

23010-04 Isles of Scilly

St Mary's Community Hospital, Isles of Scilly, Proposed Integrated Health and Social Care Facility.

Waste Management Strategy

January 2024

Version 1.1

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Document History

Version	Date	Purpose	Author
1.0	24/01/24	First Draft Issue	CMF
1.1	25/01/24	Planning Issue	CMF

1.0 Introduction

In the pursuit of providing exceptional healthcare services, for the proposed integrated health and social care facility at St Mary's Hospital, it is critical that an effective and responsible waste management plan is implemented for both the hospital facility, and the care home facility.

This strategy is designed to address the unique challenges associated with healthcare waste, ensuring compliance with UK regulations, including the Health Technical Memorandum (HTM) 07-01: Safe Management of Healthcare Waste. By establishing comprehensive procedures for waste segregation, collection, transportation, and disposal, the aim is to create a safe and environmentally responsible approach to managing the diverse waste streams generated within the facility.

The primary objective of any waste management strategy should be to safeguard the well-being of patients, staff, and the broader community by minimising the potential risks associated with healthcare waste. Additionally, any strategy should seek to uphold a commitment to environmental sustainability by promoting waste reduction, recycling initiatives, and the adoption of eco-friendly practices wherever possible.

This waste management strategy outlines the procedures and principles for the Hospital element, and Care Home element for the integrated health facility, for the proper disposal of various healthcare waste types, including general waste, infectious waste, sharps waste, pharmaceutical waste, hazardous waste, and radioactive waste (where applicable).

2.0 Waste Strategy for St. Marys Hospital

The hospital's waste management strategy is in line with Cornwall Partnership NHS Foundation Trust Waste Management Policy Document Reference IC/016/20. A copy of this is include within Appendix A.

The protocols and principles within this document will continue to be adhered to by the hospital.

The existing external bin store on the site will be re-located to the location as shown in Appendix B and will become a shared bin store with the newly integrated care home facility.

The waste operators can access the site from either the existing site entrances along Hospital Lane, or the site entrance at the junction of King Edwards Road/Hospital Lane. Both site entrances remain unaltered as part of the proposals.

3.0 Waste Strategy for Park House Care Home

3.1 Overview

The strategy for proper disposal of different types of waste generated within the care home facility will align with UK regulations, including the Health Technical Memorandum (HTM) 07-01: Safe Management of Healthcare Waste, and consider environmental sustainability.

The aim of a safe disposal system of clinical waste is to ensure that all clinical waste materials are removed from their point of origin at regular intervals and transported securely to an appropriate point of disposal by incineration. The Environmental Protection Act 1990 makes it the responsibility of the employer to ensure the safe disposal of clinical waste from their premises. Failure to abide by the act can lead to prosecution.

3.2 Waste Classifications

The care home facility will produce various waste types and will be required to ensure they deal with these waste types in an environmentally acceptable way that is compliant with the law.

The waste types generated will include but not limited to:

- General waste
- Clinical/Infectious waste
- Incontinence waste
- Sharps waste
- Pharmaceutical waste
- Recycling waste
- Confidential waste

It is therefore the policy of the care home to minimise and control any risks caused by waste generated by its activities.

Any major clinical procedures/treatments and associated generated waste will be undertaken in the hospital, and thus fall under the hospitals waste management strategy as appended.

3.3 Waste Segregation

Waste segregation in the care home in the is a critical aspect of the waste management strategy to ensure safe and compliant disposal of the various types of waste. The proper segregation will help minimise environmental impact, reduce the risk of contamination, and ensure that different waste streams are handled appropriately.

The below waste segregation practices will be employed:

General waste:

Definition: Non-hazardous, non-infectious waste that does not fall into any specialized category.

Colour Code: Typically, black bags or bins.

Examples: General household waste, non-contaminated packaging.

Clinical/infectious waste:

Definition: Waste that may pose a risk of infection or other hazards.

Colour Code: Yellow or Orange bags or containers (colour type dependant on infectious waste stream),

Examples: Used wound dressings, disposable medical equipment, incontinence pads.

Incontinence waste:

Definition: Waste from incontinence care, such as used incontinence pads.

Colour Code: Yellow and black tiger striped bags or containers.

Examples: Used incontinence pads.

Sharps waste:

Definition: Items that can cause punctures or cuts, such as needles and syringes.

Colour Code: Yellow sharps containers.

Examples: Used needles, lancets, scalpel blades.

Pharmaceutical waste:

Definition: Expired or unused medications and pharmaceutical products.

Colour Code: Blue-lidded containers or bags.

Examples: Expired medications, unused drugs.

Recycling waste:

Definition: Materials that can be recycled, such as paper, cardboard, plastics, and glass.

Colour Code: Bins or bags with a colour representing recycling (blue, red, green, or brown).

Examples: Paper, cardboard, plastic bottles, glass.

Confidential waste:

Definition: Documents containing sensitive information.

Colour Code: Secure shredding or disposal in confidential waste bags/bins.

Examples: Patient records, sensitive documents.

Procedures for the proper segregation of waste at the point of generation will include:

Staff Training: To ensure that all staff receive adequate training on waste segregation procedures. Training will cover the identification of different waste streams and the proper use of disposal containers.

Colour coding: The use a color-coding system for waste containers to easily distinguish between different waste streams will be used and will adhere to the standard colour codes commonly used.

Clearly labelled bins and containers: Each waste bin or container will be clearly labelled with the appropriate waste stream designation. The use of clear and concise signage will be used to guide users in making the correct disposal choices.

Segregation at source: Staff will be trained to segregate waste at the source, which is typically where the waste will be generated. For example, in patient rooms, staff should separate clinical waste, sharps waste, and general waste at the point of generation.

Use of dedicated bins: Dedicated bins or containers will be provided for specific waste streams in each relevant area of the care home. For instance, have separate bins for clinical waste, sharps, and general waste.

Regular communication: Regular communication channels will be established to reinforce waste segregation practices. This will include reminders during staff meetings, distributing informational materials, and displaying posters with segregation guidelines in prominent areas.

Audits and monitoring: Regular audits will be conducted to assess the effectiveness of waste segregation practices. The findings will be used to identify areas for improvement and provide additional training or support as needed.

Reporting and documentation: A reporting system will be implemented for any issues or challenges related to waste segregation. Records will be kept of training sessions, audits, and any corrective actions taken to address non-compliance.

Review and update procedures: Waste segregation procedures will be periodically reviewed and updated to align with changes in waste streams, regulations, or facility operations. Staff will be informed of any updates promptly.

Engage with Waste management providers: Collaboration with waste management providers will be undertaken to ensure that they are aware of the specific waste streams generated within the care home.

4.0 Waste collection and storage

A disposal hold room has been provided within the care home facility to allow temporary storage of clinical, incontinence, sharps, pharmaceutical, and confidential waste before collection and transfer to an appropriate disposal or treatment facility. The room will be lockable and secure, is adjacent to a main circulation route, and is accessible from inside and outside to allow removal of waste without entering the care home. See Appendix C for location.

The room will provide suitable colour coded containers for the clinical, incontinence, sharps, pharmaceutical, and confidential waste types as highlighted under sections 3.2 and 3.3. Wall mounted signage/labelling will be provided above/adjacent to all waste containers.

The disposal hold room will comply with the requirements of HTM 07-01, and HBN 00-03, and provided with adequate ventilation.

For general waste and recycling waste a designated bin store is provided on the site, which will be shared with the hospital. This has sufficient capacity for 6 x 1100 litre bins, or a mixture of smaller 240 litre recycling bins and 1100 litre general waste bins to house general waste, paper waste, cardboard waste, plastic waste, and glass waste. See Appendix B for location.

5.0 Transportation of waste within the facility

Transporting of the various waste types within the facility will adhere to safety protocols to minimise the risk of contamination, injury, and environmental impact. The protocols will include:

- The use of designated and color-coded containers for each type of waste identified, which will adhere to the standard national colour codes to avoid confusion.
- Transport containers that are secure, leak-proof, and appropriately labelled. Containers for sharps waste will be puncture-resistant and equipped with secure lids to prevent accidental exposures.

- Dedicated trolleys or carts will be used for the transport of waste within the care home. The same transport equipment for clean and contaminated items will not be permitted as to prevent cross-contamination.
- Assigned trained personnel to handle the transport of healthcare waste. Staff will be trained on the proper procedures for handling, loading, and unloading waste containers.
- Separation of different types of waste during transport to prevent cross-contamination.
- Trained personnel in emergency response procedures in case of accidents or spills during transport. Access to spill kits, personal protective equipment (PPE), and emergency contact information will be provided.

6.0 External collection

Under their responsibilities under the Environmental Protection Act 1990 the Care Home will ensure that the clinical/infectious, incontinence, pharmaceutical, and sharps waste collection services are contracted to a company who is fully licensed to do so and ensure the safe disposal of such waste types. The appointed carrier will also be registered with the Environment Agency to carry the waste.

The authorised collector for the care home is to be confirmed.

Collection and removal of general and recycling waste will be in line with the hospitals current contract and arrangements.

Access to the site for waste collection is from either the existing site entrances along Hospital Lane, or the site entrance at the junction of King Edwards Road/Hospital Lane. Both site entrances remain unaltered as part of the proposals.

Appendix A

Cornwall Partnership NHS Foundation Trust Waste Management Policy Document Reference IC/016/20

Title:	Waste Management Policy
Purpose:	The purpose of this policy is to ensure all staff are aware of their direct responsibility for the safe and legal disposal of waste within Cornwall Partnership NHS Foundation Trust in a safe manner that protects the public, staff, patients and contractors at all times whilst complying with relevant UK Health & Safety, Transport and Environmental legislation
Applicable to:	All permanent and temporary Trust Staff including Locum, Bank, Agency, Volunteers and Contracted appointments
Document Definition:	Policy
Document Authors:	Paul Jepp – Operational Waste Manager Judith Van Horn – Waste Advisor
Supporting Committee Name and Chair:	Author to add
Freedom of Information:	This document can be released
Key Words: <i>(to assist search engine)</i>	Waste Management Policy
Ratified by and Date:	Louise Dickinson – Acting Deputy Director Corporate Nursing on behalf of Kim O’Keeffe – Interim 2 June 2020
Review Date:	December 2022 <i>6 months prior to the expiry date</i>
Expiry Date:	See version control table June 2023 <i>3 years after ratification unless there are any changes in legislation or changes in NICE Guidance / National Standards</i>
Document library location:	Safety and Risk: Infection Control

Related legislation and national guidance:	<ul style="list-style-type: none"> • Control of Pollution Act 1974 • Health and Safety at Work etc. Act 1974 • Environmental Protection Act 1990 • Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipment Regulations 2009 • Control of Substances Hazardous to Health Regulations 2002 as amended
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	<ul style="list-style-type: none"> • ADR 2017 • Hazardous Waste Regulations 2005 • The Waste (England and Wales) Regulations 2011 • Environmental Protection (Duty of Care) Regulations (as amended) • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 • Environmental Permitting Regulations 2007 • MHSWR 2006 • The Landfill (England and Wales) Regulations 2002 (duly amended 2004, 2005) • The Controlled Waste Regulations 2012 • Genetically Modified Organisms (Contained use) Regulations 2014 • European Waste Catalogue through the Lists of Waste Regulations (England) 2005 • Animal by-products Regulations 2013 • Radioactive substances Act 1993 • Management of Health & Safety at Works Regulations 1999 (as amended) • Health & Safety (consulting with employees) Regulations 1996 (as amended) • Waste Electrical and Electronic Equipment (WEEE) Regulations 2013 • The Restriction of the Use of Certain Hazardous Substances (RoHS) in Electrical and Electronic Equipment Directive (2011/65/EU) • 'Safe Management of Healthcare Waste' v2 2011 issued by DoH • Site Waste Management Plans Regulations 2013 • Health and Social Care (Safety and Quality) Act • The Pollution Prevention and Control (England and Wales) Regulations
<p>Associated Trust Policies and Documents:</p>	<ul style="list-style-type: none"> • Health & Safety Policy • Fire Safety Policy • Medical Devices Decontamination Policy • Security Management - General Security Policy • Infection Control Policy
<p>Equality Impact Assessment:</p>	<p>The Equality Impact Assessment Form was completed on 14 May 2020</p>
<p>Training Requirements:</p>	<p>Up to date training should be at a minimum of every two years or as dictated by legislation and policy updates</p> <p>Any additional job specific training requirement identified through the risk assessment process should be referred to the respective</p>

	<p>Training Manager for the trust</p> <p><i>The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum.</i></p> <p><i>Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum.</i></p> <p><i>Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager's reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting.</i></p> <p><i>Staff failing to complete this training will be accountable and could be subject to disciplinary action.</i></p>
<p>Monitoring Arrangements:</p>	<ul style="list-style-type: none"> • Waste pre-acceptance audits, part of which is conducted annually as part of the Trusts legal obligations. • Standardised methodology as dictated by the Environment Agency and Infection Control standards apply to frequency and methodology of the audit • Reviewing results and ensuring improvements in performance would be reported and managed via the Health & Safety Committee
<p>Implementation:</p>	

Version Control

Version	Date	Author / Reviewer	Page No.	Changes
1	December 2013	Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
	May 2017			Extended 6 months
	November 2017			Policy extended 6 months – expiry May 2018
2	November 2017	Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
3	December 2019	Paul Jepp Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
	December 2023	Policy ratification subcommittee		Extended 6 months, revised expiry date June 2024.
This document Replaces:				
<ul style="list-style-type: none"> • IC/016/17 – Waste Management Policy 				

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1. Introduction

Cornwall Partnership NHS Foundation Trust (CFT) is the principle provider of adult community health, adult mental health, children's and learning disability services to people living in Cornwall and the Isles of Scilly.

The Trust was approved as a Foundation Trust on 1 March 2010 by Monitor. Monitor is the governing body of all NHS Foundation Trusts. The Foundation Trust super cedes the Cornwall Partnership NHS Trust which was established on 1 April 2002.

Waste is described in the Waste Framework Directive as 'any substance or object... which the holder discards or intends or is required to discard'.

The Trust generates similar types of wastes at all sites across a wide range and this policy is written to recognise these types and indicate usual areas of production. All waste generated by the Trust is controlled waste and therefore all waste must be disposed of according to UK legislation. This policy applies to all staff as the Duty of Care Regulations places a duty on everyone to dispose and store waste safely and in a legally compliant manner.

The Trust, as a public sector organisation, is also required to report on any and all developments to adapt to climate change. Waste, the transportation of waste and the disposal of waste can all have a significant carbon footprint so is considered a high priority. Consequently this policy is written to include current legislation and address the management of waste in a manner which protects the Global Environment. To the extent that the Trust can influence suppliers through information and advice, operating environmentally sound practices and through adherence, where cost effective, to the basic principles of the waste hierarchy:

Reduce, Reuse and Recycle.

Effective stock control can play an important part of this process.

2. Purpose

The purpose of this policy is to ensure all staff are aware of their direct responsibility for the safe and legal disposal of wastes within Cornwall Partnership NHS Foundation Trust in a manner that protects the public, staff, patients and contractors at all times whilst complying with relevant UK Health & Safety, transport and environmental legislation.

It also provides a framework for local policies and procedures at Trust level to develop compliance with the Department of Health (DoH) best practice guidance - 'Safe Management of Healthcare Waste' version 2: England.

In addition compliance will also assist in assurances required under the Care Act 2014, in particular relating to the Care Quality Commission essential standards, outcome 10B, (Regulation 15).

3. Training

All staff are required to comply with the safe segregation, handling and disposal procedures detailed in this policy. They must be provided with adequate and sufficient information, instruction

and training relating to each waste type, to ensure that they can correctly identify each waste type, handle it safely and dispose of it without risk to their health or other person's health.

The training requirements relating to this policy and the individual procedures on each site must be documented and a record must be kept of those who have received this training.

The Trust should ensure that new staff are inducted and provided with information on the risks associated with healthcare waste, handling, storage, collection, personal hygiene, use of Personal protective equipment (PPE), procedures for segregation and safe disposal as well as information on spillage and accidents. The Trust is responsible for ensuring periodic review of training through the training and infection control departments to ensure staff are kept up to date with relevant legislation and Trust policy.

Up to date training should be at a minimum of every two years or as legislation and policy updates dictate.

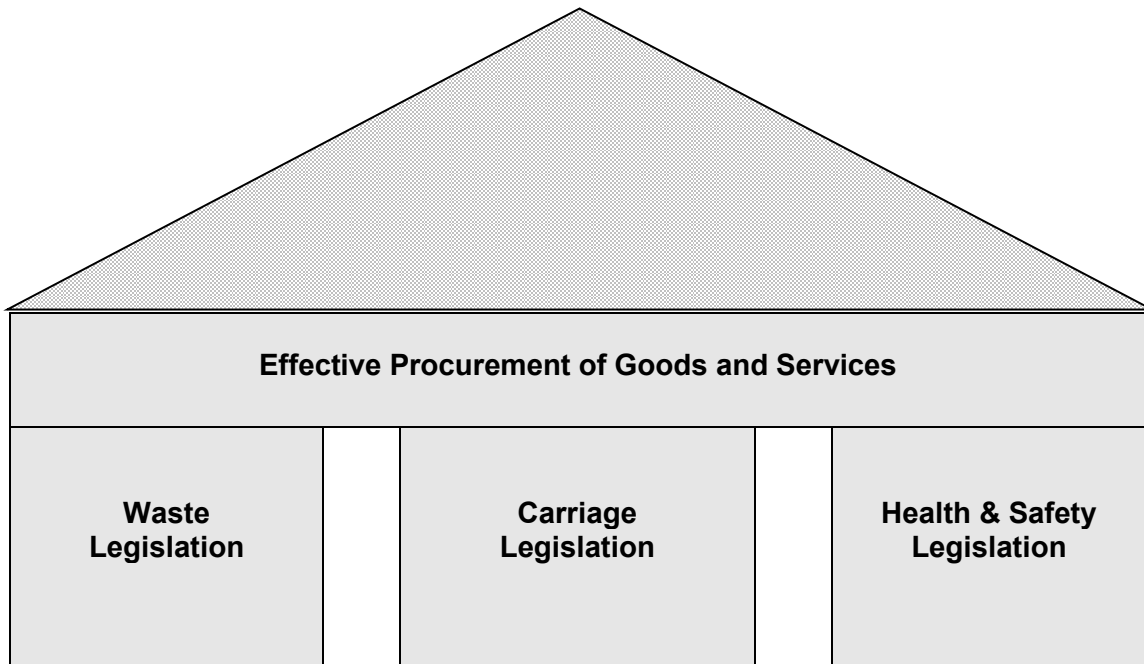
Waste Management training elements should be included in induction, e-learning, Infection Control and IOSH Managing Safely in Healthcare but should also be included in the Trust essential/mandatory training programme. However, each training package should be job specific and may include specific training in Carriage of Dangerous Goods, NVQ training in transfer of waste.

Any additional training requirements identified through the risk assessment process should be referred to the respective Training Manager for the Trust.

4. Legislative Compliance

The Trust is committed to complying in full with all UK Legislation relating to Environmental / Waste Management, Health & Safety, Transportation and Procurement. The diagram below shows the three pillars of regulation which has formed the basis of this policy:

A list of this legislation and references can be viewed in Appendix II



Waste policies / procedures are being formulated for Carriage of Dangerous Goods and reference should be made to specific health and safety procurement department's policies.

The Trust will also support and assist the appropriate enforcement authorities responsible for enforcing the above legislation.

5. Waste Management

The Trust recognises that waste disposal is the least cost efficient and least environmentally acceptable method of waste management. It is therefore Trust policy that methods of resource and materials minimisation are introduced to reduce the consumption of energy, water and materials within the Trust. Where it is acceptable and does not compromise infection prevention, materials will be re-used.

The potential for directing waste material into recycling routes will be regularly reviewed and implemented. This will apply to paper, cardboard, plastics, scrap metal, printer cartridges, fridges/freezers, IT equipment and other materials as cost effective recycling or reuse as new recycling sites become available.

Where responsible disposal is the only viable option, the waste will be disposed of in a manner which minimises the risk to human health and adverse impact on the environment whilst being cost effective. All contracts for waste disposal will be negotiated through the Purchasing and Supplies department to ensure compliance with procurement law.

Whilst risk assessments will be undertaken for the specific overall waste types generated for the Trust, by the Waste Management Advisor, it is the responsibility of the respective departmental managers to ensure specific risk assessments are undertaken to include the procedures in their own areas also any specific hazardous substances in use. In order to support this, please refer to

the "Control of Substances Hazardous to Health (COSHH) Policy available on the document library.

Where contractors are employed to carry out work on site it is the responsibility of the Project Manager to ensure that any waste produced is disposed of in accordance with this policy and the appropriate Protocol for Disposal of Building Wastes is completed and retained for reference by the Project Manager. See appendix XIII. If the value of this contract is in excess of £300,000 Site Waste Management Plans MUST be produced by the contractor and monitored for compliance at contract meetings, there are also additional requirements for projects over £500,000.

5.1 Documentation

All waste disposed of will be documented on either a transfer note or consignment note and will comprise of a full description of the waste (including EWC number and quantity), name of consignor, carrier and consignee with signatures of all parties.

In addition, to comply with the Hazardous Waste Regulations, a site register should be held at each site, details of these requirements are provided in the procedural documentation for hazardous waste disposal at the end of this document.

All transfer notes and consignment notes must be retained by the department/site for a minimum of 3 years and must be accessible for inspection by the Environment Agency. All sites that generate hazardous waste should maintain a Site register that should be held by a nominated person but known by all on site. Detail of the information required is shown in Procedure 3: Safe handling and disposal of hazardous waste.

6. Roles & Responsibilities

Chief Executive / Board of Directors

The Chief Executive is accountable for ensuring compliance within the organisation, this includes; the provision of resources to apply the requirements of this policy for it to be effectively implemented in all areas within the organisation through policy development, organisational arrangements, implementation, performance monitoring, audit and review.

The Waste Management Policy should be reviewed at a minimum every two years or when legislative changes occur.

Executive Directors are responsible, through the Chief Executive, for ensuring support for the waste segregation and safe handling of waste within the Trust.

Senior Managers / Department Heads are responsible for ensuring that each member of staff is aware of this policy and that they have received adequate training and instruction necessary to comply with it, to ensure the safety of staff, members of the public, contractors on site and the Environment. This includes risk assessments for each waste type produced on each site.

Managers / Supervisors are responsible for ensuring that: -

- All waste related documentation i.e. transfer notes and consignment notes are completed fully and accurately. Consignee returns are checked against consignment notes, documented and any discrepancies reported promptly.
- A site register is maintained with all waste documents from the previous three years and available to on site staff and the Environment agency if required.
- All employees receive documented information, instruction, training and supervision on all aspects of safety, including waste handling and disposal.
- They have an understanding of the Trust's safety policies.
- They participate in the development and regular revision of local policies, procedures, guidelines and best practice.
- Any amendments are brought to the attention of new, existing employees and bank staff.
- They assume day to day responsibilities for the health and safety at work of staff under their control.
- Staff are informed of all hazards and significant risks connected with their work activities and how to safeguard themselves
- They participate in completing all risk assessments for their areas, ensuring that they are recorded and updated in accordance with procedures and statutory legislation. Any corrective action to rectify any shortfalls should be identified by action planning.
- All injuries are properly treated and that subsequently all accidents and incidents are reported, recorded and investigated as appropriate using the official Trust method and lessons learned.
- Their areas are in a clean and tidy condition and that any potential hazards, unsafe working practices or conditions are rectified.
- Personal protective equipment (PPE) when necessary is appropriate and fit for purpose, readily available and used.
- That waste collection receptacles meet the needs for the site.
- That risk to contractors is minimised.
- That where possible waste minimisation is embraced and the requirement for single use items is minimised (subject to meeting and Health & Safety or Control of Infection issues).

Employees are responsible for ensuring that they: -

- Complete or attend the Trust Induction on commencing employment.
- Complete or Attend relevant training with the object of raising and maintaining standards of health and safety and meeting their statutory obligations.
- Receive documented information, instruction, training and supervision on all aspects of safety and waste handling.
- Fully co-operate with management in carrying out their legislative duties.
- Take reasonable care for the health and safety of themselves and of any other persons, including contractors who may be affected by their acts or omissions at work.
- Fully co-operate with the Waste Management Advisor and Health and Safety representatives.
- Observe and conform to all safety rules and procedures at all times by always working safely and efficiently.
- Wear or use the personal protective safety equipment and clothing where provided.
- Report any accidents/incidents, near misses or hazards immediately to their respective manager or supervisor.

- Read and familiarise themselves with this and other related health & safety policies.
- By their own example, influence employees to adopt and maintain safe working practices and procedures and actions to minimise waste, practice effective waste segregation and dispose of waste safely.
- Do not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

Head of Cornwall Healthcare Estates

Is responsible for arranging for relevant staff, with specific training in waste management issues, to effectively modify the attitudes and behaviour of staff in the Trust to comply with the Trust Waste Management Policy and thus ensure that the Trust is legally compliant.

Waste Management Advisor

Responsible for ensuring that:

- They maintain their competency to perform their specialist duties through continuing professional development, consultation, update and review.
- They amend the Waste management policy taking into account legislation changes, new technology, recent research and information on infectious wastes and carry out a Trust Waste management audit across Trust sites as agreed with the Trust.
- Advise the Trust on levels of compliance at each site through audit programs.
- Identify training requirements for staff and liaise with the Training managers to ensure suitable training is available for use.
- Work closely with Infection Control to minimise the risk of infection relating to incorrectly segregated waste.
- Administer the relevant paperwork for compliance.
- All relevant information is available and maintained in the document library.

7. Relationships with other Policies

The Trust Waste Management Policy covers the safe handling, transportation and disposal of all wastes generated by the Trust in a manner which protects the environment. There are therefore overlaps with other policies such as Control of Infection, Health & Safety Policy, Carriage of dangerous goods, Occupational Health, Quality, Fire Safety, Decontamination of Medical Devices and the Security Policy.

If any of these policies are compromised advice should be sought from the relevant departments and following risk assessment, the highest priority risk will decide how to proceed and which policy to follow.

8. Risk Management

Local Waste Management Procedures for each site should allow collection, containment, transport and disposal of all waste streams in a manner which eliminates or minimises the risk of health and safety of Trust employees, patients, visitors, contractors and other members of the public. Consequently adherence to the site procedures will deliver compliance with UK Health and Safety legislation and waste regulations.

These procedures should also be designed to protect the environment and to meet the requirements of UK environmental legislation as listed in this document and should at least cover the types of waste produced, colour of containment receptacles, procedures for collection and disposal together with responsibilities for each staff group and or contractors (including audit), transport arrangements, storage, PPE, accident & incident reporting, spillages and contact details for emergency situations. However, any changes, alterations, deletions or additions to any procedures may affect the safe systems of work or the environmental protection aspect they deliver. It is therefore essential that alterations are approved only after a risk assessment has been completed using the risk assessment tools provided by the Trust. Standard Procedures are provided appended to this policy.

In addition to site responsibilities a waste assessment form has been devised and is shown in Appendix XIV. This should be completed and updated at least annually and cover all types of waste generated in your ward/department, to ensure that all risks are considered, safe systems are implemented and waste is correctly identified for segregation according to this policy. However, if ward changes are made a risk assessment review should be undertaken at the time of change.

Health & Safety issues like risk assessment, accidents/incidents, COSHH, RIDDOR, spillages, PPE, Basic hygiene and immunisation should be carried out according to relevant Trust policy.

9. Waste Segregation

9.1 Colour coding

In order to effectively identify different types of waste generated within the NHS a national colour coded system has been agreed. It is essential that all members of staff are aware of this and correctly segregate waste to ensure that it is disposed of legally, within locally agreed contracts set up via the Waste Management Advisor and Supplies Manager.

In particular, it is the responsibility of clinicians to correctly identify the infectious fraction of clinical waste, this could be implemented by colour coding on medical records, where infection has been identified and is in the process of treatment.

It is important to ensure that appropriate colour coded receptacles are available in order to ensure effective segregation, see chart below:

BEST PRACTICE COLOUR CODING



Category A Highly Infectious waste and non hazardous medicines - yellow

Minimum treatment/disposal is incineration in a suitably licensed or permitted facility
 This includes: untreated laboratory waste, solidified bodily fluids.



Infectious waste – orange lidded yellow bin or orange bag

Minimum treatment/disposal required is to be 'rendered safe' in a suitably licensed or permitted facility. This includes: all treatment waste not contaminated with medicines



Cytotoxic/cytostatic waste – purple lidded bin or striped bag on yellow base

Minimum treatment/disposal is incineration in a suitably licensed or permitted facility.
 This includes: all waste contaminated with cytotoxic or cytostatic drugs (if in doubt check details with the pharmacy)



Anatomical waste – red lidded rigid bin & label

Minimum treatment/disposal required is incineration in a suitably licensed or permitted facility. Specific heavy duty bags are available to order for awkward shaped body parts.



Medicinal waste – blue bin or blue lidded rigid bin & label

Minimum treatment/disposal required is incineration in a suitably licensed or permitted facility. Specific heavy duty bags are available to order for awkward shaped body parts.



Offensive/Hygiene waste – black stripe on yellow

Minimum treatment/disposal required is landfill in a suitably licensed or permitted site.
 This waste should not be compacted in un-licensed/permitted facilities and includes non infectious clinical treatment waste, sanitary products, nappies and incontinence products



Domestic Waste - black

Minimum treatment/disposal required is landfill in a suitably licensed or permitted site



Amalgam waste – white pot with red lid

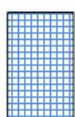
Specialist disposal with mercury recovery

In addition, locally we also use the following:



Domestic Recyclables - clear

For recycling at a permitted site, keeping 'like with like' and includes: shredded paper, card, plastic bottles, cans, textiles, newspaper & magazines



Confidential waste for shredding – Hessian sack OR locked bin

For shredding and pulping and includes: paper/card documents with patient information, confidential Trust details, CD's, fax rolls, video tapes, boxed files, laminated data, keep 'like with like'.

ASSEMBLING SHARPS BINS:

PLEASE NOTE THAT THE COLOUR CODING FOR SHARPS BINS IS REPLICATED BY THE COLOUR OF THE LID AND THE LABEL. I.E. SHARPS CONTAMINATED WITH CYTOTOXIC OR CYTOSTATIC MEDICINES SHOULD BE CONTAINED IN A YELLOW BIN WITH A PURPLE LID & LABEL

9.2 Other items not colour coded

There will be other items that are impossible to colour code within a bag, these include large cardboard boxes which must be flat packed to ensure minimum space is used prior to collection. This also reduces the risk of fire and slip, trip fall.

Waste Electrical and Electronic Equipment (WEEE) will bear the symbol below:



To restrict it being disposed of in a domestic bin this has been prohibited by law in 2007. It is required therefore to be disposed of through an Authorised Treatment Facility. All Fridges/freezers, IT equipment, batteries, redundant furniture and other equipment, fixer/developer, chemicals etc. should be stored safely in a designated safe area and be referred to the Waste department to arrange specialist removal. Where these items contain hazardous components, this will be following the completion of a Hazardous waste Form / consignment request shown in **Appendix IV** or with information from any materials data sheets, if applicable, which can then be sent to the following email address:

Community Waste Enquiries: cpn-tr.CommunityWasteEnquiries@nhs.net

In some instances where equipment or furniture has not been condemned, it may be possible to reuse them within the Trust, sell or send these items for aid but documentary evidence of their decontamination and an indemnity form **MUST** be completed to record this process. In addition, it is essential that items are removed from the asset register by the department, prior to disposal or reuse.

9.3 Disinfection and making equipment safe

Large pieces of equipment and medical devices, where practical, should be disinfected before disposal following manufacturer's guidance. This can include safety measures affected by Estates or Medical Physics personnel to avoid reuse and removal from the asset register. **See Appendix X** for decontamination certificate.

Definition of a medical device in the medical device and equipment management policy is 'Equipment that is used in the diagnosis or treatment of a disease, or for the monitoring of

patients'. Infusion pumps, syringes, medical instruments, catheters, X-ray sets and Pathology analysers are all Medical Devices. 'Low-tech' items such as wheelchairs, patient hoists, beds and walking frames are also Medical Devices and must be managed in the same way as more 'hi-tech' equipment.

It is important that this equipment is described in full for disposal purposes listing any and all hazardous or infectious components.

9.4 Containers

Receptacles for the use of waste disposal should be approved by infection control, waste department, health & safety and fire departments and are available on INTEGRA via the supplies department for purchase. A list of approved bin types is available on request. It is essential that these containers are not used for any purpose other than they are intended as this could compromise Health & Safety standards. As a minimum standard foot operated bins should be used in all clinical area to reduce the risk of infection by not handling lids.

9.5 Replacement and Labelling

- All waste bags should be replaced, at a minimum, daily or when sacks are $\frac{3}{4}$ full, any deviation from this should be risk assessed and recorded.
- All receptacles should be securely sealed to prevent waste from escaping and thus compromising infection control. This can be done by either using a swan neck closure or by the use of plastic ties, which can be marked with the name of the site.
- All sacks should be labelled with name of ward or area, site and date.
- Collections should be appropriate to the demand of the area.
- Waste bins should be wiped and visibly clean each time sacks are replaced.

9.6 Waste Contractors

No contractor should be used unless they have been checked and authorised by the Waste Management Advisor to ensure suitable carriers certificates are held and authorised licences or appropriate Integrated Pollution Prevention Certificate (IPPC) for the disposal site.

9.7 Discharge to sewer

Waste should not be discharged to sewer unless suitable 'Consents to discharge to sewer' are obtained from the water company following an appropriate effluent assessment.

10. Identifying and Description of Waste

In accordance with the Duty of Care Regulations and the Lists of Waste Regulations, all waste must be transferred to contractors with a full description of the waste and an allocated six-digit EWC (European Waste Catalogue) number. Where this six-digit number is marked with an *asterisk it will only be collected by arrangement with the Waste Management Advisor and will, in accordance with the Hazardous Waste Regulations be accompanied with a hazardous waste consignment note. This note will include all details of hazards which could put other persons at risk during the disposal process. Where more than one EWC code applies 'dual coding' should be used e.g. redundant pacemakers which contain lithium batteries but have been removed from a client and are therefore contaminated with bodily fluids.

It is the responsibility of each producer to provide all the relevant information to the Waste Management Advisor to manage and reduce risk whilst being transported and its ultimate safe disposal. For this purpose a Hazardous Waste Form must be completed for all hazardous waste. See Appendix VI, VII, VIII, IX and IV reference should also be made to the COSHH sheet and/or Materials Data Sheet where waste is considered hazardous.

11. Hazardous Groups

The recognised hazard groups HP1 to HP15 applicable to waste generated within the NHS are shown in appendix VII.

Further information on these hazard codes and specific risks can be found in the guidance document on the classification of hazardous waste WM3 available on the government web site: <https://www.gov.uk/government/publications/waste-classification-technical-guidance>

12. Hazardous Waste Producer Registration

In accordance with hazardous waste regulations all sites that generate any hazardous waste must use the recommended registration code in order to be able to dispose of the waste legally and identify the site accurately.

The Waste Management Advisor will record volumes of hazardous waste produced at each site in conjunction with the Hazardous Waste Regulations, consignment requests and consignee returns. These will be co-ordinated and data available on request from the Waste team for each site if required.

Advice on the appropriate code to use can be found on the government web site listed above or sought from the waste manager.

13. Storage of Waste

13.1 Storage at point of production

Storage areas at ward level should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated and to avoid waste of different classifications being stored in the same container/area.

13.2 Bulky Storage

All sites / areas should have adequate storage facilities to safely contain all types of waste that is generated in that area between collection schedules. This can range from a single lockable, wheelie bin to a secure compound area dependant on the volume and types of waste produced.

All bulk storage areas should be / provide:

- Reserved for healthcare waste only;
- Well-lit and ventilated;
- Sited away from food preparation areas, general storage areas, and away from routes used by members of the public;
- They should be totally enclosed and secure;

- With separate storage for sharps bins, anatomical waste and waste medicines that need a higher degree of security to prevent unauthorised access;
- Wash down facilities;
- On well drained, impervious hard standing;
- Readily accessible but only to authorised personnel;
- Kept locked when not in use;
- Secure from entry by animals and free from insects or rodent infestation;
- Clearly marked with warning signage;
- Provided with separate, clearly labelled areas, for waste destined for different treatment / disposal options;
- Provided with access to first aid facilities;
- All wheelie bins should have functional locks that remain locked when in use.
- In addition: on larger sites, where dedicated staff collect the waste, there should be provision for:
 - Wash down facilities for containers drained to sewer (with discharge consent)
 - Washing facilities for employees;
 - Easy vehicular access
 - Refrigerated storage should be provided for all human tissue waste including placenta's generated by midwifery.

14. Waste Licensing

In accordance with Waste Licensing legislation, any site involved in the treatment or transfer of waste must apply for a license from the Environment Agency to cover its use and ensure that a suitably qualified technically competent person is available to manage the license and comply with their specified requirements.

15. Transportation

Many of the types of waste generated in a healthcare setting are classed as hazardous or dangerous and therefore need to comply with the relevant transport legislation when being moved, either by staff or by the contractors that are used for disposal.

15.1 Internal Transport

Dedicated trucks or containers should be used to transport waste on site, preferably enclosed to reduce the risk of infection. The containers should be regularly cleaned on a pre-programmed rota with drainage to a main sewer.

15.2 External transport

Waste being transported by staff in cars must be packaged in accordance with the Carriage of Dangerous Goods Regulations and carried in UN Approved rigid containers that have been suitably tested to ensure compliance and safety. Bagged infectious Healthcare waste must not be carried in vehicles and any waste generated by community nurses should ideally have a written agreement from the householder to leave it on the premises, when this is undertaken the form attached in Appendix XI must be completed and forwarded to Cornwall Council to arrange a specialist clinical waste collection. Alternatively the client can register with the Council on their web site and order a collection on line if they wish.

As an alternative community nurses can return waste to their base in UN approved rigid containers which are available on the Integra ordering system. All such staff are required to carry proof of the Trusts Carriage licence at all times this should be available on the Document library.

Drivers who transport waste in dedicated vehicles must receive training in ADR specific to the class of hazard they are transporting, ensure that vehicles comply with legislation, carry consignment notes, Transport Emergency cards (TREM), have adequate PPE and fire fighting equipment and display hazard signs as appropriate.

Where bulk movement of clinical waste is carried out by the Trust, drivers will be ADR trained for the transport of Class 6 Infectious Substances and vehicles will be specified in ADR.

All goods considered hazardous for transportation purposes will, in addition to the other requirements of this policy, be identified by the UN number and the appropriate name on the package or bin containing the waste.

16. Monitoring, Audit and Review

Waste audits form an essential, mandatory requirement in monitoring performance, reviewing waste management procedures and ensuring statutory compliance.

Within the context of this policy the following audits and frequency should be undertaken:

Type of Audit	Undertaken by whom	Frequency
Infection control audit and observation of practice	Ward Manager / Staff Nurse / infection control lead	Annual
Pre-acceptance audits	Waste team / ward manager	Annual, each area
Internal audit	South West Audit team or other Approved provider	As per agreed schedule With the Trust
External audit	Environment Agency or other Suitable organisation	As agreed.
Staff questionnaire	Waste Management Advisor	As required
Waste Contractor / Duty of Care Audits	Waste Management Advisor	Annual with 6 monthly checks on practice
Building contractor audits	Waste Management Advisor	Building contractors to be audited as agreed with the Trust.
Site Waste Management Plan Checks / audit For construction projects: Over £300K Over £500K	Project Manager Waste management advisor & Health & Safety Advisor	Update on Site Waste Management Plan at each Project update 1 annual check on Site Waste Management Plans
Place	Hotel services	Annual

The outcome of these audits should be tabled at Health & Safety committee meetings for Governance purposes.

17. Emergency / Contingency Plans

In the event of a disruption to service for waste collection, extra wheelie bins could be provided or rented to the larger sites. Small sites may also need extra storage or if not practical they could designate one room for temporary bulk storage which should be cleared of other items first and lockable. A deep clean would then be required when the room returns to service.

Temporary rental of a lockable skip or a sea container for bulk storage might also be an option, depending on the site if a separate room could not be released. Tiger bags produced on site could be diverted to deep landfill, if applicable, to reduce the total quantity and even compacted using a dedicated compactor if available, and that would also require deep cleaning before returning to service.

This would need to be co-ordinated by the site manager in agreement with the waste contractor. Advice could be obtained from a suitably trained person with agreement from the collection contractor, Cornwall Council and or the Environment Agency.

18. Confidential Waste

Confidential Waste – Is defined as any personal information that can be used to identify individuals, including their name, address, contact numbers or any financial data as 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 either shredded to British Code of Practice (BS EN 15713) on site or passed to a secure and specialist contractor for shredding.

The Data Security Protection Toolkit also now contains a requirement for us to provide details of when personal data disposal contracts were last reviewed/updated.

The contract should include the requirement to have appropriate security measures in compliance with data protection law and the facility to allow audit by the organisation. If no contract explain how personal data is disposed.

Appendix I – Confidential Waste Collection Form

[Send Email](#)



CPFT	<input type="checkbox"/>
GP	<input type="checkbox"/>
KCCG	<input type="checkbox"/>

Locality Site:

Requested Date:

CONFIDENTIAL WASTE COLLECTION

Bin/Bag Seal Number	Bin	Bag	Service/Location	Seal/Bin Damaged	Confirmed Destruction Date (Peake GB Ltd Use)
Total Number of Items:					

Driver Signature:..... Print Name:.....
(Peake GB Ltd)

Released By:..... Print Name:.....

Email Your Collection Request to: cpn-tr.CommunityWasteEnquiries@nhs.net

Appendix II – Legislation References and Further Information

The **legislation** currently applicable in this policy includes the following Acts and their associated Regulations, Orders and approved Codes of practice.

Control of Pollution Act 1974

Health and Safety at Work Act 1974

Environmental Protection Act 1990

Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipment Regulations 2009

Control of Substances Hazardous to Health Regulations 2002 as amended

ADR 2017

Hazardous Waste Regulations 2005

The Waste (England and Wales) Regulations 2011

Environmental Protection (Duty of Care) Regulations (as amended)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Environmental Permitting Regulations 2007

MHSWR 2006

The Landfill (England and Wales) Regulations 2002 (duly amended 2004, 2005)

The Controlled Waste Regulations 2012

Genetically Modified Organisms (Contained use) Regulations 2014

European Waste Catalogue through the Lists of Waste Regulations (England) 2005

Animal by-products Regulations 2013

Radioactive substances Act 1993

Management of Health & Safety at Works Regulations 1999 (as amended)

Health & Safety (consulting with employees) Regulations 1996 (as amended)

Waste Electrical and Electronic Equipment (WEEE) Regulations 2013

The Restriction of the Use of Certain Hazardous Substances (RoHS) in Electrical and Electronic Equipment Directive (2011/65/EU)

'Safe Management of Healthcare Waste' v2 2011 issued by DoH

Site Waste Management Plans Regulations 2013

Health and Social Care (Safety and Quality) Act


The Pollution Prevention and Control (England and Wales) Regulations 2000

Appendix III – Indicative examples of Category A Clinical Waste UN 2814






(This is not an exhaustive list)






<p> Bacillus anthracis (cultures only) Brucellas abortus (cultures only) Brucellis melitensis (cultures only) Brucellis suis (cultures only) Burkholderia mallei – Pseudomanas mallei – Glanders (cultures only) Burkholderia Pseudomallei – Pseudomanas Pseudomallei (cultures only) Chlamydia psittaci – avian strains (cultures only) Clostridium botulinum (cultures only) Coccidioides immitis (cultures only) Coxiella burnetti (cultures only) Crimean-Congo hemorrhagic fever virus Dengue virus (cultures only) Eastern equine encephalitis virus (cultures only) Escerichia coli, virotoxicogenic (cultures only) Ebola virus Flexal virus Francisella tularensis (cultures only) Guanarito virus Hantaan virus Hantaviruses causing hantavirus pulmonary syndrome Hendra virus Hepatitis B virus (cultures only) Herpes B Virus (cultures only) Human immunodeficiency virus (cultures only) Highly pathogenic avian influenza virus (cultures only) Japanese Encephalitis virus (cultures only) Junin virus Kyasanur Forest disease virus Lassa virus </p>	<p> Machupo virus Marburg virus Monkeypox virus Mycobacterium tuberculosis (cultures only) Nipah Virus Omsk hemorrhagic fever virus Poliovirus (culture only) Rabies virus Rickettsia prowazekii (cultures only) Rickettsia rickettsii (cultures only) Rift valley fever virus Russian spring-summer encephalitis (cultures only) Sabia virus Shigella dysenteriae type 1 (cultures only) Tick-borne encephalitis (cultures only) Variola virus Venezuelan equine encephalitis virus West Nile virus (cultures only) Yellow fever virus (cultures only) Yersinia pestis (cultures only) </p>
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Appendix IV – Hazardous Waste Form

Appendix IV Hazardous Waste Form							Cornwall Healthcare  Estates and Support Services <small>hosted by Cornwall Partnership NHS Trust</small>								
Consignment Request															
Part A - Notification Details															
2. The waste described below is requested to be removed from (name, address, postcode, tel, email, fax)					4. The Waste will be taken to (name, address, postcode)										
					Peake (GB) Ltd. Liskeard Cornwall										
Budget Code:															
3. Premises code (first six digits of the practice/site name):					5. The waste producer was (if different from 2) (name, address, postcode)										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>															
Part B - Description of Waste															
1. The process giving rise to the waste(s) was:					2. SIC for the process giving rise to the waste										
HUMAN HEALTHCARE					<table border="1" style="width: 100%;"> <tr> <td style="width: 15px;">8</td> <td style="width: 15px;">6</td> <td style="width: 15px;"> </td> <td style="width: 15px;">1</td> <td style="width: 15px;">0</td> <td style="width: 15px;">1</td> </tr> </table>					8	6		1	0	1
8	6		1	0	1										
3. Waste details (where more than one waste type is collected all the information given must be completed for EWC identification)															
Description of waste	List of Wastes EWC code (6 digits)						Qty	Chemical/Bio components Component Concentration		Physical Form ie Gas	Hazard Code	Container type Number & size			
The information below is to be completed for each EWC identified (where appropriate for transport)															
EWC code	Packing groups						UN identification Number(s)	Proper shipp Names	UN classes	Special handing requirements					
Guidance Notes for example only															
Part A															
To enable us to complete Hazardous Waste Consignment Notes prior to collection please fill in Part A 2, 3 (and 5 if applicable) If your premises are exempt from registration under the regulations write "EXEMPT" in box 3.															
Part B															
We require a description of the Waste including European Waste Code (EWC) etc. To assist you we have listed below some examples. The regulations state that the producer must provide the collector with the description of the waste. Therefore, if your waste does not appear in this list or you are unsure of the relevant coding please contact us or the Environment Agency.															
Example															
1. The process giving rise to the waste(s) was:					2. SIC for the process giving rise to the waste										
HEALTHCARE					<table border="1" style="width: 100%;"> <tr> <td style="width: 15px;">8</td> <td style="width: 15px;">6</td> <td style="width: 15px;">/</td> <td style="width: 15px;">1</td> <td style="width: 15px;">0</td> <td style="width: 15px;">1</td> </tr> </table>					8	6	/	1	0	1
8	6	/	1	0	1										
3. Waste details (where more than one waste type is collected all the information given must be completed for EWC identification)															
Description of waste	List of Wastes EWC code (6 digits)						Qty	Chemical/Bio components Component Concentration		Physical Form ie Gas	Hazard Code	Container type Number & size			
Cytotoxic & Cytostatic	1	8	0	1	0	8*	Cytotoxic/cytostatic		Mixed	HP6, HP10, HP11,					
Photo Chemicals	2	0	0	1	1	7*	Fixer/Develo	N/K or %	Liquid	HP5, HP6, HP8,					
Florescent tubes	2	0	0	1	2	1*	Mercury/	N/K or %	Solid	HP5, HP6, HP7,					
ELF's (Fridges)	2	0	0	1	3	5*	CFC	N/K or %	Mixed	HP14.					
When completed scan and e-mail or post to Environmental services Dept on:															
cpn-tr.CommunityWasteEnquiries@nhs.net															





Appendix V – Waste Colour Coding





Colour of bag / container	Type of waste and description	Storage	Disposal route
However this is broken down into the following categories for segregation purposes and to ensure disposal at the correctly registered and licensed sites.			
Yellow bag 	Infectious waste Anatomical waste, mattresses and other wastes infected with pathogens in category A	In locked UN approved yellow wheelie bin with incineration only marked on front	Incineration only Refer to WM3 (Environment Agency guidance)
Orange bag 	Potentially Infectious waste Pre-treated infectious waste i.e. laboratory waste that has been autoclaved other treatment waste like soiled dressings	In locked UN approved yellow wheelie bin	Minimum requirement to be 'rendered safe' i.e. alternative treatment at a Licensed/permitted treatment facility or incinerator
Yellow and black tiger bag 	Offensive/Hygiene waste Human hygiene waste, nappies, and non-infectious waste like plaster casts, disposable equipment, bedding, clothing	In locked UN approved yellow wheelie bin	Minimum requirement - Licensed Landfill But could also be destroyed at licensed/permitted treatment facility or incinerator
Yellow container with radioactive signage 	Healthcare waste Contaminated with radioactive material i.e. dressing, tubing from low level radioactive isotopes To be directed in 1st instance to Medical physics department	Isolated in separate locked store.	Incineration at suitably licensed facility subject to RSA 1993
Sharps box - Orange lid 	Healthcare waste Consisting of sharps instruments contaminated with blood only i.e. phlebotomy, acupuncture, scalpel blades.	Locked storage separate from bagged material	Licensed treatment facility

<p>Cytotoxic box or bag Yellow and purple</p> 	<p>Cytotoxic wastes Waste contaminated with any cytotoxic or cytostatic medicinal products</p>	<p>Yellow wheelie bin designated for this type of waste only and suitably marked</p>	<p>Incineration only</p>
<p>Placenta & Anatomical waste bin Yellow bin with red lid</p> 	<p>Anatomical / Infectious waste Placenta will be classed as anatomical waste</p>	<p>In locked yellow bin or by collection arrangement from suitable cold storage where collection exceeds 48 hours</p>	<p>Incineration only</p>
<p>Amalgam box Clear or white, red lid</p> 	<p>Amalgam waste Dental amalgam</p>	<p>Collected on site in in separate locked storage area</p>	<p>Specialised and licensed recovery</p>
<p>White Battery Tub</p> 	<p>Small batteries</p>		<p>Licensed transfer station, treatment or hazardous waste disposal facility</p>
<p>Florescent tube container – black</p>	<p>Florescent tubes from lighting fitments</p>	<p>In tubes container with open end raised to avoid mercury leaching from damaged tubes</p>	<p>Specialised and licensed recovery</p>
<p>Clear bag</p> 	<p>Recyclable items. 'Like with like' i.e. plastic bottles, cans, office paper, magazines & newspapers, small card</p>	<p>In locked identifiable wheelie bin</p>	<p>Licensed Recycling facilities for recovery</p>

<p>Black bag</p> 	<p>General waste General refuse i.e. Part eaten fruit, sandwiches, yoghurt pots, non-contaminated clinical items, crisp packets etc</p>	<p>In locked General waste wheelie bin</p>	<p>Licensed landfill or EFW plant</p>
<p>Hessian sack 'marked confidential waste' or confidential waste bin</p> 	<p>Confidential waste Any paperwork with confidential material where departmental shredding is not possible</p>	<p>Locked storage</p>	<p>Shredding and subsequent pulping for recovery</p>
<p>Generally not recommended for use within CFT but may be seen used by other Trusts</p>			
<p>Pharmaceutical bin/ box</p> 	<p>Medicinal products other than cytotoxic or cytostatic medication. Seek advice from pharmacy advisor. Clinical areas i.e. BLUE BIO BIN FOR USE FOLLOWING RISK ASSESSMENT</p>	<p>Locked storage NO SHARPS PHARMACY USE ONLY</p>	<p>For incineration only</p>

Appendix VI – European Waste Catalogue Codes

European Waste Catalogue codes			
Type of Waste	European Waste Classification	Likely Hazard Codes and UN Numbers for carriage	Areas waste likely to be produced and colour coding
All sharps not contaminated with medicines	18 01 01 	MAY OR MAY NOT BE HAZARDOUS HP9 IF INFECTIOUS 18 01 03 APPLIES	Clinical areas, i.e. wards, theatres, clinics, outpatients, practicing podiatry, venepuncture or acupuncture, Laboratories. ORANGE LIDDED SHARPS BIN
Body parts and organs, placenta, including full or part full blood bags and blood preserves	18 01 02 	MAY OR MAY NOT BE HAZARDOUS. HP9 IF INFECTIOUS 18 01 03* APPLIES	Clinical areas: i.e. Theatre, haematology, wards, maternity Red lidded bin or CLEARLY MARKED YELLOW SOLID COLOUR BAG OR BIN
Wastes where collection and disposal is subject to special requirements in order to prevent infection	18 01 03* 	HP6,HP9 UN3291 Clinical Waste, Unspecified, Nos	Clinical areas YELLOW/ORANGE DEPENDING ON CONTENTS
Wastes where collection and disposal is not subject to special conditions in order to prevent infection	18 01 04 	Non-Hazardous if patient non-infectious (e.g. plaster casts, dressings, linen, disposable clothing, nappies, used catheters & bags)	Clinical areas: i.e. orthopaedics, baby clinics, public toilets TIGER BAG
Chemicals consisting of or items containing dangerous substances	18 01 06*	HP2,HP3a,HP3b,HP4 HP5,HP6,HP7,HP8, HP10,HP11,HP12, HP13, HP14, HP15	ALL i.e. labs, pharmacy SEPARATE CONTAINMENT CLEARLY IDENTIFIED
Chemicals other than those listed in 180106*	18 01 07	Non-Hazardous	All i.e. Labs, pharmacy

Cytotoxic and cytostatic medicines	<p>18 01 08*</p> 	HP6,HP7,HP10,HP11 UN3291 Clinical Waste	Any area treating cancer patients OR using cytostatic medicines PURPLE BAG OR PURPLE LIDDED SHARPS BIN
Amalgam waste from dental care	<p>18 01 10*</p> 	Mercury HP13 Vapour HP6, HP14 UN2025 Waste with Mercury compounds.	Dental WHITE POT, CLEARLY LABELLED, WITH COLOUR CODED LID.
Generally not recommended for use within CFT but may be seen used by other Trusts			
Medicines other than those mentioned in 180108* NO SHARPS	<p>18 01 09</p>		Clinical areas i.e. wards, pharmacy BLUE BIO BIN FOR USE FOLLOWING RISK ASSESSMENT
Medicines other than those mentioned in 180108* NO SHARPS	<p>18 01 09</p>		PHARMACY USE ONLY Blue bin, blue lidded bin or blue badged card box.

Appendix VII – Hazard Codes

Hazardous waste is defined in the Hazardous Waste Regulations 2005 as any waste identified as hazardous in the List of Wastes or waste that displays one or more of the following hazardous properties, which loosely is that identified as a COSHH regulated item.

The hazardous groups identified in this legislation are shown in the table below:

HP1	Explosive
HP2	Oxidising
HP3A	Highly Flammable
HP3B	Flammable
HP4	Irritant
HP5	Harmful
HP6	Toxic
HP7	Carcinogenic
HP8	Corrosive
HP9	Infectious
HP10	Toxic for Reproduction
HP11	Mutagenic
HP12	Substances that release toxic gases
HP13	Sensitising
HP14	Eco-toxic
HP15	Substances capable of yielding substances listed above i.e. leachate, which possess a hazardous property.

The types of waste that may contain hazardous properties within a healthcare setting are shown below, however this list is not exhaustive and it is the responsibility of the producer of the waste to identify any hazards that might be in the waste for disposal:

Appendix VIII – COSHH Symbols

CLASSIFICATION OF DANGEROUS GOODS



Subclass 1.1:
Explosives with a mass explosion hazard



Subclass 1.2:
Explosives with a severe projection hazard



Subclass 1.3:
Explosives with a fire



Subclass 2.1:
Flammable Gas



Subclass 2.2:
Non-Flammable Gas



Subclass 2.3:
Poisonous Gases



Class 3:
Flammable Liquids



Subclass 1.4:
Minor fire or projection hazard



Subclass 1.5:
An insensitive substance with a mass explosion hazard



Subclass 1.6:
Extremely insensitive articles



Subclass 4.1:
Flammable solids



Subclass 4.2:
Spontaneously combustible solids



Subclass 4.3:
Dangerous when wet



Class 7:
Radioactive



Subclass 6.1:
Poison



Subclass 6.6:
Biohazard



Subclass 5.1:
Oxidizing agent



Subclass 5.2:
Organic peroxide oxidizing agent



Class 8:
Corrosive substances



Class 9:
Miscellaneous dangerous substances and articles

Appendix IX – Standardized Industry codes (SIC) health related

SIC CODES: Human health and social work activities

86101 Hospital activities

86102 Medical nursing home activities

86210 General medical practice activities

86220 Specialists medical practice activities

86230 Dental practice activities

86900 Other human health activities

87100 Residential nursing care facilities

87200 Residential care activities for learning difficulties, mental health and substance abuse

87300 Residential care activities for the elderly and disabled

87900 Other residential care activities n.e.c.

88100 Social work activities without accommodation for the elderly and disabled

88910 Child day-care activities

88990 Other social work activities without accommodation n.e.c.

Appendix X – COSHH Risk Assessment template

Control Of Substances Hazardous To Health Regulations 2002 as amended

SUMMARY OF COSHH ASSESSMENTS

Hospital: Directorate:	Ward/Dept: Ext:	Assessor: Title:	Assessment Date: Review Date:
---------------------------	--------------------	---------------------	----------------------------------

Item No.	Substance	Quantity	Freq. of Use	Duration of Exposure	Persons Exposed	Hazards to Health	Risk H / M / L

Note for substances with a significant risk - a detailed risk assessment should be completed i.e. High or Medium rated substances

EXAMPLE OF COSHH CONTROL SHEET

PRODUCT:	Healthcare Waste
MANUFACTURER:	Healthcare premises i.e. GP, Tattooist, Dentist, Supported Homes, Hospitals, Clinics
SUPPLIER:	
POTENTIALLY HAZARDOUS CONTENT	
APPROVED USE/S?	Wastes produced by Healthcare
PHYSICAL PROPERTIES DATA:	<p>Hazard Group 9, Infectious Infectious Bodily Fluids both wet and dry that have potential to contaminate through disease, micro-organism, or toxins present in waste i.e. Blood, Semen, Vaginal Secretions, Cerebrospinal, Synovial, Pleural, Peritoneal, Pericardial, Amniotic</p> <p>Hazard Groups HP6, HP7, HP9, HP10, HP11 Cytotoxic waste and other pharmaceutical products excluding saline and other fluids</p> <p>Offensive waste not considered hazardous i.e. Faeces, nasal secretions, sputum, tears, urine, vomit provided they are not known to be contaminated with above</p>
HANDLING PRECAUTIONS:	<p>Waste should be packaged in accordance with the UN guidance and colour coding agreed in the waste policy.</p> <p>i.e. Yellow bags for anatomical, medicinally</p>

	<p>contaminated waste Orange bag for pre-treated or infectious treatment waste Tiger bag for offensive waste Yellow bag with Purple stripe for cytotoxic waste</p> <p>Generally yellow sharps bins with coloured lid and label. Refer to Waste Management Policy for full details</p>
STORAGE:	All healthcare waste should be segregated as above and from other waste types and should be stored safely and securely in locked wheelie bin or a specific storage area used solely for the storage of waste and sited away from public access.
TRANSPORT:	Only to be packaged and carried in UN approved containers for transportation, in designated, leak proof, vehicles subject to compliance with the Carriage of Dangerous Goods (ADR).
SPILLAGE/DISPOSAL:	<p>All spillages to be reported through the accident/incident forms and immediate use of spillage kits located on vehicles.</p> <p>Dustpans and brushes supplied to sweep up any sharps spillage</p>
FIRE:	2kg Dry Powder Fire extinguishers located in the cab and rear of the vehicle
FIRST AID:	<p>In the event of a sharps injury the 'Pocket Guide to sharps in the community' should be followed.</p> <p>i.e. encourage wound to bleed and cover with waterproof plaster. Take the details from the sharps bin (or retain it), attend the local hospital, contact Occupational Health department and line Manager.</p>
ASSESSMENT:	All reasonable precautions have been taken
DATE:	June 2017

Appendix XI – Community Generated Clinical Waste



Registration for the collection of household clinical waste

Cornwall and Isles of Scilly Primary Care Trust

Please complete all sections in CAPITAL letters and sign and date the declaration in Section E.

Section A

Is this a one off collection request? Yes No

I request a collection of clinical waste from the premises stated below:

Name:

Address:

Post code:

Tel no:

Email:

Clinical waste collections begin at 7am; please ensure your items are presented ready for collection.

Clinical waste and sharps collections - Information only

This collection is covered under the Environmental Protection Act 1990. It is recommended that you retain a copy of this document to enable you to contact the Council should you need to change the arrangements.

The following items **must not** be placed in Tiger / Orange bags:

- Sharps or sharps containers
- Aerosol containers
- Glass of any sort
- Pharmaceuticals
- Non-clinical Waste

Please consider where this waste is stored to ensure safety and security pending collection.

Section B

What needs to be collected and how will it be contained?

Tick boxes to indicate the services you require and indicate expected number of bags per week.

Tiger bag (Yellow with black stripes)

Number of bags per week

Offensive household clinical waste:

- Gloves and aprons
- Incontinence pads
- Disposable nappies
- Catheter bags
- Non-infectious dressings
- Sanitary products

Please note: Only select this service if you produce more than one third of a black bag of this type of waste per week, otherwise please double wrap and dispose of in a black bag with your household waste.

Continued over

Section B continued

Yellow bag with purple stripe Number of bags per week

Cytotoxic and cytostatic clinical household waste: (from chemotherapy or hormone treatment)

All items that could have the following hazardous properties:

- Toxic
- Mutagenic
- Carcinogenic
- Toxic for reproduction
- Waste contaminated by medicines including:
 - Personal protective equipment (gloves, masks and gowns)
 - Syringe bodies and tubing

If you are unsure please check with your healthcare provider or pharmacist.

Orange bag Number of bags per week

Infectious clinical household waste:

Any medical treatment waste likely to infect others contaminated with bodily fluids from isolation areas or as a result of contamination from:

- Diarrhoea and vomiting
- HIV/Hep B

Orange bags should not contain any items contaminated by medicines.

Sharps bin /box

Yellow lid and label - Infectious sharps waste contaminated by medicines Number per week

Orange lid and label - Infectious waste sharps not contaminated by medicines Number per week

Purple lid and label - Cytotoxic and cytostatic waste (chemotherapy or hormone treatment) Number per week

This should contain anything that can puncture the skin that may be contaminated with blood or other bodily fluids:

- Scalpels
- Pen needles
- Blades
- Needles and syringes
- Sharp instruments
- Glass ampoules
- Finger prick lancets and platforms
- Empty medicine bottles/cartridges of insulin

This should not contain any not include boxes or containers of medicines.

Section C

Terms and Conditions

We are only able to provide you with this service if:

- The collection point for the waste is from a safe, convenient and easily accessible location for our contractor. We may need to assess private roads and tracks to properties to ensure vehicles can travel on them and will take into consideration whether they are maintained to a suitable standard. We can refuse to collect from a location if it does not meet these criteria.
- You give permission for our contractor to access any private land in order to make the collection from the address provided in Section A and they will not be held liable for any damage to the road surface.
- Your clinical waste is presented for collection in the appropriate containment depending on the type of waste, ie, tiger bag, orange bag, yellow and purple bag or sharps bin.
- You agree to notify us as soon as possible if your circumstances change and you no longer require a clinical collection service.

Section D

Privacy Notice

Who controls my data?

Cornwall Council is the Data Controller for all the information you provide on this form, our address is: County Hall, Treyew Road, Truro, TR1 3AY and our Data Protection Registration Number is: Z1745294. Your data is collected by us for the purposes of carrying out a public task in accordance with the data protection principles contained within the Data Protection Act 2018 and the General Data Protection Regulation.

If something's not clear

If you need help in understanding or completing this form with regards to your clinical collection, please contact the Waste Management team on 0300 1234 141 or email refuseandrecycling@cornwall.gov.uk.

How we use your information

The information you provide on this form will be used to provide you with a clinical waste collection which we are required to do as the local authority. To do this we need your name, address and containment details in order to set up your collections; without them we will not be able to provide you with this service. We will only use this information in conjunction with your request for clinical waste collection. A home visit from a Cornwall Council Officer may be required as part of your assessment.

Who we share your information with

Your name, address, containment type and contact information will be shared with our contractor Biffa Environmental Municipal Ltd who carry out the service on our behalf under contract.

How we keep your information safe

Your data will be held within Cornwall Council's secure network and premises and will not be processed outside of the EEA. Access to your information will only be made to authorised members of staff who are required to process it for the purposes outlined in this privacy notice.

Your data rights

Your personal information belongs to you and you have the right to:

- be informed of how we will process it
- request a copy of what we hold about you and in a commonly used electronic format (if you provided it to us in this way)
- have it amended if it's incorrect or incomplete
- have it deleted (where we do not have a legal requirement to retain it)
- withdraw your consent if you no longer wish us to process it although we will no longer be able to provide the service without it
- restrict how we process it
- object to us using it for marketing or research purposes
- object to us using it in relation to a legal task or in the exercise of an official authority
- request that a person reviews an automated decision where it has had an adverse effect on you

How to exercise your data rights

If you would like to access any of the information we hold about you or have concerns regarding the way we have processed your information, please contact:

Data Protection Officer, Cornwall Council, County Hall, Truro, TR1 3AY

Tel: 01872 326424

Email: dpo@cornwall.gov.uk.

If you don't agree with something

We would prefer any complaints to be made to us initially so that we have the opportunity to see if we can put things right. However, if you are unhappy with the way we have processed your information or how we have responded to your request to exercise any of your rights in relation to your data, you can raise your concerns direct with the Information Commissioner's Office: Tel: 0303 123 1113 <https://ico.org.uk/make-a-complaint/>.

Section E

Declaration

I confirm that I have understood the information provided in the Terms and Conditions in Section C and the Privacy Notice in Section D and acknowledge that it is my responsibility to keep my waste safe while it is awaiting collection.

Signed:

Date:

Please return this form to:

Waste Management Administration Team
Cornwall Council
Pydar House
Pydar Street
Truro
TR1 1XU

Tel : **0300 1234 141**

Fax: **01872 322870**

If you would like this information in another format or language please contact:


Cornwall Council, County Hall,
Treyew Road, Truro, TR1 3AY

e: equality@cornwall.gov.uk

t: 0300 1234 100

www.cornwall.gov.uk

Appendix XII – Disinfection of equipment (medical devices) template

One+all we care		Royal Cornwall Hospitals 	
<p>Fault and Contamination Status (OPF51, DCT, Medical Physics)</p> <p><u>Attach To Medical Equipment When Returning For Inspection, Servicing, Repair or Disposal</u> Please ensure that the item has been suitably prepared to enable safe handling/transportation</p>			
From:		Return to: (if different from sender's address)	
Hospital:		Hospital:	
Ward or Unit:		Ward or Unit:	
Phone No:		Phone No:	
Make, Model & Description of Item to include Asset number (in-house label) or other specific identification			
DETAILED description of fault or other instructions and information: (continue overleaf if required)			
			<p>If this item has been involved with an 'incident/near miss' please mark here <input type="checkbox"/> and provide details overleaf</p>
Decontamination:			
I SIGN TO CONFIRM THAT this item has / has not* been in contact with blood, other body fluids, respired gasses or pathological samples and has / has not* been decontaminated in accordance with Trust policy (Delete as appropriate)			
Date:	Print Name:	Signature:	Job title:
			Phone No:
<p>*Please note: Equipment that has not been decontaminated, or is believed to be internally contaminated, must not be transported without the prior agreement of the recipient. Any reference or contact name for this agreement must be given here:</p>			

Appendix XIII – Protocol for Disposal of Building Wastes form.

DISPOSAL OF BUILDING WASTES

PROTOCOL FOR CONTRACTORS & PROJECT MANAGERS

Legislation on waste disposal is tightly controlled and as a result all Trusts have a duty of care to ensure that all wastes produced on this site are disposed of in a correct manner. This includes waste generated by contractors as well as waste from directly managed in-house projects.

Building wastes are strictly controlled under the Hazardous Waste / List of Wastes Regulations 2004 and it is the duty of the manager responsible for any project to ensure that waste is taken off-site and that the manner in which it is dealt with complies with the legislation.

Any project over £300,000 is also required to produce a Site Waste Management Plan

Disposal of Contractor’s Waste

Contractors cannot deposit waste in any of the Trusts compounds or other disposal vehicles on the site due to the following issues:

1.	The waste is generated by Contractors and is therefore their waste. By disposing of it on an NHS site the Trust becomes a Waste Broker. The Trust is not a licensed Waste Broker.
2.	Any waste disposed of from a site has to be done so in accordance with the Regulations. The Trust will not have detailed knowledge or control of the content of a Contractor’s waste and therefore cannot ensure correct disposal.

To ensure the Trust is compliant with legislation a Waste Control Form (proforma attached) must be completed by the Main Contractor for each project and a selected audit will be undertaken annually by the Waste Manager

Disposal of Waste – In-House Projects

Where a member of staff is responsible for in-house projects that produce waste e.g. departmental re-organisation or clearances, they must ensure wastes are disposed of appropriately. This includes ensuring general wastes do not contain hazardous substances or electrical equipment.

The attached Waste Control form shall be completed by the member of staff managing/organising the work requiring waste disposal.

If there is any doubt regarding safe disposal of building waste or any type of waste produced by a contractor or in-house on a site, please contact the Waste Department for advice – 01209 318152

Appendix XIV – Unit Waste Assessment form template

SAFE DISPOSAL OF HEALTHCARE WASTE BY DISTRICT/COMMUNITY NURSES			
<p>Is the waste Healthcare waste contaminated with infectious bodily fluids?</p> <p>No</p> <p>Yes</p>	<p>Is the waste Non Infectious Healthcare waste i.e. gloves, aprons, pads, incontinence, non-infectious dressings, empty catheter bags, syringes used for food products?</p> <p>No</p> <p>Yes</p>	<p>Is the waste Healthcare waste contaminated with cytotoxic or cytostatic drugs?</p> <p>No</p> <p>Yes</p>	<p>Is the Healthcare waste, uncontaminated paper towels, packaging material, card or a dressing pad with no antimicrobial agents less than 130mm x 220mm in size ?</p> <p>No</p> <p>Yes</p>
<p>Is the waste also contaminated with medicines?</p> <p>No</p>			
<p>Dispose of in an orange bag or if sharps in an orange lidded sharps bin</p>	<p>Dispose of in a tiger bag</p>	<p>Dispose of in appropriately labelled rigid bin or if sharps in purple lidded sharps bin</p>	<p>Dispose of in domestic waste stream</p> <p>Black bag</p>
<p>Does the patient agree to the waste being left for collection?</p> <p>Yes</p> <p>No</p>		<p>Are there significant volumes of liquid in this waste?</p> <p>Yes</p> <p>No</p>	<p>Medicinal products other than cytotoxic or cytostatic medication. Yellow lidded sharps bin</p>
<p>If the patient agrees for the waste to be left on site, secure the containment, complete the 'Application for collection of clinical waste' form and request a collection from the Council either on line or phone and leave the contact details with the client Tel 0300 1234 141</p>	<p>Waste must be returned to base for disposal in a rigid UN approved container. Use gelling agent/granules, pads to soak up any liquid as appropriate. Ensure that the container is sealed securely and labelled appropriately</p>	<p>Add gelling agent/granules/pads to soak up liquid in bag/bin.</p> <p>Secure and label appropriately, return to base to consign as hazardous waste for disposal EWC 18 01</p>	
<p>In the event that this waste is too much to convey in your vehicle or you require additional bins for containment please contact the community waste team on 01209 204015 or by email: cpn-tr.CommunityWasteEnquiries@nhs.net</p>			

Equality Impact Assessment Form

Title of Policy / Document for assessment:	Waste Management Policy					
Document Library Section:	Safety & Risk: Infection Control					
Is this a new or existing document?	Existing					
Date of assessment:	14/05/2020					
What is the main purpose of the document?	To ensure all staff are aware of their direct responsibility for the safe and legal disposal of wastes within Cornwall Partnership NHS Foundation Trust in a manner that protects staff, patients, visitors and contractors at all times whilst complying with relevant UK Health & Safety, Transport and Environmental Legislation.					
Who is affected by the Document?	Staff	Patients	Visitors	Carers	Other	All
						✓
Officer responsible for the assessment:	Paul Jepp - Operational Waste Manager					

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Are there concerns that the procedural document could have a differential impact on:	YES	NO	What existing evidence (either presumed or otherwise) do you have for this?
• Age		✓	None
• Disability		✓	None
• Sex		✓	None
• Gender reassignment		✓	None
• Pregnancy and maternity		✓	None
• Race		✓	None
• Religion and belief		✓	None
• Sexual orientation		✓	None
• Marriage and civil partnership		✓	None
• Groups at risk of stigma or social exclusion (e.g., offenders / homeless)		✓	None

Document Reference Code: [IC/016/20](#)

• Human Rights			This document applies equally to all trust employees, patients, visitors, contractors and the general public
• Are there any associated objectives of the document?			Compliance with relevant UK legislation and the provision of a safe environment for all

Signature of person completing the Equality Impact Assessment:

Name: *Paul Jepp*

Date: 14/05/2020

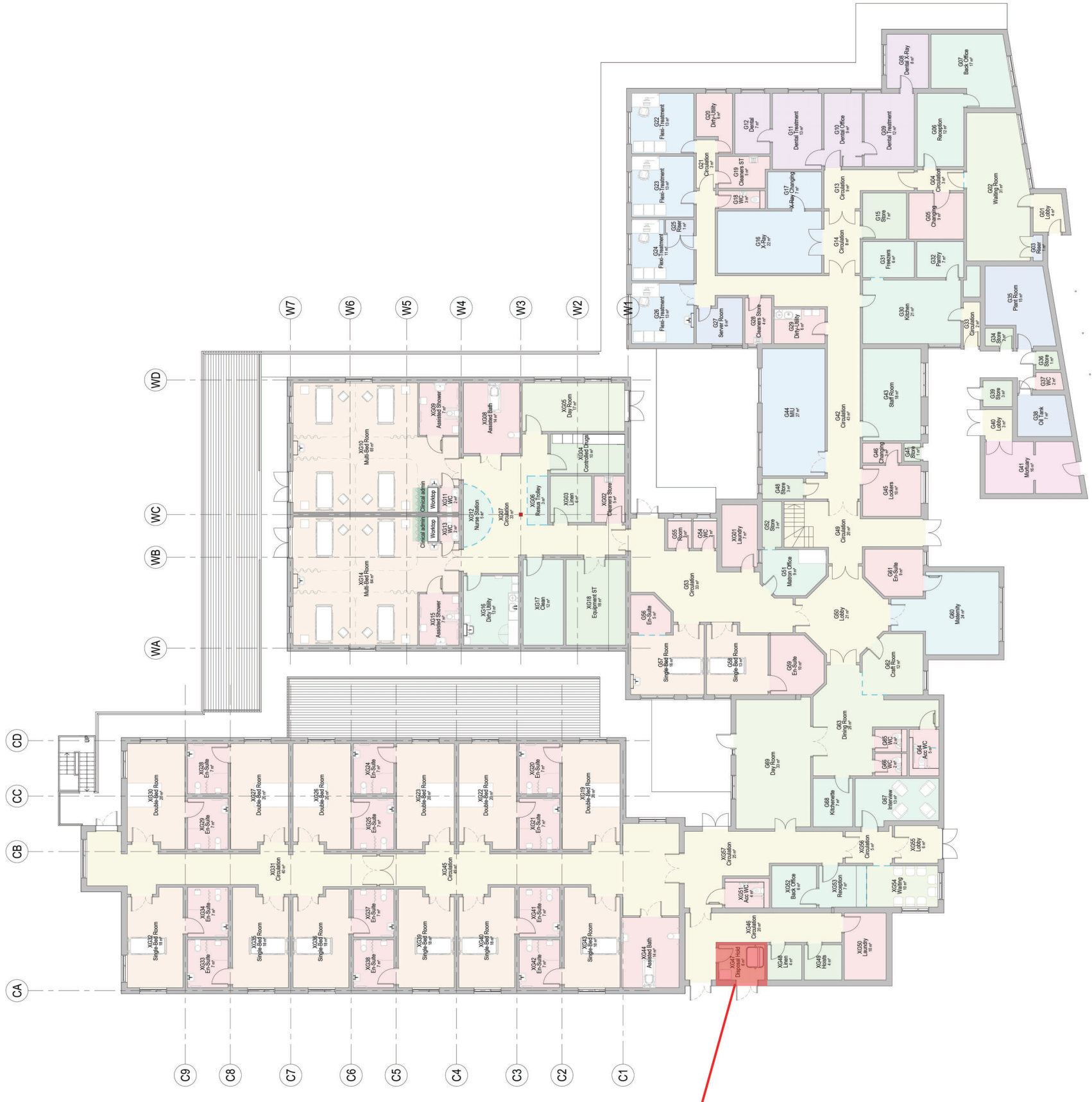
Appendix B

Location of external bin store



Appendix C

Location of Disposal Hold Room to Care Home



Location of Disposal Hold

Proposed Ground Floor Plan
1:100