

Waste Management Policy

Department / Service:	Facilities	
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Approved by:	Health and Safety Group	
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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All	
Target staff categories	Various	

Purpose of this document:

This policy was formulated in order to effectively manage waste generated as a result of clinical and non-clinical activities within the Trust. Staff with responsibilities for the management of waste should understand and must comply with the various regulatory regimes.

The aims of this policy are to enable the Trust:

- To comply with the Environmental Protection Act 1990 and other associated legislation.
- To comply with Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste;
- To ensure compliance of segregation in both local and centralised management processes;
- Provide all staff with explicit guidance in the safe handling and disposal of all wastes in line with health and safety and infection control requirements and fully aware of their responsibilities ;
- To ensure that appropriate governance arrangements are in place;
- To reduce the impact that the Trust's business has on the environment by managing the volume of waste requiring disposal and facilitate the hierarchy of waste management
- To ensure that, where practicable and cost effective, waste is segregated to facilitate recycling.

Key amendments to this Document:

Date	Amendment	By:
Aug 10	Review and reformatting of policy	Paul Graham
Feb 12	Review regulatory requirements, Safe Management of Healthcare Waste, Version 1 and reformatting of policy	Val Harris Head of Facilities
May 15	Review and update	JS/PG
Aug 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
Nov 2019	Review and update, approval committee, legislation & waste streams	Emma Bridge Head of Facilities
April 2020	Review and update, reference to Standard Operating Procedures for waste streams and updated segregation signage	Helen Mills
July 2024	Review and update in line with revised HTM 07-01 2023	Helen Mills

Contents page:

- 1. Introduction**
- 2. Scope of the Policy**
- 3. Definitions**
- 4. Responsibilities and Duties**
- 5. Policy detail**
- 6. Implementation**
- 7. Monitoring and compliance**
- 8. Policy review**
- 9. References**
- 10. Background**

Appendices

- Appendix 1 Compliance with Statutory Requirements and Other Guidance
- Appendix 2 European Waste Catalogue (EWC) Coding for Waste from Natal Care, Diagnosis, Treatment or Prevention of Disease in Humans.
- Appendix 3 Properties of Waste which Render it Hazardous (Annex III to the Waste Directive)
- Appendix 4 List of Cytotoxic/Cytostatic Medicines
- Appendix 5 Indicative List of Category A Micro-organisms (ADR)
- Appendix 6 Waste Management Group Terms of Reference

Supporting Document 1
Supporting Document 2

Equality Impact Assessment
Financial Risk Assessment

1. Introduction

Worcestershire Acute Hospitals NHS Trust is committed to providing a comprehensive waste management service, whilst complying with ALL applicable current and future legislation. Waste disposal is the generic term that we have given to the whole spectrum of activities, associated with the Trust's waste management policy, including handling, storage and actual disposal, which continues right up until the final destruction of that waste. The Trust has a 'cradle to the grave' responsibility and must ensure that our arrangements recognise that responsibility.

The Trust will ensure that the following key elements of the duty of care are in place:

- Safely and securely store waste
- Regularly have waste removed
- Correctly and clearly label waste for all movements
- Hold copies of Waste Transfer Notes for two years
- Hold copies of Hazardous Waste Consignment Notes for three years
- Ensure waste is moved by a company or person is a Registered Waste Carrier
- Ensure any on-site operations conducted are compliant with the existing exemptions, permits and standard regulatory positions (permits, exemptions and licences must be in place where required)
- Ensure all sites receiving waste have the appropriate permits (Environmental Permit, Waste Management Licence or Exemption must be in place)
- Demonstrate that the Waste Hierarchy has been taken into consideration when managing waste

The Trust recognises that efficient waste management has financial benefits, both by reducing waste disposal costs and reducing the potential of prosecution if legal requirements are not adhered to.

"Everyone who produces, imports, keeps, stores, transports, treats or disposes of waste must take all reasonable steps to ensure that waste is managed properly from the point of production to the point of final disposal." – HTM 07-01

2. Scope of the Policy

This Waste Management Policy applies to all services directly provided by the Trust at the following sites.

- Alexandra Hospital – Redditch
- Kidderminster Treatment Centre
- Worcestershire Royal Hospital

All staff should familiarise themselves with the policy.

Waste Management will be undertaken in a variety of environments, from the Trust hospital sites, patient homes and specialist clinics on other health organisation sites and is the responsibility of all staff. The Trust expects that the principles of this policy will be used as the minimum standards for all services.

This policy details the Trust's arrangements, including responsibilities for different groups of individuals, for the classification, segregation, collection, storage, handling, transportation and disposal of all waste produced as a consequence of its activities.

The Policy is extended to cover the relevant statutory responsibilities of the Trust as a 'consignor' and 'carrier' of waste items that fall in scope of 'The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009, as amended (the Carriage Regulations) and subsequently the requirements of The European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR).

3. Definitions

3.1 General Categories

Definitions and assessment of healthcare waste in line with regulatory regimes is important for safe management of waste. All waste materials produced at Worcestershire Acute Hospitals are assessed to ensure its correct classification prior to disposal and the following guidance are referred to while carrying out the assessment:

- Environment Agency Hazardous Waste: Guidance on the classification and assessment of waste (1st Edition v1.2. GB), Technical Guidance WM3.
- Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste, (2023 edition).
- Control of Substances Hazardous to Health Regulations 2002 and amendments.

Wastes must be classified in accordance with the regulations to ensure that each category of waste transported by or on behalf of the Trust meets the waste acceptance criteria of the authorised waste receiving site/process.

The following healthcare waste streams are produced from the Trust sites and have been categorised as follows:

- Non-clinical (domestic) waste (see Section 5.2.1) - normally destined for disposal at a registered Waste to Energy plant, but may also be disposed of in a registered landfill site.
- Clinical waste (see Section 5.2.2) - destined for disposal at a licensed disposal facility, this includes either an incineration plant or an alternative treatment plant (e.g. autoclave system).
- Hazardous waste (see Section 5.2.3) - disposal as directed by the appointed authorised lead.

The waste disposal guidelines (See posters in the Trust Waste Segregation Procedure) should be displayed in the department as a reminder of the various types of waste to ensure that ALL waste is placed in the correct bins. This will save the Trust money and help protect the environment.

In addition to the above broad categories of waste the following are generated by the Estates Department and should be disposed of according to Estates Departmental procedures.

Waste Management Code: WAHT-CG-481	Page 5 of 62	Issue No.	No: 5
		Implementation Date:	

- Building Waste - Waste generated through the activities of the Trust's Estates and Works.
- Waste plasterboard and unused plaster
- Waste metals
- Waste paint tins and unused paint
- Waste fluorescent lighting
- Waste wood
- Waste aerosol cans
- Waste wet cell batteries
- Other waste electrical or electronic equipment
- Waste oils and greases
- Waste filters

4. Responsibilities and Duties

4.1 Chief Executive's Responsibility and Delegation

Whilst the Chief Executive accepts overall responsibility for the management of waste generated on Trust premises, responsibility will be delegated via the Director of Estates & Facilities.

4.2 Deputy Director of Estates and Facilities (Soft FM)

The Deputy Director of Estates and Facilities (Soft FM) will:

- Ensure that the policy is implemented and adhered to across the Trust
- Provide sufficient resources to ensure all waste is handled and disposed of safely and in accordance with the relevant legislation.

4.3 Waste Management Group

The Waste Management Committee is responsible for:

- Developing annual action plans that support the implementation of this policy;
- The process for monitoring compliance;
- Demonstrating the level of compliance with the Legislation;
- Setting the waste management policy and procedures;
- Compliant waste management contracts
- Advising on minimisation of waste production;
- Assessment and elimination or reduction of risks associated with handling, transporting and disposing of waste, including waste audits.

The Waste Management Committee will provide an annual report to the Management Board on waste management as part of the Risk Management report.

The Waste Management Committee reports to the Infection Prevention & Control and Health and Safety Committees and the Terms of Reference is at Appendix 6.

Waste Management Code: WAHT-CG-481	Page 6 of 62	Issue No.	No: 5
		Implementation Date:	

4.4 Authorised Officer

Waste Management within the Trust is provided by the Facilities Department and the duties of the Authorised Officer for Waste are covered by a combination of the Deputy Director of Estates and Facilities (Soft FM), the Trust Transport and Portering Co-Ordinator, Trust Facilities Manager and the PFI Soft Services Provider.

They are responsible for ensuring that the day-to-day operational issues surrounding waste disposal within the Trust are conducted in line with the contracted arrangements and will:

- Ensure that adequate facilities and resources are available or are supplied, as necessary, for the disposal of non-clinical (domestic), clinical, hazardous and other wastes generated within the Trust, and that these comply with the relevant legislation.
- Ensure that the Waste Disposal Contractor(s) complies with all relevant legislation and administers the central returns for waste transfer notes, licences, certificates and other formal paperwork required by law.
- Ensure that proactive arrangements exist for the monitoring and policing of this policy.
- Monitor compliance against this Policy, but this will not absolve line management from their Duty of Care; in particular this will mean attention to local storage and staff handling arrangements.
- Report to the Waste Management Group, who will receive reports on the monitoring and policing of this policy, with escalation to the Trust Health and Safety Committee for oversight and scrutiny.

4.5 Facilities Quality & Compliance Manager

- Ensure that all non-compliance issues are thoroughly investigated, action plans are instigated and follow up until compliance is achieved
- Monitor the waste risk register and report any high risks to the relevant Trust Committees.
- Prepare waste annual report and submit to the Waste Management Committee

4.6 Trust Monitoring Team

- Carry out operational audits on waste segregation at ward/department level

4.7 Waste Management Operational Team

- Operational waste issues within the Trust buildings
- Implementation of the policy and waste procedures throughout the Trust
- Conduct audits on waste producer practices
- Provide advice and guidance as required on safe practices and procedures for handling waste materials

4.8 Procurement Manager

The Procurement Manager is to support the Trust's commitment towards total waste management and waste reduction. In particular:

- ensuring that all purchases take the impact of packaging into account;
- aiming to eliminate secondary packaging;
- specifying packaging type on tender criteria.

4.9 Local Departmental Management

At departmental level:

It will be Line Management responsibility to ensure compliance with this Policy. Managers will ensure that all staff under their direct control is aware of the necessary details to deal with the type of waste most frequently produced within their respective work area (or activity) and comply with it. They must also be aware of what to do if other waste is encountered, even if it is some form of holding / emergency action.

Department Heads will ensure that the necessary local resources, financial and others are available to ensure that all aspects of the Policy can be met. If there are problems in this respect, then this must be drawn to the attention of the Head of Facilities in the first instance.

4.10 Staff Responsibilities

All staff must identify any materials that they are using or have used which is destined for the waste stream, and ensure it is segregated into its appropriate category as defined in the Policy and ensure it is disposed of in accordance with the requirements of the Policy.

They will also act in accordance with the requirements placed upon them by the Health and Safety Policy and the Trust Infection Control Department.

4.11 Contractors

All contractors employed by or working on behalf of the Trust, in or adjacent to Trust property will make the necessary arrangements to manage and dispose of all waste derived from their work activities.

The Trust manager responsible for the contractor(s) is responsible for ensuring that the contractor(s) is complying with this Policy.

4.12 Dangerous Goods Safety Adviser (DGSA)

To meet the requirements of the Carriage of Dangerous Goods and use of Transportable Pressure Equipment Regulations, the Trust has a duty to appoint a Dangerous Goods Safety Adviser (DGSA):

- To advise and monitor on dangerous goods carriage compliance
- To ensure that relevant incidents/accidents are properly investigated and reported

- To prepare for the duty-holder an annual report on dangerous goods activities. The Trusts appointed DGSA is Naomi Hodge from Independent Safety Services Ltd. Her email address is naomi@issafe.co.uk.

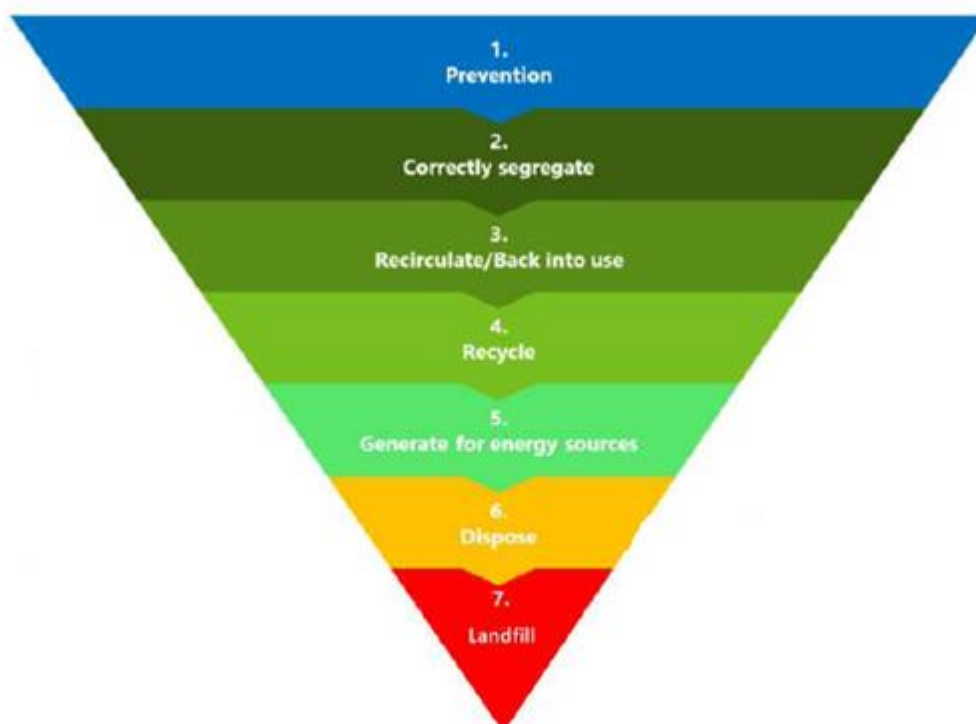
4.13 Infection Control

The Infection Control team will:

- Advise managers on waste handling matters relating to infection prevention and control.
- Provide advice to the Waste Management Committee on any infection control issues.
- Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Robust waste management processes are vital in order to prevent cross-contamination between infected and non-infected materials. This in turn will prevent avoidable infectious waste generation.

5. Waste minimisation and the waste hierarchy

The Trust must consider the hierarchy of waste management options for materials used and disposed from its sites, as set out in HTM 07-01. The waste hierarchy sets out, in order of priority, the waste management options.



This utilises the 5 R's approach, which in turn reduces consumption and subsequent waste.

- Reduce;
- Re-use;
- Re-process/re-furbish
- Renewal;
- Recycling;

6. Safe Management of Waste

6.1. Legal and Statutory Obligations

This section provides an overview of the regulatory regimes (as detailed in appendix 1) that affect waste management practices within the Trust. This covers health and safety, environmental, infection control and transport requirements.

6.1.1. Waste Legislation and Obligations

Waste Framework Directive (Directive 2008/98/EC) – The Waste Framework Directive (WFD) is the primary European legislation for the management of waste. It is the overriding legislation that English waste legislation and regulation is derived.

Waste (England and Wales) Regulations 2011, as amended – The WFD was revised in 2008. The revisions have been implemented in England and Wales through the Waste (England and Wales) Regulations 2011.

The Trust community healthcare teams carry controlled waste in the course of their daily activities.

Duty of Care – The Trust has a legal responsibility to ensure that waste is produced, stored, transported and disposed of without harming the environment and to human health. This is called “duty of care”.

The statutory duty of care applies to everyone in the waste management chain. It requires the Trust and others who are involved in the management of the waste to prevent its escape, and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal.

The statutory requirements covering duty of care in waste management are contained in Section 34 of the Environmental Protection Act 1990. The following regulations contain relevant aspects of the duty of care requirements:

- Control of Pollution (Amendment) Act 1989
- The Control of Waste (Dealing with Seized Property) (England and Wales) Regulations 2015
- Waste (England and Wales) Regulations 2011

Under the duty of care, the Trust shall provide a **Duty of Care Waste Transfer Note** for each movement of non-hazardous waste. The note shall accurately describe the type of wastes including an appropriate European Waste Catalogue (EWC) code classification, 2007 Standard Industry Classification code (SIC) and a declaration of compliance to Regulation 12 of the Waste (England and Wales) Regulations 2011, as amended.

If the waste produced does not change in description only one a year is required, also called a season ticket. Waste transfer notes must be kept for a minimum of **2 years** at each site from which non-hazardous waste is collected.

The Trust shall comply with the following (as a minimum requirement) Duty of Care obligations:

- Describe the waste fully and accurately.
- Store waste securely and safely on-site.
- Pack waste securely (where appropriate) in line with the Carriage Regulations.
- Register as a waste carrier (if required) and make all reasonable checks on waste carriers, which include checking all registrations with the appropriate regulator.
- Select an appropriate recovery, treatment or disposal method.
- Ensure that the types of waste specified by European Waste Catalogue codes (and quantity if relevant) fall within the terms of the waste contractor's environmental permit or exemption.
- Complete a waste transfer note or hazardous waste consignment note prior to waste being transferred to another party, signing as required.

Environmental Permitting and Waste Management Licensing – Permits and licences issued by the appropriate authorities are required for the storage, transfer, treatment and disposal of waste.

The Environmental Permitting (England and Wales) Regulations 2016, as amended, provide a consolidated system for environmental permits and exemptions for industrial activities, mobile plant, waste operations, mining waste operations, water discharge activities, groundwater activities, and radioactive substances activities and include provision for a number of Directives including Batteries. The regulations set out the powers, functions and duties of the regulators.

The Trust must comply with the relevant aspects of The Environmental Permitting (England and Wales) Regulations 2016 or where applicable meet the requirements of appropriate exemptions to these regulations.

The Trust is exempt from the requirement to hold a permit for the storage of waste under the conditions of the Non-Waste Framework Directive exemptions (NWFD). The NWFD exemptions do not require registration with the authorising authority (Environment Agency). The NWFD exemptions are only authorised when the conditions of the exemptions are complied with. The Trust shall ensure that the conditions of the NWFD exemptions are complied with.

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

Hazardous Waste – Hazardous Waste (England and Wales) Regulations 2005, as amended, define and regulate the segregation and movement of hazardous waste from the point of production to the final point of disposal or recovery.

Hazardous waste shall be classified in accordance to the Technical Guidance WM3, Environment Agency, Waste Classification - Guidance on the classification and assessment of waste, Version 1.2. GB, as detailed in the List of Wastes and European Waste Catalogue (EWC) section below.

Hazardous Waste Consignment Note – shall be completed for every transfer of waste that is classified as hazardous. There is a requirement to give a full description of the waste, its EWC code, along with its associated hazards, 2007 Standard Industry Classification code (SIC) and a declaration of compliance to Regulation 12 of the Waste (England and Wales) Regulations 2011.

The Trust, as a producer, is legally responsible for ensuring that relevant parts (Part A, B and D) of the consignment note are completed appropriately.

The Producer, Holder and Consignor (Trust) must keep a register that contains copies of the following records, chronologically, for a period of **3 years**:

- Standard or Multiple Consignment notes (including Annexes), and
- A consignee's copy of each consignment note (completed Part E sections), together with a description (or confirmation) of the method of disposal or recovery applied to the waste or Consignee returns to the producer or holder (quarterly returns).

Also where relevant, the register should contain records of:

- Rejected loads details, and
- Carrier Schedules

If the waste was removed from a notified premises (registered hazardous waste premises), then the Trust must keep the register at that premises. It is the Trust's responsibility to ensure that all records are kept securely and are readily retrievable at all times.

List of Waste (LoW) or European Waste Catalogue (EWC) – The Environmental Permitting (England and Wales) Regulations, the Hazardous Waste Regulations, require producers to adequately describe their waste using both a written description and the use of the appropriate EWC code(s) on both waste transfer and consignment notes.

The UK Environmental Regulatory Authorities have produced a joint guidance document on the interpretation, definition and classification of hazardous waste entitled WM3 (Version 1.2. GB) which denotes the EWC. The EWC contains 20

Waste Management Code: WAHT-CG-481	Page 12 of 62	Issue No.	No: 5
		Implementation Date:	

chapters of specific codes that catalogue of all wastes, grouped according to generic industry, process or waste type. The EWC coding of chapter 18 01 (Waste from natal care, diagnosis, treatment or prevention of disease in humans) is contained in appendix 2.

EWC codes that are either absolute entries, because they will always be hazardous, or mirror entries (which can either be hazardous or non-hazardous depending on the content of dangerous substances at, or above, certain thresholds) or non-hazardous entries. Absolute hazardous entries are shown in red with an asterisk (*), mirror entries in blue with an asterisk (*) and Non-hazardous entries are shown in black.

Waste is subject to assessment in relation to 16 hazard groups (see appendix 3) identified in the Waste (England and Wales) Regulations 2011 amendments to the Hazardous Waste Regulations.

Waste Batteries and Accumulators Regulations 2009 (as amended) –

In the United Kingdom (UK) batteries and accumulators are regulated to help protect the environment through the Waste Batteries and Accumulators Regulations 2009 (as amended) – the underpinning legislation:

- making it compulsory to collect/take back and recycle batteries and accumulators
- preventing batteries and accumulators from being incinerated or dumped in landfill sites

The Trust must ensure that all waste batteries collected by battery compliance schemes are treated and recycled in line with the directive's requirements by approved Battery Treatment Operators (ABTOs) and Approved Battery Exporters (ABEs).

Waste Electrical and Electronic Equipment Regulations

Electrical and electronic equipment (EEE) is regulated to reduce the amount of waste electrical and electronic equipment (WEEE) incinerated or sent to landfill sites.

Reduction is achieved through various measures which encourage the recovery, reuse and recycling of products and components.

The Waste Electrical and Electronic Equipment Regulations 2013 (as amended) is the underpinning UK legislation.

The Waste Electrical and Electronic Regulations (WEEE Regulations) introduce responsibilities for businesses and other non-household users of electrical and electronic equipment (EEE). The Trust must ensure that all separately collected WEEE is treated and recycled in line with the regulations.

Animal By-Products Regulations – Animal by-products are animal carcasses, parts of carcass or products of animal origin that are not intended for human consumption. The handling, use and disposal of animal by-products are controlled by the Assimilated Animal By-products Regulation 2009 (as amended). The main aim of these regulations is to prevent animal by-products from presenting a risk to animal or public health through the transmission of disease. The regulations are enforced in England by the Animal By-Products (Enforcement) (England) Regulations 2013.

Waste Management Code: WAHT-CG-481	Page 13 of 62	Issue No.	No: 5
		Implementation Date:	

Should the Trust send food waste for treatment or recovery then it shall ensure compliance to these regulations.

Radioactive Substances – the following regulations apply to permitting radioactive substances in the UK:

The Environmental Permitting (England and Wales) Regulations 2016, as amended;
Radioactive Substances Act 1993

Radioactive materials are stored and disposed (e.g. waste in the form of human excreta) on the Hospital sites. The Trust must ensure the requirements of The Environmental Permitting (England and Wales) Regulations 2016, Radioactive Substances Act 1993 and Ionising Radiation Regulations 2017 (IRR17) are complied with.

6.1.2. Controlled Drugs Legislation and Obligations

Controlled drugs are subject to special legislative controls as they are potentially harmful. The Misuse of Drugs Regulations 2001 lists the medicines that are classified as controlled drugs.

The management and destruction of controlled drugs in accordance to the Misuse of Drugs Regulations 2001 is outside the scope of this policy. The Trust Medicines Policy ensures compliance to the Misuse of Drugs Regulations.

The denaturing of controlled drugs on Trust sites is classified as a waste management activity and therefore must comply with The Environmental Permitting (England and Wales) Regulations 2016, as amended.

The Environmental Permitting (England and Wales) Regulations provide an exemption (T28) for the denaturing of controlled drugs at the premises of production (i.e. the place where the waste was originally produced). The Trust must ensure that a T28 is registered for each premise that denatures controlled drugs and the conditions of the exemption must be complied with.

6.1.3. Infection Prevention and Control Legislation and Obligations

Healthcare waste in England is addressed in the 'Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance' (referred to in Section 21 of the Health and Social Care Act).

Compliance to the relevant infection control regulations is outside the scope of this policy and dealt with in the following policies:

- The prevention and management of inoculation injury policy WAHT-INF-050

6.1.4. Health and Safety Legislation and Obligations

Health and safety legislation is based on the assessment of risk. Control of Substances Hazardous to Health Regulations (COSHH) 2002 and the Management of Health and Safety at Work Regulations (1999), in line with health and safety at work legislation specifically require those dealing with potentially hazardous substances (including waste) to assess the risk to the public and staff that may come into contact with it. In practice, this involves the development of risk assessment policies and procedures and putting in place arrangements to manage the risks effectively.

The Control of Substances Hazardous to Health Regulations (COSHH) sets out the duty to manage the risk of exposure to hazardous substances including waste. The Management of Health and Safety at Work Regulations and its associated Approved Code of Practice (ACOP ref L21) provide a framework for managing risks at work, including risks from healthcare waste, not covered by more specific requirements such as COSHH.

The arrangements and requirements of this policy and other associated policies form the basis for the management of the risk associated with waste. This policy is an integral part of the overall health and safety management system.

Specific details for compliance to the relevant COSHH regulations and the Management of Health and Safety at Work Regulations are outside the scope of this policy and dealt with in the following policies:

- Health and Safety Policy
- Risk Assessment Procedure
- Control of Substances Hazardous to Health Policy

6.1.5. Transport Legislation and Obligations

The carriage of dangerous goods is subject to regulatory control under the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009, as amended throughout the UK. The Carriage Regulations are intended to reduce, to reasonable levels, the risk of harm or damage to people, property and the environment posed by the carriage of dangerous goods.

In the UK, these regulations implement the requirements of the 'Agreement, Concerning the International Carriage of Dangerous Goods by Road' (known as ADR). The movement of dangerous goods by road shall be concentrated on for the purpose of this policy, but the Trust should seek specialist assistance should dangerous goods be carried by rail, air, sea, and/or inland waterway.

The Trust has statutory duties to comply with requirements of the carriage regulations as a consignor, carrier and receiver of dangerous goods. Therefore, the Trust must comply with the relevant aspect of the carriage regulations including:

- substance classification and identification
- packaging, marking, labelling and transport documentation
- training of personnel involved in the chain of distribution

Waste Management Code: WAHT-CG-481	Page 15 of 62	Issue No.	No: 5
		Implementation Date:	

- safety equipment and emergency procedures
- safe loading
- vehicle specification, operation and marking

General awareness training for community healthcare workers and conveying dangerous goods under small load thresholds is mandatory.

Refresher training is recommended every 2 years.

Trust transport drivers must also undertake dangerous goods awareness training.

Under the statutory requirements of ADR the Trust shall appoint a Dangerous Goods Safety Adviser (DGSA) that holds the relevant vocational training certificate in accordance to 1.8.3 of ADR.

7. Healthcare Waste Management

7.1. Domestic Waste (Non Clinical)

Domestic Waste is classified as not contaminated and does not have any other special disposal requirements.

This includes:

- General office waste
- Waste generated in the residential accommodation
- Food waste
- Dead flowers
- Newspapers *
- Glass / china etc (blue bags)
- Paper *
- Plastic *
- Cardboard *
- Shredded confidential waste
- Redundant furniture - POPS
- Glass (non-contaminated (e.g. coffee jar, bottles, etc))

The asterisk refers to the waste streams that are dealt with via DMR (Dry Mixed Recycling)

7.2. Clinical Waste

Clinical waste is defined under the Controlled Waste (England and Wales) Regulations 2012 as follows:

(a) contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms

(b) contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or

(c) is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive 67/548/EEC on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances.

All clinical waste must be accompanied by the relevant documentation and a satisfactory description and EWC code as listed at Appendix 2.

“Any healthcare waste contaminated with a medicine that contains a biologically active pharmaceutical agent is considered clinical waste”

Rigid Containers (See Waste Chart):

The rigid containers bins are to be closed, using the non-removable lid, and the container marked with the name of the department/area, from where the waste has been generated.

It is important that rigid containers bins are not overfilled as there are weight restrictions on the containers design and also Manual Handling Operations Regulations 1992; require that items must be able to be moved safely without risk of injury. Full containers must not be more than three quarters full; containers found to be more than ¾ full will not be moved by waste portering staff.

7.3. Hazardous Waste

Hazardous Waste generated at the Trust is classified into 6 categories:

- Healthcare Waste – Waste material in this category is generated by clinical activity and is infectious or potentially infectious, including anatomical, diagnostic, laboratory waste, amalgam waste and medicinal products.
- Electrical equipment – Waste material in this category includes all items either operated by battery or mains power, including all IT equipment.
- Batteries – Waste material in this category includes all types of batteries.
- Chemical waste - Laboratory/diagnostic area chemicals i.e. diagnostic vials, reagent kits or specimen preservatives like formaldehyde or hydrochloric acid. Therapeutic chemicals used directly for treatment or disinfection. Disinfectants, cleaning agents
- Aerosols - Air fresheners, cleaning products, deodorants
- Fluorescent tubes

Waste substances that have one or more of the following properties are classified as hazardous and should be disposed as such:-

- Explosive
- Oxidising
- Flammable
- Irritant
- Specific Target Organ Toxicity/Aspiration Toxicity
- Acute Toxicity
- Carcinogenic
- Corrosive
- Infectious

Waste Management Code: WAHT-CG-481	Page 17 of 62	Issue No.	No: 5
		Implementation Date:	

- Toxic for Reproduction
- Mutagenic
- Substances that release a toxic gas when in contact with water, air or acid
- Sensitising
- Ecotoxic
- Capable of exhibiting a hazardous property listed above not directly displayed by the original waste
- Persistent Organic Pollutants

The Trust will carry out waste assessment to identify wards/department where hazardous waste is produced to arrange for segregation, collection, storage and disposal. Producers of such waste should contact the Waste Manager to arrange for collection and disposal.

7.4. Pharmacy Waste

Pharmaceuticals products which are no longer required by clinic or department are returned to the Pharmacy.

If the clinic or department has unwanted controlled drugs, then it is the responsibility of the Ward Manager/Sister to contact and consult with the Ward Pharmacist regarding disposal. Ward/Department should not send EMPTY containers to the Pharmacy. They should dispose them in BLUE LIDDED pharmacy bins for non-hazardous pharmaceuticals (EWC 18 01 09).

Any medicines no longer required for use must be returned in a secure manner to the supplying pharmacy for destruction. Medicines must never be disposed of through the sewerage system.

Cytotoxic/cytostatic medicine waste is hazardous and must be disposed of in PURPLE LIDDED cytotoxic/cytostatic waste bin (EWC 18 01 08*) and collected by the designated pharmacy porter.

All used or part-used syringes, vials and ampoules should be placed in an approved sharps container

If a medicine is delivered via a sharp, it must not be disposed of with non-sharp medicinal wastes.

Pharmaceuticals should never be disposed down a sink or drain, they should be left in the syringe and placed into the appropriate lidded sharps box – yellow for non-cytotoxic/non-cytostatic or purple for cytotoxic/cytostatic.

NB: All residual medicines and cytotoxic/cytostatic drugs are hazardous waste and must not be disposed of with the General Clinical Waste.

7.5. Offensive/Hygiene waste

- Offensive waste is waste that is not clinical waste.
- Is NOT infectious, but may contain body fluids, secretions or excretions.
- Is non-hazardous
- falls within waste codes 18 01 04 if from healthcare, 18 02 03 if from research, diagnosis or treatment involving animals, or 20 01 99 if from municipal sources e.g. sanitary waste.

Nappies, incontinence pads, uncontaminated personal protective equipment (PPE) are classed as offensive waste and disposed of in tiger bags (yellow bags with a black Stripe). Where there is a potential that the offensive waste may be infected or may have been contaminated with any infectious product then the waste is not offensive but is classified as infectious and should be dealt with as infectious clinical waste.

The Trust has rolled out the offensive waste stream across all 3 sites. Compliance is monitored via the Trust Monitoring Team Audits, and via the annual pre-acceptance audits.

There are designated bins in all appropriate locations for feminine sanitary products and these are managed through a designated external contract.

It is typically acceptable to dispose of liquid offensive wastes such as urine, liquid faeces and vomit to the sewer.

7.6. Cytotoxic/cytostatic waste

All cytotoxic/cytostatic waste that is produced outside the return to pharmacy policy and items contaminated with residues of cytotoxic/cytostatic medicines are collected in purple bags and purple lidded containers.

Cytotoxic and cytostatic medications include medicinal product possessing any one, or more, of the following hazardous properties:

- HP6: Toxic substances and preparations which if they are inhaled or ingested or if they penetrate the skin, may involve serious, acute or chronic health risks.
- HP7: Carcinogenic substances and preparations which if they are inhaled or ingested or if they penetrate the skin may induce cancer or increase its incidence.
- HP10: Toxic for Reproduction (teratogenic) substances and preparations which if they are inhaled or ingested or if they penetrate the skin which has adverse effects on sexual function and fertility in adult males and females, as well as developmental toxicity in the offspring
- HP11: which has adverse effects on sexual function and fertility in adult males and females, as well as developmental toxicity in the offspring

Other wards and departments producing such type of waste on an ad-hoc basis should contact the Waste Manager to arrange for collection and disposal.

7.7. Sharps waste

Ward Staff should use yellow lidded bins for sharps which have been fully or partially discharged of medication. If from a phlebotomy only area with used phlebotomy sharps the sharps bin should be orange lidded. Purple lidded bins should be used for disposal of waste which has been in contact with cytotoxic/cytostatic substances. (See section 5.6 and 7.6)

Ward/Departments should use only the Trust preferred option of Sharps Containers, which must be ordered via the Materials Management System or seek advice from the Procurement Department. All containers must be UN Approved and comply with the labelling and test requirements laid down in the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009, as amended. Sharps bins should also meet British Standard BS EN ISO 23907-1:2019

The approved containers should be kept whilst being used on a worktop/shelf, but must remain in easy reach of those requiring to dispose of waste into the container. Under no circumstances should they be stored on the floor or above shoulder height and must not be within easy reach of children or vulnerable adults.

These containers must be removed from wards when no more than three quarters full and should be kept secured as directed on the container labels. The label must indicate the point of origin.

Sharps containers should be used for no longer than a period of 12 months or when the fill line is reached, whichever is sooner.

The sealed container is to be stored in the designated area for collection by the waste porter, stored separately from bagged clinical waste. The full containers **MUST BE** stored in the upright position to prevent any possible risk of leakage through the lid. Sharps containers should not be placed into plastic bags for disposal. Do Not empty one sharps container into another.

Further guidance in relation to sharp's procedures and what to do in the case of an accident is given in The Inoculation Incident Protocol (including needlestick injuries and human bites) Policy, Ref: WAHT-INF-008

7.8. Anatomical waste

Anatomical waste is body parts, organs, bones, histopathology specimens, full and partially full blood bags from transfusion and other recognisable anatomical waste.

These items should be disposed of in UN approved red lidded rigid burn bins.

7.9. Gypsum waste

Gypsum is a sulphate mineral made up of calcium sulphate dehydrate. It is used to make plaster products including plaster casts and dental moulds. When mixed with biodegradable waste in a landfill it produces toxic hydrogen sulphide gas so landfilling of gypsum with biodegradable waste has been banned in England and Wales since July 2005.

7.10. Amalgam waste

Amalgam waste is from dental care. This includes unwanted amalgam, old fillings, teeth with fillings, grindings, surplus amalgam which cannot be reused, packaging such as capsules containing residues.

These must be disposed of in a white container with mercury suppressant.

Most plaster casts and moulds are not infectious and must not be placed in the clinical waste stream. They must also not be placed in the offensive or domestic waste stream because it may/will go to landfill.

Plaster casts and moulds should be placed in a designated gypsum container and the container clearly tagged with a specialist tag to indicate the source of the waste.

The small proportion of gypsum that genuinely poses a risk of infection may then be disposed of in the infectious clinical waste stream (orange bag).

7.11. Other categories of Healthcare Waste

7.11.1. Medical Devices

Medical devices from Theatres and Wards are disposed as defined in the Medical Devices Regulations 2002, as amended.

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

- is intended by the manufacturer to be used for human beings for the purpose of:
- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
- investigation, replacement or modification of the anatomy or of a physiological process, or
- control of conception; and
- does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, even if it is assisted in its function by such means, and includes devices intended to administer a medicinal product or which incorporate as an integral part a substance which, if used separately, would be a medicinal product and which is liable to act upon the body with action ancillary to that of the device.

7.11.2. Infected/Used Medical Devices

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

If the device contains hazardous materials or components including nickel cadmium and mercury containing batteries the description of the waste on the consignment note must fully describe the waste and all its hazards. For example, an implanted device with a nickel cadmium battery should be described as: 18 01 03* Infectious Waste containing nickel cadmium batteries [Hazards: Corrosive (HP8)]. If disinfected, it should be disposed of as WEEE waste.

7.11.3. Disinfected/Unused Medical Devices

Disinfected medical devices should be classified as non-infectious healthcare waste. The description given of the waste must adequately describe the waste and any hazardous characteristics (even if the waste is not classed as hazardous waste). It is important that a decontamination certificate is attached to any waste prior to disposal.

For example a disinfected device containing a nickel cadmium battery should be described as:

18 01 04 Non-infectious healthcare waste containing batteries [Hazards: Corrosive (H8)]. If disinfected, it should be disposed of as WEEE waste.

7.11.4. Category A Laboratory Waste

Advice on all matters concerning this type of waste should be sought from the Laboratories Managers.

7.11.5. Radioactive Waste

Radioactive waste generated by the Trust from healthcare includes radioactive materials used in diagnostic and therapeutic medicine. This waste is considered to be very low-level radioactive waste. The Environment Agency regulates the keeping and use of radioactive materials and the accumulation and disposal of radioactive waste.

Clinical waste contaminated with radioactive materials released by the Nuclear Medicine department is normally below the maximum level of Very Low Level Waste (VLLW maximum concentration of radionuclides <400 kilobecquerels/0.1m³, 40 kBq per single item). At this level of contamination the waste can be incinerated in accordance with other properties, e.g. infectious waste where there is a suspected or known risk of infection (EWC 18 01 03*) or offensive where no risk of infection is present (EWC 18 01 04).

Exempt waste - radioactive waste can be exempted from specific regulatory control if its activity does not exceed thresholds of quantity and concentration laid down in the current regulations. In England and Wales the levels are described in Environmental Permitting Regulations (England and Wales) 2016, as amended.

7.11.6. Category A Infectious Contaminated Clinical Waste

Clinical waste could be generated at the Trust site that meets the criteria of Category A in accordance to the carriage regulations. Clinical waste containing a Category A micro-organism presents higher risks to human health and the environment than clinical waste of Category B and therefore must be controlled under different procedures including special security provisions in line with the carriage regulations.

Definition

Category A waste is defined as an infectious substance that is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to healthy humans or animals.

NOTE: An exposure occurs when an infectious substance is released outside of the protective packaging, resulting in physical contact with humans or animals.

A list of infectious substances that meet these criteria is provided in Appendix 5. Infectious substances that do not meet the criteria for inclusion in Category A are Category B and consigned as UN3291.

Classification

Category A clinical waste from humans are those material that are known or suspected of containing any of the particular micro-organism on the list in Appendix 5. Assessment is based on the known medical history and symptoms of the source human, endemic local conditions or professional judgement concerning individual circumstances of the source human or confirmed cases from diagnostic testing.

Examples of materials found in the Trust may include cultures, specimens or clinical waste containing any of the particular micro-organism on the indicative list in Appendix 5.

Materials meeting the criteria for Category A shall be assigned to

- **UN2814, WASTE INFECTIOUS SUBSTANCE, AFFECTING HUMANS,** – for waste generated in Laboratory areas; or
- **UN3549, Medical WASTE, CATEGORY A, AFFECTING HUMANS, SOLID** – for waste from medical treatment of patients

Category A Clinical Waste Handling Procedures

Category A waste generated in the Trust laboratories is treated in the laboratory autoclaves onsite to render it safe for transport. This process is controlled by the local laboratory procedures. This will invoke the transport Security Plan and additional requirements of ADR.

The Trust does not generally deal with patients with infections meeting the criteria of Category A, but there is a very remote possibility that the Trust could have a patient that does have a known or suspected Category A infection.

Waste Management Code: WAHT-CG-481	Page 23 of 62	Issue No.	No: 5
		Implementation Date:	

Should this situation occur then the two procedures must be followed - the Viral Haemorrhagic Fever Policy for patient care and the Trust Ebola clinical protocol.

Immediate Action

Where a known or suspected Category A infection is identified contact infection control via switchboard then notify the consultant microbiologist via switchboard.

7.11.7. Category B Infectious Contaminated Clinical Waste

Infectious clinical waste which does not meet the criteria for inclusion in Category A is assigned to Category B and consigned as **UN3291, CLINICAL WASTE, UNSPECIFIED, N.O.S.** for carriage.

This is the routine classification and consignment system for infectious clinical waste from the Trust sites.

7.11.8. Confidential Waste

Confidential Waste is waste that contains information that would identify an individual patient, employee or business and be deemed to be either personally or organisationally sensitive in nature.

Confidential waste bags must not be left in areas where the public may gain access to them. It is important that all staff are aware that these bags must be locked in a secure area if clinics or departments are closing or are unsupervised by Trust staff.

An external company is employed to destroy confidential waste to BS EN 15713:2009 in line with the Data Protection Act. This means that the paper is cross shredded to an agreed size. Bags are supplied for the collection of this waste. Waste material where possible should be recycled.

7.12. Healthcare Waste Colour Coding System









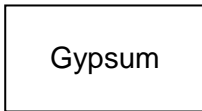
Health and safety, carriage and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. The Trust has a legal requirement under the hazardous waste regulations to ensure that waste is segregated appropriately.

Correct segregation of different types of waste is critical to safe management of healthcare waste and the use of colour coded receptacles is the key to good segregation practices.

The Trust has adopted the recommended clinical waste colour coded segregation system of Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste, 2023, as detailed below.

Waste Management Code: WAHT-CG-481	Page 24 of 62	Issue No.	No: 5
		Implementation Date:	

Healthcare waste colour coding system:

Colour	Description/Disposal
 Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Orange	Waste which may be “treated” Indicative treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However this waste may also be disposed of by incineration.
 Purple	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Yellow/Black	Offensive/hygiene waste Indicative treatment/disposal required is landfill or incineration in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.
 Red	Anatomical waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Blue	Medicinal waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Black	Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
 White	Amalgam waste For recovery
 Gypsum	Gypsum Waste for Recovery (non-infectious) Gypsum wastes may be recycled or disposed of to landfill in specialist cells or authorised incineration (waste to energy).

The Trust will choose the most appropriate waste receptacle for the waste generated in a particular area of operations.

7.13. Healthcare Waste Segregation and Packaging

7.13.1. On Trust premises

In accordance with good environmental practices the Trust segregate its waste in order to facilitate the use of alternative treatment rather than place reliance on incineration as the sole means of disposal.

The table in the Trust Waste Segregation Procedure identifies the segregation, packaging and packaging colour coding requirements for each waste stream. This is further supported by a number of operating procedures for the segregated waste types, which can also be found in the Trust Waste Segregation Procedure.

It is the responsibility of each and every employee or contractor operating on behalf of the Trust to ensure that the segregation and packaging requirements of healthcare wastes contained in this policy is implemented in all Trust controlled buildings.

7.13.2. In the community

- Wastes produced by healthcare staff in the community are subject to restrictions and regulations
- Any hazardous wastes produced by the actions of healthcare staff in the community should NOT be placed within the domestic waste stream for disposal.
- Staff should not use a patient's own sharps container, and must carry a UN-approved sharps container to remove any sharps generated during home treatment.

The NHS Clinical Waste Strategy states that all NHS providers must achieve clinical waste segregation targets by 2026:

- 20% of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration
- 20% of waste segregated to be sent to alternative treatment
- 60% of waste segregated to be classified as offensive waste

7.14. Bin distribution in ward and departmental areas

All wards and departments to follow the placement and distribution of bins as detailed in Section 4 of the Trust's Waste Segregation Procedure - General guide for bin distribution in ward and departmental areas.

7.15. Correct use of waste streams

7.15.1. All staff have a responsibility to ensure that the correct waste streams are being used appropriately.

The infectious waste stream (orange bag) should only be used where the waste is likely to be infectious. Staff should consider whether:

- it came from a patient being treated for infection or from contact with a patient carrying a transmissible disease, for example PPE items that have come into contact with an infectious patient
- it came from a patient with a history of a known infection, for example a blood-borne virus or *Clostridioides difficile*

Waste Management Code: WAHT-CG-481	Page 26 of 62	Issue No.	No: 5
		Implementation Date:	

- it has been identified as infectious by a clinician
- it is a culture, stock or sample of infectious agents from laboratory work or it has been in contact with them.

7.15.2. Staff must be aware not to overclassify offensive waste. PPE and other items that touch patients should only be disposed of within the infectious waste stream if they have been used on a patient that has a known or reliably believed to have an infection.

7.15.3. If there is no good reason to believe the items is hazardous – i.e. infectious, chemically/pharmacaeutically/cytotoxically contaminated or radioactive – do not dispose of it to a yellow, orange or purple bin/bag or other container for hazardous waste.

7.15.4. During an outbreak, the following principles must be applied:

- ONLY the clinical waste stream bags should change from offensive (tiger-stripe) to infectious (orange).
- The domestic bin must remain with a black bag.
- Only the bins in the affected/closed bays should change waste stream to infectious. The remainder of the ward should remain on the offensive waste stream.

7.16. Healthcare Waste Bag Securing and Handling

When the waste bags are 2/3 full twist the neck of the sack firmly, double it back to form a “swan neck”. Secure with the correct tag. The use of ID tags ensures a clear auditable waste trail in the event of investigations or incidents. Bags should never be overfilled (more than 2/3 full).

7.17. Healthcare Waste Labelling

Each clinical waste container will be tagged, labelled or marked prior to removal from disposal points so that the waste generation source can always be identified up to the point of final disposal/destruction and an audit trail is complete.

All sharps containers shall have the aperture housing closed and locked. All details on the container label shall be completed.

7.18. Storage of Waste

In line with Non-Waste Framework Directive 2, all waste must:

- be stored in a secure place
- not be stored for longer than 12 months

This applies to ALL waste streams generated in the Trust.

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

It is not permitted to mix hazardous and non-hazardous waste.
Each ward/department has a designated waste storage or disposal area and waste must not be stored outside this area.
The waste storage area must be kept securely locked at all times.
Waste will be collected from these areas at a frequency determined by local circumstances. Clinical waste storage carts must be kept locked and secure at all times.

The Trust has dedicated waste storage compounds for the secure storage of waste and dangerous goods in accordance with section 34 of the Environmental Protection ACT 1990 and Chapter 1.10 of ADR.

7.19. Disposal of Waste

Infectious healthcare waste of Category A will be handled in accordance to section 7.11.6. All other infectious waste (Category B) will be contained within sealed and labelled clinical waste sacks and disposed of via incineration or alternative treatment technologies. The waste sacks will be stored and transported in suitable clinical waste carts in accordance to the relevant aspects of the carriage regulations.

Carts must be fully functional, clean and fit for purpose with effective locking device. It must be ensured that the carts are not overfilled and the compacting of healthcare waste does not occur within.

All Sharps will be disposed of within a suitable sharps container which is appropriately labelled and stored separately to any clinical waste sacks, in accordance with the Inoculation Incident Protocol (including needlestick injuries and human bites).

All Cytotoxic and Cytostatic waste will be disposed of in an appropriate sealed container and as directed in the Trust's Medicines Policy.

Any electrical waste or waste for recovery will be collected from the relevant work area and disposed of as required either via the Estates/Technical Services Departments (Alexandra and Kidderminster Hospitals) or Siemens/ISS Facility Services, Healthcare (Worcestershire Royal Hospital)

7.20. Discharge to Sewer

Any discharge to sewer, other than domestic sewage, must have the prior agreement of the statutory responsible bodies. The dispose of any waste to sewer must first seek advice from the sewerage undertaker.

All discharge must follow Water UK 2014 guidance for permitted discharges from healthcare facilities.

It is essential that the sewerage undertaker is aware of the presence of substances and that disposal is permitted by the producer's trade effluent consent, where required.

Radioactive waste (e.g. waste in the form of human excreta) from Nuclear Medicine is disposed to sewer under an Environmental Permit issued and regulated by the Environment Agency.

7.21. Personal Protection and Hygiene

- Adequate supplies of PPE must always be available to all staff responsible for handling waste.
- All staff must be trained in the donning and doffing of PPE, and training records of this must be kept.

Where a risk assessment identifies the need for personal protective equipment this will be provided in accordance with the relevant legislation. Any necessary information and training will also be provided to ensure its safe use. Suitable washing and alternative hand hygiene facilities will be provided in all areas where there is a need to handle and/or store waste.

The Trust will offer immunisation against Hepatitis A, B and tetanus to appropriate staff. (Advice can be sought via the Occupational Health Department)

7.22. Adverse Incidents and Accidents

Adverse incidents and accidents relating to the segregation, handling, transport or collection of waste should be reported as per the Incident Reporting Policy. Any hazardous waste that is wrongly disposed of in to the domestic waste stream should be reported as a Serious Incident and the Trust Serious Incident Procedure followed

7.23. Sharps Injuries

It is the responsibility of the individual to notify their manager/supervisor immediately if they sustain a sharps injury. The individual must report to the Occupational Health Department during working hours or to an Emergency Department at any other time. The Inoculation Incident Protocol (including needlestick injuries and human bites) Policy, Ref: WAHT-INF-008 must be adhered to and an Incident Reporting Form must be completed in Datix

7.24. Emergencies

There may be occasions when an emergency situation occurs when handling or storing waste for example, a spillage of a hazardous material. The COSHH assessment process will help identify any potential risks and the manager of the work area will ensure that appropriate procedures are put in place and where necessary spill kits are provided with suitable information and training.

Pandemics and endemics – changes to waste operations

- National guidance will be provided from national governing bodies

7.25. Statutory Records and Record Keeping

All regulatory paperwork associated with the movement of waste from the hospital sites will be maintained on site to ensure complete compliance with legislation. Documentation relating to waste shall be maintained in a register as detailed below.

7.25.1. Non-hazardous Waste Transfer notes

A transfer note is required that accurately describes the type of waste produced (see section 6). If the waste produced does not change in description only one a year is required. Waste transfer notes must be kept for a minimum of two years at each site from which non-hazardous waste is collected.

7.25.2 Hazardous Waste Consignment Note

Hazardous Waste Consignment notes must be completed for every transfer of waste which is classified as hazardous (see section 6). There is a requirement to give a full description of the waste, its EWC code, along with its associated hazards.

It is the Trust's (producer) responsibility to ensure that relevant parts (Part A, B and D) of the consignment note are completed appropriately. For clinical waste these notes are pre-printed by clinical waste contractor and filled in at every collection.

Copies of the Hazardous Waste Consignment notes must be retained in the register for a minimum of 3 years.

7.25.3 Consignee or Quarterly Returns

The consignee (disposal site) of hazardous waste is required to send a return to the Trust each quarter. This return is a record of what has happened to Trust hazardous waste and must be placed in the register for 3 years.

Returns must be either a form of the type provided in the Hazardous Waste Regulations or a consignee's copy of each consignment note (completed Part E sections), together with a description (or confirmation) of the method of disposal or recovery applied to the waste.

Where returns are not provided the Trust must request in writing as this is a legal requirement.

7.25.4 The Register

The Producer, Holder and Consignor (Trust) of hazardous waste must keep a chronological register at the site of collection. The register should contain the following:

- Standard or Multiple Consignment notes (including Annexes), and Consignee returns to the producer or holder

Waste Management Code: WAHT-CG-481	Page 30 of 62	Issue No.	No: 5
		Implementation Date:	

Also where relevant, the register should contain records of:

- Rejected loads and Carrier Schedules

Site permits to also be included which includes list of wastes accepted onto site.

7.25.5 Rejected Loads

Consignee's sometimes reject consignments of hazardous waste. When this happens, they must provide an explanation. A new consignment note will be completed to move the waste elsewhere. A copy of this note should also be provided to the Trust.

7.25.6 Carriers Schedules

This document is needed where more than one carrier is involved in the transport of the waste. A copy of the schedule of carriers must be provided to the Trust before the waste is removed from the premises.

7.25.7 Dangerous Goods Transport Document

Unless otherwise specified in ADR any carriage of dangerous goods shall be accompanied with an appropriate transport document that contains the following information:

- UN number of the item/ substance being carried
- Proper shipping name
- Label model numbers
- Packing group number (where applicable)
- Number & description of packages
- Total quantity of each item
- Name and address of consignor
- Name and address of consignee
- Tunnel restriction code (where applicable)

Where the material is a hazardous waste also the hazardous waste consignment note will act as a dual document for waste and transport regulation compliance, where the above information is present. Transport documents must be held for a minimum of 3 months from the date of consignment.

7.25.8 Security of Records

It is the Trust's responsibility to ensure that all records are kept securely, readily retrievable at all times and available for inspection by the regulators.

8. Implementation

The implementation of this policy will be achieved through:

- JNCC – Joint
- PEOG – Patient Environment Operational Group
- Waste Management Group
- Worcestershire Weekly
- Trust Infection Prevention and Control Committee.

9. Plan for Dissemination

This policy will be communicated to all staff-side safety representatives and Trust managers and made available to all staff via the Trust's intranet site.

It will also be shared with the Trust's PFI partners for dissemination and implementation

10. Dissemination

See above.

11. Training and Awareness

Staff will be informed on this policy during Corporate and local induction training and during their two-yearly risk management update training. Waste management will be included as part of the Infection Control training programme.

The requirements of this policy for the safe management of waste cannot be effective unless it is applied carefully, consistently and universally. This requires that all staff with roles applicable to this policy be appropriately trained in the policy and associated procedures.

All staff will be trained in waste handling and segregation procedures in line with this policy. All staff will receive local induction training to make them aware of the types of waste, hazards, risks and the correct disposal procedures, including safe handling techniques. Where appropriate e-learning, infection control function specific training and external waste adviser awareness sessions will be used to enhance staff understanding and management of waste.

12 Monitoring and Compliance

12.1 Waste Audits

Under environmental legislation the Trust have a cradle to grave responsibility for the control, management and disposal of their waste. Audit systems must be in place to ensure compliance to the relevant regulations and standards. Details of these audits can be found at Appendix 7.

12.2 Internal Auditing

To ensure the continual monitoring of compliance against statutory requirements, the conditions of this policy and identifying training needs audits on healthcare waste will be carried periodically. The audits shall be carried out by the Facilities Monitoring Officers on each department once a quarter

Waste Management Code: WAHT-CG-481	Page 32 of 62	Issue No.	No: 5
		Implementation Date:	

Copies of the audit will be passed to the individuals in charge of that area, with action plans attached and rectification along with improvement measures if appropriate. The Trust Waste Management group shall monitor and ensure that identified issues are addressed and remedial actions completed. The Trust Waste Management Group shall periodically report to the Health and Safety Committee

12.3 Pre-acceptance Audits

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

This aspect will be managed by the Facilities Quality & Compliance Manager who will arrange for relevant parties to carry out the pre-acceptance audits and provide reports at the frequency required by the Environment Agency.

The auditing system shall be in compliance to the requirements of Environment Agency Sector Guidance, "Healthcare waste; appropriate measures for permitted facilities", July 2020.

12.4 Duty of Care Audits

The Trust has a statutory 'Duty of Care' to ensure that waste it transfers to a third party for disposal is handled in accordance to the relevant legislation requirements.

The Trust audit the clinical waste contractor annually to ensure that waste is disposed of at appropriately permitted facilities in accordance with duty of care requirements and waste management legislation.

The Trust sees this practice as a prudent means of meeting the requirements of the duty of care regulations to demonstrate the steps taken to prevent illegal handling or treatment waste. This aspect will be managed by the Facilities Quality & Compliance who will arrange for the Duty of Care audits and provide reports to the Trust.

12.5 Independent External Waste Audit

The Trust appoints an external independent waste adviser (not affiliated to any waste disposal company) to undertake periodic compliance audits and provide reports.

The Waste Management Group shall review the reports and ensure that identified issues are addressed and remedial actions completed.

12.6 Dangerous Goods Audit

The Dangerous Goods Safety Adviser (DGSA) conducts periodic audits under the service agreement which includes a review of waste that is classified as dangerous goods for carriage in line with the relevant aspects of the carriage regulations. The audits include as a minimum a review of:

- training of personnel involved in the chain of distribution
- substance classification and identification
- packaging
- marking, labelling
- documentation

An annual report reviewing the Trust compliance level is provided by the appointed DGSA as per statutory requirements of the carriage regulations. PEOG shall review the annual report and ensure that identified issues are addressed and remedial actions completed.

13 Policy Review

The Trust Infection Prevention & Control Committee will review this policy every two years or upon any significant change to working practice or relevant legislation.

14 References

Policy References:	Code:
Health and Safety Policy	WAHT CG-125
Risk Assessment Policy	WAHT CG-002
Medicines Policy	WAHT- CG-580
Control of Substances Hazardous to Health Policy	WAHT CG-269
Control of Infection Policy and Guidelines	WAHT- CG-043
Policy for the Prevention of Inoculation Incidents	WAHT- CG-003
Trust Induction Policy	WAHT- CG-030
Statutory and Mandatory Training Policy	WAHT- HR-039
Incident Reporting Policy	WAHT CG-008
Departmental Policies (where applicable)	Various
Policy for Mattress Decontamination and Storage	WAHT- CG-088
Medical devices policy	WAHT CG-022
Decontamination policy	WAHT- INF-037

15 Background

Equality Requirements

There are no equality issues associated with this policy.

Financial Risk Assessment

There may be financial implications associated with this policy in terms of complying with the Regulations.

Consultation Process

This policy will be consulted via the Waste Management Group and PEOG as an Facilities policy. It will also be circulated to the Trust Infection Prevention and Control Committee for comments.

Approval Process

This policy will be agreed by the Trust Waste Group and finally approved by Health and Safety Committee

Appendices**Appendix 1: Compliance with Statutory Requirements and Other Guidance**

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

- The Health and Safety at Work Act 1974
- The Management of Health and Safety Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Environmental Protection Act 1990 as amended.
- Assimilated Decision 2000/532 establishing a list of wastes (European Waste Catalogue)
- Controlled Waste (England and Wales) Regulations 2012
- The Control of Waste (Dealing with Seized Property) (England and Wales) Regulations 2015, as amended
- The Waste (England and Wales) Regulations 2011 as amended

- The Controlled Waste (England and Wales) Regulations 2012 as amended

- The Hazardous Waste (England and Wales) Regulations 2005as amended
- The Environmental Permitting (England and Wales) Regulations 2016, as amended

- The Control of Asbestos Regulations 2012 as amended

- The Waste Electrical and Electronic Equipment (WEEE) Regulations 2013 as amended

- The Agreement Concerning the International Carriage of Dangerous Goods by Road 2023 (ADR)
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 as amended (CDG2009)
- Data Protection Act 1998
- The Medical Devices Regulations 2002, as amended
- The Medical Devices (Amendment) Regulations 2008
- The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
- The Animal By-Products (Enforcement) (England) Regulations 2013, as amended
- Waste Batteries and Accumulators Regulations 2009, as amended
- Waste Electrical and Electronic Equipment Regulations 2013, as amended

Principle Guidance

- Environment and sustainability, Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste, 2023 (HTM 07-01)
- Healthcare waste: appropriate measures for permitted facilities, Environment Agency, July 2020
- Water UK 2014 guidance

Waste Management Code: WAHT-CG-481	Page 36 of 62	Issue No.	No: 5
		Implementation Date:	

Appendix 2: List of Waste / European Waste Catalogue (EWC) coding for Waste from natal care, diagnosis, treatment or prevention of disease in humans.

EWC Code	Description of Healthcare Waste
18 01 XX	Waste from natal care, diagnosis, treatment or prevention of disease in humans
18 01 01	Sharps except 18 01 03*
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers).
18 01 06*	Chemicals consisting of or containing dangerous substances
18 01 07	Chemicals other than those mentioned in 18 01 06*
18 01 08*	Cytotoxic and Cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08*
18 01 10*	Amalgam waste from dental care

Appendix 3: Properties of waste which render it hazardous (Annex III to the Waste Directive)

- HP1 “Explosive”: waste which is capable by chemical reaction of producing gas at such a temperature and pressure and at such a speed as to cause damage to the surroundings. Pyrotechnic waste, explosive organic peroxide waste and explosive self-reactive waste is included.
- HP2 “Oxidizing”: ‘waste which may, generally by providing oxygen, cause or contribute to the combustion of other materials

“ Flammable”

 - ‘flammable liquid waste: liquid waste having a flash point below 60°C or waste gas oil, diesel and light heating oils having a flash point > 55°C and ≤ 75°C;
 - flammable pyrophoric liquid and solid waste: solid or liquid waste which, even in small quantities, is liable to ignite within five minutes after coming into contact with air;
- HP3

 - flammable solid waste: solid waste which is readily combustible or may cause or contribute to fire through friction;
 - flammable gaseous waste: gaseous waste which is flammable in air at 20°C and a standard pressure of 101.3 kPa;
 - water reactive waste: waste which, in contact with water, emits flammable gases in dangerous quantities;
 - other flammable waste: flammable aerosols, flammable self-heating waste, flammable organic peroxides and flammable self-reactive waste.
- HP4 “Irritant”: ‘waste which on application can cause skin irritation or damage to the eye’ Hazards HP 4 and HP 8 are linked because they refer to the potential for harm or damage to tissue at different levels of severity.
- HP5 “Harmful”: waste which can cause specific target organ toxicity either from a single or repeated exposure, or which cause acute toxic effects following aspiration. .
- HP6 “Acute Toxicity”: waste which can cause acute toxic effects following oral or dermal administration, or inhalation exposure.
- HP7 “Carcinogenic”: waste which induces cancer or increases its incidence .
- HP8 “Corrosive”: waste which on application can cause skin corrosion Hazards HP 8 and HP 4 are linked because they refer to the potential for harm or damage to tissue at different levels of severity.
- HP9 “Infectious”: substances and preparations containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.
- HP10 “Toxic for reproduction”: waste which has adverse effects on sexual function and fertility in adult males and females, as well as developmental toxicity in the offspring.

- HP11 “Mutagenic”: waste which may cause a mutation, that is a permanent change in the amount or structure of the genetic material in a cell.
- HP12 Waste which releases acute toxic gases in contact with water an acid.
- HP13(*) “Sensitizing”: waste which contains one or more substances known to cause sensitising effects to the skin or the respiratory organ.
(*) As far as testing methods are available.
- HP14 “Ecotoxic”: waste which presents or may present immediate or delayed risks for one or more sectors of the environment.
- HP15 Waste capable of exhibiting a hazardous property listed above not directly displayed by the original waste.
- HP16 **Persistent Organic Pollutants:** Wastes containing polychlorinated dibenzo-p-dioxins and dibenzofurans (PCDD/PCDF), DDT (1,1,1-trichloro-2,2-bis (4-chlorophenyl)ethane), chlordane, hexachlorocyclohexanes (including lindane), dieldrin, endrin, heptachlor, hexachlorobenzene, chlordecone, aldrine, pentachlorobenzene, mirex, toxaphene hexabromobiphenyl and/or PCB exceeding the concentration limits indicated in Annex IV to Regulation (EC) No 850/2004 [see Table 16.1] shall be classified as hazardous.’

Appendix 4: List of Cytotoxic/Cytostatic Medicines

All drug waste displaying toxic, carcinogenic, toxic for reproduction and mutagenic properties must be disposed of as 'cytotoxic/cytostatic' waste, either in yellow bins with purple lids or yellow bags with a purple stripe. This includes empty syringes, giving sets and other disposable equipment and nappies that may have come into contact with any of the drugs listed below.

The drugs below are split into two tables (a list of chemotherapy drugs and a list of additional drugs that fall into the cytotoxic/cytostatic' category). ALL* formulations of cytotoxic and cytostatic drugs must be disposed of in the designated purple lidded 'cytotoxic/cytostatic' bin.

*This lists are not exhaustive and do not include all very new, unlicensed or trial medicines. Some pharmaceuticals from clinical trials may also be discarded in purple bins where properties are not known.

'Cancer Chemotherapy' Drugs		
Actinomycin D	Daunorubicin	Pemetrexed
Amsacrine	Dasatinib	Pentamidine
Aldesleukin	Docetaxel	Pentostatin
Arsenic trioxide	Doxorubicin hydrochloride	Procarbazine
Asparaginase	Epirubicin	Raltitrexed
Azactidine	Estramustine	Rituximab
Azathioprine	Etoposide	Temozolomide
Bendamustine	Fludarabine	Temoporfin
Bleomycin	Fluorouracil	Teniposide
Bortezomib	Gemcitabine	Thiotepa
Busulfan	Gemtuzumab	Tioguanine
Cabazitaxel	Hydroxycarbamide	Topotecan
Capecitabine	Idarubicin	Trabectedin
Carboplatin	Ifosfamide	Trastuzumab
Carmustine	Imatinib	Treosulfan
Cetuximab	Irinotecan	Vidaradine
Chlorambucil	Lomustine	Vinblastine
Cisplatin	Melphalan	Vincristin
Cladribine	Mercaptopurine	Vindesine
Clofarabine	Methotrexate	Vinflunine
Crisantaspase	Mitomycin	Vinorelbine

Cyclophosphamide	Mitotane	
Cytarabine	Mitoxantrone	
Dacarbazine	Oxaliplatin	
Dactinomycin	Paclitaxel	

Non-Chemotherapy Cytotoxic/Cytostatic Drugs			
Abacavir	Dinoprostone	Goserelin	Raloxifene
Acitretin	Dithranol	Histrelin	Raltegravir
Adalimumab	Drospiridone	Imatinib	Ribavirin
Aldesleukin	Dutasteride	Indinavir	Ritonavir
Alemtuzumab	Dydrogesterone	Infliximab	Rituximab
Alitretinoin	Eculizumab	Interferons	Saquinavir
Anastrozole	Efavirenz	Isotretinoin	Sirolimus
Atazanavir	Emtricitabine	Lamivudine	Sorafenib
Atripla	Enfuvirtide	Lapatinib	Stavudine
Axitinib	Enzalutamide	Leflunomide	Streptozocin
BCG Bladder Irrig	Ergometrine	Lenalidomide	Stribild
BCG Vaccine	Erlotinib	Letrozole	Sunitinib
Belimumab	Estradiol	Leuprorelin acetate	Tacrolimus
Bexarotene	Estrogen/Progesterone	Levonorgestrel	Tamoxifen
Bicalutamide	Estrogens conjugated	Lopinavir	Tegafur
Boceprevir	Estrone	Medroxyprogesterone	Telaprevir
Bosutinib	Estropipate	Megestrol	Temsirolimus
Basiliximab	Ethinylestradiol	Menotrophin	Tenofovir
Busarelin	Etonorgestrel	Mestranol	Testosterone
Certolizumab	Etravirine	Mifepristone	Thalidomide
Cetorelix acetate	Etyndiol	Mycophenolate	Tibilone
Cetuximab	Everolimus	Nafarelin	Tipranavir
Chloramphenicol	Eviplera	Nelfinavir	Tocilizumab
Ciclosporin	Exemestane	Nevirapine	Toremifene
Cidofovir	Finasteride	Nilotinib	Trastuzumab
Coal Tar Products	Flutamide	Norethisterone	Tretinoin
Colchicine	Fosamprenavir	Oestrogen products	Trifluridine
Combivir	Foscarnet	Ofatumumab	Triptorelin
Crizotinib	Fulvestrant	Oxytocin	Truvada
Danazol	Ganciclovir	Panitumumab	Valganciclovir
Darunavir	Gefitinib	Pentamidine	Vandetinib

Dasatanib	Gemeprost	Pertuzumab	Zidovudine
Desogestrel	Gestodene	Podophyllum resin	
Didanosine	Golimumab	Ponatinib	
Diethylstilbestrol	Gonadotrophin	Progesterone products	

Appendix 5: List of Category A Micro-organisms (ADR 2023)

Micro-organisms

Bacillus anthracis (cultures only)
 Brucella abortus (cultures only)
 Brucella melitensis (cultures only)
 Brucella suis (cultures only)
 Burkholderia mallei - Pseudomonas mallei – Glanders (cultures only)
 Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)
 Chlamydia psittaci - avian strains (cultures only)
 Clostridium botulinum (cultures only)
 Coccidioides immitis (cultures only)
 Coxiella burnetii (cultures only)
 Crimean-Congo haemorrhagic fever virus
 Dengue virus (cultures only)
 Eastern equine encephalitis virus (cultures only)
 Escherichia coli, verotoxigenic (cultures only) **a**
 Ebola virus
 Flexal virus
 Francisella tularensis (cultures only)
 Guanarito virus
 Hantaan virus
 Hantavirus causing haemorrhagic fever with renal 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
 Machupo virus
 Marburg virus
 Monkeypox virus
 Mycobacterium tuberculosis (cultures only) **a**
 Nipah virus
 Omsk haemorrhagic fever virus
 Poliovirus (cultures only)
 Rabies virus (cultures only)
 Rickettsia prowazekii (cultures only)
 Rickettsia rickettsii (cultures only)
 Rift Valley fever virus (cultures only)
 Russian spring-summer encephalitis virus (cultures only)
 Sabia virus
 Shigella dysenteriae type 1 (cultures only) **a**
 Tick-borne encephalitis virus (cultures only)
 Variola virus
 Venezuelan equine encephalitis virus (cultures only)
 West Nile virus (cultures only)
 Yellow fever virus (cultures only)
 Yersinia pestis (cultures only)

a Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B.

Appendix 6 – Waste Task & Finish Group Terms of Reference

Terms of Reference

WASTE MANAGEMENT GROUP

Version: 2

Terms of Reference approved by: Waste Management Group

Date approved: 22nd October 2019

Author: Emma King, Deputy Director of Estates & Facilities (Soft FM)

Responsible Directorate: PFI, Estates, Facilities & Technical Services

Review date: October 2020

Terms of Reference

1. Introduction

This Group will act as a subcommittee of the Health and Safety Committee and is set up to ensure waste streams are compliant and best practice is followed.

2. Membership

- Deputy Director of Estates and Facilities (Soft FM) (Chair)
- Health and Safety Manager (Deputy Chair)
- Facilities Manager (Trust – Alex KTC)
- Facilities Manager (Trust – PFI)
- Transport & Portering Manager, (Trust)
- Housekeeping Manager (Trust)
- Quality and Compliance Manager (Trust)
- Infection Control Representative (Trust)
- Principle Engineer (Trust)
- General Manager (ISS)
- Site Services Manager (ISS)
- Head of Healthcare Cleaning (ISS)
- WHSPC Representative
- Trust Waste Advisor (as invited)
- Waste Contractor (as invited)
- By invitation; other relevant staff and or executives.
- In attendance: Minute Taker

2.1 The Chair of the Group is appointed by the Health and Safety Committee.

3 Arrangements for the conduct of business

3.1 Chairing the meetings

The Head of Facilities will chair the meetings. In the absence of the Head of Facilities, the Chair will be the Health and Safety Manager.

3.2 Quorum

The Group will be quorate when half the membership are present.

3.3 Frequency of meetings

The Group will meet monthly.

Waste Management Code: WAHT-CG-481	Page 45 of 62	Issue No.	No: 5
		Implementation Date:	

Ad hoc meetings to be called at the discretion of the chair and when the agenda dictates.

3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances. Deputies are acceptable but must have full delegated authority and be approved by the Chair before the meeting unless there are exceptional circumstances in which case they may be approved at the meeting.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the Committee.

3.7 Responsibility of Group Members

- Actively contribute to all meetings.
- Actively contribute to annual plan and its implementation.
- Participate in training sessions and disseminate information to staff.

3.8 Secretariat support

Will be provided by Trust Estates and Facilities Team.

4 Authority

The Committee is authorised by the Health and Safety Committee.

5 Purpose and Functions

5.1 Purpose

- Formulate efficient Trust waste strategies.
- Commission and approve the development, monitoring and review of the Trust waste policy.

- Commission and approve the development, monitoring and review of waste standard operating procedures (SOP).
- Monitor report and set targets on hospital waste management of hazardous and non-hazardous waste.
- Monitor the segregation and cost of all waste streams.
- To identify issues affecting waste standards and to take remedial action where necessary.
- To review waste recycling targets in line with new government policies and to identify strategies to reduce waste arising.
- Ensure the Trust complies with legislative requirements.
- To constantly seek ways of improving the patient environment across the Trust.
- To ensure control of infection requirements are achieved.
- To co-ordinate the response to external inspections eg Environment Agency, PLACE and Care Quality Commission.
- To develop Trust wide waste action plans and initiatives.
- Provide a forum for direct interface between senior clinical and non-clinical managers, facilitating the open discussion of waste initiatives and operational challenges.
- Inform and advise the Trusts assurance framework of performance and activities.

5.2 Duties & Responsibilities

- The Waste Management Group is responsible to the Director Estates and Facilities for matters relating to Waste Management. This will include meeting all required performance targets including financial ones.
- • To monitor and review waste strategies within the hospital environment, seeking constant improvement to meet rising customer expectation by using existing resources to the maximum advantage.
- Formulate rolling waste action plans and update Trust risk register.
- Formulate waste training action plans and monitor training undertaken.
- To ensure that all appropriate guidelines and standards, statutory and non-statutory, are fully implemented.
- To advise the Trust Infection and Prevention Committee of all issues.

- The group will oversee and monitor risk management activities in relation to waste responsibilities. This will include risk identification, management, financial and progress/action monitoring.
- The group has a responsibility for advising the Patient Environment Operational Group and the Health and Safety Committee on issues relating to the following healthcare standards;
 - C4e (O) – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety to the environment.
 - C7a & c (O) – Healthcare organisations apply the principles of sound clinical and corporate governance (a) and undertake systematic risk assessment and risk management (including compliance with controls assurance standards).
 - C20a (O) – Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.
 - C21 (O) – Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained in clinical and non-clinical areas that meet the national specification for clean NHS premises.
 - Hygiene Code – Duty 4

5.3 Key Drivers

- Environment and waste
- Controlled drugs
- Infection control
- Health and safety
- Transport
- Waste Framework Directive
- Care Quality Commission
- List of Waste (England) Regulations
- Hazardous Waste Regulations (England & Wales)
- Carriage of Dangerous Goods and use of Transportable Pressure Equipment (Amendment) Regulations 2011.

6. Governance and Assurance

6.1 The group will ensure it is meeting its objectives by:

- Setting on-going objectives, targets and priorities.
- Annual review of key objectives.
- Annual review of outcomes of these objectives.
- Minutes will identify decisions and actions and record monitoring and will name responsible person along with timescale of all actions agreed

7. Management and Responsibility of Chair

- Provide leadership and direction for meeting objectives.
- Set agenda for business meetings.
- Approval of minutes.
- Ensure decisions are acted upon.
- Submit reports for Director of Asset Management and to the Patient Environment Operational Group.
- Ensure appropriate membership of group to address the agenda items.
- Ensure minutes are circulated.

8. Relationships and reporting

8.1 Waste Management Group meeting will report operational issues to PEOG on a monthly basis and report quarterly to the Health and Safety Committee

8.2 The Group is accountable to the Health and Safety Committee.

9 Review of the Terms of Reference

9.1 These Terms of reference will be reviewed on 22nd October 2020.

Appendix 7 – Waste Audit Method Statements

a. Internal Auditing

Monitoring Team Managerial Waste Audits

Waste audits are carried out around all departments, wards and areas within the Trust. These should be completed on every area once a month. These audits are carried out at the same time as the Patient Environment audits. There is only one audit tool used, and policies are the same across all areas.

Combinations for waste hold locks are on the audit.

Audits should be undertaken in line with the waste responsibility framework.

Item/element	Staff group	Pass requirements
Waste Audit – Ward/Department Level		
1. Waste stored correctly	Ward and department staff	Bin bags must not be left on the floor whilst awaiting removal. All bagged waste must be removed from patient areas.
2. Waste bins filled to appropriate level	Ward and department staff	Waste bins should not be overfilled
3. Waste Segregation Posters Displayed	Ward and department staff	The waste disposal guidelines should be displayed in the department as a reminder of the various types of waste to ensure that ALL waste is placed in the correct bins.
4. Sharps Bin Label Completed	Ward and department staff	The appropriate part of the label must be completed on creation and closure of the bin.
5. Sharps Bin Less Than ¾ Full	Ward and department staff	Waste should not exceed the specified line.
6. Sharps Bin Closed Properly	Ward and department staff	Lid must be securely closed at all times.
7. Sharps Bin Within Date	Ward and department staff	Sharps containers should be used for no longer than a period of three months.

Item/element	Staff group	Pass requirements
8. Confidential Waste Secure	Ward and department staff	To be disposed of using the correct paper bags that are designated for shredding, not in domestic or clinical waste bins. Must be cross shredded to ensure compliance.
9. Waste Stream Distribution	Ward and department staff	All wards to follow the placement and distribution of bins as detailed in Section 4 of the Trust's Waste Segregation Procedure - General guide for bin distribution in ward and departmental areas. http://www.worcsacute.nhs.uk/departments-a-to-z/estates-facilities-pfi/waste-management/policies/
10. All Bins Have Labels	Ward and department staff	All bins must have the relevant label detailing the waste stream within
11. All Bins Have Posters	Ward and department staff	All bins must have the relevant poster above the bin detailing the waste stream within
12. Labels And Posters Match Bag	Ward and department staff	The label and poster detailing the waste stream must match the colour of the bin bag within the bin
13. Bins Lidded and Foot Operated	Ward and department staff	All bins should be lidded and foot operated
14. Bins In Good Working Order	Ward and department staff	All bins should be in a good state of repair
15. Bins Are Clean	Ward and department staff	All parts including underneath should be visibly clean with no blood and body substances, dust, dirt, debris or spillages.
16. Amalgam Waste Disposed Of Appropriately	Ward and department staff	All amalgam waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, in a white container with mercury suppressant, clearly labelled.

Item/element	Staff group	Pass requirements
17. Anatomical Waste Disposed Of Appropriately	Ward and department staff	All anatomical waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, within a red lidded rigid burn bin.
18. Infectious Clinical Waste Disposed Of Appropriately (Yellow)	Ward and department staff	All infectious clinical waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, in yellow clinical waste bags or rigid yellow hard burn bins with yellow lids.
19. Cytotoxic Waste Disposed Of Appropriately	Ward and department staff	All cytotoxic waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, within rigid burn bins with purple lids, or purple bags.
20. Gypsum Waste Disposed Of Appropriately	Ward and department staff	All gypsum waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy. It should be placed in a suitable container and the container clearly tagged with a specialist tag to indicate the source of the waste.
21. Pharmaceutical Waste Disposed Of Appropriately	Ward and department staff	All pharmaceutical waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, within a blue-lidded rigid container or blue cardboard container.
22. Glass Waste Disposed Of Appropriately	Ward and department staff	All non-contaminated glass waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy.
23. Domestic Waste Disposed Of Appropriately	Ward and department staff	All domestic waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy. Domestic waste should be placed in black bags inside bins labelled 'Domestic Waste' or similar.

Item/element	Staff group	Pass requirements
24. Infectious Waste Disposed Of Appropriately (Orange)	Ward and department staff	All infectious waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, within an orange clinical waste bag
25. Offensive Waste Disposed Of Appropriately	Ward and department staff	All offensive waste should be disposed of into the appropriate waste stream in accordance with the Trust Waste Policy, within yellow and black striped bags.
26. Clinisafe Filled To Right Level	Ward and department staff	The appropriate part of the label must be completed on creation and closure of the bin. Waste should not exceed the specified line.
27. Clinisafe Boxes In Frames	Ward and department staff	Boxes should be raised up off the floor in appropriate stand.
Waste Audit – Waste Hold		
1. All waste off floor	Domestic staff	All waste should be stored off the floor
	Ward and department staff	
	Portering staff	
2. Waste bags swan necked	Domestic staff	All waste should be bagged and tied correctly.
	Ward and department staff	
3. Waste bags ID tagged correctly	Domestic staff	All clinical waste should be secured by a coded ID tag
	Ward and department staff	
4. Sharps containers closed & locked	Ward and department staff	Lid must be securely closed and locked at all times.
5. Disposal hold locked/secure	Portering staff	The waste storage area must be kept securely locked at all times
	Ward and department staff	

Item/element	Staff group	Pass requirements
6. Waste segregation	Domestic staff	Each wheelie bin should only contain the appropriate waste stream. There should be no mixing of waste streams and no sharps bins in with waste bags.
	Portering staff	
	Ward and department staff	
	Domestic staff	
7. Wheelie bins clean	Portering staff	The wheelie bins should be clean and free from spillages and loose waste
8. Wheelie bins well maintained	Portering staff	The wheelie bins should be in a good state of repair
9. No loose waste in wheelie bins	Portering staff	No loose waste including no loose PPE.
	Ward and department staff	
	Domestic staff	
10. Wheelie bins not overfilled	Portering staff	All cardboard waste to be flattened down as small as possible and disposed of in the correct wheelie bin. Bins should not have too many bags within them.
	Ward and department staff	
	Domestic staff	
11. Waste hold clean	Domestic staff	Make sure the waste hold is clean, safe and accessible for everybody to use.
12. Waste hold well maintained	Estates	Make sure the integrity of the room ensures safe and accessible use for everyone.

b. External Auditing

Waste pre-acceptance audits

Waste pre-acceptance is the process of assessing the characteristics of a waste to enable a decision to be made about the appropriate disposal or recovery method for the waste.

Waste pre-acceptance audits are undertaken by the Trust's Waste Management Consultant and are supported by the Facilities Quality & Compliance Manager.

They should be carried out once a year at each of the Trust sites. Over a 3-year period, all wards and departments must be included, therefore at each years audit a third of the wards and departments must be visited.

Duty of Care Audits

Waste duty of care audits are undertaken to provide assurance that waste management is provided in accordance with the governments Waste Duty of Care Code of Practice.

The Environmental Protection Act 1990 places a duty of care on all persons who import, produce, carry, keep, treat or dispose of waste or who, as brokers, have control of such waste.

We are obliged to ensure that the person receiving our waste is legally permitted to do so and this is normally done in two stages:

- Obtain copies of their Waste Transfer Licence and their Waste Management Licence, or review their registration with the Environment Agency.
- Visit the waste operator's site, view the operations and have a question and answer session.

Waste duty of care audits are undertaken by the Trust's Waste Management Consultant and are supported by the Facilities Quality & Compliance Manager. They should be carried out once a year.

Dangerous Goods Safety Audit

The aim of this audit is to examine the Trusts waste management and dangerous goods practices to determine levels of compliance with the requirements of the Dangerous Goods Safety Act and the Carriage Regulations. This includes reviewing:

- training of personnel involved in the chain of distribution
- substance classification and identification

Waste Management Code: WAHT-CG-481	Page 55 of 62	Issue No.	No: 5
		Implementation Date:	

Trust Policy

- packaging
- marking, labelling
- documentation

Waste duty of care audits are undertaken by the Trust's Waste Management Consultant and are supported by the Facilities Quality & Compliance Manager. They should be carried out once a year.

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Emma Bridge, Head of Facilities
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Helen Mills	Facilities Quality & Compliance Manager	helen.mills12@nhs.net
Date assessment completed	12.05.2020		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Waste Management Policy
What is the aim, purpose and/or intended outcomes of this Activity?	The aims of this policy are to enable the Trust: <ul style="list-style-type: none"> • To comply with the Environmental Protection Act 1990 and other associated legislation. • To comply with Health Technical Memorandum : Safe management of healthcare waste; • To ensure compliance of segregation in both local and centralised management processes; • Provide all staff with explicit guidance in the safe handling and disposal of all wastes in line with health and safety and infection control requirements and fully aware of their responsibilities ;

	<ul style="list-style-type: none"> To ensure that appropriate governance arrangements are in place; To reduce the impact that the Trust's business has on the environment by managing the volume of waste requiring disposal and facilitate the hierarchy of waste management <p>To ensure that, where practicable and cost effective, waste is segregated to facilitate recycling.</p>																
Who will be affected by the development & implementation of this activity?	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Service User</td> <td><input checked="" type="checkbox"/></td> <td>Staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Patient</td> <td><input type="checkbox"/></td> <td>Communities</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Carers</td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Visitors</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Service User	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Communities	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	
<input type="checkbox"/>	Service User	<input checked="" type="checkbox"/>	Staff														
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<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____														
<input type="checkbox"/>	Visitors	<input type="checkbox"/>															
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?																
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)																	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Policy has been ratified at the Trust Waste Management Group																
Summary of relevant findings																	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
Not applicable				
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	
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Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	H J Mills
Date signed	12.05.2020
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval