Where appropriate the waste storage area will have additional communication to help with this process.

In the event of waste not being collected at regular intervals or for waste being accumulated that does not fit into any of the recognised collection carts e.g. bagged soiled mattresses, the Portering Manager or Waste manager should be informed in order that arrangements can be made for its speedy safe removal.

6.10.3 Clinical waste collections

The filled clinical waste carts are transported by porters to an agreed external collection point to await collection by the waste contractor. The carts must be identified by the waste indication disc being turned to indicate the type of waste contained by the carts.

The reusable Sharpsmart boxes are returned by the porters to the transport unit which are then held at an agreed external collection point to await collection by the waste contractor.

The contractor for clinical waste held inside carts will produce an electronic Hazardous Waste Consignment Note (HWCN) for the carts collected. A member of the portering team must electronically sign the waste producer page of the PDA. This signature agrees to the amount and type of waste being consigned. The electronic HWCN is then emailed to the Trust Waste manager for filing and keeping for 3 years.

The contractor for reusable sharps container waste collection will produce a paper HWCN for the sharps boxes collected. The waste contractor’s driver will sign the note on behalf of the contractor and a member of the portering team MUST sign and date the note under the producer section. This signature agrees to the amount and type of waste being collected. The sharps transporters must not leave site without a completed HWCN. Completed copies of the HWCN should be passed to the portering supervisor who will then ensure they are sent to the Waste manager for filing and archiving. These HWCNs are legal documents which must be kept for at least three years.
6.11 Transportation of waste

6.11.1 The Trust is not permitted to accept the waste of any other organisation on to Trust property. Only non-hazardous waste generated by the Trust, or clinical waste produced by community staff in the field and returning to base, can be transported between Trust hospitals or Trust sites.

6.11.2 Where this transportation takes place the driver must be provided with adequate information, instruction and training in the nature and the hazards of the load and in the action to take in case of emergency (accident or spillage for example). Hazard information and spillage kit must be carried. The Trust’s Dangerous Goods Safety Advisor can provide guidance on these matters. Contact the Trust Waste manager for further details.

6.11.3 For all other transportation of waste from Trust sites a licensed contractor should be used, with the relevant legal paperwork completed by the producer, carrier and disposal contractor accompanying the waste from cradle to grave (waste transfer note for non-hazardous waste and consignment note for hazardous waste).

6.12 Waste generated in the community

Waste generated in the community, either by home patients or members of staff delivering care in the community, is often covered separately in waste legislation and Department of Health guidance. Certain activities, such as the disposal and/or transportation of waste generated by these activities, are exempt from certain legislation.

The main aims and requirements of this policy will apply to waste generated in the community by our staff, although more specific procedures and guidelines should be produced by directorate managers or department heads of staff carrying out these activities.

Home patient and home birth waste collections forms can be found in the appendices to this policy.

6.13 Waste related incidents and non-conformances

6.13.1 All waste related incidents should be reported in line with the Trust Incident Management Policy. Waste related incidents that have resulted in an injury or near miss injury will be investigated by the Health & Safety Team.

6.13.2 Waste incidents and non-conformances such as incorrect segregation, packaging or mixing of waste should be brought to the attention of the Trust Waste manager so that remedial measures can be taken and, if necessary, an investigation to take place.

6.13.3 Waste related incidents and non-conformances will be reviewed at the regular Trust Waste Management Group meetings.
7 Training

7.1 Adequate training is fundamental to the operational success of this policy and associated procedures. Efficient handling of waste without risk to health and safety is dependent on following the correct procedures. Staff must be instructed not only in what they must do, they must also be given adequate information about the risks associated with handling waste, the precautions to be taken and of the dangers and operational consequences of non-compliance with the policy and procedures. The training must give staff sufficient background to appreciate the importance of their compliance.

7.2 All staff that produce waste should be adequately trained and competent to ensure correct identification, classification, segregation, handling, storage and disposal of waste including:

- Bags or boxes are not overfilled, or so heavy that they cannot be easily sealed or handled.
- Personal protective equipment is used commensurate with the risk.
- All storage containers for hazardous waste are appropriately sealed and identified with the point of origin.
- Storage bags are only handled by the neck and away from the body at all times.
- All sharps containers are sealed in accordance with manufacturer’s instructions.
- Waste must be segregated by type.
- Waste must be taken to the appropriate collection point and stored securely, in the appropriate manner.
- Recycling of materials must be maximised where practical.
- Incidents involving waste are reported in line with the Trust’s Management and Reporting of Accidents and Incidents Policy.

7.3 All portering staff who participate in the removal of and transportation of waste must be competent, fully trained and be aware of their responsibilities including:

- The Trust’s Duty of Care in relation to waste management.
- The safe removal of the different types of waste.
- Correct segregation practices and importance of not mixing waste streams.
- Safe manual handling practices.
- Safe handling of equipment and transportation of waste.
- Correct incident reporting procedures and point of contact.

7.4 Those supervising waste handling procedures should ensure that persons handling waste:

- Are fully aware of the dangers that may arise in the handling of that waste.
- Have appropriate mechanical aids to handle waste safely.
• Are trained in the procedures associated with segregation and waste handling appropriate to their work environment and that appropriate records are kept.

7.5 All staff should receive waste handling and segregation training as part of the Trust mandatory IPC induction and refresher training. Clinical staff should also receive training that covers clinical waste categories. The Education and Training department facilitate this through the mandatory online training package.

7.6 In addition to the mandatory waste training organised by Education and Training all wards and departments should include, and deliver, specific waste related training as part of their department induction. Heads of Department are responsible for identifying specific training plans for their staff, ensuring that they receive the necessary information and instruction to enable the policy to be complied with at departmental level. The Trust Waste manager is available to support the delivery of this training, either in the form of team briefings or the development of department specific training materials.

7.7 On-going waste training and awareness is provided to wards and departments by the Trust Waste manager in the form of waste updates in the Green News newsletter and periodic updates to staff forums such as IPC Link Nurses, Clinical Leaders and Matrons. Ward level training is also provided as and when required, especially when new initiatives are rolled out.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been assessed accordingly.
## Monitoring compliance

<table>
<thead>
<tr>
<th>Standard / Process / Issue</th>
<th>Monitoring and Audit Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of compliance with Trust Waste Management Policy</td>
<td>Ward/Departmental Waste Audits</td>
<td>Trust Waste manager plus Estates and WMG colleagues</td>
<td>Trust Waste Management Group</td>
<td>Bi-Monthly (to feed into the production of the annual audit report below)</td>
</tr>
<tr>
<td></td>
<td>Summary pre-acceptance clinical waste audit report for each site</td>
<td>Trust Waste manager</td>
<td>Trust Waste Management Group and Sustainable Healthcare Committee</td>
<td>Annually (for sites producing &gt;5t of clinical waste) Three yearly (for smaller sites)</td>
</tr>
<tr>
<td></td>
<td>Quarterly Waste Performance Report to Estates Quarterly Performance Review</td>
<td>Trust Waste manager</td>
<td>Trust Waste Management Group and Estates Quarterly Performance Review</td>
<td>Quarterly (or at reduced frequency if requested by Estates QPR Executive Director Chair)</td>
</tr>
<tr>
<td></td>
<td>Trust Annual Report for Sustainability Includes waste performance and narrative</td>
<td>Trust Waste manager</td>
<td>Sustainable Healthcare Committee</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Waste audits will form the main method for monitoring compliance with the waste policy. The Trust Waste manager, with support from members of Estates and the WMG, will undertake regular ward and departmental audits in order to assess working practice, recommend improvements and feedback to the WMG on policy compliance. The Trust Waste manager will then produce an annual pre-acceptance audit to submit to Sustainable Healthcare Committee and the clinical waste contractor.

Standard audit protocols and audit report templates will be prepared and maintained by the Trust Waste manager to ensure consistency of audit practice.

## Consultation and review

This policy has been approved by the Trust Waste Management Group. The policy was ratified by the Trust Sustainable Healthcare Committee.
11 Implementation (including raising awareness)

Implementation of the reviewed policy will be via briefings with Green Champions and Infection Prevention & Control Link Nurses. It will also be communicated to Clinical Leaders and Directorate Managers for dissemination to all staff.

12 References


13 Associated documentation

This policy has close links to the following Trust Policies and Procedures (copies available on the intranet):

- **Handling, Segregation and Disposal of Cytostatic and Cytotoxic Waste**
- **Management and Reporting of Accidents and Incidents Policy**
- **Hand Hygiene Policy**
- **Standard Precautions Policy**
- **Sustainability Policy**
- **Sustainability Strategy**
### Appendix 1: Trust waste segregation and disposal chart (2017)

**WASTE SEGREGATION AND DISPOSAL CHART**

<table>
<thead>
<tr>
<th>WASTE TYPE</th>
<th>ILLUSTRATION</th>
<th>PACKAGING</th>
<th>COLLECTION CONTAINER</th>
<th>DISPOSAL</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRY MIXED RECYCLING</strong> Paper, Plastic, Metal (all clean)</td>
<td><img src="image" alt="Illustration" /></td>
<td>Clear bag, tied when full and adhesive audit label attached.</td>
<td>Cart or cage used for domestic waste disposal</td>
<td>Recycling</td>
<td></td>
</tr>
<tr>
<td><strong>CARDBOARD</strong> Large flattened cardboard</td>
<td><img src="image" alt="Illustration" /></td>
<td>Loose flattened cardboard boxes</td>
<td>Cart or cage used for domestic waste disposal</td>
<td>Recycling</td>
<td></td>
</tr>
<tr>
<td><strong>DOMESTIC GLASS</strong> Coffee jars, milk bottles</td>
<td><img src="image" alt="Illustration" /></td>
<td>Place into a clearly cardboard box and then top closed. Write on GLASS FOR RECYCLING before wrapping in a clear plastic bag.</td>
<td>Cart or cage used for domestic waste disposal</td>
<td>Recycling</td>
<td></td>
</tr>
<tr>
<td><strong>CONFIDENTIAL WASTE</strong> Patient identifiable information, Trust financial records</td>
<td><img src="image" alt="Illustration" /></td>
<td>Write confidential waste sack taped down &amp; labeled once full, or use shredder (if available) lined with a clear plastic bag for recycling</td>
<td>Dedicated collection</td>
<td>On-site Shredding</td>
<td></td>
</tr>
<tr>
<td><strong>DOMESTIC CROCKERY</strong> Broken or chipped cups and plates</td>
<td><img src="image" alt="Illustration" /></td>
<td>Place into a clearly cardboard box and then top closed. Write on GLASS FOR DISPOSAL before wrapping in a clear plastic bag.</td>
<td>Cart or cage used for domestic waste disposal</td>
<td>Recycling</td>
<td></td>
</tr>
<tr>
<td><strong>DOMESTIC WASTE</strong> Food, flowers, non-recyclable domestic waste</td>
<td><img src="image" alt="Illustration" /></td>
<td>Black bag, tied and adhesive audit label attached.</td>
<td>Cart or cage used for domestic waste disposal</td>
<td>Recycling</td>
<td></td>
</tr>
<tr>
<td><strong>NON-INFECTIONAL HEALTHCARE WASTE</strong> Soft healthcare waste arising from patients not known to be or suspected of infection</td>
<td><img src="image" alt="Illustration" /></td>
<td>Tiger stripe bag, swan necked, tied with a black cable tie and adhesive audit label.</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate TIGER STRIPE (IH1)</td>
<td>Licensed Energy from Waste Facility or Deep Landfill</td>
<td></td>
</tr>
<tr>
<td><strong>CONTAMINATED METAL</strong> Disposable instruments and contaminated metal objects i.e. hips and knee joints.</td>
<td><img src="image" alt="Illustration" /></td>
<td>Grey Sharps Box all looks closed and label on lid completed.</td>
<td>Dedicated collection</td>
<td>Content can be autoclaved and metal recovered &amp; recycled</td>
<td></td>
</tr>
<tr>
<td><strong>INFECTIOUS WASTE</strong> Soft healthcare waste arising from patients known or suspected to be carrying infection</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>INFECTIOUS SHARPS</strong> Sharps not contaminated with medicine (i.e. blood sharps)</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICINAL WASTE</strong> Used medicine bottles, IV bags and other waste contaminated with medicines</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICINAL SHARPS</strong> Sharps contaminated with medicines (NOT cytotoxic or cytostatic – see below)</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>HIGHLY INFECTIOUS WASTE</strong> Transmissible Spongiform Encephalopathy (TSE) e.g. CJD infected waste.</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>ANATOMICAL WASTE</strong> Placentas, amniocenteses and other recognizable anatomical waste</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>CYTOTOXIC MEDICINES AND WASTES</strong> Cytotoxic and Cytostatic Medicines and wastes contaminated with cytotoxic or cytostatic medicines</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
<tr>
<td><strong>CYTOTOXIC SHARPS</strong> Sharps contaminated with cytotoxic or cytostatic medicines</td>
<td><img src="image" alt="Illustration" /></td>
<td>Orange bag, swan necked, tied with an orange cable tie &amp; adhesive audit label (for contaminated liquid waste).</td>
<td>Wheeled yellow cart with waste disc on cart handle turned to indicate ORANGE (IH1)</td>
<td>Heat Treatment before Disposal</td>
<td></td>
</tr>
</tbody>
</table>

**NOT INCLUDED: RADIOACTIVE WASTE, GM WASTE, WASTE ELECTRICALS AND OTHER ESTATES WASTE (SEE WASTE POLICY FOR DETAILS)**

2018 Edition
Appendix 2: Guidance on how to swan-neck and cable tie a waste bag

How to Swan Neck a Clinical Waste Bag

The “Swan Neck” method of sealing should be used for ALL soft healthcare waste bags

1. Hold the bag tight by the neck and twist until tight

2. Fold over and twist the neck of the bag to form a “Swan Neck”

3. Place cable tie around the folded neck of the waste bag

4. Tighten until a sturdy, secure seal has been made

Once securely sealed the bag must be labelled with the hospital/site, ward/dept, date and time of disposal.

All bags should then be disposed of into the appropriate waste cart; ensuring different types of waste are not mixed inside the cart.
Appendix 3: Medicinal waste categories and disposal routes

Introduction

The table below describes, in detail, the different categories of medicinal waste and their associated disposal routes.

Reminder: In the first instance, any unwanted/unused pharmaceuticals, still in their original packaging, should be returned to Pharmacy to allow for the assessment of potential reuse before disposal.

However, the exception to this rule is any pharmaceuticals coming from a patient in isolation. Any pharmaceuticals from isolated patients should be disposed of on the ward or department and not put back into the ward/department stock, or sent back to Pharmacy.

Medicinal waste categories and disposal route chart

<table>
<thead>
<tr>
<th>Medicinal Waste Category</th>
<th>Non-Pharmacologically Active Medicines</th>
<th>Pharmacologically Active Medicines</th>
<th>Pharmacologically Active Medicines that are Controlled Drugs</th>
<th>Medicines that are Cytotoxic or Cytostatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Disposal Route</td>
<td>Flushed to foul sewer via a non-hand washing sink</td>
<td>Incineration</td>
<td>Incineration (via secure irretrievable disposal route)</td>
<td>High Temperature Incineration</td>
</tr>
<tr>
<td>Disposal Container Required</td>
<td>Empty container to Tiger bag, or if not available and/or infectious then to Orange bag</td>
<td>Blue BioBin®</td>
<td>Yellow lidded reusable Sharpsmart™ box with tilt-action tray (to prevent retrieval)</td>
<td>Purple BioBin®</td>
</tr>
<tr>
<td>Disposal container image</td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
</tbody>
</table>

Note:

Contents should be drained to foul sewer and container, with associated connectors/tubing, disposed of to either a Tiger bag or an Orange bag (depending on infectious/non-infectious status).

Include all items contaminated with the medicine.

Examples include:

- medicine bottles,
- syringe bodies without needles and giving sets with medicinal residues (bag and contents with spike remaining in-situ and used tubing).

BioBin® is fully leak proof when sealed.

Include all items contaminated with the controlled drug.

Examples include:

- medicine bottles,
- syringe bodies without needles and full giving sets (bag and contents with spike remaining in-situ and used tubing).

The Sharpsmart™ box with the tilt-action tray is used as the drugs cannot be retrieved once put inside.

Include all items contaminated with the hazardous medicine (cytotoxic and/or cytostatic).

Examples include:

- medicine bottles,
- syringe bodies without needles and giving sets with medicinal residues (bag and contents with spike remaining in-situ and used tubing).

BioBin® is fully leak proof when sealed.

All sharps contaminated with medicine should go into a Yellow lidded Sharpsmart™ box, unless the medicine is cytotoxic/static, in which case it should go into a Purple lidded Sharpsmart™ box.
Appendix 4: Category A infectious waste disposal procedure

Introduction

This procedure outlines the actions to take when dealing with waste from a patient with a known, or suspected, Category A infection.

Category A infectious substances are those which are “carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease to humans or animals”.

Examples of Category A infectious substances include: Ebola virus; Lassa virus and Marburg virus (collectively referred to as Viral Haemorrhagic Fevers).

A list of other Category A pathogens can be found in HTM 07:01 - Section 12).

Procedure

1. All waste from patients classed as ‘low possibility of VHF infection’ should be treated as Category B infectious waste and packaged in orange clinical waste bags as per normal procedure.

2. All waste from patients classed as ‘high possibility of VHF infection’ or ‘confirmed VHF infection’ is classified as Category A infectious waste and should be packaged following the procedure below.

3. Isolate the waste produced from the patient(s) in question, and ensure that it is segregated from the source through to the final storage location, as per the guidance on the Viral Haemorrhagic Fever (VHF) Patient Management Policy (Appendix 5) available on the intranet.

4. All non-sharp waste from the patient(s), and non-sharp waste from people coming into contact with the patient(s), must be placed into two 50 micron yellow waste bags i.e. double-bagging. A gelling/solidifying agent must be added to the bottom of the outer waste bag before the second bag is added. When full the inner bag must be tied and the outer bag cable-tied.

5. All sharp waste from the patient(s) must be placed into disposable UN3291 sharps boxes with yellow lids (Trust standard reusable Sharpsmart boxes MUST NOT be used).

6. Once full the disposable sharps box should be securely locked and be placed inside a 50 micron yellow waste bag; swan-necked and cable-tied, before being placed inside the yellow rigid container.

7. Once full all yellow waste bags must be swan-necked and cable tied using a yellow cable tie.

8. Each sealed yellow bag must be placed into a yellow 60L rigid leak-proof plastic container, with a gelling/solidifying agent added. Once the 60L container is full the yellow lid should be securely tightened and then a pre-printed waste audit label completed and affixed to the lid. The label should clearly state: Site; Ward; Date and Time. The words “Cat. A waste” MUST be added to the label.

9. The outside of the sealed 60L rigid plastic containers should be fully decontaminated, as per VHF procedure, and must be kept secure in the ward/department until arrangements can be agreed for their safe collection and transfer off site.

10. Following agreement with the regulatory bodies, and the Trust’s clinical waste contractor; the secure containers must be placed upright, 6 to a cart, into dedicated 770L yellow carts, with over-stickered UN 2814 markings on each end of the cart.
11. Bin tags should be turned to indicate Yellow (HI) contents and attached to the handle and consigned, under a special permit, directly to a licensed clinical waste incinerator.

Key contacts:

- Trust Waste manager - DECT: 21543 (Direct line: 0191 282 1543 or 24/7 via Switchboard)

- Trust Dangerous Goods Safety Advisor (ISS Ltd):
  24hr Emergency: 01865 340 999
  Office Hours: 0114 272 2113

- Healthcare Waste Contractor (Healthcare Environmental Services): Covered 24 hrs
  1) Shotts: 01501 8222 66
  2) Newcastle Depot: 0191 266 8881
Appendix 5: Home patient waste collection request form

HES Account Number: 22062

<table>
<thead>
<tr>
<th>Request for Collection of Clinical Waste from a Patient’s Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient’s Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Post Code:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
<tr>
<td><strong>Has the waste been risk assessed and findings recorded on patients care plan?</strong></td>
</tr>
<tr>
<td><strong>Has the patient given consent to the waste being stored within their home until collection?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Infectious Clinical (i.e. dressings, swabs)</th>
<th>Medicinally Contaminated</th>
<th>Infectious Clinical Liquid Waste (i.e. wound drains)</th>
<th>Cytotoxic/Cytostatic Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange Bag (18-01-03)</td>
<td><img src="image" alt="Orange Bag" /></td>
<td><img src="image" alt="Yellow Bag" /></td>
<td>Rigid Leak Proof Container with Orange Lid (18-01-03)</td>
<td>Rigid Leak Proof Container with Purple Lid (18-01-08)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount to be collected and Frequency i.e. 1 bag once a week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date waste collection to commence</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requestor Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Comments (Please include details of access restrictions, etc)</th>
</tr>
</thead>
</table>

Once completed forward this form to your Cluster Co-ordinator for authorisation. **IMPORTANT:** You must inform the Cluster Co-ordinator once the collection is no longer required.

<table>
<thead>
<tr>
<th>For Office Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster Co-ordinator Name and Telephone:</strong></td>
</tr>
<tr>
<td><strong>Date Authorised:</strong></td>
</tr>
</tbody>
</table>

Once authorised, Cluster Co-ordinator to email form to: [NorthEastTeam@healthcareenv.co.uk](mailto:NorthEastTeam@healthcareenv.co.uk) (copying in District Nursing Admin and [jason.mitchell@nuth.nhs.uk](mailto:jason.mitchell@nuth.nhs.uk)).
Appendix 6: Home birth waste collection request form

HES Account Number: 22062

Request for Collection of Home Birth Waste from a Patient’s Home

| Patient’s Name: |  |
| Address: |  |
| Post Code: |  |
| Telephone Number: |  |

Has the waste been risk assessed and findings recorded on patients care plan? Yes ☑ No ☐
Has the patient given consent to the waste being stored within their home until collection? Yes ☑ No ☐

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Infectious Clinical (dressing, swabs)</th>
<th>Anatomical Waste</th>
<th>Medicinal Sharps (please specify size)</th>
<th>Non-Medicinal Sharps (please specify size)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange Bag (18.01.03*)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Placenta Bin Red Lid (18.01.03*)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Disposable Sharps Container Yellow Lid (18.01.03* / 18.01.09)</td>
<td>☐</td>
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</tr>
<tr>
<td>Disposable Sharps Container Orange Lid (18.01.03*)</td>
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</tr>
</tbody>
</table>

Volume for collection: (how many items)
Date waste generated: (date of home birth)

Requestor Name:women’s services admin Date: Tel 0191 282 5711

Other Comments (Please include details of access restrictions, etc) Please telephone Patient to advise collection date / time.

Once authorised, Administrator to email form: NorthEastTeam@healthcareenv.co.uk (Please copy in the Waste Manager jason.mitchell@nuth.nhs.uk).
PART 1

1. **Assessment Date:** 03.04.2018

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

   Waste Management Policy

3. **Name and designation of author:**

   Jason Mitchell (Waste Manager)

4. **Names & Designations of those involved in the impact analysis screening process:**

   Jason Mitchell (Waste Manager) Lucy Hall E&D Lead

5. **Is this a:** Policy X Strategy Service Board Paper

   **Is this:** New □ Revised X

   **Who is affected:** Employees X Service Users X Wider Community X

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**

   (These can be cut and pasted from your policy)

   This policy covers the management of all waste generated by Trust activities, from the point of generation until the point at which it is safely disposed of in accordance with legislation. All staff at all levels and in all directorates are covered by this policy; including office-based staff generating domestic waste, medical staff generating clinical waste and support staff in Estates and Facilities functions generating a variety of wastes. This policy is designed to protect patients, visitors, those handling our waste and the wider community from exposure to these wastes.
7. Does this policy, strategy, or service have any equality implications? Yes x ☐ No ☐

These have been addressed through the policy and training
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination?</th>
<th>Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
</table>
| Race / Ethnic origin (including gypsies and travellers) | Mandatory EDHR training
Training for staff on all waste management.
Pictorial labels on general and recycle bins | Patients putting waste into bins may not be able to read instructions in relation to which bins to use. They will only be faced with general and recycle bins. A programme of introducing magnetic pictorial labels is in place. | No |
| Sex (male/ female) | Mandatory EDHR training
Training for staff on all waste management. | | No |
| Religion and Belief | Mandatory EDHR training
Training for staff on all waste management. | | No |
| Sexual orientation including lesbian, gay and bisexual people | Mandatory EDHR training
Training for staff on all waste management. | | No |
| Age | Mandatory EDHR training  
Training for staff on all waste management. | Patients putting waste into bins may not be able to read instructions in relation to which bins to use. They will only be faced with general and recycle bins. A programme of introducing magnetic pictorial labels is in place. | No  |
| --- | --- | --- | --- |
| Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section | Mandatory EDHR training  
Training for staff on all waste management.  
Pictorial labels on general and recycle bins | Patients putting waste into bins may not be able to read instructions in relation to which bins to use. They will only be faced with general and recycle bins. A programme of introducing magnetic pictorial labels is in place. | No  |
| Gender Re-assignment | Mandatory EDHR training  
Training for staff on all waste management. | No | No  |
| Marriage and Civil Partnership | Mandatory EDHR training  
Training for staff on all waste management. | No | No  |
| Maternity / Pregnancy | Mandatory EDHR training  
Training for staff on all waste management.  
Pregnant women have a risk assessment in relation to their role. Any issues relating to pregnancy and waste management will be picked up at this assessment. | No | No  |

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?
10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement

No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No, disposing of waste correctly will enhance the right to life

**PART 2**

**Name of author:**

Jason Mitchell

**Date of completion**

03.04.2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)