

TRUST-WIDE SERVICE BASED POLICY DOCUMENT

WASTE MANAGEMENT POLICY

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2017 – Version 5

Quality, recovery and
wellbeing at the heart
of everything we do

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Further information about this document:

Document name	WASTE MANAGEMENT POLICY (SA22)
Document summary	The objectives of this policy are to describe the standards expected and the supporting processes for the management of the Trust's waste streams in accordance with current legislation.
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To be read in conjunction with	Infection Prevention and Control Policy (IC01) Policy & Procedure for Handling of Medicines (SD12)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/ adult concern;
- appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- keeping contemporaneous records are at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- discussing any record and safeguarding issues between staff and their managers that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy / maternity and marriage / civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

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1 PURPOSE AND RATIONALE

1.1 **Purpose** – The purpose of this Policy is to establish and implement the key sustainable waste management principles and commitments of the Trust. These are as follows:

- To prevent and promote the minimisation of waste generated from Trust activities
- To increase the recycling, reuse and recovery of waste
- To minimise the adverse environmental impact from the generation of waste through its safe management and disposal
- To reduce unnecessary costs associated with the disposal of waste by encouraging more sustainable resource use, better segregation of waste streams, utilising advances in technology and maximising favourable contracting arrangements
- As a minimum to ensure compliance with all relevant waste management legislation and maintain an effective risk management regime
- To comply with all other requirements and guidance of relevance to the health care sector
- To ensure that the risks of exposure by healthcare workers and service users, to potentially infectious materials within waste, are reduced to a minimum. This will be achieved through the correct disposal of infectious, hazardous and other waste
- To provide staff with adequate and regular training to meet the requirements of this Policy and its associated procedures.

1.2 **Rationale** – This Policy encompasses the statutory responsibilities of the Trust as producers and consignors of waste and is intended to provide the framework for the establishment of procedures, based on current best practice, to ensure the safe handling, segregation, storage, transport and disposal of waste from all Trust premises.

1.3 Mersey Care NHS Foundation Trust has a duty under the Environmental Protection Act 1990 to ensure that all waste generated through its activities is responsibly management from 'cradle to grave'. As a producer of 'healthcare waste' the Trust has statutory duties under the following legislation:

- The Medical Devices Regulations MDR 2002;
- The Hazardous Waste (England and Wales) Regulations 2005;

- The Hazardous Waste (England and Wales) (Amendment) Regulations 2009;
- The Lists of Waste (England) Regulations 2005;
- The Health and Social Care Act 2012: Code of Practice on the prevention and control of infections and related guidance;
- The Waste Electrical and Electronic Equipment Regulations 2013 (the 'WEEE' Regulations);
- The Waste (England and Wales) Regulations 2011;
- The Waste (England and Wales) (Amendment) Regulations 2014.

This Policy has also been written with reference to the updated Department of Health Guidance 'Safe Management of Healthcare Waste HTM07-01' (July 2013)

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The aims and objectives of this Waste Management policy are as follows:

- Correct categorisation of waste and classification in accordance with European Waste Catalogue (EWC) Codes;
- Procedures for the appropriate and safe segregation, handling, storage, transportation and final disposal of waste;
- Disposal of waste in an environmentally responsible and cost effective manner;
- Minimisation of environmental risk and management of spillages;
- Improved levels of recycling and reuse;
- Increased staff awareness of the environmental impact of waste.

3 SCOPE

3.1 This Policy applies to all staff, contractors and agency workers who work on premises owned or controlled by the Trust, and all waste produced as a result of the Trust's activities and services.

3.2 Wastes arising from healthcare activities can include clinical waste (which may be hazardous or non-hazardous); offensive / hygiene waste; mixed municipal waste; infectious clinical waste; hazardous non-clinical waste (e.g., dental amalgam); recyclable waste (e.g., cardboard, paper etc.), inert waste (e.g., construction / demolition waste); food and other organic waste.

3.3 The procedures which support the implementation of this Policy are included in Section 6 and the Appendices A-H.

4 PRINCIPLES

4.1 The Policy has been developed with the intention of providing a clear definition of responsibilities in relation to waste management. Improved use of resources and the correct segregation, recycling and disposal of waste will ensure the Trust complies with environmental legislation and guidance whilst reducing its impact on the environment.

4.2 The outcomes of the defined standards and requirements of this policy will be:

- Compliance with relevant legislation and other guidance relevant to the management of healthcare waste;
- Continual improvement in the management of waste as indicated through the results of waste audits and increased recycling and recovery processes;
- Energy (and carbon) reductions;
- Pollution prevention control and effective management of risk;
- Improved awareness and knowledge in waste management best practice.

5 DUTIES

5.1 **Board of Directors** – The Chief Executive has overall responsibility for ensuring compliance with all statutory regulations and guidance related to waste management. This responsibility can be devolved to Directors, Heads of Departments and Managers. The Board of Directors has a duty to ensure a management regime is in place to effectively manage waste legislation requirements.

5.2 **Lead Executive Director** – the lead Executive Director for this policy (Executive Director of Finance) has strategic responsibility for ensuring sufficient resources are made available for the Trust to achieve its waste management obligations.

5.3 **Policy Lead** – the Policy Lead (Environmental Manager) has operational responsibility for the effective management of the Trust's waste in accordance with this Policy. Particular responsibilities include:

- Waste and recycling contract management (including ensuring that contractors meet current legislative requirements) and Duty of Care is sustained;

- Dissemination of information to staff with regard to best practice and legislation updates;
- Reviewing the Waste Management Policy in line with changes in legislation and guidelines, in liaison with the Infection Control Team and other stakeholders;
- Ensuring suitable procedures exist relating to waste handling and disposal;
- Managing the conduct of waste audits;
- Coordinating the maintenance and retention of all statutory documentation;
- Waste performance reporting (inclusive of waste financial performance, quarterly KPI reports, annual reports and ERIC returns);
- Facilitating Trust compliance with this Policy.

5.4 **Head of Procurement** – The Head of Procurement is responsible for the tendering process leading to the award of contracts for the disposal of waste; for adjusting contracts and services as wards and departments close and new ones open; and for identifying alternative means of disposal which represent best economical value.

5.5 **Directors / Services Managers / Leads** – are responsible for ensuring staff under their management, who have responsibilities for handling waste, are adequately trained in order to fulfil the requirements of this Policy. They are responsible for making staff aware of this Policy and any subsequent updates to it and ensuring staff understand its implications. They are responsible for informing the Environmental Manager and the Head of Procurement of the closure of wards or departments or opening of new units that require waste collection services.

5.6 **Infection Prevention and Control Department** – It is the responsibility of the Infection Prevention and Control Department to provide advice to Managers and staff on matters relating to infection prevention and control with regard to the handling of waste.

5.7 **Ward Managers / Modern Matrons / Heads of Department** - are responsible for all operational waste management issues within their departments, in particular, for ensuring that all waste within their area of remit is segregated, stored and disposed of in accordance with the Policy, and that all statutory documentation is completed and held in accordance with current legislation. It is also their responsibility to notify the identified Policy Lead / Maintenance Contractor / Transport Department of any items of hazardous waste (including electrical items) for which separate disposal has to be arranged. It is vital that all sites use the Trust's

approved contractors for the disposal of all wastes in order to ensure that the Trust is meeting its legal obligations. Information on approved contractors is available from the Estates and Facilities Department.

- 5.8 **Estates Officers / Estates Business Partners / Maintenance Contractor / North Mersey Health Informatics Service Officers** – it is their responsibility to ensure that all contractors / sub-contractors working on Trust premises are made aware of the Trust's Waste Management Policy and work within the terms of its requirements via the local induction process.
- 5.9 **All Staff** – are responsible for complying with the requirements of this Policy (and its associated procedures) and for ensuring that the Trust satisfies its legal obligations with respect to the management and disposal of waste, in so far as it relates to matters within their sphere of responsibility. All staff are responsible for reporting any adverse incidents or 'near misses' associated with the management of waste in accordance with the Trust's adverse incident reporting procedure.

6 CLASSIFICATION OF WASTE

- 6.1 The term 'hazardous waste' is used in England, Wales and Northern Ireland to describe waste with hazardous characteristics in line with the List of Wastes Regulations 2005, which transpose the European Waste Catalogue (EWC) into domestic legislation and provide codes for the movement of all hazardous and non-hazardous wastes.
- 6.2 Under the Hazardous Waste Regulations (Amendment) 2009 'hazardous waste' is waste that has hazardous properties that may make it harmful to human health or the environment. Such wastes are harmful to human health or to the environment either immediately or over an extended period of time. Since the Trust produces hazardous waste it has a 'duty of care' to make sure it is disposed of properly. This includes keeping hazardous wastes separate from all other wastes and not mixing different types of hazardous waste. The movement and ultimate disposal of hazardous wastes is controlled through the issue of 'hazardous waste consignment notes' (section 7.2.3).
- 6.3 Hazardous wastes produced by the Trust include:
- Asbestos
 - Batteries
 - Electrical equipment containing hazardous components (e.g. cathode ray tubes in televisions) Waste oils and oily residues
 - Solvents
 - Paints

- Fluorescent light tubes
- Chemical wastes
- Infectious wastes
- Pesticides
- IT and telecommunications electrical and electronic equipment
- Medical devices

6.4 A table of the different properties of waste that makes it hazardous (the Hazard Groups) is set out in Appendix C.

6.5 In order to ascertain whether a particular chemical is hazardous waste, staff should refer, in the first instance, to the COSHH sheet or Safety Data Sheet relating to it.

6.6 **Infectious waste** (H9 on the Hazardous waste table) is defined by the Hazardous Waste Regulations (Amendment) 2009 as, “substances containing viable micro-organism or their toxins which are know or reliably believed to cause disease in man or other living organisms”.

6.7 **Clinical waste** is defined under the Controlled Waste Regulations 2012 (issued under the Environmental Protection Act 1990) as:

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

any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it”.

Clinical waste can be divided into three broad groups of materials:

- Any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property H9 Infectious);
- Certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, H10 to H15);
- Medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.

The relationship between the definition of clinical waste and hazardous waste definitions is summarised in the table in Appendix D. The key

principle is that clinical waste is equivalent to hazardous waste with only two possible exceptions:

- Segregated non-cytotoxic and non-cytostatic medicines or separate fractions of out-patient returned medicines;
- Clinical waste from municipal sources that are not in any way directly or indirectly associated with healthcare.

6.8 **Cytotoxic and Cytostatic Medicines** are medicinal products possessing one or more of the above stated hazardous properties. Only these medicines are classified as hazardous waste. This is a waste which is hazardous and contains specific drugs such as hormones (includes Chloramphenicol eye-drops) e.g., medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), blister packs, tots. This includes inhalers, medicinal aerosols (some of which are flammable).

6.9 **Pharmaceutical waste** this is waste which is non-hazardous e.g., medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), blister packs, tots. This includes inhalers, medicinal aerosols (some of which are flammable).

6.10 **Non-infectious / unused sharps** to consider classifying any such items as non-infectious, sufficient information about the individual source patient should be known to conclude that there is no risk of infection and that the waste is not clinical waste. For example, if policy or practice (including those of waste contractors) includes any prophylaxis as a result of needle-stick injuries with these items, a risk of infection has clearly been identified and consequently this material must be classified as infectious.

The Trust's Domestic Waste Contractor collects the waste in compaction wagons and any waste entering is subject to deformation which will disrupt packaged items. The waste does not go directly to landfill and their contents are disgorged then sorted by hand at a materials recovery facility (MRF) to remove recyclables. Any sharps, however packaged initially, increase the risk of needle-stick injury to personnel due to their potential disruption. For the health and wellbeing of the Trust's Waste Contractor, as they would not have the ability to differentiate between hazardous and non-hazardous sharps, all non-infectious or unused sharps **must** be disposed of in the sharps boxes and taken away by the Trust's Clinical Waste Contractor.

6.11 **Domestic waste (black / clear / paper sacks)** this waste is similar in nature and composition to waste generated in the home. Domestic waste **must not** contain any infectious materials, sharps or medicinal products. The Trust's domestic waste is collected by a contractor who undertakes the sorting and separate of the waste for recycling at a transfer station;

the residue goes for energy recovery and / or disposal by landfill in a licensed site.

- 6.12 **Confidential waste** is any information or combination of information about an individual that identifies them and is defined by the Data Protection Act 1998. This can be in many forms such as patient records, contract information and budgetary information.

All confidential waste paper must be shredded to British Code of Practice (BS EN15713) either on site or passed to a secure and specialist contractor for shredding. This means that paper is cross-shredded to an agreed size of between 12mm and 4mm width.

- 6.13 **Offensive / Hygiene waste** is healthcare waste or similar waste from municipal sources, which meets the following criteria:

- It is not clinical waste;
- It is not dangerous for carriage;
- The producer has identified, after segregation at source, that it is suitable for disposal at a non-hazardous landfill site without further treatment;
- It may cause offence to those coming into contact with it.

Offensive / hygiene waste includes waste previously described as 'human hygiene waste' and 'sanpro waste'. Potentially offensive / hygiene waste may include:

- incontinence and other waste produced from human hygiene;
- sanitary waste;
- disposable medical items and equipment that does not pose a risk of infection, including PPE (items that are not clinical waste).

Waste items from healthcare activities must have been assessment for medicinal, chemical and infectious properties to confirm that they are **not** clinical waste before offensive properties can be considered.

- 6.14 **Waste Electrical and Electronic Equipment (WEEE)** the disposal of all waste electrical and electronic equipment (including fridges, fluorescent tubes, computer monitors, televisions) is governed by the WEEE Regulations 2013. These require the Trust to separately collect, appropriately store and recycle all electrical goods through a licenced contractor. Electrical goods are defined as items with a plug, battery or that can carry an electrical current. Many items of WEEE will be classed as hazardous if they have hazardous components (e.g., fridges, fluorescent tubes).

6.15 **Waste Medical Devices**

Infected / Used Medical Devices are medical devices that have been in contact with infectious bodily fluids and have been assessed to be infectious. They should be classified and disposed of as infectious waste. If the device contains hazardous substances or components (including nickel cadmium and mercury-containing batteries), the description of the waste on the consignment note must fully describe the waste and all its hazards.

Disinfected / Unused Medical Devices should be classified as non-infectious healthcare waste. A description of the waste is required even if the waste is not classed as hazardous waste.

7 SUPPORTING PROCEDURES FOR WASTE MANAGEMENT

7.1 Waste Segregation, Storage and Handling

- 7.1.1 Waste segregation at the point of production into suitable colour-coded containers is vital for good waste management and for complying with Health and Safety, Carriage and Waste Regulations. The prohibition in law of the mixing of certain categories of waste means that the colour coding of waste streams by the Trust, as shown in Appendix A, is required to meet legal requirements.
- 7.1.2 All containers must be labelled to identify the waste types within them to ensure appropriate onward management; in addition the label needs to identify the producer.
- 7.1.3 All bags and plastic containers used for the disposal of hazardous waste must have the appropriate UN3291 clinical waste markings.
- 7.1.4 Packaging for clinical items is not classified as clinical waste and must not be disposed of into clinical or offensive waste bags or sharps boxes under any circumstances. Sharp bins are to be used for sharps only and must not contain clinical waste, gloves or any other non-sharp items.
- 7.1.5 The location of waste bins, sharps boxes and internal waste storage areas, as well as the extent of PPE required by staff, should be based on local risk assessments. Adequate supplies of appropriate waste bags, containers and PPE must be provided on each site and in each treatment area. Stock levels must be monitored by staff using the equipment.
- 7.1.6 Waste receptacles should be placed as close to the point of waste production as possible. Waste bags must be removed from bins and correctly sealed for collection when two thirds full or sooner if necessary. Waste bags that cannot be collected immediately must be stored in a designated waste storage area while awaiting collection. Storage areas should be secure and inaccessible to the public and service users.

Unsecured hazardous waste (clinical waste) must not be placed in corridors, passageways or areas to which the general public or service users have access to. Heavy duty bin lids should be kept closed and locked at all times. Bins should never be overfilled. Bins should be kept clean and tidy at all times. Cleaning of clinical waste bins is carried once per year by the waste contractor. Staff should arrange additional cleaning of bins if and when required.

- 7.1.7 Prior to removal to the storage area, clinical and offensive waste bags must be tied and tagged. The locally held Clinical Waste Tag Book must be completed each time a tag is used and tags must be used in sequential order. Clinical Waste Tag Books must be kept for a minimum of 3 years as this is a legal document. Sharps boxes, Cytotoxic / Cytostatic and Pharmaceutical bins must be permanently closed with the labels fully completed on assembly and when closing off. Waste bags should be carried by the neck only, away from the body and sharps boxes by the handle only. Clinical waste tags are available from the Facilities Administration Department.
- 7.1.8 Appropriate PPE should be worn by staff handling waste (subject to local risk assessment), as a minimum this should be disposable gloves.
- 7.1.9 All staff working in clinical areas are offered immunisation against Tetanus and Hepatitis by the Trust's Occupational Health Department, in compliance with Department of Health Guidelines.
- 7.1.10 All waste awaiting collection must be stored in a suitable area that is locked and inaccessible to the public and service users. The area must also be solely designated for waste, clean, well ventilated and free from insects and rodent infestation. The storage area must be clearly labelled and identified as storing clinical waste. Clinical waste must be segregated from other wastes within the compound and stored inside lockable bins. All bins within the area / compound must be kept locked at all times. Sharps boxes must be kept in a separate bin or suitable approved container.
- 7.1.11 If waste is to be transported around the site, it must remain secure and inaccessible to the public and service users at all times. To prevent contamination, trolleys / vehicles used for transportation should not be used for any other purpose. Such containers should be cleaned at regular intervals and be completely sealed and leak-proof.
- 7.1.12 Waste should not be moved between sites by unauthorised persons. For the transport of waste by Community Healthcare professionals see section 7.8. If waste needs to be moved between sites advice should be sought from the Environmental Manager prior to the movement of waste to ensure legal guidelines are met.
- 7.1.13 Non-clinical hazardous wastes (e.g., fridges, fluorescent tubes, monitors, paints, solvents etc.) should be securely stored under cover awaiting

disposal. The Transport Department or Maintenance Contractor should be contacted to arrange disposal of such items.

7.2 **Transfer Notes, Waste Documentation and Record Keeping**

7.2.1 The Waste (England and Wales) (Amendment) Regulations 2014 replace the requirements set out in the Environmental Protection (Duty of Care) Regulations 1990. The new Regulations require that when controlled waste is transferred a written description of the waste (the 'transfer note') must be completed and contain specified information. Additionally, from 1st October 2011, whenever waste is passed on to someone else, it will need a declaration on the waste transfer note (or 'consignment note' for hazardous waste) that the waste management hierarchy has been applied. This means that disposal options for the waste must have been considered in the priority order of waste prevention, preparation for reuse, recycling, other recovery (e.g., energy recovery) and finally disposal (e.g., by landfill).

7.2.2 **Controlled Waste Transfer Notes** – the Trust has an obligation to ensure that the Controlled Waste Transfer Note (required for all non-hazardous waste) contained the following information:

- Description of the waste (including the EWC Code – see Appendices A and B)
- Quantity of waste
- Trust and site details
- Waste contractor details including waste carriers registration number
- Details of intended destination site for waste disposal.

The transferor and recipient must both sign and keep a copy of the note. An annual waste transfer note may be used to cover all movements of regular transfer of the same type of non-hazardous waste.

For all waste documentation that is held locally it is a legal requirement that copies of **waste transfer notes** are retained by all parties for a **minimum of two years**. A hard copy or electronic copy is acceptable.

7.2.3 **Hazardous Waste Consignment Notes** – the Trust has a legal obligation to ensure that hazardous waste consignment notes are completed and retained whenever hazardous waste is transported off site.

The consignment notes must contain the following information and all sections must be completed before the note is signed:

Part A – Notification Details:

- Consignment note number / code
- Name and address of the site where the waste is being created
- Name and address of the waste producer (if different from the site details)
- Premises code (Hazardous Waste Registration Number – if the site produces more than 5000kg per annum)

Part B – Description of the Waste:

- Process giving rise to the waste
- SIC code for the process giving rise to the waste
- Description of the waste; European Waste Catalogue Code (EWC); Quantity; Chemical / Biological components of the waste; Physical form of waste; Hazard code; Container type, number and size
- EWC Code; Packing group; UN identification number; Proper shipping name; UN classes; Special handling requirements.

Part C – Carrier's Certificate

- Carrier (Driver) name
- Company Name and address details
- Carrier registration number / reason for exemption
- Vehicle registration number
- Carrier's signage, time and date.

Part D – Consignor's Certificate

- Consignor (staff member handing over the waste) name
- Company name and address details
- Consignor's signature, time and date.

Part E – Consignee's Certificate

Part E will be completed at the disposal site by the company receiving the waste ('Consignee'). Once completed Part E must be returned to the Trust in the form of a copy of the original paperwork with Part E filled out or an electronic return from the Consignee. Most disposal companies issue hazardous waste Producer Returns quarterly.

Upon receipt the **Hazardous Waste Consignment Note** (with completed Part E) and / or the Hazardous Waste **Producer Return** must be filed

and retained for a **minimum of three years**. A hard copy or electronic copy is acceptable.

A sample completed Hazardous Waste Consignment Note is set out in Appendix E.

- 7.2.4 **Hazardous Waste Premises Notification** – under the Hazardous Waste Regulations 2009, sites which produce more than 5000kg of hazardous waste per annum, must register with the Environment Agency to obtain a Hazardous Waste Premises Code. This code must be stated on all Hazardous Consignment Notes or provided to waste contractors when disposing of hazardous waste.

Note: although premises producing under the 500kg threshold are exempt from the premises notification requirement, all other legislative requirements, including consignment notes for each collection continue to apply.

7.3 **Spillages**

- 7.3.1 **General Bagged Waste** – the main risk is that arising from cross contamination / infection. In the event of a burst bag or spillage, appropriate PPE that is consistent with the risk must be worn. The waste items should be placed into a new bag of the appropriate colour (same as original bag) and double bagged if necessary.

- 7.3.2 **Clinical Waste** – all spillages of clinical waste must be cleared without delay by the member of staff responsible for the spillage. PPE must be worn and the items collected and re-bagged into a new clinical waste sack, double bagging if necessary. Before clearing the waste, a visual inspection must be made to check for the presence of sharps. If found the guidance on sharps spillage must be followed before the other waste is collected.

- 7.3.3 **Sharps Boxes** – all spillages of sharps waste must be cleared without delay and not left unattended. Suitable PPE must be worn and the items collected and placed into a new sharps box. Under no circumstances should sharps be picked up with bare hands. Spilled sharps items should be collected using an extension grab or a pair of large tweezers, if deemed safe to do so. For large spillages or spillage within the external waste bins, specialist removal should be arranged. Split or damaged sharps boxes with sharps still inside, must be placed into a larger sharps box or rigid clinical waste container before disposal.

- 7.3.4 **Mercury** – (if mercury equipment is still in use within the Trust in items such as sphygmomanometers, blood pressure meters/ monitors/ gauges or thermometers)

Mercury waste **must not** be discharged to the public sewer. Mercury Spillage Kits should be made available to all areas that use mercury

products or items of equipment that contain mercury. The spillage kit should be used to collect any significant quantity of free mercury for recycling. A written procedure for dealing with mercury spillages should be readily available to staff in the areas of use. Under no circumstances should a vacuum cleaner be used to clean up mercury, as this will vent mercury vapour into the atmosphere.

The main risk is by skin absorption on contact with mercury and by inhalation of mercury vapour, which may slowly vaporise into the air from exposed surfaces. This risk is increased in hot, confined areas.

Mercury readily combines with other metals to form 'amalgams', which in turn emit mercury vapour, and from which mercury may be absorbed by skin contact. Prevent contact with jewellery (e.g., rings) and with any metal equipment, which is difficult to decontaminate.

7.3.5 **Other Chemicals** – the essential steps are:

- review information on the COSHH assessment or the manufacturer's material safety data sheet;
- only tackle the spillage if it is safe to do so and you have the necessary equipment to hand;
- contain the spillage to prevent further spread;
- prevent exposure of other persons in the vicinity;
- absorb and dispose of, using an appropriate spillage kit, as quickly as possible;
- decontaminate the area and return it to normal use;
- suitable contingency procedures (including the provision of spillage kits) to deal with foreseeable spillages of harmful chemicals should be devised by the users, and included with the COSHH assessment of health risks associated with that chemical or process.

7.3.6 **Blood or Bodily Fluid Spillages** – refer to the Trust's Infection Prevention and Control Policy (IC01).

7.4 **Adverse Incident Reporting**

7.4.1 All major spillages, accidents, incidents and near misses involving waste should be reported through the Trust's Reporting, Management and Review of Adverse Incidents, as set out in Trust's Policy SA03.

7.5 **Recycling**

7.5.1 The Trust employs a commingled waste collection and recycling contractor across its sites. This will mean that recyclable waste (e.g., plastics, glass, paper, cardboard etc.) is segregated from general waste

for recycling at a sorting station following collection by the contractor. All such waste will not need to be placed into separate containers by staff, but placed within the general waste containers / black bags.

- 7.5.2 **Office paper** – in order to preserve the quality of the paper for recycling, this should be collected by way of dedicated office waste paper recycling bins containing clear plastic sacks. Once full sacks should be tied and placed in with the normal general waste container for the recycling contractor to separate out at the sorting station.
- 7.5.3 **Cardboard** - should be flattened and dry before being placed in the general waste containers. All other recyclable items should be rinsed out and dry before being placed into waste bins.
- 7.5.4 **Confidential waste** – this will continue to go through the specified route and cannot be disposed of in the general waste containers. See Appendix A for more details.
- 7.5.5 All recyclable hazardous waste (e.g., toner cartridges, fluorescent tubes, WEEE) will continue to go through the specified route and **cannot** be disposed of in the general waste containers. See Appendix A for more details.

7.6 **Training**

- 7.6.1 Due to the extent and nature of waste produced by the Trust, it is important that all staff receive appropriate training on the handling, segregation, transportation, storage and disposal of all waste produced.
- 7.6.2 Every member of staff involved in the production, handling and disposal of waste has a responsibility to ensure that they are aware of the contents of this procedure.
- 7.6.3 Initial training on the Hazardous Waste Regulations, segregation, handling and storage of waste will be provided to nominated staff as part of the Corporate Induction process and / or corporate mandatory training.
- 7.6.4 Following the initial training, specific training relating to the job function should also be provided by the line manager at local induction. Any training received should be formally recorded. Guidance for Managers on Local Induction Training for Waste Management can be found in Appendix G.

7.7 **Healthcare Waste in the Community**

- 7.7.1 Community healthcare can take many forms and occurs in various environments. It includes activities undertaken by all healthcare workers who provide services outside of the hospital too, for example, service users in their own homes and householders who are self-medicating.

- 7.7.2 Community healthcare workers, as producers of healthcare waste and specifically infectious waste, are required to comply with waste regulations including the Hazardous Waste Regulations 2009, and therefore need to ensure that waste is segregated, described, classified and disposed of appropriately.
- 7.7.3 Healthcare workers working in the community, and in the household environment, need to assess the waste they are producing for the hazardous properties it may contain, most notably 'infectious'. The assessment of infectious waste can be applied using a risk assessment approach to reduce unnecessary disposal costs (both financial and environmental). This should be based on professional assessment, clinical signs and symptoms and any prior knowledge of the service users.
- 7.7.4 Where the assessment has identified that the dressing is not infectious, the following should be considered:
- Contaminated dressings from a wound assessed by the healthcare worker as non-infectious can be treated as non-hazardous and should be contained and disposed of in the offensive / hygiene stream.
 - Mixed domestic waste does contain small numbers of plasters, small dressing and incontinence products. Where the healthcare worker produces the same or similar items, these (subject to the following considerations) can be placed in the domestic waste stream, with the householders permission. The following considerations apply:
 - The type of waste – if the waste looks like a healthcare waste, and is not obviously a normal constituent of domestic waste, it should not go in the black bag;
 - The quantity produced – where a number of small dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive / hygiene waste. If, however, the amount produced is relatively small and consistent with that likely to be found in the household waste stream (for example, that bought from a local pharmacy or supermarket by the householder), it may be discarded in the domestic waste;
 - Packaging – where such waste is placed in domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange, as the waste is not deemed to be infectious. Thin opaque plastic bags (e.g., bin liners) are appropriate.
- 7.7.5 Healthcare workers will produce the waste types listed below and require the following colour coded containers for segregation:

- Yellow sharps container;
- Yellow / black bags for offensive waste (tiger bags);
- Orange bags for infectious waste;
- Purple lidded container for hazardous cytostatic / cytotoxic waste;
- Blue lidded container for non-hazardous pharmaceutical waste;
- Black or clear bags for domestic waste.

7.7.6 Waste generated by Healthcare Worker

7.7.7 Where waste is generated by a healthcare worker for people in their own homes, the healthcare worker is responsible for ensuring that the waste is managed correctly. This forms part of their 'duty-of-care' obligations under waste legislation.

7.7.8 It is not always practical for healthcare workers to carry many different types of packaging with them. Therefore, healthcare workers should be supplied with the most appropriate packages to meet their needs. Where possible, this should be determined prior to insitu treatment based on the pre-visit assessment and service user records.

7.7.9 Managers need to ensure that arrangements are in place to ensure that waste is packaged and labelled correctly and transported for appropriate treatment and disposal. In general there are two options:

7.7.10 Option 1 – collection from the premises / householder

- Provided the householder consents, the healthcare worker producing the waste can leave it in the home for later collection by an appropriate organisation (e.g., the Local Authority). If the householder declines to give consent, the healthcare worker cannot legally leave the waste.
- The Trust and their employees have responsibility for the waste while it is being stored awaiting collection and for arranging that collection. While awaiting collections from the householder's home, the waste should be stored in a suitable place to which children, pets, pests etc. do not have access. It is not appropriate to leave the waste unsupervised on the pavement awaiting collection.
- Waste should be packaged and labelled appropriately and adequate instructions should be given in relation to safe pre-collection storage. The householder should be provided with the correct containers / packaging to ensure correct disposal.
- The party collecting the waste should be provided with the information required under the 'duty of care' requirements.
- A consignment notes is not required for the movement of hazardous waste from a domestic premises.

7.7.11 Option 2 – healthcare worker transports waste

- Provided they have a suitable vehicle and have received relevant training, the healthcare worker producing the waste can transport the infectious or offensive waste from the home back to their base where waste collection and disposal arrangements are in place. Where healthcare workers are transporting waste in their own vehicles, this should be transported in suitable UN approved rigid packaging, for example containers or drums. Reusable transport containers must be cleaned with detergents/wipes upon emptying.
- Clinical waste sacks must not be transported in a vehicle, unless placed within a rigid UN approved container (bio-bins are disposable UN approved rigid containers).
- Sharps bins are UN approved rigid containers for the transportation of waste and therefore do not require any further packaging when fully closed. Sharps containers which are closed temporarily should be placed into an additional approved outer package.
 - For the purpose of transportation sharps boxes should be:
 - Placed in the boot of the vehicle;
 - Kept upright and secured using a vehicle hook;
 - Moved with the aperture in full closure mode, or;
 - Moved within an additional UN approved box if closure is temporary;
 - Kept out of sight and locked when the vehicle is left unattended.
- Normally, the carriage of any quantity of clinical waste requires the carrier (e.g., healthcare worker) to fit a 2kg fire extinguisher irrespective of the quantity of waste. The Department for Transport has issued an authorisation to exempt community nurses from this requirement.

7.7.12 If infectious or hazardous waste is produced within a community environment that cannot be removed by the healthcare worker in a safe manner, contact the Infection Prevention and Control Department for advice.

8 DEVELOPMENT AND CONSULTATION

8.1 The following staff / groups were consulted with in the development of this policy document:

- (a) Estates and Facilities Department

(b) Infection Prevention and Control Committee.

9 MONITORING OF COMPLIANCE AND EFFECTIVENESS

9.1 The monitoring of compliance with, and the effectiveness of, the Trust's Waste Management Policy, will be achieved through the programme of annual, systematic and documented internal and external audits in accordance with the 'duty-of-care' regulations. Updates and actions from audits will be fed back to Site Managers, Ward/Clinical Managers and also via IPCC meetings.

9.2 Waste Audits

9.2.1 Under the 'Duty of Care' legislation, the Trust as a waste producer has a cradle to grave responsibility for the control, management and ultimate disposal of its waste. Waste audits need to be undertaken to ensure that waste is being correctly segregated and disposed of.

9.2.2 Waste audits will be conducted by the Environmental Manager in conjunction with other departments / colleagues as appropriate. Departments / Service Units will also be required to undertake self-assessment using a specific audit tool. An audit tool guidance sheet for this purpose is set out in Appendix F. Completed sheets should be returned to the Environmental Manager.

9.2.3 **Clinical Waste Pre-acceptance Audits** – the Environment Agency has imposed a legal requirement within the terms of Environmental Permits for clinical waste disposal sites to ensure that producers carry out audits of their waste before it can be accepted. These are known as 'pre-acceptance audits'. Any site producing over 5,000kg of clinical (hazardous) waste is required to undertake an audit annually. If the individual sites produce less than 5,000kg of clinical (hazardous) waste per annum, then they are audited every 5 years and the deadline for the first audit depends on the type of site. Any new site that requires clinical waste disposal must also be audited when first opened.

9.2.4 Internal Clinical Waste Audits are carried out on a yearly basis by the Environmental Manager and reported through the Infection Control Committee. Improvement Plans are required to be completed and implemented by the individual sites within set timescales.

10 REFERENCES

10.1 External Documents:

Department of Health 'Health Technical Memorandum 07-01: Safe Management of Healthcare Waste' (July 2013)

BS EN15713:2009 Secure Destruction of Confidential Material – Code of Practice







Environment Agency Hazardous Waste Technical Guidance Note WM2, 3rd Edition 2013





DEFRA Guidance for Dentists on Waste Dental Amalgam, 2005

10.2 Internal Documents:

Mersey Care NHS Foundation Trust 'Infection Prevention and Control Policy (IC01)'

WASTE DISPOSAL STREAM TABLE

Hospital Setting	Container Examples
<i>Examples:</i>	
DOMESTIC/ GENERAL WASTE	
EWC Code: 20 03 01	
<p>Waste similar to that produced in the home environment, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> clean packaging and wrappings <input checked="" type="checkbox"/> food and associated packaging <input checked="" type="checkbox"/> flowers <input checked="" type="checkbox"/> paper towels <input checked="" type="checkbox"/> packaging from medication <input checked="" type="checkbox"/> out of date dressings / bandages 	 <p>Domestic / general waste may be collected in black or clear plastic sacks or brown paper sacks depending on location.</p>
OFFENSIVE WASTE (including sanitary / nappy waste) 	
EWC Code: 18 01 04 and 20 01 99	
<p>Waste that has been produced from the treatment of non-infectious patients and are contaminated with bodily fluids, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> personal protective equipment (gloves, masks, aprons) – non-infectious <input checked="" type="checkbox"/> wipes, dressings, plasters, bandages (non-infectious) <input checked="" type="checkbox"/> incontinence waste (non-infectious) <input checked="" type="checkbox"/> empty saline or glucose IV bags and tubing (no active medicines added) – non-infectious <input checked="" type="checkbox"/> soiled sanitary towels and tampons from public and work based female toilets <input checked="" type="checkbox"/> nappies from baby changing areas <input checked="" type="checkbox"/> colostomy bags 	 <p><i>Yellow bag with black stripe(s)</i></p> <div style="border: 1px solid black; padding: 5px; background-color: red; color: white; text-align: center; width: fit-content; margin: 5px auto;"> THIS WASTE MUST BE TAGGED BEFORE DISPOSAL </div> <p>This waste stream can be disposed of to landfill, but may also be sent for energy from waste.</p>
INFECTIOUS CLINICAL WASTE	
EWC Code: 18 01 03*	
<p>Waste that has been produced from the treatment of infectious patients, those suspected of having an infection and are contaminated with bodily fluids, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> personal protective equipment (gloves, masks, aprons) <input checked="" type="checkbox"/> wipes, dressings, plasters and bandages <input checked="" type="checkbox"/> incontinence waste <input checked="" type="checkbox"/> empty saline or glucose IV bags and tubing (no active medicines added) – infectious 	 <p><i>UN approved orange bag</i></p> <div style="border: 1px solid black; padding: 5px; background-color: red; color: white; text-align: center; width: fit-content; margin: 5px auto;"> THIS WASTE MUST BE TAGGED BEFORE DISPOSAL </div> <p>This waste stream is usually disposed of by alternative treatment methods, but may also be incinerated.</p>
SHARPS	
EWC Code: 18 01 03* and 18 01 09	
<p>Sharps waste that has been used in the treatment of infectious and potentially infectious patients and may have also been used for the administration of medicines or chemicals, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> needles and syringes – medicine contaminated <input checked="" type="checkbox"/> blades – medicine contaminated <input checked="" type="checkbox"/> scissors – medicine contaminated <input checked="" type="checkbox"/> other disposal instruments – medicine contaminated 	 <div style="border: 1px solid black; padding: 5px; background-color: red; color: white; text-align: center; width: fit-content; margin: 5px auto;"> THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY. SHARPS BOXES MUST BE DISPOSED OF AFTER 3 MONTHS FROM ASSEMBLY DATE </div> <p>This waste stream must be disposed of by incineration.</p>
CYTOTOXIC/STATIC WASTE	
EWC Code: 18 01 03* and 18 01 08*	
<p>Waste that has been used in the treatment of infectious patients and those suspected of having an infection, and may also have been used for the administration of cytotoxic and cytostatic medicines, for example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> needles and syringes – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> blades – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> scissors – cytotoxic/static medicine contaminated <input checked="" type="checkbox"/> IV bags, lines and tubing that have cytotoxic/static medicines added <input checked="" type="checkbox"/> unused, part used and out of date cytotoxic/static medicines 	 <div style="border: 1px solid black; padding: 5px; background-color: red; color: white; text-align: center; width: fit-content; margin: 5px auto;"> THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY </div> <p>This waste stream must be disposed of by incineration.</p>

PHARMACY & MEDICINE WASTE		EWC Code: 18 01 09	
Non-cytotoxic/ cytostatic waste medicines, for example: <input checked="" type="checkbox"/> unused, part used and out of date tablets, creams, liquid dose medicines and patches <input checked="" type="checkbox"/> tablets in containers <input checked="" type="checkbox"/> blister packs <input checked="" type="checkbox"/> unopened medicine vials <input checked="" type="checkbox"/> liquids in bottles <input checked="" type="checkbox"/> inhaler cartridges <input checked="" type="checkbox"/> droplet bottles with pipettes		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration.		
AMALGAM WASTE		EWC Code: 18 01 10*	
Amalgam waste to be placed in dedicated white rigid containers which have a mercury suppressant		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	Specialist recovery required.		
HAZARDOUS WASTE (chemical or highly infectious)		EWC Code: 18 01 02 and 18 01 03*	
The Trust produces no highly infectious waste contaminated with Category A pathogens (18 01 02) and only small amounts of hazardous chemical waste (18 01 03*).		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration and requires special arrangement prior to disposal.		
RADIOACTIVE WASTE		EWC Code: 18 01 03* and 18 01 02* (if infectious)	
Healthcare waste contaminated with radioactive material, UN number will depend on isotope. Radioactivity takes precedence for transport class when above the lower threshold.		THE LABEL ON THE BOX MUST BE COMPLETED ON ASSEMBLY	
	This waste stream must be disposed of by incineration at a facility subject to Radioactive Substances Act (RSA)		

Other Wastes By Type:

Mattresses	<p>Non-Contaminated and Contaminated Mattresses</p> <p>Non-Contaminated Mattresses Mattresses not contaminated internally with bodily fluids should be cleaned with high level disinfectant and placed into a clear mattress bag. Clear mattress bags are available on request from the Transport Department.</p> <p>Contaminated Mattresses Mattresses which are contaminated internally with bodily fluids need to be placed in a yellow clinical waste mattress bag; secured with a tag and disposed of as hazardous / infectious waste. Large yellow clinical waste mattress sacks can be requested from the Infection Prevention and Control Team via infectioncontrol@merseycare.nhs.uk or contacting them on 0151 473 2931 or 0151 471 2259.</p> <p>Removal of Mattresses Request removal by completing a Transport Request Form and sending to the Transport Department:</p> <p>jan.oldfield@merseycare.nhs.uk or telephone number 0151 472 4089.</p> <p>kenny.houghton@merseycare.nhs.uk or telephone number 0151 473 2898.</p> <p>Note: All mattresses need to display the completed Declaration of Contamination Status – sample attached as Appendix H.</p>	<p>Recycled EWC Code: 20 03 01</p> <p>Autoclaving EWC Code: 18 01 03*</p>
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<p>Alcohol Hand gels / sanitisers / creams</p>	<p>Alcohol hand gels / sanitisers / creams that do not contain siloxanes (which cause significant damage to plant and equipment used in the sewage treatment process) and whose safety data sheet (SDS) does not prohibit discharge to the sewer may be rinsed out and the packaging recycled or placed into the municipal waste stream.</p> <p>Note: Waste chemicals should never be placed in any clinical, offensive or mixed municipal waste stream.</p> <p>Disposal of out of date / unused alcohol hand gels / sanitisers / creams that do contain siloxanes should be placed in a UN approved yellow sealed unit and consigned as 18 01 06 (flammable liquid).</p>	<p>Recycled</p> <p>EWC code: 20 03 01</p> <p>Incineration</p> <p>EWC code: 18 01 06 (Flammable liquid)</p>
<p>X-Ray Waste – Fixer & Developer</p>	<p>Leak-proof Rigid Container</p> <p>May be classified as hazardous waste depending on the type of materials used – refer to manufacturer’s safety data sheet</p> <p>If appropriate, send to licensed facility for material recovery through a specialist contractor. If recovery is not appropriate, fixer and developer should be incinerated at a licensed facility</p>	<p>Incineration or Specialist Recovery</p> <p>EWC code: 09 01 XX*</p>
<p>Contaminated Medical Devices</p>	<p>Secure Packaging appropriate to device</p> <p>Contact Infection Prevention and Control Department for advice regarding decontaminating medical devices e.g. sphygmomanometers, suction machines.</p> <p>After decontamination contact the Trust's Maintenance Contractor to arrange for specialist disposal. Declaration of Contamination Status certificate must be completed and attached</p>	<p>Landfill or Incineration depending on hazardous properties</p> <p>EWC Code: Depends on nature of device</p>

<p>Furniture</p>	<p>Redundant furniture from direct patient care areas must be decontaminated in accordance with the Trust's Infection Prevention and Control Policy (IC01) and have a Declaration of Contamination Status certificate attached.</p> <p>For disposal of all furniture contact:</p> <p>Ashworth Hospital – contact Kenny Houghton (kenny.houghton@merseycare.nhs.uk or 0151 473 2898) to arrange collection.</p> <p>Other Trust sites – complete a 'works request form' and email to estates@merseycare.nhs.uk</p> <p><u>A completed Waste Disposal Request Form should be attached to all items.</u></p> <p>NOTE: Consider any reuse options available before using this route. For example, circulate an email around the Trust advertising the items for reuse.</p>	<p>Reuse / Recycled</p> <p>EWC Code: 20 03 01</p>
<p>Electrical & Electronic Equipment</p>	<p>All Electrical and Electronic Equipment including:</p> <p>Any item with a plug, battery or that can carry an electrical current, e.g.</p> <p>Fridges; Fluorescent Tubes; Ovens; Heaters</p> <p>All items must be disposed of in accordance with the Waste Electrical & Electronic Equipment Regulations 2013</p> <p><u>A completed Waste Disposal Request Form should be attached to all items.</u></p> <p>Fluorescent tubes are exchanged and disposed of by MITIE - contact 0151 471 2206 to arrange</p> <p>Bulky electrical items (e.g. fridges / ovens) follow the procedure as for 'furniture' (above) to arrange for collection and disposal</p>	<p>Recycling / Recovery</p> <p>Fridges 20 01 23* Fluorescent Tubes 20 01 21*</p>

<p>Batteries</p>	<p>Includes all types of Batteries both household and industrial</p> <ul style="list-style-type: none"> • AA/AAA Batteries • Gel Batteries from wheelchairs • Camera batteries etc <p>Batteries are separately collected by way of a battery compliance scheme from the Maghull Site.</p> <p>All sites / departments have been provided with a grey rigid box for battery disposal. This is emptied and collected by the Transport / Portering Department and transported safely and securely to the Maghull Site where they are collected by a specialist contractor.</p> <p>Batteries MUST NOT be placed into the domestic, offensive waste, sharps boxes or any other waste streams as batteries are classified as hazardous waste.</p>	<p>Recycling / Recovery</p> <p>EWC Code: 20 01 33*</p>
<p>Cardboard</p>	<p>All cardboard packing should be flattened, kept dry and placed within the general waste containers on site as part of the commingled waste collection and removal from site for recycling</p>	<p>Recycling</p> <p>EWC code: 20 01 01</p>
<p>Office Paper</p>	<p>Non-confidential paper waste should be placed within dedicated office waste paper recycling bins in plastic sacks. When full the sacks should be tied and placed in the general waste containers for collection and recycling by the commingled waste contractor</p>	<p>Recycling</p> <p>EWC code: 20 01 01</p>

<p>Confidential Paper</p>	<p>All confidential waste paper must be shredded to British Code of Practice (BS EN 15713:2009) either on site or in the dedicated confidential waste consoles for collection by the Trust's specialist confidential waste contractor.</p> <p><u>Ashworth Hospital</u> – contact Kenny Houghton (kenny.houghton@merseycare.nhs.uk or 0151 473 2898) to arrange collection or for sack supplies</p> <p><u>Other Trust sites without consoles</u>– email jan.oldfield@merseycare.nhs.uk with budget code, number of sacks and location to arrange for the Transport Department to collect</p> <p>To set up a new contract or cancel an existing confidential waste contract, please contact: Jon Byrne, Environmental Manager on 0151 471 2683 or jon.byrne@merseycare.nhs.uk</p>	<p>Recycling</p> <p>EWC code: 20 01 01</p>
<p>IT Equipment</p>	<p>IT equipment is classified as hazardous waste under the Waste Electrical & Electronic Equipment (WEEE) Regulations. Contact the Desktop Service Team Engineers through the IT Service Desk (x. 2619) to arrange collection.</p>	<p>Recycling</p> <p>EWC code: 16 02 13* 16 02 14</p>
<p>Mobile Phones</p>	<p>Mobile phones are classed as hazardous wastes and need to be disposed of through the correct routes. Contact the Voice & Data Team on 0151 471 2297 to arrange disposal.</p>	<p>Recycling</p> <p>EWC code: 16 02 13*</p>
<p>Toner Cartridges</p>	<p>The Trust operates a Trust wide toner cartridge recycling scheme whereby the cartridges are returned to either Office Depot or HP when new supplies are delivered. Collection boxes are available to order from Office Depot, HP websites or NHS Supply Chain. Contact the Procurement Department for further information</p>	<p>Recycling</p> <p>EWC code: 08 03 17* 08 03 18</p>
<p>Cooking Oil</p>	<p>Cooking Oil is collected for recycling using a specialist contractor.</p>	<p>Recycling</p> <p>EWC code: 20 01 25 20 01 26*</p>

Waste Engine Oil	Waste engine oil is hazardous waste and must be stored in bunded containers (away from drains) prior to collection for reprocessing by a specialist contractor.	Recycling EWC code: 13 02 04* to 13 02 08*
Paints	Paints and empty paint cans containing paint residues are hazardous wastes and need to be stored in secure, leakproof containers, away from drains, prior to collection by a licensed contractor. Contact the Environmental Manager to arrange a collection.	Recovery / Hazardous waste landfill EWC code: 08 01 11*
Solvents / Thinners	Solvents and containers which previously contained solvents are hazardous wastes and need to be stored in enclosed containers, prior to collection by a licensed contractor. Contact the Environmental Manager to arrange a collection.	Recovery / Hazardous waste landfill EWC code: 14 06 02* 14 06 03*
Aerosols	Fully discharged aerosols that previously contained hazardous or dangerous components (e.g. paints, pesticides, solvents) will still contain hazardous residues and will therefore need to be disposed of as hazardous wastes. Contact the Environmental Manager to arrange a collection.	Hazardous waste landfill EWC code: 15 01 10*
Asbestos	Any waste which is suspected to contain asbestos needs to be removed and disposed of in accordance with the Trust's 'Asbestos Management Policy'. Contact the Estates and Facilities for further information.	Hazardous waste landfill EWC code: 17 06 05*
Construction Waste	The Trust maximises the recycling of any construction waste produced as a result of renovation projects in conjunction with its contractors and within the requirements of the Site Waste Management Plans Regulations 2008.	Recycling EWC code: 17 09 04 17 09 03*
Other Chemicals	Refer to the product's Safety Data Sheet for information on correct disposal and an indication of its hazardous status. Contact the Environmental Manager to arrange for appropriate disposal of hazardous chemicals through the Trust's main waste contractor	Depends on nature of the chemical

For general waste management queries please contact:

Jon Byrne, Environmental Manager
Tel: 0151 471 2683

Appendix B













EUROPEAN WASTE CATALOGUE (EWC) CODES FOR COMMON HEALTHCARE WASTE TYPES
(to be shown on waste transfer and hazardous consignment notes)
(* indicates hazardous waste)

EWC code	Description of code
09	Wastes from the photographic industry
09 01	Wastes from the photographic industry
09 01 01*	Water-based developer and activator solutions
09 01 02*	Water-based offset plate developer solutions
09 01 03*	Solvent-based developer solutions
09 01 04*	Fixer solutions
09 01 05*	Bleach solutions and bleach fixer solutions
09 01 06*	Wastes containing silver from on-site treatment of photographic waste
09 01 07	Photographic film and paper containing silver or silver compounds
09 01 08	Photographic film and paper free of silver or silver compounds
18	Wastes from human and animal health care and/or related research (except kitchen and restaurant wastes not arising from immediate health care)
18 01	Waste from natal care, diagnosis, treatment or prevention of disease in humans
18 01 01	Sharps except 18 01 03*
18 01 02	Body parts and organs including blood bags and blood preserves
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of or containing dangerous substances
18 01 07	Chemicals other than those listed in 18 01 06*
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08*
18 01 10*	Amalgam waste from dental care
20	Municipal wastes (household waste and similar commercial, industrial and institutional wastes) including separately collected fractions
20 01	Separately collected fractions (except 15 01)
20 01 31*	Cytotoxic and cytostatic medicines
20 01 32	Medicines other than those mentioned in 20 01 31*
20 01 99	Other fractions not otherwise specified (used for offensive waste)

Appendix C

HAZARD GROUPS WHICH IDENTIFY WASTE AS HAZARDOUS

The 14 Hazard Groups that make waste hazardous are:

Hazard Group	Hazard Symbol	Description
H1		Explosive – Substances and preparations which may explode under the effect of flame or which are more sensitive to shocks or friction than dinitrobenzene
H2		Oxidising – Substances and preparations which exhibit highly exothermic reactions when in contact with other substances, particularly flammable substances
H3A		Highly flammable
H3B		Flammable – Liquid substances and preparations having a flashpoint equal to or greater than 21°C and less than or equal to 55°C
H4		Irritant – Non-corrosive substances and preparations which, through immediate, prolonged or repeated contact with the skin or mucous membrane, can cause inflammation
H5		Harmful – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin or mucous membrane, can cause inflammation
H6		Toxic – Substances and preparations (including very toxic substances and preparations) which, if they are inhaled or ingested or if they penetrate the skin, may involve serious, acute or chronic health risks and even death
H7		Carcinogenic – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce cancer or increase its incidence
H8		Corrosive – Substances and preparations which may destroy living tissue on contact
H9		Infectious – Substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms
H10		Toxic for reproduction – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may produce or increase the incidence of non-heritable adverse effects in the progeny and / or of male or female reproduction functions or capacity
H11		Mutagenic – Substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce hereditary genetic defects or increase their incidence
H12		Substances and preparations which release toxic or very toxic gases in contact with water, air or an acid
H13		Substances and preparations capable by any means, after disposal, of yielding another substances e.g., leachate, which possesses any of the characteristics listed above
H14		Ecotoxic – Substances and preparations which present or may present immediate or delayed risks for one or more sectors of the environment

Appendix D

RELATION BETWEEN HAZARDOUS AND CLINICAL WASTE DEFINITIONS

Clinical Waste	Clinical Waste	Clinical Waste
Medicines other than those that are cytotoxic and cytostatic 18 01 09, 18 02 08, 20 01 32	Non-infectious anatomical waste, chemicals present 18 01 02 and 18 01 06 18 02 03 and 18 02 05	Cytotoxic and cytostatic medicines 18 01 08, 18 02 07, 20 01 31
Non-infectious anatomical waste, no chemicals present 18 01 02, 18 02 03	Infectious anatomical waste, no chemicals present 18 01 03 and 18 02 03	Cytotoxic and cytostatic sharps 18 01 03 and 18 01 08 18 02 02 and 18 02 07
Sharps not contaminated with body fluids or medicines 18 01 01, 18 02 01	Infectious anatomical waste, chemicals present 18 01 03 and 18 01 06 18 02 02 and 18 02 05	Other medicinally contaminated sharps 18 01 03 and 18 01 09 18 02 02 and 18 02 08
Non-infectious gypsum (plaster) wastes 18 01 04	Other clinical infectious waste containing chemicals 18 01 03 and 18 01 06 18 02 02 and 18 02 05	Non-medicinally-contaminated sharps 18 01 03, 18 02 02
	Infectious gypsum (plaster) 18 01 03*	Other clinical infectious waste arising from healthcare activities 18 01 03, 18 02 02
		Infectious waste containing dental amalgam 18 01 03* and 18 01 10
Recyclables (various)	Non-Clinical Waste	Healthcare chemicals with hazardous properties 18 01 06, 18 02 05
Healthcare chemicals without hazardous properties 18 01 07, 18 02 06	Dental amalgam 18 01 10	X-ray fixer and developer 09 01 01, 09 01 02, 09 01 03, 09 01 04, 09 01 05

Note: Colours shown in the tables relate to the colour of the container used for disposal, in accordance with classification in Appendix A.

From Department of Health Guidance 'Safe Management of Healthcare Waste HTM07-01' (updated July 2013)

Appendix E

SAMPLE OF HAZARDOUS WASTE CONSIGNMENT NOTE

PART A Notification Details	
1. Consignment note code: ABC123/AB001	3. Premises code: ABC123
2. The waste described below is to be removed from (name, address, postcode, telephone, e-mail & fax): The General Practice, High Street, New Town, The Shire, XX12 3YY Tel 0123 456789, anypractice@mail.com	4. The waste will be taken to (address and postcode): The Transfer Station, Low Street, Old Town, The Shire YY12 4XX
	5. The waste producer was (if different from 1) (name, address, postcode, telephone, e-mail & fax)

PART B Description of waste

1. The process giving rise to the waste(s) was: Dental healthcare. 2. SIC for the process giving rise to the waste: 85
3. WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified).

Description of waste	EWC code	Qty (kg)	The chemical/biological components of the waste, their concentrations	Physical form	Hazard code(s)	Container type, number
Cytotoxic and Cytostatic clinical waste: Mixed sharps and pharmaceutical waste for incineration only	18 01 08* 18 01 08		Sharps, syringe barrels, medicine vials and ampoules (cytotoxic and cytostatic); see attached list	mixed	H3, H6, H7, H9, H10, H11	2 × 14-litre purple-lidded sharps box
Clinical waste: Mixed sharps and pharmaceutical waste for incineration only	18 01 03* 18 01 09	10 kg	Sharps, syringe barrels, medicine vials and ampoules (not cytotoxic and cytostatic)	mixed	H3, H4, H5, H9, H14	7 × 14-litre yellow-lidded sharps box
Clinical waste: non-medicinally contaminated sharps for incineration only	18 01 03*	10 kg	Sharps contaminated with body fluids, podiatry instruments	mixed	H9	1 × 14-litre orange-lidded sharps box
Clinical waste: infectious, suitable for alternative treatment	18 01 03*	20 kg	Dressings, PPE and swabs, not contaminated with chemicals or medicines. Contains ZnO dressings	mixed	H9, H14	27 orange bags
Clinical waste: infectious, containing chemicals and pharmaceuticals	18 01 03* 18 01 09 18 01 06*	20 kg	Medicated dressings, Formaldehyde preserved specimens	mixed	H9, H7	1 yellow bag
Clinical waste: anatomical for incineration only	18 01 03*		Placenta	mixed	H9	1 × 14-litre green-lidded bin

ADR information for each EWC identified above:

EWC code	Description for Carriage	Special handling requirements
18 01 03*	UN 3291 Clinical waste, unspecified, n.o.s, 6.2, II	No persons in handling chain to have direct contact. Waste to be disposed of at authorised site
etc	etc	etc

PART C Carriers certificate

(If more than one carrier is used, please attach a schedule for subsequent carriers. If a schedule of carriers is attached tick here)

I certify that I today collected the consignment and that the details in A2, A4 and B3 are correct and have been advised of any specific handling requirements:

1. Carrier driver name (please PRINT) Tony Driver

2. On behalf of

(name, address, postcode, telephone, e-mail & fax) The Transfer Station, Low Street, Old Town, The Shire, YY12 4XX

Tel: 0987 654321; email: transfer@hotmail.com

3. Carrier's registration no/exemption reason:
ABC/012345

4. Vehicle registration no: AB07 FIL

Signature

PART D Consignors/holders certificate

I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

1. Consignor/Holder name (please

PRINT) Mr Sydney Note

**on behalf
of**

(name, address, postcode, telephone, e-mail and fax)
The General Practice, High Street, New Town, The Shire, XX12

3YY

Tel 0123 456789, anypractice@mail.com

Signature

Time: 18.00 Date: 29/02/2010

PART E Consignees Certificate (where more than one waste type is collected, all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted/rejected	Waste Management operation (R or D code)

I received this waste at the address given in A4 on

Vehicle registration no (or mode of transport if not by road):
e-mail

Where waste is rejected please provide details:

I certify that the waste management licence/permit/authorised exemption no(s).

authorises the management of the waste described in B at the

Name: (please PRINT)

On behalf of (name, address, postcode, tel,
& fax):

Signature:

Date:

Time:

Appendix F

WASTE AUDIT SELF ASSESSMENT TOOL

WASTE MANAGEMENT AUDIT				
STANDARD QUESTIONS		Yes	No	If No – state reasons
Q1	Are staff aware of the Waste Management Policy (SA22) and Procedures?			
Q2	Does the Ward / Department / Health Centre or Clinic have up to date Waste Management posters displayed?			
Q3	Do all of the waste bins have notices displayed above them or on them identifying what waste can be disposed in them?			
Q4	Are the main containers for the waste bags, sharps bins and pharmaceutical bins in a locked and secure area?			
Q5	Is the main storage area clean and tidy?			
Q6	Does the internal waste area have a hand wash basin available or in close proximity?			
Q7	Does the internal waste area have vinyl flooring and wipeable walls?			
Q8	Are the main containers for clinical and sharps waste locked?			
Q9	Is clinical waste segregated from other waste?			
Q10	Are clinical waste sacks tagged and secured before disposal?			
Q11	Is the Clinical Waste Tag Book for clinical waste tags complete and up to date? Have tags been sequentially issued?			
Q12	Have Duty of Care Transfer notes (or hazardous waste consignment notes) been completed correctly and kept on file (if held locally)?			

GUIDANCE FOR MANAGERS ON LOCAL INDUCTION TRAINING FOR WASTE MANAGEMENT

The attached pro-forma must be completed with any induction documentation and placed on the staff member's personal file.

At local induction every new member of staff must be given information and guidance on the Trust's Waste Management policy and procedures. This is in addition to the training they will receive when attending induction training.

The overall aim of waste management training is to provide staff with the knowledge to dispose of waste in a safe and cost reducing manner.

The bullet points listed below should be used as a basis for informing staff members of their responsibilities when dealing with waste disposal. As a minimum staff should receive information on each of the following areas to ensure they have a holistic view of waste management. Information within these procedures will provide further guidance on each point.

- Why the Trust operates a waste management system;
- How waste should be segregated;
- The difference between hazardous, clinical and domestic type waste;
- How to dispose of waste safely;
- Labelling and assembling of sharps containers and pharmaceutical bins;
- Tagging of clinical waste bags and recording information;
- Waste documentation and filing (where this is held locally);
- What to do in the event of a spillage or sharps injury;
- Where to obtain PPE equipment;
- Where to obtain waste bags, sharps bins and pharmaceutical bins;
- Who to contact to receive further information regarding storage and collection of waste for the staff member's designated base;
- How to report an incident;
- Who to contact to arrange waste collections from the Community – Community Clinical staff only.

SAMPLE OF DECONTAMINATION CERTIFICATE

DECLARATION OF CONTAMINATION STATUS

Prior to Inspection, Servicing, Repair, Condemning or Return of Medical Devices and Other Equipment

Make and Description of Equipment: Model / Serial / Batch No:

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate

A. This equipment / item has not been used or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair, condemning or transportation.

B. 1. Has this equipment / item been exposed internally or externally to hazardous materials as indicated below?

Provide further details here

YES/NO Blood, body fluids, respired gases, infected wounds, pathogens or pathological samples:

YES/NO Other biohazards:

YES/NO Chemical or substances hazardous to health:

YES/NO Other hazards:

2. Has this equipment / item been cleaned and decontaminated as per Infection Prevention and Control Policy guidelines?

YES – Indicate the methods and materials used:

NO – If the equipment / item could not be decontaminated please indicate why:

Equipment that has not been decontaminated must not be returned / transported without the prior agreement of the Mersey Care NHS Trust Infection Prevention and Control Team, and must not be collected / transported unless written instruction is received from the Mersey Care NHS Trust Infection Prevention and Control Team.

3. Describe how the equipment / item has been packaged to ensure safe handling / transportation.

I declare that I have decontaminated the above stated equipment / item, in accordance with the Infection Prevention and Control Department and Infection Prevention and Control Policy – Decontamination of Equipment Section

Authorised signature
(printed)
Position
Date

Unit Name
Dept
Tel No

The Infection Prevention and Control Team can be contacted on 0151 471 2635