

WASTE POLICY

		POLICY	
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APPENDICIES

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1.0 INTRODUCTION

- 1.1 This Policy details the standard for Sherwood Forest Hospitals NHS Foundation Trust (The Trust) for the segregation, collection, storage, and disposal of all waste.
- 1.2 This policy is issued and maintained by the Chief Executive Officer (the sponsor) on behalf of The Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

The purpose of this Policy is to describe in detail the arrangements for the correct segregation, collection, and disposal of all types of waste to:

- Ensure that waste is managed safely and legally.
- Reduce the quantities of waste generated and to maximise reuse, recycling and recovery of those materials which enter the waste stream.
- To ensure that waste is managed with minimum impact on the environment.
- The policy applies to all staff, including staff employed under a third party, patients, and visitors

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust:

Means the Sherwood Forest Hospitals NHS Foundation Trust.

Staff:

Means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.

PFI Project Agreement:

The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.

Project Co:

This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services, and then manage these facilities for the life of the contract.

Skanska Facilities Services SFS]:

This is the organisation appointed by Project Co to provide certain facilities management services including waste contract management.

Schedule 14:

The part of the PFI Project Agreement mainly concerned with Service Level Specifications: the facilities management services provided by Project Co through their subcontract with SFS.

Medirest:

This is the organisation appointed by Project Co to provide certain facilities management services including 'soft' facilities functions.

Household or Domestic Waste:

Any waste not contaminated with bodily fluids or hazardous substances. General household waste (domestic waste) including food, packaging, glass, cans, non-clinical aerosols, crockery, plastics, and wood etc., providing they do not fall into any of the categories listed below.

Healthcare Waste (Clinical Waste):

Healthcare waste is waste generated as a result of healthcare activity, including from natal care, diagnosis, treatment, or prevention of disease in humans and is a waste classified under Chapter 18 of the European waste catalogue (EWC).

Clinical waste is defined as being waste from a healthcare activity is defined as any waste which consists wholly and partly of:

- a. Human or animal tissue
- b. Blood or other body fluids
- c. Excretions
- d. Drugs or other pharmaceutical products
- e. Soiled swabs or dressings
- f. Syringes, needles, or other sharps instrument
- g. Waste that, unless rendered safe, may prove hazardous to any person coming within direct contact.
- h. Any waste arising from medical, nursing, dental, pharmaceutical, or similar practice, investigation, care, teaching or research, or the collection of blood transfusion, being waste, which may cause infection to any person coming into contact with.

Clinical waste can be hazardous OR non hazardous

Cytotoxic/Cytostatic Medicines:

A cytotoxic or cytostatic medicine is defined within Technical Guidance WM3 as any medicinal product that possesses one or more of the following hazardous properties:

- HP6: Acute toxicity
- HP7: Carcinogenic
- HP10: Toxic for reproduction
- HP11: Mutagenic

Example drugs that are cytotoxic/cytostatic are shown in Appendix B.

This may include drugs from several medicinal classes, for example Antineoplastic agents, antivirals, a range of hormonal drugs, and others.

Anatomical Waste:

Any 'recognisable human tissue' that includes tonsils, limbs, hip joints. It also includes placentas/full and part full blood bags/plasma bags, including any out-of-date blood plasma bags. Anatomical waste is disposed of via incineration.

Confidential Waste:

Confidential information can be anything that relates to patients, staff, or any other information (such as contracts, tenders etc.) held in any form (such as paper or other forms like electronic documentation).

Any documents containing patient or staff (personal data) identifiable information such as papers, notes or reports which contain information which could identify an individual or contain sensitive organisational information.

This means personal data must be information that relates to an individual. That individual must be identified or identifiable either directly or indirectly from one or more identifiers or from factors specific to the individual

Examples include:

- ANY patient/client or staff information
- Medical records or other medical information
- Financial records
- Payroll records
- Personnel files
- Legal documents
- Correspondence and memos
- Invoices
- Inventory lists

If in doubt about the content, staff should be advised to treat materials as confidential and dispose of accordingly. Only paper is permitted in the confidential waste stream.

If CD's, DVD's, or memory/USB sticks are required to be disposed of contact Helpdesk for Medirest to collect, they will then contact the Waste Contract Manager who will then arrange the correct disposal.

Please refer to FAQ 'Electrical and Electronic items' for the disposal of CDs, DVDs and memory/USB sticks.

Medicinal Waste:

Medicinal waste includes expired, unused, spilt, and contaminated pharmaceutical products, drugs, vaccines, and sera (plural of serum) that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as packaging contaminated with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

There are several licensed medicinal products that are not pharmaceutically active and possess no hazardous properties (examples include saline and glucose).

These wastes are not considered to be infectious/hazardous. (The above is not a definitive list but will include other items).

Infectious Waste:

Waste that possesses hazardous properties – that is, substances containing viable micro-organisms or their toxins, which are known, or reliably believed to, cause disease in humans or living organisms.

Infectious waste is essentially a waste that poses a known or potential risk of infection, regardless of the level of infection posed. Even minor infections are included within this definition.

Waste classified as infectious waste due to its known or potential risk of infection should be classified as hazardous infectious waste and must be packaged appropriately and sent for suitable treatment and disposal.

Infectious Waste is classified into two categories:

Category A infectious substances (UN 2814 or UN3549)

The United Nations produces a list of infectious substances classified within Category A and includes Ebola fever, viral haemorrhagic fever, smallpox etc.

Category A substances are high consequence which means they are likely to cause life threatening disease and, in general, are able to spread easily and therefore pose a risk to staff.

Category B infectious substances (UN 3373 or UN3291)

This classification includes all other waste classified as infectious waste, not meeting the definition and criteria of Category A.

Healthcare waste is deemed to be non-infectious unless known or reliably believed to present an infection risk.

Offensive Waste:

Healthcare waste with no known risk of being infectious and not contaminated with infectious bodily fluids, pharmaceuticals, or chemicals, includes aprons, nappies, dressing, bandages and incontinence pads.

Industrial Waste:

Industrial waste, include flammable liquids, chemicals, fluorescent lamps, batteries, plant, and equipment. Some of these may be hazardous and subject to special disposal arrangement, while others may simply be bulky and awkward to handle and dispose of.

Chemical waste or healthcare:

Includes non-medicinal chemicals such as disinfectants.

Chemical waste:

Waste cooking oil and paints.

Sharps:

Sharps are items that could cause cuts or puncture wounds. They include needles, hypodermic needles, scalpels and other blades, knives, unguarded infusion sets, saws, broken glass, and nails. There are two primary sources:

- Those used in animal or human patient care/treatment.
- Those arising from non-healthcare community sources, for example body piercing and decoration and substance abuse.

Sharps waste does not include:

Syringe bodies (in the absence of a needle);

Medicinal waste in the form of:

- Bottles
- Vials
- Ampoules
- Tubes or tablets
- Swabs
- Other soft infectious waste or anatomical waste

Waste Electrical and Electronic Equipment (WEEE):

Waste electrical equipment contain various Chemicals and compounds harmful to the natural environment if released. This includes Cadmium, Nickel, and Mercury. Since 2005 WEEE waste must be recycled using an approved contractor.

Veterinary Anatomical Waste

Any recognisable animal body parts produced following teaching or research.

All healthcare waste is categorised based on its level of risk to human health and the environment. The categories, are laid out in HTM 07-01, and displayed in Appendix A.

4.0 ROLES AND RESPONSIBILITIES

4.1 Employer Responsibilities

The Trust, through individual managers, is responsible for providing:

- The necessary resources for correct and effective waste management.
- Written assessments of any significant risk to health or safety associated with waste generation, management, and disposal.
- Safe systems of work for staff generating, handling, storing, or transporting waste.
- Appropriate information and training for all relevant staff.
- Regular monitoring and periodic review of the system so that deficiencies are corrected within a reasonable timescale, and the system continuously refined and improved in the light of experience

4.2 Chief Executive

The Chief Executive of Sherwood Forest Hospitals NHS Foundation Trust has overall responsibility for all aspects of appropriate waste in accordance with legislation. There needs to be Trust Board level responsibility for managing all aspects of the waste policy including managing and monitoring of appointed contractors.

4.3 Senior Soft FM Manager

The Programme Manager (Environment and Sustainability) is responsible for the maintenance of The Trust Waste Policy and is the main point of contact for approving any changes to the waste handling arrangements for the organisation. This includes liaising with service providers and Trust staff to ensure compliance with this Policy. The Programme Manager (Environment and Sustainability) will liaise with Project Co in relation to any variations to the PFI contract.

4.4 Project Co

Project Co are responsible for managing the delivery of a compliant waste management service via their Hard and Soft FM service providers in accordance with the requirements of schedule 14 of the PFI agreement. This includes the management of the waste contracts on behalf of the Trust.

4.5 Skanska Facilities Services Waste Contract Manager

The Waste Contract Manager is employed by Skanska Facilities Services and is responsible for managing the Waste process on behalf of Sherwood Forest Hospitals NHS Foundation Trust. This includes:

- Providing Technical advice to the Trust to ensure that the waste Policy and process is compliant with HTM 07-01.
- Engaging with stakeholders and PFI service partners to Manage Waste Stream Conversions in line with HTM 07-01 to ensure the correct treatment for the relevant waste.
- Liaising with Service providers to ensure that the waste services are delivered in accordance with Trust Policy and to ensure compliance with legislation and to ensure waste is collected efficiently.
- Undertaking Waste stream audits and taken remedial action in the event of non-compliances.
- Undertaking Duty of Care audits.
- Checking the Waste invoices before issuing to the Trust for payment.
- Identification of opportunities for waste diversion to reduce waste and develop initiatives to support the Trust in reducing its Carbon Footprint.
- Negotiate and manage the Waste contracts on behalf of the Trust.
- Provide full data reports to the Trust demonstrating performance and compliance.

4.6 Medirest

Medirest are responsible for undertaking the "soft facilities" elements of the waste service including the internal transportation of the waste as specified in Schedule 14 of the PFI agreement Method statements.

4.7 Managers Responsibilities

Individual managers are required to:

- Ensure that Producers dispose of waste correctly and in line with Trust policy and procedures.
- Ensure the correct identification and storage of waste originating in their department.
- Review on a regular basis, the department's management of waste.
- Identify ways of reducing waste, and recycling.
- Ensure that waste is stored safely prior to collection, and where appropriate in fire resistant containers.
- Ensure that waste is collected from departmental/ward waste disposal holds at the agreed scheduled times.
- Ensure that training is provided and attended by all members of staff who may come into contact with waste.
- Take corrective action to rectify deviation from policy, including the reporting of any adverse incidents or 'near misses' associated with the management of waste in accordance with the Sherwood Forest Hospitals Incident Reporting Procedure.
- Departmental and Service managers must ensure that local procedures are in place to manage waste generated by their activities and that staff are provided with instruction and training in best practices for the safe handling, segregation, and disposal of waste.

4.8 Employees Responsibilities

All staff has a duty of care to comply with policies and procedures under Health and Safety legislation, to follow this policy and implement any instructions and training they receive and follow procedures. Staff must wear any protective clothing provided to protect them and to prevent cross infection.

The safe and correct disposal of waste is the responsibility of all staff in order to minimise accidents, especially with sharps, and to prevent infection.

Individual employees are required to:

- Comply with the Trust policy and procedure for the safe handling, segregation, and disposal of waste in the place of work.
- Take reasonable care of themselves and others who may be affected by their actions or inactions.
- Co-operate in matters of health and safety.
- Correctly use any personal protective equipment and any other work equipment designated for the task.

- Correctly apply the information and training, previously received.
- Report any perceived hazards in their working environment, or deficiencies in the safe system of work, to their manager.
- Ensure that all sharps' containers are sealed and labelled, stating contents, ward/department and day and date of disposal in accordance with laid down policy and procedures and are placed in the clinical area waste hold, secured at all times prior to collection from the area.
- Attend training seminars on the correct method of handling, safe disposal and storage of waste.
- Report any adverse incidents or 'near misses' associated with the management of waste in accordance with Trust policy.

5.0 APPROVAL

- 5.1** This policy will be subjected to broader consultation through the Key Stakeholders mentioned in the Policy, including: The Waste Review Group, The Estates and Facilities Governance Meeting, The Health and Safety Committee and the Infection Prevention and Control Committee who have considered this Policy prior to final approval by the Trust Board.

6.0 DOCUMENT REQUIREMENTS

- 6.1** It is the Trust objective to:

- Ensure that waste is managed safely and legally in accordance with HTM 07-01: Safe and Sustainable Management of Healthcare Wastes, 2022 version.
- Reduce the quantities of waste generated and to maximise reuse, recycling and recovery of those materials which enter the waste stream.
- Ensure that waste is managed with minimum impact on the environment.
- Inform and assist staff to always apply correct and safe procedures and comply with the law.
- Inform contractors of their obligation and good practice.
- Minimise the risk to the health and safety of staff and of anyone else who may be affected.
- Minimise the cost of waste collection and disposal.
- Fully comply with the large body of law and official guidance concerning both health and safety and environmental protection.

This will be achieved by:

- Providing procedures for the safe handling of those wastes for which the Trust are responsible, from the locations at which it is produced by the users until it is transported to its final disposal location where the waste is formally transferred into the approved contractor(s) responsibility.
- Ensuring that the Trust complies with current relevant legislation and established best practice guidelines.

- Consulting with our contractors to ensure that the Trust complies with current legislation and best practice, and that the safety of all staff involved in the waste disposal process is protected.
- Establishing targets for reducing the quantity of waste produced by the Trust that go to landfill and incinerator disposal each year, through re-cycling initiatives and improved segregation of clinical and household waste.
- Minimising the risk to staff whose duties involve handling waste and others who may be exposed to it.
- Assessing the risks from the waste and providing the facilities and means for its handling and disposal in the most appropriate and safe manner.
- Training staff, as appropriate, to deal with waste safely and appropriately.
- Maintaining and communicating procedures and other guidance detailing the Trust arrangements for the segregation, primary containment, and storage of waste.
- Providing primary and secondary containers for each type of waste.
- Regularly removing waste to secure and safe storage facilities pending collection by licensed transport contractors for disposal by approved methods.
- Maintaining and communicating procedures for the management of untoward events such as spillages and other accidents, arising from the handling of waste.
- Maintaining comprehensive records to monitor and review progress and demonstrate the effectiveness, in terms of safety and cost, of the arrangements and procedures for the management of waste.

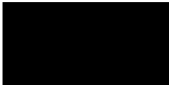
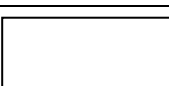
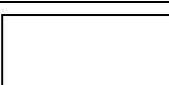
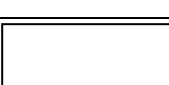
6.2 Identification and Segregation of Waste

All waste must be properly identified and segregated to enable it to be effectively managed and any risks appropriately controlled. Effective segregation of different types of waste is critical to safe management and a fundamental part of this policy.

Waste needs to be sorted at the point of origin so that appropriate routes for treatment and / or disposal can be followed. Waste inappropriately disposed of could pose risks to all those dealing with it, risks to the environment and could lead to prosecution. All soft clinical waste must be bagged (or placed in appropriate waste container) – as close as possible to where it is generated.

Sharps containers must not be bagged, **must not** exceed 3-month duration and be no more than three-quarters full. They should also be marked identifying the department and be signed and sealed and disposed of in accordance with the disposal of Sharps Policy. All waste carts are to be tagged for an individual waste product prior to deployment throughout the site. This allows for waste to be segregated effectively at origin, as per above.

The following colour-coded waste segregation guide relating to bags represents best practice and ensures, at minimum, compliance with current regulations.

	Anatomical waste which requires disposal by incineration ('Clinical Waste') Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
	Contaminated, infectious waste which requires disposal by incineration ('Clinical Waste') Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
	Infectious 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.
	Non-hazardous pharmaceutical waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. All medicines (except saline, glucose and sucrose solutions ONLY) described in the British National Formulary (BNF) Section 9.2.2.1 should be disposed of in this waste stream.
	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
	Offensive/hygiene waste Indicative treatment/disposal required is landfill in a suitably permitted or licensed site. This waste must not be compacted in unlicensed/permitted facilities.
	Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation.
	Mixed recycling Includes plastics, all non-confidential paper, (including newspapers and magazines) tin cans, and empty plastic drinks bottles
	Cardboard Includes all cardboard packaging. This waste is recycled into new materials.
	Glass Includes glass that is non-contaminated by pharmaceuticals, pathogens, and chemicals. Not currently sent for recycling
	Amalgam waste For recovery – white
	Gypsum Waste which requires specialist disposal Treatment is either via recovery or segregated landfill.

Plastic bags as described above and paper sacks for glass/aerosols are distributed through Domestic Services (via the FM Helpdesk ext. 3005)

Sharps containers are ordered through the FM Helpdesk and supplied through a reusable bio system managed service.

All waste must be marked with identification tape clearly displaying the area of waste production which is provided through Domestic Services.

6.3 Disposal of Waste

All staff must identify all waste they produce and ensure that it is directed into the correct waste stream.

6.3.1 Non-Clinical waste

- Domestic /Household

In areas where no food macerator is present, or where one is out of operation, domestic food waste is the only waste stream that must be disposed of in the general, black bag waste stream.

The Trust recognises that a ban on food macerators and on site food waste digesters has been introduced in Scotland. The Trust awaits guidance from Severn Trent water authority regarding how this change in legislation will impact on this Policy. The Policy will be amended to reflect any change in requirement.

Bags must be labelled with tape identifying the ward/department where the waste was produced.

Domestic waste is collected by portering services from the departmental/ward disposal holds on a scheduled basis. If an ad-hoc collection is required, the request should be put through the FM Helpdesk (3005).

Cardboard boxes must not be used in order to dispose of other items and should be empty at the point of disposal and flat packed where appropriate/practicable. Once broken down it should be placed in the recycling bin in the disposal hold.

- Mixed recycling

Any plastics, paper and metal items such as tin cans (rinsed out) can be disposed of in clear bags (mixed recycling).

Mixed recycling waste is collected by portering services from the departmental/ward disposal holds on a scheduled basis. If an ad-hoc collection is required, the request should be put through the FM Helpdesk (3005).

- Cardboard

Cardboard can be recycled into new materials. Any cardboard boxes should be flattened before being placed into a recycling waste cart.

Cardboard waste is collected by portering services from the departmental/ward disposal holds on a scheduled basis. If an ad-hoc collection is required, the request should be put through the FM Helpdesk (3005).

- Confidential waste

Papers and files containing confidential information must be disposed of in a secure manner and must not be disposed of with other domestic waste.

Confidential waste must be held in a secure manner at all times prior to shredding, including the central disposal holding area.

Confidential waste such as un-shredded medical records for destruction, nursing records, personal files etc., must be placed into the confidential waste consoles provided. No material other than paper is to be disposed of in the confidential waste console / bin.

Where departments wish to dispose of large quantities of confidential materials these should be planned in advance with the Waste Contract Manager to ensure that suitable containers are provided to facilitate removal, through logging a task via the FM helpdesk (3005).

If departments need to dispose of CDs/ X-Rays/ Fax Ribbon, these items should be kept securely and separate from confidential waste paper. A collection for these items can be requested via the FM Helpdesk (3005).

A Certificate of Destruction must be obtained from the waste contractor by the Hard FM Service Provider and retained.

- Information Technology (IT) Equipment

All requests for the removal of computer equipment should be made to Nottinghamshire Health Informatics Service (NHIS) via the helpdesk (4040) or portal

Hard drives contain confidential data and therefore must be dealt with using a registered contractor. To log the disposal of a piece of IT equipment, contact the (NHIS) helpdesk on Ex. 4040 or portal.

- Disposal of White Goods

White goods (general electric equipment such as fridges and freezers) should be disposed of by contacting the helpdesk on extension 3005. De-contamination certificates need to be completed and attached to each individual item prior to collection for disposal. These are located within the intranet at:

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=29594>

- Electrical Items (WEEE)

All electrical items have to be disposed of separately from the domestic waste route. All Medical devices and items with MEMD asset numbers need to be returned to MEMD for appropriate disposal. Other electrical items should be disposed of by contacting the helpdesk on extension 3005. De-contamination certificates need to be completed and attached to each individual item prior to collection for disposal.

- Disposal of Scrap Items

General furniture can be disposed of by contacting the helpdesk on extension 3005. Items to be removed off site must be accompanied by a completed Decontamination Certificate as per the Trust's policy.

6.3.2 Clinical Waste

- Pharmaceutical waste

Pharmaceutical waste consists of prescription only medicines, controlled drugs that have been made safe and unusable, and other pharmaceutical preparations. These must be placed in appropriate disposal unit i.e., blue rigid container and clearly labelled hazardous waste and marked for incineration only, no sharps should be disposed within these containers.

Controlled drugs are subject to specific legislation. All drugs for disposal or reuse must be returned to Pharmacy by the ward/department using the designated green bins provided. This includes part or full containers and out of date drugs.

- Hazardous waste

All infectious clinical waste materials present a risk to staff handling them. All hazardous waste must be placed into the appropriate clinical waste bags (as defined by Section 7.2 'Identification and Segregation of Waste') and securely fastened. Bins must not be left to overflow and bagged clinical waste must be placed directly into the appropriately tagged waste cart in the waste disposal hold.

Bags must be labelled with tape identifying the ward/department producing that waste.

Catheter tubes and bags with taps on must be emptied of fluid into a sluice before disposal.

Portering staff will exchange the clinical waste bins on a scheduled basis, however if the bin becomes more than 75% full, then a request for removal should be made via the FM Helpdesk (3005).

Disposable suction units must be disposed of in the specifically designed yellow containers, which must be UN approved and designed to contain liquids, clearly marked with the ward/department.name. These units, if they contain gel can be disposed of in either tiger or orange bags dependent on the status of the patient.

- Community Waste

Infectious clinical waste bags must be transported within a rigid, non-porous UN approved container with identification as to the source of the waste. The container must be carried in the boot of the vehicle.

All community workers must have a copy of the Trust's waste carrier certificate ready for inspection. To request a copy, please contact the helpdesk on Extension 3005.

- Anatomical Waste

Anatomical waste includes all waste tissues removed from patients that are recognisably human (see 'Definitions'). Legally, anatomical waste must be incinerated and therefore cannot be placed in the orange bag waste under any circumstances. It also includes placentas/full part full blood bags/plasma bags and any out-of-date blood bags/plasma.

- The red lidded rigid disposal container depends upon the size of the tissue in question:

Small and medium sized items such as corneas or recognisably human items such as toes, feet and hands: Yellow rigid leak-proof container with a red lid consigned as anatomical waste for incineration. These can be obtained from the NHS Supply Chain.

Large items such as limbs: UN-approved red lidded rigid container 60 litres, consigned as anatomical waste. These can be obtained from the NHS Supply Chain

- Animal Waste

Any waste derived from animals and used in teaching or research must be disposed of in UN approved red lidded rigid containers and consigned as animal waste for incineration.

- Sharps Disposal

All sharps must be disposed of in an appropriately coloured lidded British Standard BS EN ISO:23907 sharps container:

- non cytotoxic sharps must be disposed of in a yellow lidded sharps container
- cytotoxic sharps must be disposed of in a purple lidded sharps container
- Sharps that are not contaminated with any medicine are disposed of in an orange lidded sharps container.

Sharps containers must be closed and collected when 75% full and must never exceed the permissible marked full line. If the sharps container is seldom used, it should be returned after a maximum of three months regardless of the filled capacity.

Reusable sharps containers are delivered assembled through the managed service. Any single use sharps containers must be assembled properly, according to the manufacturer's instructions.

Sharps containers must be marked with date of first use and name of ward/department and stored in areas with no public access i.e., in dirty utility rooms.

When sealed following use, the date of closure **must** be completed by the ward/department.

Sharps containers must then be placed on the floor in the disposal hold or designated area and will be collected on a regular schedule by the managed service provider for reusable sharps. Single use sharps containers will be collected by portering staff when requested, via the FM Helpdesk, extension 3005.

Cytotoxic/cytostatic sharps bins are part of the managed service and are included in the scheduled collections. No mixing or contamination of the waste streams is permitted.

In the event of a sharps spillage please reference the Trust's Blood and Bodily Fluid Policy for guidance on clean up procedures.

At Newark and Mansfield Community Hospitals, designated bins are held within the waste disposal compound areas. Portering staff will collect single use sharps containers on an ad hoc basis, requested via the FM Helpdesk on extension 3005. Broken glass in laboratories - broken glass must be placed in a suitably sized sharps container, having referred to the laboratory health and safety manual.

- Mercury and Mercury Amalgam

For departments using equipment containing mercury, removal of this waste is via a request to the FM Helpdesk at ext. 3005. Following collection, the Hard FM Services Provider will arrange for its disposal. Specific tooth pots can be requested for tooth extractions containing amalgam.

- Radioactive Waste

The disposal of radioactive waste should be directed through the Trust's Radiation Protection Advisor.

- **Foam Mattress Disposal**

Any Foam mattress belonging to the Trust that has had its outer layer torn or breached and been condemned by Tissue Viability at ward level must be put out of use. After decontamination it must be placed into the designated yellow mattress bag (NHS Supplies stock MVN 003) and sealed with ward or department tape.

The bagged Mattress must then be stored in a secure area away from patient activity to await collection by the Portering service. (All dynamic /air mattresses are electrical equipment and should be reported to MEMD to repair or condemn.)

The Porters will only collect bagged and tagged Trust owned mattresses that have been decontaminated in accordance with the Trust Decontamination Policy. These mattresses will then be kept in a secure storage area awaiting collection by a specialist waste service provider.

6.4 Storage of Waste

Waste must not be allowed to accumulate in corridors, sluice rooms or other utility rooms on wards or other places accessible to the general public and staff. Bags must be removed from the bin when 75% full and placed directly into the appropriate waste container in the disposal hold.

Wards and departments have waste disposal holds where all waste must be taken. Clinical waste bins must be locked at all times. Each ward/department have been provided with a bin key for all staff to use. Replacement keys should be requested through the Hard FM Service Provider via the FM helpdesk (3005). Any waste bins found to be faulty must be reported through the FM Helpdesk at extension 3005.

Waste bags that cannot be collected immediately must be stored in a designated waste storage area while awaiting collection. All waste will be held in the designated areas prior to removal off site - on the Kings Mill site, this is the FM yard. At Newark and Mansfield Community Hospital, these are clearly marked.

6.5 Transportation of Waste (off site)

Transportation of waste must be carried out in accordance with legislative requirements. The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009 (as amended) and ADR 2022 place duties on those involved with the carriage of dangerous goods.

Most of the duties fall on the consignor, the operator of the vehicle and the driver. A waste consignment note must be completed for every movement of hazardous and clinical waste off site.

- The producer: the Hard FM Services Provider on behalf of the Trust.
- The carrier: the clinical waste contractor's transport staff (driver).
- The disposer: the staff at the disposing incinerator/treatment plant.

- The consignor: must ensure the operator receives information about the load to be transported, this must include the:
 - DesignationUN number
 - Correct Shipping Name
 - Label model number
 - Packaging group.
 - Number and capacities of packages.
 - Name and address of the consignor.
 - Name and address of consignee

This is commonly referred to as a hazardous waste consignment note. All parties are required to keep the transfer note for a period of three years. Consignment notes must be available for inspection by the Environment Agency.

For Non-hazardous waste a controlled waste transfer note must be issued and kept for 2 years.

The carrier must be registered with the Environment Agency to carry the waste. The license should be in accordance with the activities of the waste carrier (i.e. Upper or Lower Tier: carrier, broker or dealer as applicable). It is the organisations responsibility to verify that the contractor has a carrier's license and that it is disposed of in accordance with the conditions of a registered permit or waste exemption. The Hard FM Service Providers will act on the Trust's behalf in the management of the waste disposal contract.

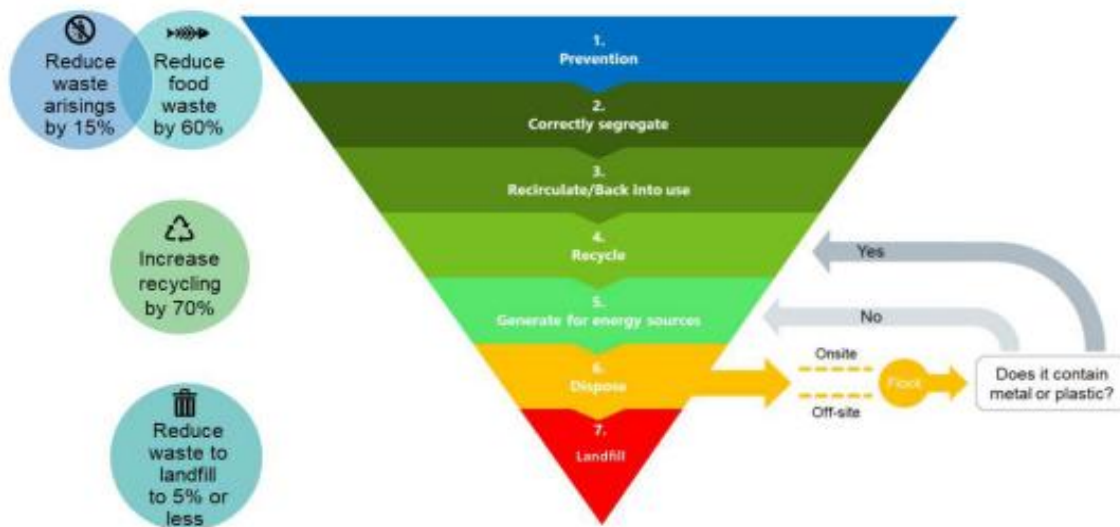
6.6 Recycling of Waste

As a matter of general principal, every consideration should be given to segregation and recycling as much waste as possible, where to do so does not increase overall risk.

Existing arrangements for segregation and recycling are specified in this document where appropriate. The Waste Review Group will identify and review any proposed recycling opportunities and implement trials as appropriate.

Note below Waste Management Hierarchy

Figure 8 Waste management hierarchy and NHS 2030 targets



6.7 Accident and Incident Reporting

It is the duty of staff to report all incidents involving clinical waste, including spillages, needle stick/sharps injuries, incorrectly sealed or labelled waste bags, incorrect disposal of clinical waste, and infection or contamination from waste.

Any blood and/or body fluid exposure incident needs to be dealt with in line with the Trust's 'Sharps and Needlestick Policy' and the Trust's 'HIV/PEP policy following occupational exposure to HIV in the healthcare setting'.

All incidents must be reported using the Datix incident reporting system. It is important that details of the incident are recorded as soon as possible after the incident by the member of staff who first becomes aware of it. As much factual detail as is available should be included in the incident report. For example, it is helpful to include where the waste was generated, what the waste was likely to be made up of, when the problem was found etc.

Completing an incident form does not constitute an admission of liability of any kind on any person.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Segregation of waste on site	Estates and Facilities in conjunction with IPC and Service Providers	Waste audits	Monthly	Manager of area audited. Waste Review Group
Segregation of waste leaving site	Hard FM Service provider	Upstream audit	Annual	Waste Review Group Report through PFI reporting system
Tonnage of individual waste streams	Hard FM Service provider Trust Programme Manager (Environment and Sustainability)	Review of invoices	Monthly	Waste Review Group

8.0 TRAINING AND IMPLEMENTATION

8.1 The delivery of training will be the responsibility of the Hard FM Service Provider as detailed in Schedule 14 Service Specifications of the PFI Project Agreement.

8.2 Assessments should identify the requirements for instruction and training this will depend on staff involvement with clinical waste. All managers are responsible for ensuring that all their staff receives adequate instruction and training in:

- Risks associated with clinical waste
- Classification, segregation and storage of waste
- Waste handling
- Storage and disposal of waste
- Emergency procedures e.g.: dealing with waste spills, incident reporting, and management of sharps injuries.
- Hand hygiene practices
- Staff handling clinical waste should be offered appropriate immunisation, including Hepatitis B and Tetanus
- Checking that waste bags and sharps boxes etc. are correctly sealed before handling. They should be sealed and labelled when 75% full.
- Ensuring that the hospital/clinic/practice details are identified on the bags/boxes
- Handling bags with due care according to handling instructions (Manual handling of Bagged Waste)
- Awareness of the special problems relating to the correct disposal of sharps
- Awareness of the procedure to follow in the event of a spillage, and how to report an incident
- Appropriate cleaning and disinfection procedures
- Use and maintenance of personal protective equipment

8.3 All training should be recorded, and records of attendance should be retained.

8.4 All new staff, as part of their induction to their area of work, will be made aware of the Waste Management Policy.

8.5 All wards and Department will have access to the electronic copy of the Waste Management Policy on the Trust's intranet site.

8.6 Electronic copies will be held on the Trust's Intranet site.

8.7 Details of any revision will be included in the monthly team brief, nursing bulletin and weekly bulletins; waste handling training programmes is included as a viable means of communication.

8.8 Electronic copies are to be held by the Hard and Soft Service Providers

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 4
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 5

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Environmental Protection act 1990
- Waste (England and Wales) 2011
- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Controlled Waste (England and Wales) Regulations 2012
- Control of Substances Hazardous to Health Regulations 2002
- HTM07-01: Safe and Sustainable Management of Healthcare Waste (2022)
- The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009 (as amended)
- The agreement concerning the International Carriage of Dangerous Goods by Road 2023 (ADR 2023)
- Control of Pollution (Amendment) Act 1989
- The Environmental Permitting (England and Wales) (Amendment) Regulations 2013
- The Waste Electronic and Electrical Equipment Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008
- Technical Guidance WM3: Waste Classification – Guidance on the classification and assessment of waste (1st Edition v1.2 GB 2021)

(This list is not exhaustive)

Related SFHFT Documents:

- Infection Prevention and Control Policies
- Moving and Handling Policy
- Risk management Policy
- Health and Safety Policy
- Incident Reporting Policy
- Medical Devices Policy
- Policy for the Supply, Administration, Safe handling, and Storage of Medicines
- Data protection, confidentiality, and disclosure policy
- The Service Specifications and Method Statements contained in Schedule 14 of the PFI Agreement.

11.0 APPENDICES

Appendix 1	European Waste Catalogue Healthcare Waste Categories (taken from HTM 07-01: Safe and sustainable management of healthcare wastes, 2022)
Appendix 2	List of Cytotoxic/cytostatic drugs
Appendix 3	Frequently asked questions
Appendix 4	Waste segregation and classification (taken from HTM 07-01)
Appendix 5	Equality impact assessment form (EQIA)

Appendix 1

European Waste Catalogue Healthcare Waste Categories (taken from HTM 07-01: Safe and sustainable management of healthcare wastes, 2022)

Colour	Waste stream	Example items	Disposal methods	EWC codes	Hazards	Container requirements	Sharps
Yellow/Black 	Offensive/hygiene waste	Used non-infectious PPE, sanitary waste/nappies Couch roll (paper used to cover exam tables) Non-infectious items contaminated with blood and other body fluids Animal faeces/soiled animal bedding	EFW (can be incinerated at lower temperatures than infectious/known infectious streams) Landfill (legal, but not recommended under the hierarchy of waste)	18 01 04 or 20 01 99 18 02 03	Unpleasant, generally not hazardous	Tiger stripe bag only 	Must not contain sharps
Red 	Anatomical waste	Amputated tissue, full and partial blood bags, and blood preserves	Incineration	18 01 02 18 01 02 and 18 01 03* (if infectious)	Unpleasant, generally not hazardous unless infectious	Rigid containers only. Red or red lidded. Marked as anatomical. 	Must not contain sharps
Black 	Domestic/municipal waste	Food packaging	Recycling (limited if recyclables are segregated at source) EFW Landfill	20 03 01	Generally, not hazardous	Black bag or clear bag 	Must not contain sharps
White (recycling) 	Recyclable wastes	Empty drinks cans Glass Paper (excluding confidential)	Recycling	Various	Not hazardous	White bag or clear bag 	Must not contain sharps

Colour	Waste stream	Example Items	Disposal methods	EWC codes	Hazards	Container requirements	Sharps
Blue 	Medicinal waste	Expired medicines (excluding cytotoxic and cytostatic drugs) Testing kits Medicines returned to healthcare facilities by the public	Incineration/specialist treatment	18 01 09, 18 02 08, or 20 01 32	Chemical/ environmental	Blue lidded bin based on physical properties (sharps go in a sharps bin, liquids go in a liquids bin, and solids in a solids bin). Bags may be used if they are in a blue-lidded or primarily blue container. Medicinal waste should not be stored in loose bags 	Must not contain sharps
Dental amalgam 	Dental amalgam	Dental amalgam	Recovery (non-infectious)	18 01 10* (amalgam) 18 01 03* and 18 01 10 (amalgam contaminated with infectious material)	Chemical Infection (if infectious)	Specific, marked, white bin or container labelled with contents. Amalgam bins must feature mercury vapour suppressants. Infectious amalgam must be in separate bins from non-infectious. 	Must not contain sharps

Colour	Waste stream	Example Items	Disposal methods	EWG codes	Hazards	Container requirements	Sharps
Gypsum 	Gypsum	Gypsum	Recovery (non-infectious) Incineration (infectious)	18 01 04 (gypsum) 18 01 03* (infectious gypsum)	Chemical Infection (if infectious)	Specific, marked, white bin or container labelled with contents. Infectious gypsum must be in separate bins from non-infectious. Untamminated gypsum may also be disposed of in a black and yellow tiger-stripe bag. Gypsum has specific disposal requirements, and should not be mixed with offensive waste.   	

Table 9 Clinical waste colour coding and storage summary (continued)

Colour	Waste stream	Example Items	Disposal methods	EWG codes	Hazards	Container requirements	Sharps
Radioactive 	Radioactive waste	Nuclear medicine waste Radiation contaminated PPE	Decay storage (for low level radioactive wastes) Aqueous waste disposal to sewers Specialist disposal (for radioactive wastes which cannot be decayed on-site)	None (radioactive waste is not included in the EWG) Low-level wastes should be assigned a code based on their properties after decay.	Radiation May possess other hazardous properties (even after decay)	Standard bins or bags appropriate to the characteristics of the waste being collected should be used. These should be labelled with tape bearing the trefoil symbol and the word "Radioactive" and a reference number and a description of the contents including the radionuclide, amount of radioactivity and date. Once logged, the waste should be stored in an appropriately shielded and secure radioactive waste store. If stored until decayed, the radioactive tape should be removed before disposal of the waste via the standard waste streams, otherwise the solid waste may be disposed as such to licensed specialised contractors.   	May contain sharps (in a designated sharps bin) 

Table 9 Clinical waste colour coding and storage summary (continued)

Colour	Waste stream	Example items	Disposal methods	EWC codes	Hazards	Container requirements	Sharps
Recyclable 	Recyclable waste	Empty, un-contaminated drink cans Food packaging (rinsed) Devices/medicine packaging Non-confidential paperwork Newspapers	Recycling Clean paper may be reused on-site for printing or other uses	Various	Not hazardous	Clear (or green) bag or rigid bin 	Must not contain sharps 
Confidential 	Confidential waste	Paperwork containing patient data or commercially sensitive information	Shredding, followed by recycling	No specific EWC code	No hazard. Separate stream due to data protection legislation	Bag, rigid bin or console (no specific colour required; however, it is recommended to standardise the colour across the organisation) 	Must not contain sharps 

Appendix 2

List of Cytotoxic/cytostatic drugs

Aldesleukin	Exemestane	Progesterone
Alemtuzumab	Finasteride	Progestins
Alitretinoin	Floxuridine	Raloxifene
Altretamine	Fludarabin	Raltitrexed
Amsacrine	Fluoruracil	Bibavirin
Anastrozole	Fluoxymesterone	Streptozocin
Arsenic trioxide	Flutamide	Tacrolimus
Asparaginase	Fulvestrant	Tamoxifen
Azacitidine	Ganciclovir	Temozolomide
Azathioprine	Ganirelix acetate	Teniposide
Bacillus Calmette-Gerin Vaccine	Gemcitabine	Testolactone
Bexarotene	Gentuzumab ozogamicin	Testosterone
Bicalutamide	Choriogonadotrophin alfa	Thalidomide
Bleomycin	Goserelin	Tioguanine
Busulfan	Hydroxycarbamide	Thiotepa
Capecitabine	Ibritumomab tiuxetan	Topotecan
Carboplatin	Idarubicin	Toremifene citrate
Carmustine	Ifosfamide	Tosiumomab
Cetorelix acetate	Imanitib mesilate	Tretinoin
Chlorambucil	Interferon alfa-2a	Triluridine
Chloramphenicol	Interferon alfa-2b	Trimetrexate glucuronate
Choriogonadotropin alfa	Interferon alfa-n1	Triptorelin
Cidofovir	Megestrol	Uramustine
Cisplatin	Melphalan	Valganciclovir
Cladribine	Monotropins	Valrubicin
Colchicine	Mercaptopurine	Vidarabine
Cyclophosphamide	Methotrexate	Vinblastin sulfate
Cytarabine	Methyltestosterone	Vincristine sulfate
Ciclosporin	Mifepristone	Vindesine
Dacarbazine	Mitomycin	Vinorelbine tartrate
Dactinomycin	Mitotane	Zidovudine
Daunorubicin HCl	Mitoxantrone HCl	
Denileukin	Mycophenolate mofetil	
Dienestrol	Nafarelin	
Diethylstilbestrol	Nilutamide	
Dinoprostone	Oxaliplatin	
Docetaxel	Oxytocin	
Doxorubicin	Paclitaxel	
Dutasteride	Pegasparagase	
Epirubicin	Pentamidine isethionate	
Ergometrine/methylethergometrine	Pentostatin	
Estradiol	Perphosphamide	
Estramustine phosphate sodium	Pipobroman	
Estrogen-progestin combinations	Piritrexim isethionate	
Estrogens, conjugated	Plicamycin	
Estrogens, esterified	Podofilox	
Estrone	Podophyllum resin	
Estropipate	Prednisumustine	
Etoposide	Procarbazine	

Appendix 3

Frequently Asked Questions

1. Why is it important for us to dispose of our waste correctly?

In the eyes of the law, it is the waste producer, not the receiver of the waste, that has the responsibility to ensure their waste is segregated correctly and disposed of in accordance with legal requirements. So if there was a problem, it would be the Trust's responsibility to solve it and bear any consequences.

2. Doesn't all this cost money?

Yes, it does, we're legally required to treat waste in the most appropriate and legal manner in order to render it safe. However, this does not mean everything has to be incinerated; on the contrary, most of the waste that goes into clinical waste streams can be recycled at much lower cost.

3. Why should we recycle as much as possible?

In all cases, recycling is the cheapest and least environmentally damaging option for waste treatment. In the future it may even be possible to make a profit from our waste if we recycle as much as possible.

4. Why can't we send all our clinical waste to incineration? Doesn't this pose an infection control risk?

It's a difficult concept to grasp since medical education has always been focussed on risk avoidance but the simple fact is that it's not necessary to incinerate all waste: the UK population is a healthy one. Individually, we're not concerned we'll contract a contagious disease from meeting people in our daily lives, yet if the same person was in hospital for a routine operation, why would their waste suddenly be infectious?

If you do not know or suspect a patient to have an infectious disease through clinical history, signs and symptoms or any other means, then their waste is NOT infectious.

5. What happens if someone is infectious, but we've been disposing of their waste as offensive?

In the unlikely event of this occurring, please ensure that all waste that comes from the patient after the discovery of their infection is disposed of in an orange infectious waste bag.

6. How do I store sharps containers safely?

Where possible, sharps containers should be securely fastened to a wall or fixture. If this is not possible, please ensure sharps containers are not located on the floor or shelves but are kept on a table or unit, far back from the edge to avoid spillage.

7. Why do I need to sign sharps containers?

This is important so we can trace the sharps container back to the producer if there's a problem

8. What happens to all the waste we produce? How do we know this is actually happening?

The exact disposal route varies depending on the waste stream and you can see all these in the table in appendix B. We know what happens to our waste because the Environment Agency requires the Trust to perform a due diligence test on the main domestic and clinical waste streams once a year. This involves a team watching the waste being collected from site and following it to its disposal location for an inspection.

9. What if I need or want further training for myself or my team?

Please do not hesitate to get in touch with the helpdesk (3005) and ask to speak to the Waste Contract Manager, Skanska, as they can arrange this for you.

10. How do we let you know of any problems?

Please contact the helpdesk (3005) to report any problem

11. How do I dispose of the following items?

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Aerosols-non medicinal	Non-medicinal aerosols Spray glue	Designated drum	Blue barrel/drum with lid	Blue barrel / drum with lid, stored in agreed location	Recycling
Medicinal Aerosols	Medicinal aerosols (Salbutamol, Diflam spray)	Pharmaceutical waste bin	Blue lidded bin	Yellow 770 cart marked for pharmaceutical waste or reusable container transporter	Incineration
Batteries from equipment	Any kind of battery (lead acid, nickel, AA, AAA)	Battery bin	Green lidded transparent battery bin	Yellow 770 cart	Recycling
Batteries from an implant	Any battery from an implant such as a pace maker?	Disinfect (if deemed to be infectious) and dispose of via the WEE ROUTE Contact the Helpdesk Ex. 3005			
Casts	All casts made of plaster of Paris (gypsum) and plastic resin or fibreglass regardless of whether they have infectious agents or not?	Gypsum bag	Yellow rigid container with ID tape 'Gypsum'	Yellow 770 cart	Incineration

Paint	Any paints	Contact the helpdesk to arrange pick up	N/A	N/A	N/A
Chemicals	Any unknown or potentially hazardous chemicals	Contact the helpdesk to arrange pick up	Dispose of any waste using original manufacturer's container where possible	N/A	N/A
Cleaning chemicals/Disinfectants	Any remnants of chemical waste such as peracetic acid?	Healthcare Chemicals bin	Dispose of any waste using original manufacturer's container where possible		
Confidential waste - clean	Any paper with confidential details?	Confidential waste console or locked blue wheeled bin	Rigid lockable cabinet or blue wheeled bin		Shredded and recycled
Cardboard	Any cardboard that is not contaminated with bodily fluids or infectious agents?	Mixed recycling bin	Transparent bag	Blue cart	Recycling
Plastics	Any plastic that is not contaminated with bodily fluids or infectious agents?	Mixed recycling bin	Transparent bag	Blue cart	Recycling
Paper	Any packaging, cardboard, paper or plastics that is not contaminated with bodily fluids or infectious agents?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid	Recycling
Electrical and Electronic items/Phones/ Kettles	Any electrical items that are broken, unsafe or not required (without a hard drive or any confidential data)	Contact the helpdesk to arrange pick up	N/A	N/A	N/A
Computers	Any computers that is broken, unsafe or not required?	Contact the NHIS helpdesk to arrange pick up			
Fluorescent light bulb	Fluorescent tubes from light fittings	Contact the helpdesk to arrange pick up	N/A	Enclosed skip located in Skanska compound	Recycling
Food	Any food or food packaging that cannot be rinsed out?	General waste bin	Black bag	Grey 770 cart with black lid	Incineration with Energy Recovery

Flowers	Any flowers delivered to patients?	General waste bin	Black bag	Grey 770 cart with black lid	Incineration with Energy Recovery
Chairs	Any large, non-electrical items of furniture?	Contact the helpdesk to arrange pick up	N/A	Locked yard	Recycling
Tables	Any large, non-electrical items of furniture?	Contact the helpdesk to arrange pick up	N/A	Locked yard	Recycling
Mattresses (Uncontaminated or contaminated)	Any large mattresses?	Contact the helpdesk to arrange Helpdesk send mattress bag	Mattress Bag with decontamination certificate	NA	Incineration
Glass (Uncontaminated)	Glass that has remnants of food such as coffee jars or a non-pharmaceutical compound (saline, glucose and sucrose) in it?	Brown padded bag placed in general waste 770 cartBag	Brown bag	Grey 770 cart with black lid	Incineration with Energy Recovery
Non-sharp Category A infectious patient waste	Any healthcare items such as aprons, gloves and surgical wear that is known or reliably believed to be contaminated with a Category A infectious substance e.g., Ebola or other VHF	Contaminated waste bin	Waste team must be contacted. Double yellow bag into 60 litre yellow lidded sealed units meeting P622 marked and labelled as UN3549	Yellow 770 cart marked as OVERPACK	Incineration under strict security controls
Non-sharps healthcare waste with a chemical or medicine and a high-risk infectious pathogen	Any healthcare items such as infusion sets, suction liners, or waste contaminated with prions or CJD that is suspect or known to be contaminated with an	Contaminated waste bin	Yellow bag	Yellow 770 cart HI yellow label	Incineration

	infectious agent and a pharmaceutical product or chemical?				
Non-sharps healthcare waste with an infectious pathogen	Any healthcare items such as sanitary pads, bed pans, nappies, aprons, gloves and surgical wear that is suspect or known to be contaminated with an infectious agent?	Infectious waste bin	Orange bag	Yellow 770 cart with HT orange label	Alternative treatment
Non-sharps healthcare waste with no chemicals, medicine or infectious pathogens	Any healthcare items such as sanitary pads, bed pans, nappies, aprons, gloves and surgical wear that have no suspicion of being contaminated with an 1) infectious agent, 2) a pharmaceutical product or 3) any chemicals?	Offensive waste bin	Tiger bag, yellow with a black stripe	Grey 770 cart with red lid	Incineration with Energy Recovery
Implants	Any battery from an implant such as a pace maker that is not contaminated by bodily fluids?	Contact the manufacturer of the implant for details of return schemes or the Helpdesk Ex. 3005 for details.			
Implants	Any implant that does not contain batteries or an electrical system but is contaminated by bodily fluids and a non-cytotoxic/cytostatic drug?	Cytotoxic/cytostatic sharps bin	Single use Purple lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Implants	Any implant that does not contain batteries or an electrical system and is only contaminated by bodily fluids like a ring pessary?	Offensive waste bin	Tiger bag, yellow with a black stripe	Grey cart with red lid	Incineration with Energy Recovery
Instruments	Instruments such as probes and endoscopes	Contaminated sharps bin	Yellow lidded sharps bin	Agreed location for managed	Incineration

	that have an electrical system that are contaminated by bodily fluids?			service collection	
Instruments	Single use instruments such as speculums, tweezers and forceps that are contaminated with bodily fluids?	single use instrument re-usable sharps bin	White lidded reusable sharps bin	Agreed location for managed service collection	Incineration
IV bags	Empty IV bags with remnants of saline, glucose or sucrose ONLY that are separate from sharps and non-infectious	Offensive waste bin	Tiger bag, yellow with a black stripe	Grey cart marked for offensive waste	Incineration with Energy Recovery
IV bags	IV bags with remnants of a pharmaceutical compound that are separate from sharps	Pharmaceutical waste bin	Blue lidded bin	Agreed location for managed service collection	Incineration
Organs and limbs, Placentas, Plasma, Full Blood bags	Any anatomical wastes removed from a patient during a procedure that are recognisably human	Anatomical waste bin	Red lidded sealed unit marked for anatomical waste	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Human tissue (small)	Any anatomical wastes removed from a patient during a procedure that are not recognisably human	Contaminated waste bin	Tiger bag, yellow with a black stripe	Grey 770 cart with red lid	Incineration with Energy Recovery
Animal remains	Any tissues derived from an animal, such as heads and organs, regardless of its size?	Anatomical waste bin	Red lidded sealed unit marked for anatomical waste	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
PCR residue	Any waste from a Polymerase Chain Reaction (PCR) process?	Contaminated waste bin	Yellow bag	Yellow 770 cart with HI yellow label	Incineration
Radioactive wastes	Any radioactive wastes used for imaging or other clinical activities?	Contact the Radiation Protection Advisor or the helpdesk Ex 3005 for further information			

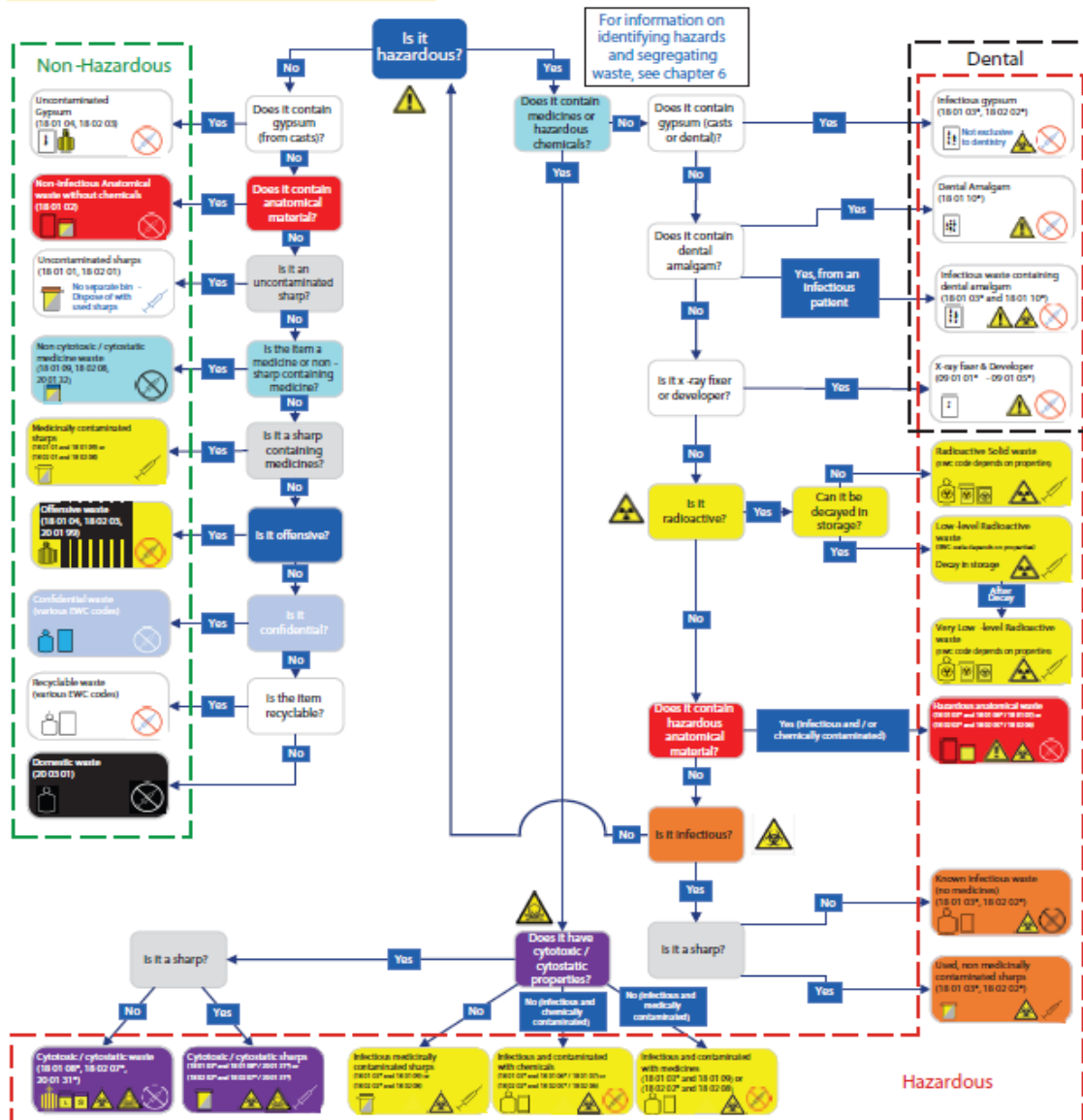
Genetically modified DNA or organisms	Any waste containing genetically modified DNA or organisms?	Contaminated waste bin	Yellow lidded sealed units	Yellow 770 Cart	Incineration
Pathology Laboratory Category A infectious waste	Any Category A infectious waste originating from Pathology laboratories (cultures) in the event of autoclave failure	MedProtec 620 container Contact the helpdesk to arrange pick up	Containers must meet requirements of P620. UN 2814 should be used for the disposal of this waste	Yellow 770 Cart marked as OVERPACK	Incineration under strict security controls
Pathology Laboratory waste	Infectious waste contaminated with pharmaceuticals or chemicals	Contaminated waste bin	Yellow lidded sealed units or yellow bag	Yellow 770 Cart	Incineration
Pathology Laboratory waste	Infectious waste not contaminated with chemicals or pharmaceuticals	Contaminated waste bin	Orange bag	Yellow 770 Cart	Alternative treatment
Pharmaceutical waste including blister packs containing tablets or capsules, glass medicine bottles, or unused portions of tablets	Any waste that has remnants of an active pharmaceutical compound in or around it. NO SHARPS	Pharmaceutical waste bin	Blue lidded bin	Yellow cart marked for pharmaceutical waste or reusable container transporter	Incineration
Cytotoxic/static drugs	Any drugs that has cytotoxic/cytostatic (mutagenic) properties	Cytotoxic/cytostatic sharps bin	Purple lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Pharmaceutical waste	Medicinal aerosols (Salbutamol, Diflam spray)? NO SHARPS	Pharmaceutical waste bin	Blue lidded bin	Yellow cart marked for pharmaceutical waste or reusable container transporter	Incineration
Pharmaceutical waste	Blister packs that still have unused tablets/capsules in them?	Return to Pharmacy	Green Pharmacy Returns box	N/A	Reuse
			Return via	N/A	Reuse

Pharmaceutical waste	Any unused controlled drugs	Do not dispose. Keep on ward	Medicines management operative		
Plastics	Inert plastics from packaging such as bottles if not contaminated with pharmaceuticals or chemicals?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Plastics	Plastics from medical instrument packaging if not contaminated with pharmaceuticals or chemicals?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Paper	Non-confidential paper including envelopes, magazines, catalogues and leaflets?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Cardboard	Cardboard from packaging?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Tin cans	Fizzy drinks cans and tin cans?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Drink cans	Fizzy drinks cans and tin cans?	Mixed recycling bin	Transparent bag	Grey 770 cart with green lid / orange sticker	Recycling
Hand towels	Paper hand towels?	General Waste bin	Black bag	Grey cart with black lid	General waste
Toner and ink cartridges	Any toners or ink cartridges from printers?	Log via helpdesk and porters will collect			
Scrap metal	Any large metal items such as beds?	Contact the helpdesk to arrange pick up	N/A	Locked yard	Recycling
Sharps	Sharps used to administer a drug to a patient?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow 770 cart reusable container transporter	Incineration
Sharps	Sharps used to administer IV fluids to a patient?	Contaminated sharps bin	Yellow lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Sharps	Any items attached to sharps that cannot be removed easily?	Contaminated sharps bin	Yellow lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration

Sharps	Sharps used to administer a cytotoxic/cytostatic drug to a patient?	Cytotoxic/cytostatic sharps bin	Purple lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Sharps	Sharps used to take a blood sample?	Orange sharps bin	Orange lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration
Sharps	Sharps boxes containing liquid controlled drugs and safety gel?	Contaminated sharps bin	Yellow lidded sharps bin	Place on floor in disposal hold and request collection via the helpdesk ext 3005	Incineration

Appendix 4 - Waste Segregation & Classification

Figure 13 Waste segregation and classification



APPENDIX 5 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Waste Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: February 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	Availability of this policy in languages other than English	Alternative versions can be created on request	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	None	Already in font size 14. Use of technology by end user. Alternative versions can be created on request	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None

Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None
What consultation with protected characteristic groups including patient groups have you carried out?			
None for this version			
What data or information did you use in support of this EqIA?			
Trust policy approach to availability of alternative versions			
As far as you are aware are there any Human Rights issues to be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?			
No			
Level of impact			
From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here) , please indicate the perceived level of impact:			
Low Level of Impact			
For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Julie Dennis ; Programme Manager (Environment and Sustainability)			
Signature: JULIE DENNIS			
Date: February 2022, Updated July 2023			