

## Waste Management Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.



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## 1.0 Introduction

The East of England Ambulance Service NHS Trust (hereon referred to as the Trust) covers an operational area of 7,500 square miles and provides the patient population with emergency, non-emergency and urgent care services. The Trust is increasingly becoming a mobile healthcare service providing care to patients in the community. This requires the Trust to design its services and its clinical governance arrangements to ensure high quality clinical care is delivered safely in a variety of settings other than in an ambulance. This means providing clinical services differently across the six county areas.

The Trust has a legal responsibility to provide proper and safe equipment and safe systems of work and has a duty to exercise such reasonable care in the management of hazardous waste so as to avoid such acts and omissions which could reasonably be foreseeable to cause injury or harm to any person(s) who are closely and directly affected by the Trust's business. In taking reasonable care the Trust has considered relevant legislation in developing this policy document.

The Management of Health and Safety at Work Regulations is based on the assessment of risk and, as healthcare waste is viewed as a substance hazardous to health under the Control of Substances Hazardous to Health Regulations (COSHH) due to it containing micro-organisms and pharmaceuticals, it is fundamental to and sets out the duty of the Trust to manage the risk by eliminating it, preventing it or putting in adequate control measures to reduce it. This policy will complement and develop the risk management initiatives already in place within the Trust, ensuring that future services and or service redesign remains safe and meets the needs of the population served as well as the changing healthcare environment.

The main risk for the Trust under COSHH is the day to day management of healthcare waste. The Trust recognises that minimum handling, tidiness, safe storage and transportation of clinical waste are essential to ensuring the health and safety of staff, patients and others.

## 2.0 Purpose

On 16 July 2005 the Hazardous Waste Regulations 2005 (HWR) came into force and replaced the Special Waste Regulations 1996. The HWR provides an effective system of control for waste streams that are deemed harmful to human health or the environment, or are difficult to handle. The term 'Hazardous Waste' is used in England to describe waste with hazardous characteristics in line with the European Hazardous Waste Directive and this term will be used throughout this policy document.

Reference within this policy document is also made of the of the Health Technical Memorandum 07-01 Safe Management of Healthcare Waste in the context of the Trust's operations.

The purpose of this policy is to advise all staff employed by the Trust of the potential risks associated with the management of hazardous waste and to communicate the procedures and systems that have been put into place to ensure the safe segregation, handling, transportation and disposal of waste. All staff is required to follow this best practice guidance to reduce the potential risk and avoid injury, infection, and other harm to themselves, colleagues, patients, contractors and the general public.

Other outcomes intended, include reductions in:

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- risk of misappropriation of waste streams;
- risk of prosecution arising from failure to comply with waste regulations and transport of waste streams; and
- amounts of waste going to landfill.

This Policy should be read in conjunction with the other Health and Safety policies as set out in 16.0.

### **3.0 Duties**

#### **3.1 Chief Executive**

The Chief Executive has overall responsibility for having an effective risk management system in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of Governance. Whilst the strategic development of risk management including hazardous waste management and its associated activities lies with the Chief Executive the operational responsibility for implementation is delegated to the Executive Directors, Associate Directors and General Managers . This responsibility is discharged through both the Quality and Risk Assurance Committee and the Risk Management Group.

#### **3.2 Director of Clinical Quality and Improvement**

The Director of Clinical Quality and Improvement holds delegated responsibility for managing clinical risk and clinical governance which incorporates any potential risks relating to clinical care including decontamination, infection control, healthcare waste management, medicines and research. They are responsible for ensuring that correct reporting lines exist internally and externally to provide a safe system of work for the clinical care of patients, which includes the management of hazardous waste. This is currently managed through chairmanship of the Trust Infection Prevention and Control (IPC) Group.

#### **3.3 Director of Strategy and Sustainability**

The Director of Strategy and Sustainability holds delegated responsibility for managing risk, in areas including the management of hazardous waste, across the Trust. He / she is the designated lead in providing the Trust with organisational assurance for the management of hazardous waste, and is responsible for the provision of a comprehensive performance reporting system to evaluate the effectiveness of the internal controls and risk management of hazardous waste. The day to day operational management of hazardous waste is devolved to the Waste Manager (designate).

#### **3.4 Head of Estates and Facilities**

In conjunction with Health, Safety, and Risk Managers, and the Operational Managers, the Head of Estates and Facilities holds delegated responsibility for all hazardous waste management operational issues, including development of procedures for the collection and disposal of waste.

The Head of Estates and Facilities:

- ensuring that all healthcare waste can be identified readily, is segregated appropriately and disposed of safely and lawfully;
- liaising regularly with Operational Managers to ensure that local healthcare waste disposal arrangements at depots and with other acute trusts/hospitals meet the Trust's legal obligations, and that measures that are reasonable in the circumstances are taken to prevent unlawful handling, storage, transporting and disposal of clinical waste; and
- ensuring that the requirements of this policy are brought to the attention of all staff and managers who have responsibilities for waste management across the Trust.

### **3.5 Risk Manager**

The Risk Manager is responsible for ensuring that:

- the risk assessments on the handling, storage, transportation and disposal of healthcare waste are completed (according to the Trust's Risk Assessment Policy) and recorded; copied to the Health and Safety Manager and Risk Manager (or equivalents); and made accessible to Staff and Health and Safety representatives, and to all staff and managers; and that
- potential risks are managed in accordance with the Trust's Risk Management Strategy.

### **3.6 Operational Managers**

Operational Managers, as advised through frequent liaison with the Waste Manager, are responsible for ensuring that:

- local healthcare waste disposal arrangements at depots and with other acute trusts/hospitals meet the Trust's legal obligations;
- measures that are reasonable in the circumstances are taken to prevent unlawful handling, storage, transporting and disposal of clinical waste; and that
- risk assessments on the arrangements for healthcare waste are completed (according to the Trust's Risk Assessment Policy) and recorded, in conjunction with the Risk Manager, for each ambulance station and depot, and each main receiving hospital that staff attend on a regular basis where the waste follows the patient.

### **3.7 Healthcare Practitioners**

All staff have a duty to ensure that all waste is:

- described accurately, and
- safely and properly disposed of, via receptacles specifically provided for that purpose, taking note of any segregation requirements, as quickly as possible.

Staff are also responsible for:

- selecting appropriate PPE based upon the risk assessment of the activity to be undertaken in accordance with EEAST safe practice guidelines, reducing health and safety risks arising from the disposal of clinical waste;

- reporting to their Line Manager, Health Safety Manager / Risk Manager, and Health and Safety Representative, any issues arising from handling, transporting or disposing of clinical waste identified during the course of their work or in their working environment that is a potential hazard that could cause harm to colleagues, patients, contractors, visitors and others; and
- reporting all accidents and incidents involving clinical waste in accordance with the Trust's Management of Incidents Policy.

#### **4.0 Definitions of broad categories of Waste**

The set of definitions adopted for EEAST is based primarily upon those set / used by the Environment Agency.

Clinical Waste is defined as waste which arises from healthcare activities and which poses a risk of infection or that may prove hazardous. Within the Controlled Waste Regulations 1992, Clinical Waste is defined as, "Any waste which consists wholly or partly of human or animal tissues, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, which unless rendered safe may prove hazardous to any person coming into contact with it", and / or as "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 is not waste arising from the normal day to day activities of the Trust such as 'domestic' or 'household waste', or waste categorized as 'no risk'. It is essential that domestic waste and clinical waste are segregated at all times; otherwise all waste must be treated as clinical waste. The Trust will make special arrangements for the disposal of waste oils, batteries, vehicle parts, IT equipment, fluorescent tubes and other items covered by waste regulations.

Healthcare Waste is defined as (non-domestic) waste and covers all waste arising from all activities of healthcare organisations providing healthcare in the community, and therefore covers Clinical Waste, Domestic Waste, and potentially any other kinds of waste arising from other activities, such as from maintenance of buildings, vehicles, etc.

Definitions of the categories and special terms used in Waste Management are set out in Appendix B.

#### **5.0 Development**

##### **5.1 Prioritisation of work**

The Trust recognises that one of its clinical governance responsibilities is the proper management of hazardous waste. Effective management is essential to minimise the risks to the health and safety of staff, patients, contractors, the general public, and the environment. To provide the right service to the right patient in the right setting first time every time, the Trust must operate a number of systems for the safe and effective management of hazardous waste. This policy document has been developed to communicate the systems of hazardous waste management to all staff.

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Reviews of this Policy will incorporate developments in best practice, and address changes in legislation, and will be scheduled to occur two years after Approval of a new Version – but will be undertaken earlier if required by legislation or by appropriate Recommendation.

## 5.2 Identification of Stakeholders

The main body of Users of this Policy, in terms of day to day activity, will be operational managers and healthcare professionals – particularly doctors, nurses, ECPs, paramedics and technicians. These are represented, in consultation on this policy, by their selected representatives within the IPC (Infection Prevention and Control) Group and the Waste Management Group, at key stages in the development / review of, and at the authorising Committee for, this Policy.

The Director of Clinical Quality and Improvement being responsible for managing clinical risk, chairs the Trust Infection Prevention and Control Group to ensure provision and reporting of safe systems of work for the clinical care of patients, which includes the management of hazardous waste.

The Associate Director of Operations Support is the designated lead for risk management, and for organisational assurance (including performance monitoring) for the management and controls, of hazardous waste. The day to day operational management of hazardous waste is devolved:

- via the Head of Estates and Facilities; and
- via the Area General Managers, to Duty Managers and to each respective ambulance station manager.

The Health, Safety and Security Manager is responsible for maintaining and disseminating risk assessments on the handling, storage, transportation and disposal of healthcare waste, and ensuring that any potential risk is managed in accordance with the Trust's Risk Management Strategy.

## 5.3 Responsibility for Development of Document

The Head of Estates and Facilities will be responsible for facilitating the development, formal review, and appropriate updating of the Policy, in response to developments in legislation, circumstances, interfaces, and industry best practice; and upon the scheduled Review Date for the Policy.

This Policy is formally recommended via the IPC Group, for Approval, by the Executive Management Team. It will be disseminated via the Trust's intranet, supported by advice of same in Trust-wide regular communications and by targeted notifications to key operational Managers.

## 6.0 Types of Waste for Segregation

Proper segregation of different type of healthcare waste is critical to the effective and safe management of waste and if undertaken correctly, should control the costs associated with disposal. For example, incinerating a bag of infectious waste would be more expensive than disposing of a bag of domestic waste, therefore staff should ensure that the waste disposed of in each of the bags is appropriately segregated at all times.

Segregation of waste at the point of production into suitable colour-coded packaging is vital to good waste management. Health and Safety, carriage and waste regulations require that waste is handled, POL060 – Waste Management Policy V1.0



transported and disposed of in a safe and effective manner. The colour-coded waste segregation guide; Appendix B represents best practice and ensures, at minimum, compliance with current regulations. All staff are required to segregate all waste at the point of production into the appropriate colour coded bags and/or receptacles as detailed in this policy document.

### **6.1 Confidential Waste**

The disposal of any waste material that contains information will constitute a breach of confidentiality if it became available to unauthorised persons.

Because of the Trust Logo, uniform is classed as confidential, and its disposal will be classed as a breach of confidentiality if done so as general waste or given to unauthorised persons. Containers are in place at the 3 main stores for safe storage prior to collection, and facilities are in place for collections – which should be arranged by contacting the Waste Manager - from other locations.

### **6.2 Hazardous Waste and Infectious Waste**

Infectious waste is essentially a waste that poses a known or potential risk of infection regardless of the level of infection posed. Even minor infections are now included within this definition of infectious. Healthcare waste generated by healthcare practitioners is considered to be infectious waste and includes human tissue, blood or other bodily fluids, excretions, medicinal waste, swabs or dressings, syringes, needles or other sharp instruments. This waste requires incineration.

### **6.3 Single use Mops**

Single use mops can fall into two categories: Infectious and/or Offensive. If the mop has been used to clean heavily contaminated areas i.e. areas that have bodily fluids, then the mop head must be treated as clinical waste and disposed of in the yellow bag infectious waste stream. If the single use mops have been used to clean floor areas i.e. kitchen, corridors or vehicle floors, they can be disposed of by way of the general waste stream (Black bag). In both cases, they must be squeezed as dry as possible before disposal.

### **6.4 Non-Hazardous Waste**

Domestic waste

Municipal waste from domestic minor first aid and self-care is assumed to be non-infectious. This includes soiled waste such as nappies, sanitary products and plasters.

### **6.5 Offensive Hygiene Waste**

Waste contaminated with non-infectious bodily fluids which is capable of causing offence requires packaging and identifying as offensive hygiene waste.

### **6.6 Waste Electrical and Electronic (WEEE)**

The WEEE Directive covers a wide range of waste equipment which includes, but not limited to:

- Large household appliances
- Small household appliances

- IT and telecommunications equipment
- Consumer equipment
- Lighting equipment
- Electrical and electronic tools
- Toys, leisure and sports equipment
- Medical devices
- Monitoring and control equipment
- Automatic dispensers.

If WEEE items are separately collected at Designated Collection Facilities (DCFs) they must be transferred for recycling or re-use to an Authorised Approved Treatment Centre.

#### Batteries and accumulators

Businesses should ensure that any batteries they dispose of that are hazardous are dealt with appropriately (i.e. not mixed with general non-hazardous waste). The majority of stations are supplied with plastic containers for storage of domestic type batteries prior to collection. Staff at other stations must contact the Waste Manager.

### **6.7 Dangerous Carriage Waste**

The Carriage Regulations do not specifically regulate waste materials. They apply to all dangerous goods regardless of whether a substance is waste or not. Goods are assessed on their hazardous characteristics and if applicable are classified into one of nine classes of dangerous goods. Dangerous goods associated with healthcare activities include gases such as oxygen and Entonox (Class 2), some medicines (Class 6) and infectious waste (Class 6). All dangerous goods for carriage should be packaged separately, as packing them together may cause an additional danger.

All healthcare waste arising from Trust activities must be disposed of properly by individual healthcare practitioners, segregating waste types on the basis of the hazard that it poses to colleagues, patients, contractors, the general public and the environment.

### **7.0 Disposal of Healthcare Waste**

The Trust operates a number of systems for the disposal of healthcare waste. Staff must check with their line managers which system is in operation at their station or depot. Predominantly, healthcare waste is taken to the staff members' home station or depot, where it is stored, and from where it is collected by a waste contractor.

#### **7.1 Disposal of Medicines**

The need to dispose of `out of date` drugs should be minimal and is covered within the Medicines Management Policy. In the event of the Trust having to make special arrangements for medicine disposal, specifically pharmaceuticals from the Resilience Team, then the Waste Manager should be contacted for specific arrangements with a registered collector / disposer, and in line with the Transportation of Pharmaceutical Waste 18-01-09 for Incineration [Regulations].

## **7.2 Procedure for disposal of clinical waste at a hospital**

Clinical waste should be disposed of as quickly as possible and ideally at the receiving hospital, in any event duty of care still applies and the producer is responsible to the receiving hospital to ensure that the waste is presented in accordance to the hospital's local procedure in waste management. All healthcare waste, which is any item contaminated with blood or body fluids, must be disposed of in a yellow plastic sack or other approved container. In general, when considering the disposal of healthcare waste, staff should not over fill clinical waste sacks (maximum 2/3rd full) and should ensure that they are sealed with a tie wrap inscribed with Trust initials and a Station or Depot identification label showing the Station or Depot name and the emergency incident number and date of disposal. This bag or sharps receptacle should then be placed in the larger waste bags and/or sharps receptacle at the receiving hospital. The advice of the Waste Manager should be sought if problems arise in connection with the implementation of this policy.

## **7.3 Storage and Disposal at Station or Depot**

All healthcare practitioners should segregate Clinical waste at the point of production and store it securely on the vehicle until the vehicle is returned to the station or depot. On return to the station or depot, all healthcare waste must be disposed of in the approved healthcare waste storage containers, and must carry an identification label showing the Station or Depot name and date of disposal. These containers can be found in the areas marked with yellow and black tape and which are designated for such purposes. All healthcare waste should be segregated at this point so as to avoid waste of different classifications being stored together in the same waste container. Care should be taken to ensure that healthcare waste is not mixed with other deliveries and collections, i.e. laundry, domestic waste and general goods.

Clinical waste receptacles may need to be stored before being collected and transported to treatment/disposal sites. They should not be allowed to accumulate in corridors, garages or other places accessible to unauthorised staff or members of the public. Clinical waste should be stored securely so as to prevent the escape of waste which could be harmful to staff and the surrounding environment.

## **7.4 Laundry**

The majority of used linen being transported to off-site laundries will not normally be assessed as dangerous for transport. There will be some occasional circumstances where soiled laundry will need to be classified as dangerous for transport, such as when a consignment is thought to contain pathogens which pose a significant risk of spreading disease, and the load is heavily soiled to the extent that the potential for exposure and infection is high.

## **7.5 Clinical Waste collection**

The Waste Manager will ensure that a SLA exists for the collection of Clinical waste from the stations and depots. On a local basis healthcare waste is collected from all the Eastern and Western Regions by the Trust's Waste Drivers and transported to one of two main collection points at Clacton and Barton Mills respectively, both registered as Waste Transfer sites with the Environmental Agency.

No Clinical waste may be left at a patient's home or at the scene of an incident. If this occurs due to unforeseen circumstances the relevant EOC must be notified who will inform the appropriate Manager  
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who will make arrangements for collection and clean-up of the scene. This is important as the environmental services within the area are not equipped to manage healthcare waste.

Any Clinical waste not segregated in the correct waste bag and/or receptacle, or which is not sealed, tied and labelled in accordance with this policy document, will not be collected. Staff must ensure that all bags are only  $\frac{3}{4}$  full so that they are not unsafe to handle or that they cannot be cable tied at the neck.

Clinical waste generated in a patient's home should follow the disposal options and general guidance given in the community nursing sector guide. [Ref Health Technical Memorandum HTM 07-01.

For non-emergency services, for example the volunteer car drivers' service, it is less likely that the Clinical waste generated by an out-patient will be infectious. Therefore, where waste such as vomit etc is generated this can safely be disposed of in the black bag waste stream and deposited for disposal at the nearest hospital or when returned to base.

## 8.0 Transportation

The carrier can transport waste in bulk if it is necessary, provided that it is compliant with the European Agreement on the International Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment 2002, and that the vehicle is appropriately marked for International and/or UK domestic Journeys.

The carrier will ensure that all the appropriate documentation is completed and filed for an audit trail.

All collections that are made by the Waste Drivers, the driver will supply and complete a Consignment Note, and issue this to the Assistant General Manager of the station or depot from which collection takes place.

The Consignment Note, regardless of its origin (top copy), must be kept by the Assistant General Manager on station for three years. When collection is by a third party registered carrier, the originating location's Manager must forward a copy of the Consignment Note to the waste manager for further electronic recording. The second and third copies will be kept by the carrier. All Consignment Notes must be completed in full showing name and address of the station or depot and the unique registration code for that site and the location where the healthcare waste will be taken to for either treatment or disposal, the European waste code, (appropriate to the type of waste for disposal) the packing code, the UN number (3291) the mode of disposal (incineration only) the SIC code appropriate to our trade (other healthcare) (85.14)

## 9.0 Personal Protective Equipment (PPE)

All staff who handles healthcare waste must ensure that they wear the appropriate PPE issued by the Trust. Any disposable items must be appropriately discarded after use, and staff should refer to the EoEAS IPC Safe Practice guidelines for hand hygiene.

## **10.0 Accidents and Incidents**

Any incident, injury or spillage, or near miss, involving healthcare waste must be reported and recorded in accordance with the Trust's incident reporting procedure; and in the case of needlestick injury staff should refer to the PEP guidance to arrange immediate treatment.

## **11.0 Records**

All records must be fully maintained and kept for a minimum of three years and made available for inspection by the Environment Agency and the Trusts DGSA for auditing.

## **12.0 Training**

Procedures for the management and disposal of hazardous waste will be incorporated within the induction training and on the annual CPD training programme for all staff and will comprise of the risks associated with handling, segregation, storage safe disposal and transportation and procedures for dealing with spillages and accidents and, where appropriate, the use of personal protective equipment.

## **13.0 Equality Impact Assessment**

There is no evidence to indicate that people in any of the equalities groups would be adversely affected in how the Trust provides its waste management services.

## **14.0 Monitoring Compliance With and the Effectiveness of Document**

Trust Managers must ensure that all employees understand and follow the procedures. Checks should be made periodically by line managers to ascertain compliance with the correct procedures for segregation, disposal and collection of all waste streams. The Trust will carry out periodic audits of its waste disposal contractor to ensure hazardous waste is disposed of in line with appropriate regulations.

Assistant General Managers are responsible for monitoring the operation of the waste disposal system on stations or depots for which they are responsible. They are to complete checks in accordance with the checklist at Appendix 'A' and through the Infection Prevention Control audit process as defined within the IPC Audit Policy.

The Waste Manager will arrange a yearly audit to examine the effectiveness of the hazardous waste management process.

Incidents related to breaches of waste management will be recorded within the Datix risk management system and monitored through the Trust's Governance arrangements.

<b>What</b>	<b>How</b>	<b>Frequency</b>	<b>By Whom</b>	<b>Evidence</b>
Disposers Waste acceptance audits	By DGSA Audits and Waste Acceptance Audits	Annual	Dangerous Goods Safety Adviser appointed to the Trust	Audit Reports (DGSA; Waste Acceptance)
Healthcare waste audits	By DGSA Audits and Waste Acceptance Audits	Annual	Dangerous Goods Safety Adviser appointed to the Trust	Audit Reports (DGSA; Waste Acceptance)
Duties: Definition of (in Policy)	Review gaps, overlaps etc in implementing Policy	Annual	Quality & Risk Ass'ce Cttee, + Risk Mtg. Group.	Minutes of group
Duties (execution of)	Line management	Annual	Line managers	PDRs completed
Occurrences of incidents (injury, loss etc.)	Incident occurrences	On occurrences	Persons reporting Incident	Datix reporting
Occurrences of issues / near misses	Incident occurrences	On occurrences	Persons reporting Incident	Datix reporting
Reporting of incidents / issues	Incident occurrences	On occurrences	Persons reporting Incident	Datix reporting
Coverage / quality of site-based risk assessments	Datix report	On occurrences	General managers. DOM`s  Waste manager	Datix reporting
Coverage / quality of activity-based risk assessments	Datix report	On occurrences	General managers. DOM`s  Waste manager	Datix reporting

## 15.0 References

The Health and Safety at Work Act 1974 The Environmental Protection Act 1991

The Hazardous Waste Regulations 2005 The Control of Substances Hazardous to Health Regulations 2000 (COSHH)

The Controlled Waste Regulations 1992

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995







The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment by

Road Regulations 2007 The Management of Health and Safety at Work Regulations 1999 HTM 07-01 Safe Management of Healthcare Waste

Health and Social Care Act 2008 Code of practice on the Prevention & Control of Infections



## 16.0 Waste packaging/receptacles and colour coding

Colour	Description
	<p><b>Waste which requires disposal by incineration</b></p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility</p>
	<p><b>Waste which may be treated</b></p> <p>Indicative treatment/disposal required is to be 'rendered safe' in a suitably permitted or licensed facility, <b>usually alternative treatment plants (ATPs)</b></p>
	<p><b>Cytotoxic and Cytostatic waste</b></p> <p>Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility</p>
	<p><b>Offensive Waste</b></p> <p>Indicative treatment/disposal required through landfill in a licensed facility</p>
	<p><b>Domestic (municipal) waste</b></p> <p>Minimum treatment / disposal required are <b>landfill</b> in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear / opaque receptacles may also be used for domestic waste.</p>
	<p><b>Confidential waste</b></p> <p>Minimum treatment / disposal required is shredding by a suitably permitted or licensed site.</p>

- Yellow Bags

Yellow bags should be used for all healthcare waste which requires disposal by incineration in a suitably licensed or permitted facility. Yellow bagged infectious waste is hazardous waste and is subject to the controls of the Hazardous Waste Regulations.

- Orange Bags

Orange bags should be used for infectious waste which may be treated to render it safe prior to final disposal. Treatment may only take place in a suitably licensed or permitted facility. The Trust, by segregating waste in the orange stream, will reduce its carbon footprint and environmental pollutants.



- Purple Bags

Purple bags should be used for waste consisting of or contaminated with cytotoxic and or cytostatic products which require incineration in suitably licensed or permitted facilities.

- Tiger Stripped Bags

Yellow bags with a black stripe should be used for all items that are uncontaminated, such as non-infectious urine, faeces and vomit and their containers.

- Black Bags

Black bags should be used for domestic waste which is waste similar in nature and composition to waste generated in the home. It should not contain any infectious materials, sharps or medicinal products, or any confidential material and therefore may be placed in black or clear bags for disposal.

- Blue Confidential Waste containers

The disposal of any waste material that contains confidential information (or the Trust's Crest / logo) will constitute a breach of confidentiality if it became available to unauthorised persons.

- Confidential Waste

includes any material that contains information that would identify an individual patient or employee, or disclose business confidential information; the category applies to all materials / media, i.e. paper, computer, video or audiotape, photographs, film fiche, disks, uniform etc.

Procedures for the disposal of confidential waste must ensure that confidentiality is protected throughout the whole process, up to and including its disposal and final destruction.

Paper waste may be shredded, or placed in the Confidential Waste bins, as may disks, video tapes or audiotapes: if no such containers are available the waste manager should be contacted to arrange specific removal of items.

- Replacement uniform

should be returned to issuing stores or other nominated location where specific arrangements will be made for its destruction.

- Sharps waste receptacles

Sharps are items that could cause cuts or puncture wounds, including needles, syringes with needles attached, broken glass ampoules, scalpels and other blades, and infusion sets. The colour of the sharps receptacle will depend on how the waste should be treated and disposed. Yellow-lidded sharps receptacles should contain waste that requires disposal by incineration only, such as sharps containing a quantity of medicinal product, such as undischarged or partially discharged sharps. Orange-lidded sharps receptacles should be used for waste that can be subjected to alternative treatment such as plastic single use instruments and non-medicinally Waste Management Policy

- contaminated sharps.

Purple-lidded sharps receptacles should be used for waste that is contaminated with cytotoxic and or cytostatic medicinal products.



- Sharps and Intravenous Equipment

All IV cannulae, syringes, needles, ampoules, and contaminated instruments must be placed in an approved sharps container immediately after use on the patient. Approved sharps containers will be provided on all ambulance vehicles and small containers will be provided to be carried in response bags to be taken to the scene. When the container is first used the date should be entered into the space provided on the label.

All sharps must be disposed of in an approved sharps container. This container must conform to BS7320:1990/UN3291. Sharps containers should never be overfilled and must always be securely sealed when  $\frac{3}{4}$  full. (A fill line is always shown on the outer sharps container). Healthcare waste sacks and sharps containers must be labelled with their station of origin or job number, and the manufacturer's label, completed in full.

Activity/cause	Waste type	Classification	Justification	Disposal route
Injections	Contaminated sharps/syringe bodies with medicinal residues	Yellow-lidded sharps receptacles EWC: both 18 01 09 and 18 01 03*	Potentially contaminated with medicinal (non-cyto) products	Incineration
Treating patients (this may include a range of activities)	Medicines and medicated intravenous bags (non-cyto)	Yellow-lidded receptacle, clearly labelled <sup>1</sup> EWC: 18 01 09	Medicinal products require segregation	Incineration
Items/equipment/instruments for treating patients	Contaminated packaging/gloves/aprons/other PPE/dressings/airways/suction liners etc/plastic and metal laryngoscope blades <sup>2</sup>	Infectious waste in orange waste receptacles EWC: 18 01 03*	Risk assessment required; however, as they are in contact with patients and are contaminated with body fluids, it is unlikely that they will be classified as non-infectious i.e. no patients records or screening	Alternative treatment or incineration <sup>3</sup>
Items/equipment/instruments for treating patients/passenger transport services	Untamated aprons/other PPE etc/non-medicated intravenous bags/non-infectious urine/faeces/vomit and their containers <sup>4</sup>	Offensive/hygiene disposed of in yellow/black bags EWC: 18 01 04	Risk assessment to determine no possible contamination and non-infectious	Non-hazardous municipal incineration/energy from waste or landfill – only if there are no liquids for this last option <sup>5</sup>
Packaging as a result of treating a patient	Contaminated packaging – plastic and cardboard	Infectious after use, disposed of in an orange bag EWC: 18 01 03*	Used packaging, whilst carrying out patient treatments in the vehicle, will in most circumstances not be infectious/clinical waste	Alternative treatment or incineration if contaminated infectious
or other municipal wastes	or if uncontaminated – packaging and municipal wastes	or if non-infectious EWC: 20 03 01		or non-hazardous municipal incineration/energy from waste, materials recycling facilities or landfill.

**Notes:**

1. Liquids may be placed only in containers which are leak-proof and designed for liquids
2. If metal, specific arrangements for disposal may be required
3. The waste producer needs to liaise with the waste contractor/appropriate party for disposal.
4. Bone injection guns would not normally be contaminated or infectious following correct use
5. Liquids (eg intravenous bags with fluids) are banned from landfill, and only limited quantities for disposal at municipal
6. incineration or energy from waste may be permitted. The ban also applies to liquids such as body fluids (eg urine, vomit).
7. Small quantities may be absorbed on to paper towels to clear a spillage and these items then subjected to infectious/offensive assessment



**17.0 Equality Impact Assessment**

<b>EIA Cover Sheet</b>																	
Name of process/policy	Waste Management :Policy																
Is the process new or existing? If existing, state policy reference number	New																
Person responsible for process/policy	Clive Radestock																
Directorate and department/section	Estates																
Name of assessment lead or EIA assessment team members	Clive Radestock																
Has consultation taken place? Was consultation internal or external? (please state below):	Yes																
Internal																	
	Health and Safety Group																
The assessment is being made on:  Please tick whether the area being assessed is new or existing.	<table border="1"> <tr> <td>Guidelines</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Strategy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Changes in practice</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Department changes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Project plan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Action plan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (please state) Training programme.</td> <td></td> </tr> </table>	Guidelines	<input type="checkbox"/>	Written policy involving staff and patients	<input checked="" type="checkbox"/>	Strategy	<input type="checkbox"/>	Changes in practice	<input type="checkbox"/>	Department changes	<input type="checkbox"/>	Project plan	<input type="checkbox"/>	Action plan	<input type="checkbox"/>	Other (please state) Training programme.	
	Guidelines	<input type="checkbox"/>															
	Written policy involving staff and patients	<input checked="" type="checkbox"/>															
	Strategy	<input type="checkbox"/>															
	Changes in practice	<input type="checkbox"/>															
	Department changes	<input type="checkbox"/>															
	Project plan	<input type="checkbox"/>															
	Action plan	<input type="checkbox"/>															
Other (please state) Training programme.																	



# Equality Analysis

What is the aim of the policy/procedure/practice/event?

To identify procedures supporting legislative policy

Who does the policy/procedure/practice/event impact on?

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Who is responsible for monitoring the policy/procedure/practice/event? C Radestock

What information is currently available on the impact of this policy/procedure/practice/event?  
HTM 07-01

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event?  
No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:

**Action Plan/Plans - SMART**

**Specific**  
**Measurable**  
**Achievable**  
**Relevant**  
**Time Limited**

**Evaluation Monitoring Plan/how will this be monitored?**

Who           C Radestock  
How           Through the IPC Group Meetings and the Health and Safety Group  
By             The Group  
Reported to   C Radestock



