

<b>Waste Management Policy</b>		<b>Type: Policy</b> <b>Register No: 04088</b> <b>Status: Public</b>
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<b>Consulted With</b>	<b>Post/Committee/Group</b>	<b>Date</b>
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## **1. Purpose**

- 1.1 The purpose of this policy is to ensure that Mid Essex Hospital Services NHS Trust (MEHT) meets its legal and moral obligations in relation to waste disposal.

## **2. Introduction**

- 2.1 Waste Disposal is the generic term given to the whole spectrum of activities associated with waste, namely generation, handling, storage and actual disposal, which continues right up until the final destruction of that waste. The Trust has a “cradle to grave” responsibility and must ensure that the Trust’s arrangements recognise this responsibility.
- 2.2 Hospitals by their very nature generate a significant amount of every conceivable classification and category of waste, each of which has their own disposal standards and routes. This makes for a very complicated system of controls, which need to be easily understood and implemented at shop floor level. Therefore particular effort has been made to simplify the guidance issued, which primarily involves the Policy itself, which is then supplemented by a code of practice and waste disposal data sheets (WDDS).
- 2.3 This Policy reflects the requirements of the following legislation and guidelines:-
- HTM 07/01 Safe Management of Healthcare Waste
  - The Health & Safety at Work Act 1974
  - Management of Health & Safety at Work Regulations 1992
  - The Control of Substances Hazardous to Health Regulations 2004
  - The Environmental Protection Act 1990
  - The Duty of Care Regulations 1992
  - The Special Waste Regulations 1996
  - Control of Pollution Act 1974
  - Hazardous Waste Regulation 2005
  - The Radioactive Substances Act (1993) – RSA93
  - Waste Electrical and Electronic Equipment Regulations, amended 2007
  - The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 and the 2011 Amendment Regulations. (CDG)
  - The European Agreement Concerning the International Carriage of Dangerous Goods by Road (ADR)
  - The Environmental Permitting Regulations 2007
  - The Waste (England & Wales) Regulations 2011
- 2.4 MEHT will meet its duty of care and ensure so far as is reasonably practicable that staff comply with the requirements of the code of practice and waste disposal data sheets (WDDS) in accordance with this policy.

## **3. Scope**

- 3.1 This policy applies to all staff, visitors, patients and contractors.

## **4. Equality & Diversity**

- 4.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

## **5. Roles and Responsibilities**

### **5.1 Chief Executive**

5.1.1 The Chief Executive has overall responsibility on behalf of the Trust Board for its compliance with all statutory waste legislation. They will ensure that the requirements specified within this policy are resourced, and implemented within the Trust.

### **5.2 Director of Strategy & Corporate Services**

5.2.1 The Director of Strategy & Corporate Services has executive responsibility for health & safety matters across MEHT and will be responsible to the Chief Executive for the Trusts day to day compliance with the requirements of this policy.

5.2.2 They will ensure that proactive arrangements exist for the monitoring and policing of this policy and that a competent person is appointed as waste advisor.

### **5.3 Head of Hotel Services**

5.3.1 The Head of Hotel Services will be responsible for the management of waste contracts and ensure compliance with the Duty of Care Regulations and the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 (as amended 2011) by contracted suppliers and staff. This will include an annual "Duty of Care" visit to waste contractors providing services to MEHT.

5.3.2 The Head of Hotel Services will ensure that facilities are available or are purchased for the disposal of all waste generated within the Trust, which comply with relevant legislation and Standing Financial Instructions.

### **5.4 Hotel Services Manager**

5.4.1 The Hotel Services Manager is responsible for ensuring that the day-to-day operational issues surrounding waste disposal within the Trust are conducted in line with this policy. They will monitor compliance and administer the central returns for licences, certificates and other formal statutory paperwork.

5.4.2 The Hotel Services Manager will act as the Trusts' waste adviser and provide advice to line managers and staff with regards to waste disposal legislation and procedures within MEHT.

5.4.3 The Hotel Services Manager will ensure a register of all waste generated and disposed of by the Trust is kept together with a record of all incidents which contravene the Waste Management Policy and relevant waste management regulations.

5.4.4 The Hotel Services Manager will liaise with the Radiation Protection Advisor and Supervisors (unsealed sources) as regards potential radioactive waste.

### **5.5 Departmental Managers, Line Managers and Supervisory Staff**

5.5.1 It will be a line management responsibility to ensure the implementation and adherence to the Waste Management Policy within every area of responsibility.

5.5.2 They will ensure that all staff under their direct control are aware of the details necessary to deal with the types of waste most frequently produced within their respective work area or activity and comply with these details. They must also be aware of what to do if other waste is encountered, even if that is some form of holding / emergency action.

5.5.3 They will ensure that the necessary local resources, financial and others are available to ensure that all aspects of the policy code of practice and WDDS can be met. If there are problems in this respect then this should be drawn to the attention of line management

until the problem is resolved. Notification in writing should be made to the Hotel Services Manager of any problems or incidents relating to compliance.

- 5.5.4 They will ensure that: staff working within their areas of responsibility are appropriately trained, are provided with specialist equipment and protective clothing as necessary and receive appropriate inoculation as advised by Occupational Health, for example Hep B for waste porters.

## 5.6 **Waste Porters**

- 5.6.1 Waste portering staff are responsible for the collection and removal of all waste from local waste disposal storage facilities to a central storage area, prior to collection for disposal from site.

- 5.6.2 Waste porters are responsible for transporting waste in appropriate containers required and ensuring waste is securely transported across the hospital site.

- 5.6.3 Waste porters are also responsible for reporting any non-conformance issues or bad practice to the Hotel Services Manager.

## 5.7 **Domestic Staff**

- 5.7.1 Domestic Services are responsible for ensuring an adequate supply of all disposal bags and unique identifiable clinical waste tags are provided at ward/department level.

- 5.7.2 Domestic staff must ensure that all clinical waste bags are secured by using a unique identifying tag when being removed from the receptacle prior to transportation. Additionally under the direction of ward/department heads, all staff must ensure that waste awaiting collection is segregated.

- 5.7.3 All Domestic staff must report to their immediate line manager any incidents/accidents relating to the management of waste to enable action to be taken as appropriate.

## 5.8 **Estates and Capital Projects Staff**

- 5.8.1 The Capital Projects and Estates Department is responsible for the management and removal of building waste, fluorescent tubes, ash, oil and asbestos from the site and monitoring contractors to ensure their waste is removed from site in accordance with the Control of Contractors Policy (Estates).

## 5.9 **Contractors**

- 5.9.1 All contractors employed by or working on behalf of the Trust, in, on or adjacent to Trust property will make the necessary arrangements to comply with this policy.

- 5.9.2 It is the responsibility of the employing head of department/ward to ensure all contractors' staff are made aware of the contents of this policy.

- 5.9.3 Any contractor who does not comply with this policy may be requested to cease work or to leave site in accordance with the Control of Contractors Policy (Estates).

## 5.10 **All Staff**

- 5.10.1 All staff have a responsibility to identify any material that they are using or have used which is destined for the waste stream into its appropriate category (as defined in the Code of Practice) and ensure it is disposed of in accordance with the requirements of that category as specified on the Waste Disposal Data Sheet (WDDS), and in accordance with the appropriate Control of Substances Hazardous to Health (COSHH) assessment. Additionally under the direction of ward/department heads, all staff must ensure that waste awaiting collection is segregated.

5.10.2 Accident/Incident forms must be completed and members of staff must visit Occupational Health in all cases of exposure to hazardous waste or sharps injuries in accordance with the Blood Borne Virus Policy.

### **5.11 Dangerous Goods Safety Adviser**

5.11.1 The Trust's appointed Dangerous Goods Safety Adviser (DGSA) will advise on Regulatory requirements for the packaging, marking, labelling, handling and training of staff involved in the movement of hazardous wastes.

5.11.2 The DGSA will also provide Regulatory updates of relevant legislation connected with the Carriage Regulations and Waste Regulations.

5.11.3 The DGSA will also undertake examinations of practices and procedures of internal and external activities performed by Trust staff and those of contractors to ensure compliance standards are maintained.

5.11.4 The DGSA will produce the statutory annual Dangerous Goods report on Trust dangerous goods activities including, but not exclusively those related to wastes.

## **6. Operational Processes**

### **6.1 Waste Disposal Data Sheets (WDDS)**

6.1.1 A standard data sheet is compiled, for each category of waste, giving specific details relevant to the particular category of waste as seen in Appendix 1. These include information on applicable hazards, appropriate storage agreements, colour codes, spillage arrangements etc. It is intended that each Data sheet will include all necessary information relating to that particular category or type of waste.

### **6.2 COSHH Requirements**

6.2.1 The Management of Health and Safety at Work Regulations 1999 require that Risk Assessments be carried out for all processes and activities. In addition, the COSHH Regulations 2002 require specific assessments to be carried out for tasks involving hazardous substances. Therefore managers are responsible for ensuring that COSHH risk assessments are carried out for all waste generating or waste handling tasks in accordance with the Trust's COSHH Policy.

### **6.3 Segregation**

6.3.1 All waste generated within the Trust must be disposed of in accordance with the appropriate Waste Disposal Data Sheet, unless alternative routes have been agreed with the Hotel Services Manager.

### **6.4 Container Identification**

6.4.1 Clinical waste bags and containers generated within the Trust when  $\frac{3}{4}$  full or finished with, must be swan necked and tagged, using the unique identifiable tag supplied by Domestic staff. All sharps containers should have the label completed when assembled and closed for disposal in order to identify the origin.

### **6.5 Colour Coding**

6.5.1 All waste categories will be allocated the internationally recognised colour code as set out in the Health Technical Memorandum 07:01 Safe Management of Healthcare Waste. Further details can be found on the relevant WDDS (Appendix 1) and summarised in Appendix 2.

## 6.6 Spillage of Biological Fluids

- 6.6.1 The spillage of biological fluids presents an infection risk to those who come into contact with them. Therefore any spillage of body fluids must be dealt with immediately.
- 6.6.2 If possible do not leave the area where the spillage occurred until it has been correctly contained and hazard cones employed to warn others of the spillage.
- 6.6.3 Refer to the Cleaning Policy for managing biological fluid cleaning.
- 6.6.4 **Disinfectant:** The Trust uses Tristel Fuse for Surfaces for the effective disinfecting of hard surfaces in a concentration of one sachet to 5 litres of cold water.
- 6.6.5 **Large Spillage of Bodily Fluids (e.g. blood and urine) – see Appendix 8**

## 6.7 Cytotoxic Spillages

- 6.7.1 All wards/departments involved with the handling of cytotoxic agents have cytotoxic spill kits available to them on their stock list. Spill kits are readily available from Central Pharmacy and may be ordered in the same way as other stock items. A cytotoxic spillage kit is available on all wards and in all clinics where chemotherapy is given. Any spillage should be dealt with immediately by the staff member who has administered the drug. Mopping up **must not be** delegated to domestic staff.

## 6.8 Radioactive Waste Spillages

- 6.8.1 Wear protective disposable gloves and aprons. Always contain the area of spillage. Minor spills e.g. splashed urine on skin, should be removed by washing under running water. Contaminated gloves and aprons can be placed in normal clinical waste bags. Larger Spills of Radioactive Urine etc. should be soaked up with Paper towel. Repeat the process after wetting the same area at least twice. The contaminated material must then be double bagged and kept for a minimum of 24hrs in a low traffic area of the ward or department before disposal. NOTE. Never mop the floor as the mop head will then become radioactive. Nuclear Medicine staff are available for advice.

## 6.9 Protective Clothing (PPE)

### 6.9.1 Waste Porters

To protect the hands, legs and feet against needle stick injuries, staff responsible for the removal and transport of waste must ensure that they are wearing, needle stick injury gloves, (rubber or surgical gloves will not protect hands against sharps or needle stick injury).

### 6.9.2 All staff

When handling and disposing of clinical waste, staff should ensure they wear disposable gloves and aprons and appropriate hand decontamination when the gloves are removed. Removed gloves and aprons should then be disposed of via clinical waste.

- 6.9.3 Relevant PPE is provided via line management and must be worn in accordance with the policy. Any issues relating to the lack of PPE must be escalated to staffs line manager immediately and tasks not undertaken without their use.

## 6.10 Sharps

- 6.10.1 Sharp devices are routinely used as part of healthcare practice, which poses a risk to staff, patient and public if not used and disposed of appropriately.
- 6.10.1 It is the responsibility of all staff to safeguard the health of the general public, other members of staff and themselves. All staff should ensure that sharps are used and disposed of safely within the Trust and are aware of the action to take in the event of a

needle stick or sharps injury and that these are managed in a timely, appropriate and consistent manner. The Safe Handling and Disposal of Sharps Policy sets out the approach of the Trust to the safe use and disposal of sharps and should be read in conjunction with the Trust's Waste Management Policy.

6.10.2 It is of crucial importance that sharps boxes are properly assembled before use and that lids cannot be removed from them either by accident or intention.

#### 6.11 **Prevention of Needle-stick and Sharps Injuries**

6.11.1 Safe handling and disposal of all sharps is the responsibility of the user in accordance with HTM 07-01 Safe Management of Healthcare Waste. Please refer to the Trust policies; Safe Handling and Disposal of Sharps and Management of Blood Borne Virus before using needles or other sharp instruments.

#### 6.12 **Waste Storage and Bins**

6.12.1 Waste should only be stored in approved containers within approved areas and not accessible to the general public.

6.12.2 All domestic & clinical waste bins/sack holders must be purchased via the Hotel Services Manager in order to ensure cost efficiencies and compliance of equipment used. Forms must be authorised and submitted as seen in Appendix 3.

6.12.3 All waste disposal store rooms must be kept locked at all times to ensure waste is secured from the public. Wards that access waste disposal facilities secured by locks are issued with keys. Lost keys must be reported to the Hotel Services Manager for immediate replacement.

6.12.4 Any clinical and confidential wheelie bins stored externally must be kept locked at all times.

#### 6.13 **Waste Produced by Microbiology Department**

6.13.1 Due to the nature of the work performed within the Microbiology Department waste that contains high numbers of micro-organisms is routinely generated. It is recognised that the Microbiology Department has a duty of care to ensure that this type of waste does not enter the general waste disposal streams in an untreated format. To address this issue all waste generated within Microbiology that has the potential to harbour micro-organisms is treated in one of the following ways:

6.13.2 All waste generated within the Containment Level 2 Laboratory that has been Contaminated with micro-organisms is autoclaved within the Microbiology Department. Subsequent to autoclaving the waste is treated as clinical waste.

This includes:

- all specimens that are no longer required for the analytical processes utilised in Microbiology
- all disposable items used to propagate and examine live cultures of micro-organisms
- all disposable items used within the Virology Department

6.13.3 All waste generated within the Containment Level 2 Laboratory that has not been directly contaminated with micro-organisms is treated as clinical waste and is not autoclaved within the Microbiology Department

6.13.4 All waste, without exception, generated within the Containment Level 3 Laboratory is autoclaved within Microbiology. Subsequent to autoclaving the waste is treated as clinical waste and is entered into the MEHT Waste Disposal System.



6.13.5 Any large items of waste, such as obsolete equipment, that have been routinely used within either the Containment Level 2 or 3 Laboratory are cleaned with appropriate disinfectant before leaving the Microbiology Department and entering the relevant MEHT Waste Disposal Route.”

#### 6.14 **Community Waste (Midwives)**

6.14.1 Particular attention should be paid to the carriage of small quantities of waste in vehicles, as happens in community nursing for example midwifery. If a bag of infectious clinical waste is placed directly into any vehicle, including a car, the vehicle and driver must comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment regulations. Community nurses are not to transport waste sacks alone but use rigid containers as set out below which can be transported securely in a vehicle and returned to the Trust for appropriate disposal.

**Clinical Waste:** Orange sacks must be placed inside a rigid container before transporting them, with the container acting as a temporary bin. When the home visit is complete, the orange sack should be securely fastened with a tag, the label completed and then securely closed before transporting. The boxes must be secured in the vehicle in an upright position when transporting. Waste must then be disposed of in the clinical waste wheelie bin at the hospital site.

**Sharps Waste:** All sharps containers when used in the community must be correctly assembled, label completed and securely closed prior to transportation. Sharps containers must be transported securely in an upright position in the vehicle. Sharps containers must be used for single use only and must NEVER be transported without being securely closed.

Sharps containers used in the community by Trust staff must be compliant with colour coding as detailed with the waste management and sharps policies and disposed of at the hospital site accordingly.

**Anatomical :** Placentas are deemed as anatomical waste and therefore must be transported in red colour coded rigid containers. Placentae must be placed into a clinical waste bag, swan-necked and securely zip-tied before placing into the rigid container. Rigid containers must be securely closed and transported upright securely in the vehicle. NB: These containers are NOT leak-proof.

Human tissue transfer notes must be completed for all anatomical waste and porters contacted to collect on return to site for appropriate disposal.

#### 6.15 **Redundant Equipment**

6.15.1 From time-to-time pieces of equipment become redundant or reach the end of their expected working life. These should all be disposed of in accordance with Standing Financial Instructions and decontaminated in accordance with the Decontamination Policy.

6.15.2 The following types of equipment must be condemned as follows:

**Medical Equipment:** Redundant items of medical equipment must be returned to the Bio-Medical Engineering department (BME) for condemnation and disposal. Any electrical items must be disposed of in accordance with Waste Electrical & Electronic Equipment (WEEE) regulations.

**Furniture:** Porters will collect furniture which can then be either stored for re-use or condemned for disposal.

**Mattresses:** Mattresses must be condemned in accordance with the Mattress Policy and disposed of as clinical waste.

**Electrical Equipment (Non-IT):** Porters will collect for recycling in accordance with Waste Electrical & Electronic Equipment (WEEE) regulations.

**IT Equipment:** all IT equipment must be returned to IM&T department for repair or condemnation and disposed of in accordance with Waste Electrical & Electronic Equipment (WEEE) regulations.

## 7. Disposal of Liquid Wastes via Drainage System

### 7.1 Discharge to Surface Water

7.1.1 Only rainwater is disposed of via this route. Under **no circumstances** must any other substances be disposed of via the surface water system.

### 7.2 Discharges to Sewer

7.2.1 Discharges to sewer (other than domestic sewerage) are made in accordance with the environmental requirements.

7.2.2 Discharges of certain substances into the sewer is prohibited, these are:

- Petroleum spirit and other volatile or flammable organic solvents.
- Calcium Carbide
- Sludge's arising from the pre-treatment of the trade effluent before discharge to the public sewer.
- Waste liable to form viscous or solid coatings or deposits on any part of the sewerage system through which the trade effluent is to pass.
- Substances of a nature likely to give rise to fumes or odours injurious to persons working in the sewers through which the trade effluent is to pass.
- Halogenated hydrocarbons.
- Halogen substitutes phenolic compounds
- Thiourea and its derivatives.
- Cooling of Condensing water.
- Radionuclides except those agreed under EA Authorisation into designated drains

7.2.3 Disposal of some prohibited substances may be made via the Laboratory Chemical Store (see WWDS No 5.0). Others may require special arrangements under The Control of Pollution (Hazardous waste Regulations 2005).

## 8. Emergency Procedures

8.1 If the arrangement outlined on the Waste Disposal Data Sheets are followed then the need for emergency procedures will be reduced.

8.2 Never touch waste without gloves on, particularly spiltwaste where the source is unidentifiable.

8.3 Spillage arrangements are contained in the WDDS. If there is any doubt then the Risk Manager should be contacted, and the immediate area isolated until advice has been received.

8.4 A Trust Accident / Incident form (DATIX form) must be completed and submitted for any accident / incident involving waste. It may also be necessary to consider implementing the Trust Serious Untoward Incident Policy.

8.5 Any member of staff who sustains a laceration, cut, stab or needle stick injury whilst dealing with any waste category should immediately attend the Accident and Emergency Department or Occupational Health.

- 8.6 Any on-road incident involving infectious or hazardous goods, wastes or materials must also be reported to the DGSA who may in some circumstances be required by law to complete an independent inquiry for upward reporting to the Competent Authority.

## **9. Transportation of Waste**

- 9.1 A registered waste carrier must undertake all transportation of wastes off site and all movements of waste must be accompanied by the correct documentation. All queries regarding the movement and transportation of waste should be raised through the Hotel Services Manager who has the overall responsibility of these contracts. All waste carriers must also comply with the requirements of The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 as amended 2011 and ADR, for the correct provision of equipment and suitable driver training.
- 9.2 All matters pertaining to waste transfer should be made to the Hotel Services Manager who is responsible for the movement of waste around the Trust sites, however, the Trust has an appointed Dangerous Goods Safety Advisor (DGSA) to ensure compliance and advice on matters relating to The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 as amended 2011
- 9.3 A Hazardous Waste Consignment note must be completed for every movement of hazardous waste off site and copies of these must be kept by all parties for a period of 3 years and held by the Hotel Services Manager so they can be made available for inspection by the Environment Agency if required. All other waste transported off site must have a Waste Transfer Note and be kept by all parties for a period of 2 years.
- 9.4 Radioactive waste may only be transported off site by a named contractor specified by the Environment Agency Authorisation issued under RSA93, to the incineration sites listed under the said Authorisation. Copies of the Authorisation are held in the Nuclear Medicine and Biochemistry Departments. The contractor must be furnished with signage and documentation in accordance with CDG & ADR.

## **10. Final Disposal**

- 10.1 Final disposal of waste will take place from a recognised centre unless specifically otherwise agreed with the Hotel Services Manager, this will normally be from the designated Waste Compounds.

## **11. Minimisation of Waste**

- 11.1 Sustainable development and carbon management are corporate responsibilities. We are committed to ensure sustainable development in all our activities. This ambition is embedded in the Trust's core vision that supports the values of excellence and innovation to deliver exceptional healthcare services.
- 11.2 The Hotel Services Manager and the Head of Sustainable Development and Strategic Projects will work together to embed the principles of the Sustainable Development Management Plan by undertaking such initiatives as are necessary and practicable to reduce waste generation.
- 11.3 Segregation of waste at the point of production into suitable colour-coded packaging is vital to good waste management practices. This policy sets out sustainable options for waste reduction and recycling initiatives to reduce the environmental impact from the amount of waste that the Trust produces.
- 11.4 Designs of new buildings and all major refurbishment work will include improving systems for waste minimisation and providing effective, compliant standards of waste management.

## **12. Financial Arrangements**

- 12.1 The cost of normal waste disposal requirements are funded centrally, although it is recognised that some departments / areas will, from time to time generate an unusual quantity, or type of waste that will fall outside this normal funding. In these circumstances the Hotel Services Manager should be consulted.
- 12.2 When requesting approval for funding for items over £5000, a disposal charge must be built into the cost for any replacement items.

## **13. Monitoring and Compliance**

### **13.1 General Compliance**

- 13.1.1 The Trust has a responsibility to ensure that all waste is managed in accordance with waste legislation and governance standards imposed upon the NHS by the Environment Agency.
- 13.1.2 In practical terms all managers have a monitoring and compliance role. They should alert the Hotel Services Manager of any local instances of non-compliance.
- 13.1.3 All staff should note that non-compliance with regulations made under Environmental Protection legislation could in certain circumstances result in individual prosecution.
- 13.1.4 Deliberate non-compliance with this policy or code of practice may result in disciplinary action. Fines imposed by the Waste Contractors or Environment Agency will be cross charged to directorates for any identifiable non-conformance incident or shared in incidents where responsibility cannot be identified.
- 13.1.5 Additionally, further monitoring will be undertaken on an ad hoc basis by the appointed DGSA. Findings will be reported back to the Waste Manager.

### **13.2 Waste Audits**

- 13.2.1 Waste segregation and policy audits will be undertaken by the Hotel Services Manager to ensure compliance with the Waste Management Policy. This will include auditing segregation at source, manual handling methods and management of storage areas. The following waste audits are undertaken:
- Daily waste checks by the Hotel Services Manager on the waste compound, external storage facilities, communal storage facilities to rectify any operational issues on a daily basis.
  - All waste disposal storage facilities are continually audited in order to monitor appropriate signage, housekeeping, hazards, non-conformance incidents and security of clinical waste.
  - Regular independent DGSA audits of packaging, marking, labelling, handling and storage of wastes produced by all departments is also undertaken.
  - An annual duty of care audit of the Waste Contractor to ensure that waste is managed appropriately via the waste contractor is undertaken. See Appendix 7 for the Duty of Care Audit Tool. The Hotel Services Manager is also responsible for monthly monitoring and reporting on the quality and performance of this service.
- 13.2.2 All results are submitted to the Health & Safety Group for scrutiny as part of the Waste Management Report.

## **14. Training and Staff Awareness**

- 14.1 It will be the duty of managers at all levels to ensure that their staff are trained in the appropriate methods of disposal of waste produced in their areas. Any training/retraining given to staff must be recorded on personal staff training records.
- 14.2 Waste Management training is mandatory which all staff are required to complete every 3 years.
- 14.3 Porter and Domestic staff are required to complete specific waste management training in regards to their day to day responsibilities and procedures in handling waste.

## **15. Policy Review**

- 15.1 This policy will be reviewed every 3 years, or sooner should any change in legislation or guidance occur.

## **16. References**

- The Environmental Protection Act 1990 as amended 2006
- Waste Management Licensing Regulations 1994 as amended 1995, 1996, 1997 and 1998.
- The Waste Management (Miscellaneous Provisions) Regulations 1997.
- Environmental Protection (Duty of Care) Regulations 1991 as amended 2003.
- Environmental Protection (Prescribed Processes and Substances) Regulations 1991 as amended.
- Controlled Waste Regulations 1992 as amended 1993.
- Hazardous Waste Regulations 2005
- Statutory Nuisance (Appeals) Regulations 1995.
- Environmental Act 1995
- Producer Responsibility Obligations (Packaging Waste) Regulations 1997 as amended 1999.
- Packaging (Essential Requirements) Regulations 1998.
- Control of Pollution (Amendment) Act 1989
- Controlled Waste (Registration of carriers and seizure of vehicles) Regulations 1991 as amended 1998.
- The Radioactive Substances Act (1993) – RSA93
- Finance Minimisation Act 1998
- Landfill Tax Regulations 1996 as amended 1996 & 1998.
- Waste Minimisation Act 1998
- H.S.A.C. “Purple Book” (2006)
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 as amended 2011
- ADR, The European Agreement Concerning the International Carriage of Dangerous Goods by Road 2013
- Waste Electrical & Electronic Equipment (WEEE) Regulations, amended 2007.
- HTM 07-01 – Safe Management of Healthcare Waste
- HTM 07/05 The Treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment.

## WASTE DISPOSAL DATA SHEETS (WDDS)

### 1. Introduction

- 1.1 It is intended that these waste disposal data sheets (WDDS) apply to the specified waste generated within a department.
- 1.2 If any area wishes to deviate from these two sets of guidance, then this should be discussed with the Hotel Services Manager and written approval received prior to disposal.

### 2. Legislation and Guidance

- 2.1 All handling, movement and disposal of waste undertaken at or on behalf of the Trust will only be undertaken in accordance with all appropriate legislation. The following legislation and guidance documents have been used in the formulation of these WDDS.

### 3. Categories of Waste

- 3.1 The Trust classifies its waste under the following headings for which Waste Disposal Data Sheets are prepared. Other types of waste may fall under these headings, and more details can be found on the appropriate Waste Disposal Data Sheets that are listed below.
- 3.2 If waste cannot be classified under one of the WDDS below, then immediate advice should be sought from the Hotel Services Manager.

- 1.0 Clinical Waste
- 2.0 Sharps
- 2.1 Non-Medicinal
- 2.2 Cytotoxic & Cytostatic medicines
- 2.3 Medicinal (not including cytotoxic & cytostatic medicines)
- 3.0 Pharmaceutical Waste
- 4.0 Anatomical
- 5.0 Laboratory Chemical Waste
- 6.0 Radioactive Waste
- 7.0 Fluorescent Tubes
- 8.0 Batteries
- 9.0 Redundant Furniture, Mattresses & Electrical Equipment
- 10.0 IT Equipment (incl. toner cartridges)
- 11.0 Medical Equipment
- 12.0 Waste Oils & Ash
- 13.0 Domestic/Household
- 14.0 Confidential Waste (incl. discs and microfilm)
- 15.0 Recycling
  - 15.1 Paper (Non-Confidential)
  - 15.2 Cardboard
  - 15.3 Cans & Plastics (non hazardous)
  - 15.4 Scrap Metal
- 16.0 Constructions & Gardener's Waste
- 17.0 Mercury

**Waste Category**

Hazardous EWC 18 01 03

**Examples**

All human tissue, including blood (whether infected or not) from hospital or laboratories, and all related swabs and dressings. Waste materials, where assessment indicates a risk to staff handling them, for example from infectious disease cases, soiled waste from treatment areas such as soiled surgical dressings, swabs, sanitary pads, incontinence pads, disposal nappies, bedpan liners, urine containers, stoma bags, waste from ward toilets and sluice rooms. Pathological waste.

**Appropriate Storage Containers/Bags**

225 gauge low density plastic bags for general clinical waste  
400 gauge high density plastic bags for heavy clinical waste  
Griff/Wiva rigid Yellow container for blood soaked dressing, liquids and unbroken glass  
Extra large waste bags are available for the disposal of contaminated mattress (see Mattress Policy).

**Allocated Colour Code**

Orange

**Local Storage Arrangements**

Enclosed pedal operated sack holders

**Collection and Movement Arrangements**

Bags should be removed from container when  $\frac{3}{4}$  full or at the end of a clinic. Bags should be twisted at the neck (swan necked) and sealed with a tag issued to the area producing the waste.

Mattresses must be condemned in accordance with the Mattress Policy and disposed of as clinical waste.

**Central Storage Arrangements**

Bags must be transferred to the nearest secure storage area and placed directly into locked wheeled transport containers.

**Spillage Arrangements**

Any package that is broken or leaking should not be transferred. Bags should be re-bagged, causing as little disruption as possible. Bags should be resealed using a seal from Domestic service department stock.

The spillage of biological fluids presents an infection risk to those who come into contact with them. Therefore any spillage of body fluids must be dealt with immediately. If possible do not leave the area where the spillage occurred until it has been correctly contained and hazard cones employed to warn others of the spillage.

It is important that domestic staff do not clear up the biological fluids. This is because they are not trained to handle biological fluids. However domestic staff may clean the area after the removal of biological fluids.

**Disinfectant Tablets**

The disinfectant tablets in current use to disinfect surfaces following biological spillages is Tristel Fuse for Surfaces at a concentration of one sachet per 5 litres of cold water.

**Equipment List**

Tristel Fuse sachet  
Clean white bucket  
Disposable apron  
Disposable gloves  
Absorbent paper towels  
Disposable cloths  
Clinical waste bag  
Goggles (if there is a risk of splashing)

**Action**

- Assess the extent of the spillage and if necessary place a hazard warning sign.
- Put on disposable gloves and apron. Wear goggles (if appropriate).
- Any pieces of glass or sharp objects should be carefully picked out using forceps and placed in the sharps container for incineration.
- Mop up spillage with paper towels and dispose of paper towels in a clinical waste bag
- Wash the area using a solution of Tristel Fuse and allow to dry.
- Dispose of the paper towels, plastic forceps disposable gloves and apron into the yellow clinical waste bag.
- Goggles can be cleaned using the above solution.
- Wash and dry hands thoroughly.
- If a clinical specimen has been broken, the identity of the patient should be established and the relevant doctor or nurse informed of the incident as soon as possible.
- It may be necessary to fill in an incident form.

**Safety Instructions**

Bags must only be handled by the neck, always carried safely as instructed within manual handling training sessions, and never be thrown. Clinical waste must never be transported or mixed with domestic or other waste. All transport carts must be locked at all times, other than when being loaded.

Assessments made under the COSHH regulations should show any pre-treatment required prior to final disposal.



**Waste Category**

Hazardous EWC 18 01 01 / EWC18 01 03 / EWC 18 01 09

**Examples**

Discarded needles, syringes, cartridges, glass or plastic ampoules, scalpel blades and any other sharp implement which have not been in contact with medicines.

**Appropriate Storage Containers**

Sharp safe containers to BS 7320 standard.

**Allocated Colour Code**

Orangelabels with Orange lids

**Local Storage Arrangements**

Sharps containers must be placed in areas not accessible to patients and visitors and off the floor.

**Collection and Movement Arrangements**

Containers should be closed when  $\frac{3}{4}$  full and sealed; labels at the front of the bin must be completed PRIOR to disposal.

**Central Storage Arrangements**

Containers must be transferred to designated storage areas.  
Sharps containers **MUST NOT** be mixed with waste bags or bins.

**Spillage Arrangements**

Any package that is broken or leaking should not be transferred. The Hotel Services Manager should be called to spillages. Sharps should be cleared using forceps or swept and transferred into another sharps container. The forceps/brush should be disposed of as clinical waste.

**Safety Instructions**

All sharp bin lids should be permanently closed PRIOR to disposal to avoid spillage and the label completed to identify the originating department. Sharps must be disposed of in accordance with the Trust Safe Handling and Disposal of Sharps Policy.

Waste Disposal Data Sheet  
**Sharps – Cytotoxic / Cytostatic Medicinal  
Sharps**

**Waste Category**

Hazardous EWC 18 01 01, EWC18 01 03, EWC 18 01 08, EWC 18 01 09

**Examples**

Discarded needles, syringes, cartridges, glass or plastic ampoules, scalpel blades and any other shared implement, including any sharp attached to giving sets, intravenous and perfusion system which have been in contact with cytotoxic or cytostatic medicines.

**Appropriate Storage Containers**

Sharp safe containers to BS 7320 standard.

**Allocated Colour Code**

Purple label with Purple lids

**Local Storage Arrangements**

Sharps containers must be placed in areas not accessible to patients and visitors and off the floor.

**Collection and Movement Arrangements**

Containers should be closed when  $\frac{3}{4}$  full and sealed; labels at the front of the bin must be completed PRIOR to disposal.

**Central Storage Arrangements**

Containers must be transferred to designated storage areas.  
Sharps containers **MUST NOT** be mixed with waste bags or bins.

**Spillage Arrangements**

Any package that is broken or leaking should not be transferred. The Hotel Services Manager should be called to spillages. Contents should be swept up and transferred into another sharps box. The brush should be disposed of as clinical waste.

Cytotoxic Spillages

All wards/departments involved with the handling of cytotoxic agents have cytotoxic spill kits available to them on their stock list. Spill kits are readily available from Central Pharmacy and maybe ordered in the same way as other stock items. A cytotoxic spillage kit is available on all wards and in all clinics where chemotherapy is given. Any spillage should be dealt with immediately by the staff member who has administered the drug. Mopping up **must not be** delegated to domestic staff.

**Safety Instructions**

**INTRAVENOUS GIVING SET PERFUSION SYSTEM.** Attempts should NOT be made to cut sharps from lines and tubes. The whole device should be placed inside the sharps box. Sharps must be disposed of in accordance with the Trust Safe Handling and Disposal of Sharps Policy.

# Sharps – Medicinal (not incl .cytotoxic & cytostatic medicines) Sharps

## Waste Category

Hazardous EWC 18 01 01, EWC18 01 03, EWC 18 01 08, EWC 18 01 09

## Examples

Discarded needles, syringes, cartridges, glass or plastic ampoules, scalpel blades and any other shared implement, including any sharp attached to giving sets, intravenous and perfusion system which have been in contact with medicines (**not**including cytotoxic and cytostatic drugs.

## Appropriate Storage Containers

Sharp safe containers to BS 7320 standard.

## Allocated Colour Code

Yellow label with Yellow lids

## Local Storage Arrangements

Sharps containers must be placed in areas not accessible to patients and visitors and off the floor.

## Collection and Movement Arrangements

Containers should be closed when  $\frac{3}{4}$  full and sealed; labels at the front of the bin must be completed **PRIOR** to disposal.

## Central Storage Arrangements

Containers must be transferred to designated storage areas.  
Sharps containers **MUST NOT** be mixed with waste bags or bins.

## Spillage Arrangements

Any package that is broken or leaking should not be transferred. The Hotel Services Manager should be called to spillages. Contents should be swept up and transferred into another sharps box. The brush should be disposed of as clinical waste.

## Safety Instructions

**INTRAVENOUS GIVING SET PERFUSION SYSTEM.** Attempts should **NOT** be made to cut sharps from lines and tubes. The whole device should be placed inside the sharps box. Sharps must be disposed of in accordance with the Trust Safe Handling and Disposal of Sharps Policy.

**Waste Category**

Hazardous EWC 18 01 08, EWC 18 01 09

**Examples**

Drugs, medicinal products, cytotoxic & cytostatic medicines and controlled drugs (non-sharps).  
**Cytotoxic & cytostatic waste must be kept separate to other pharmaceutical waste.**

**Appropriate Storage Containers**

Approved containers (Griff/Wiva bin) yellow with blue (pharmaceutical) or purple lid (cytotoxic and cytostatic) as required.

225 gauge low density (double bagged and labelled)

400 micron high density bags purple for use in Oncology Dept

The packages (Pharmi-bins) must also bear the Limited Quantities diamond mark

The correct identification in line with the above designations must be made by the Pharmacist.

**Allocated Colour Code**

**Cytotoxic and Cytostatic:** yellow bags with purple stripe bags or yellow sharps bins with purple lids. **All other pharmaceutical:** Blue coded rigid burn bins

**Local Storage Arrangements**

All out of date drugs and pharmaceutical products must be returned to the Pharmacy.

All Cytotoxic waste must remain in the department and the Pharmacy Porter contacted to collect.

Waste should not be accessible by patients or visitors.

**Collection and Movement Arrangements**

Such products will be bulked in the Pharmacy until transferred as Pharmaceutical waste by the Pharmacy Porter. Cytotoxic waste should be packaged in purple coded rigid burn bins clearly marked with the Limited Quantities diamond mark.

Pharmacy waste, such as out of date prescription only medicines not classified as cytotoxic or cytostatic, must be placed into blue coded rigid burn bins and stored securely prior to disposal by the contracted waste company. All Pharmacy waste should be disposed of as Hazardous Waste.

Pharmacy waste of this type must also be packaged according to ADR Packing Instruction P001 for Liquids and P002 for Solids when "packages" are used, typically these will be plastic drums with a removable head of a type known as "1H2".

**Central Storage Arrangements**

Stored on site within Pharmacy areas. Cytotoxic waste must be kept separate.

Hazardous Chemical Waste Store managed by the Pharmacy department.

**Spillage Arrangements**

In accordance with the requirements of relevant COSHH assessment.

**Cytotoxic Spillages**

All wards/departments involved with the handling of cytotoxic agents have cytotoxic spill kits available to them on their stock list. Spill kits are readily available from Central Pharmacy and maybe ordered in the same way as other stock items. A cytotoxic spillage kit is available on all wards and in all clinics where chemotherapy is given. Any spillage should be dealt with immediately by the staff member who has administered the drug. Mopping up **must not be** delegated to domestic staff.

**Safety Instructions**

Drugs and chemical must not be disposed to the drainage system.

**Waste Category**

Hazardous EWC 18 01 02

**Examples**

Identifiable human body parts.

**Appropriate Storage Containers**

Double bag using 400 gauge Low density; or griff/Wiva rigid yellow container

**Allocated Colour Code**

Red labels with red lids

**Local Storage Arrangements**

Identified designated areas within departments, including designated refrigeration where appropriate, not accessible by patients or visitors.

**Collection and Movement Arrangements**

Bags should be removed from container when  $\frac{3}{4}$  full or at the end of a clinic and double bagged. The inner bag should be tied and the outer bag must be twisted at the neck and sealed with a tag issued to the area producing the waste.

**Central Storage Arrangements**

Containers with limbs must be transferred to the Mortuary for refrigerated storage until collected by waste disposal contractor. All other anatomical waste will be stored locally until collected and removed to the waste compound. Departments must complete appropriate documentation (Consignment Note for the Carriage and Disposal of Human Tissue) to be transferred with waste.

Consignment Notes for the Carriage and Disposal of Human Tissue must be maintained by the Mortuary department for 2 years.

**Spillage Arrangements**

Any package that is broken or leaking should not be transferred. Bags should be re-bagged causing as little disruption as possible. Bags should be resealed using a seal from Domestic service department stock.

Blood spillages should be cleaned up using hypochlorite granules in accordance with the infection control procedures. Any further cleaning required should be undertaken as advised by the Infection Control service in consultation with the Hotel Services Manager.

**Safety Instructions**

Bags must only be handled by the neck, always carried safely as instructed within manual handling training sessions, and never be thrown. Clinical waste must never be transported or mixed with domestic or other waste. All transport carts must be locked at all times, other than when being loaded.

Assessments made under the control of substances hazardous to health regulations should show any pre-treatment required prior to final disposal.

**WDDS  
No 5.0**

**Waste Disposal Data Sheet  
Laboratory Chemical Waste**

**Waste Category**

Hazardous (various)

**Examples**

Laboratory and pharmaceutical acids, solvents, stains etc.

**Appropriate Storage Containers**

Bottles, drums, cartons

**Allocated Colour Code**

Various

**Local Storage Arrangements**

Cartons or special crates not accessible by patients or visitors.

**Collection and Movement Arrangements**

As agreed with Hotel Services Manager

**Central Storage Arrangements**

Hazardous Chemical Waste Store managed by the Pharmacy department.

**Spillage Arrangements**

In accordance with the requirements of the relevant COSHH assessment and Material Safety Data Sheet.

**Safety Instructions**

All chemical waste disposals will be in accordance with the requirements for Hazardous Waste and storage and collection advice are available from the Hotel Services Manager.

**Waste Category**

Hazardous

**Examples**

Solid waste, waste radiopharmaceutical, aqueous liquid waste, patient body fluids.

**Appropriate Storage Containers**

Double Bagged clinical bags with radiation trefoil sign radioactive sticker.

**Allocated Colour Code**

Orange & Labelled

**Local Storage Arrangements**

Patient body fluids may be disposed via toilet or sluice as normal.  
Solid waste is stored in the Nuclear Medicine and Pathology Departmental radioactive waste stores for a minimum period authorised by the Environment Agency for that nuclide. Bags must not be more than ¾ full and securely sealed prior to onward transport. Waste should not be accessible by patients or visitors.

**Collection and Movement Arrangements**

Collected for transport off site by contractors authorised by the Environment Agency, by arrangement with Nuclear Medicine and Pathology departments.

**Central Storage Arrangements**

Waste will be stored on site or by emission to permitted drain in accordance with the site Authorisation. All Radioactive waste from short lived nuclides is dealt with at point of origin within the Nuclear Medicine and Pathology Departments at the hospitals and will have decayed to safe emission levels before disposal. Long lived nuclides will be stored in the Radioactive Waste Store under conditions of the Authorisation until decay or transportation off site. Bags that have the trefoil sticker originate from patient contamination on wards etc. and will be dated in order to ascertain the time when they will be no longer radioactive, these may be disposed of as normal clinical waste after that time (See Appendix 4&5)

**Spillage Arrangements**

Wear protective disposable gloves and aprons. Always contain the area of spillage.  
Minor spills e.g. splashed urine on skin, should be removed by washing under running water. Contaminated Gloves and aprons can be placed in normal clinical waste bags.  
Larger Spills of Radioactive Urine etc. should be soaked up with Paper towel. Repeat the process after wetting the same area at least twice. The contaminated material must then be double bagged and kept for a minimum of 24hrs in a low traffic area of the ward or department before disposal. NOTE. Never mop the floor as the mop head will then become radioactive. Nuclear Medicine staff are available for advice.

**Safety Instructions**

Radioactive liquids other than contamination may be disposed of into the drainage system via designated sinks at levels specified in the Authorisation. Vials, needles and syringes containing radiopharmaceuticals must be placed in sharps bins which are then securely closed and disposed of as solid waste, either after decay as clinical waste or by transportation off site by contractor specified in the Authorisation.  
Accurate records must be kept of all radioactive waste, on the day the waste is created. A monthly summary of the radioactive waste disposal from each laboratory or department must be sent to the Nuclear Medicine Radiation Protection Supervisor – does not apply to patient body fluid contamination as this is allowed to be estimated.  
All radioactive waste accumulation and disposal must conform to the sites authorisation from the environment agency.

**Hazardous Warning**

Radiation trefoil; all bags must be date marked on the outside of the bags and identifiable to department of origin.  
Waste sent to the radioactive waste disposal contractor will have signage and documentation in accordance with ram(road) 2002.

**Waste Category**

Hazardous EWC 20 01 21

**Examples**

Light bulbs

**Appropriate Storage Containers**

N/A

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

In a safe manner and secure location within the department/ward.

**Collection and Movement Arrangements**

Estates will remove any fluorescent tubes from departments and wards. They should not be left in waste disposal store rooms or abandoned in corridors.

**Central Storage Arrangements**

Designated tube container.

**Spillage Arrangements**

Estates staff should be called to spillage. Glass should be cleared using dustpan and brush and placed in strong hold bag for disposal.



**Waste Category**

Hazardous EWC 16 06 02, EWC 16 06 03, EWC 16 6 04, EWC 20 01 33, EWC 20 01 34

**Examples**

Cadmium, mercuric oxide, NiMH, lion and lead acid batteries.

**Appropriate Storage Containers**

Griff /Wiva rigid yellow container

Lead-acid batteries should be packaged according to ADR Packing Instruction P8021

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

All lead acid batteries can be recycled opposite switchboard in the green battery bin, all other batteries should be returned to the Waste Management for disposal.

**Collection and Movement Arrangements**

Container will be collected as required by an approved contractor.

**Central Storage Arrangements**

Hazardous Chemical Waste Store managed by the Waste Management

**Spillage Arrangements**

The Pharmacy Store Manager should be called to any spillage.

**WDDS  
No 9.0**

**Waste Disposal Data Sheet  
Redundant Furniture, Mattresses &  
Electrical Equipment**

**Waste Category**

Hazardous (EWC 16 02 10 - EWC 16 2 14) Non-Hazardous Various

**Examples**

All electrical and electronic items other than IT equipment and medical equipment. Any electrical equipment. Any items of unwanted furniture and mattresses.

**Appropriate Storage Containers**

N/A

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

In a safe manner and secure location within the department/ward. Waste should not be visible to patients or visitors.

**Collection and Movement Arrangements**

Porters must be contacted via the Facilities Helpdesk on ext. 6000 to remove any items of furniture or equipment from departments and wards. They should not be left in waste disposal store rooms or abandoned in corridors.

Decontamination tags must be used for equipment coming from clinical areas in accordance with the Decontamination Policy.

Mattresses must be condemned in accordance with the Mattress Policy and disposed of as clinical waste.

**Central Storage Arrangements**

Items will be stored within the Waste Compound until waste contractors collect for disposal.

**Electronic waste must be disposed of in accordance with the Disposal of Paper & Electronic Waste**

**Safety Instructions**

Any permanent electrical disconnecting/disabling **MUST** be undertaken by the Estates department. This can be arranged via the Estates Helpline.

**Waste Category**

Hazardous EWC 16 02 13, EWC 16 02 14, EWC 16 02 16

**Examples**

PCs, Monitor, Printers and Servers. Also printer and copier cartridges.

**Appropriate Storage Containers**

N/A

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

In a safe manner and secure location within the department/ward. Waste should not be visible to patients or visitors.

**Collection and Movement Arrangements**

IT Helpdesk must be contacted to request removal of any IT equipment from departments and wards. They should not be left in waste disposal store rooms or abandoned in corridors.

Toner cartridges must be taken to the Goods Receiving department where they are sent off for recycling.

Decontamination tags must be used for equipment coming from clinical areas in accordance with the Decontamination Policy.

**Central Storage Arrangements**

Within IT department until ready for removal from site via waste contractor. **Electronic waste must be disposed of in accordance with the Disposal of Paper & Electronic Waste Policy**

Cartridges are held within the Goods Receiving department.

**Safety Instructions**

Any permanent electrical disconnecting/disabling **MUST** be undertaken by the Estates department. This can be arranged via the Estates Helpline.

**Waste Category**

Hazardous (EWC 16 02 10 - EWC 16 2 14)

**Examples**

All items of medical equipment.

**Appropriate Storage Containers**

N/A

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

In a safe manner and secure location within the department/ward. Waste should not be visible to patients or visitors.

**Collection and Movement Arrangements**

BME must be contacted to remove any items of medical equipment from departments and wards. They should not be left in waste disposal store rooms or abandoned in corridors.

All medical equipment must be returned to BME prior to disposal. It must be cleaned free from any bodily fluids and have the yellow decontamination tag completed and attached in accordance with the Decontamination Policy. BME must then be contacted for collection of medical items.

**Central Storage Arrangements**

Items will be stored within the Waste Compound until waste contractors collect for disposal.

**Safety Instructions**

Any permanent electrical disconnecting/disabling MUST be undertaken by the Estates department. This can be arranged via the Estates Helpline.

**WDDS  
No 12.0**

**Waste Disposal Data Sheet  
Waste Oils & Soot**

**Waste Category**

Hazardous EWC 13 07 01 & EWC 06 13 05

**Examples**

Engineering lubricants, cutting fluids, waste oils from catering areas, ash and soot

**Appropriate Storage Containers**

Cylinder drums

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

Designated areas within individual departments. Waste should not be visible to patients or visitors.

**Collection and Movement Arrangements**

Collections by Waste Disposal Contractor direct from department.

**Central Storage Arrangements**

Not applicable

**Spillage Arrangements**

Any spillages of oils or cutting fluids should be covered with sand or similar material, once absorbed; the area should be swept clean and subsequently cleaned.

**Safety Instructions**

Drums must NOT be moved once used due to manual handling restrictions.

Waste oils are stored in a secure tank supplied by the contracted disposal company. Arrangements for waste oil disposal should be made with the Estates Department. Oils **must not** be disposed of via the drains.

**Waste Category**

Non-Hazardous EWC 20 03 01

**Examples**

general household waste, dead flowers, plastic bottles, drink containers, hand towels

**Appropriate Storage Containers**

Bags of 225 gauge low density

**Allocated Colour Code**

Black

**Local Storage Arrangements**

Enclosed pedal operated sack holders. Bags should be removed from holder when  $\frac{3}{4}$  full and placed in nearest waste disposal room. All bags should be tied at the neck

**Collection and Movement Arrangements**

Bags must be transferred to a secure storage area or direct into domestic waste container. They must not be left in corridors or areas where public, patient and visitors have access. If clinical waste is discovered in a domestic sack, the entire content of the sack must be consigned as clinical waste, and treated accordingly.

**Central Storage Arrangements**

All domestic waste must be transferred to the on site compactor. Arrangements exist for domestic waste to be disposed of to a suitably licensed disposal facility. A compactor is located in the Waste Compound. Access to the compactor is available via Portering staff. The compactor should only be used for the disposal of non-recyclable domestic waste generated in non-clinical areas.

**Spillage Arrangements**

Any broken or damaged bags must be re-bagged prior to onward transit.

**Safety Instructions**

Bags must only be handled by the neck, always carried safely as instructed within manual handling training sessions, and never be thrown. Clinical waste must never be transported or mixed with domestic or other waste. All transport carts must be locked at all times, other than when being loaded.

**Waste Category**

Non Hazardous EWC 20 01 01

**Examples**

Confidential waste falls into the following categories;

- a. that which contains any of the following person identifiable information including: name, hospital number, NHS Number, address, Date of Birth
- b. any documents that relate to the employment of staff
- c. any material that relates to the financial or strategic business of the trust
- d. any material relating to unpublished clinical audit or research

Storage media include:

- paper
- floppy discs
- CDRom
- Computer hard drives
- Radiology film
- Microfilm
- Microscopic slides

**Appropriate Storage Containers**

**Paper:** 240litre wheelie bin with secured lid and letterbox access or white/grey sacks with securing cable tie.

**CDs:** boxes clearly labelled Confidential waste.

**Microfilm reels/photographic slides:** to be placed in orange bags to be treated as clinical waste and destroyed

**Microscopic slides:** to be placed in non-medicinal sharps container to be incinerated.

**Radiology Film:** destruction and silver recovery will be organised by the Health Records Manager via the company licensed to carry out this function

**Computer hard drives** – refer to IT (see WDDA 10.0)

**Allocated Colour Code**

Black/blue wheelie bins.

**Local Storage Arrangements**

Within the department or at designated locations. Waste should not be accessible by patients or visitors. **Confidential paper waste must be disposed of in accordance with the Disposal of Paper & Electronic Waste**

**Collection and Movement Arrangements**

Paper Waste: Contact Waste Management to remove and replace.

**Central Storage Arrangements**

Designated on site confidential waste storage.

**Waste Category**

Non Hazardous EWC 20 01 01

**Examples**

Non-confidential paper, newspaper, envelopes, shredded paper, small cardboard, clean cans and plastic bottles (drink bottles)

**Appropriate Storage Containers-**

Green plastic and designated cardboard boxes with green plastic bags inside. Bags should only be  $\frac{3}{4}$  full and sealed before leaving the department.

**Allocated Colour Code**

Green Plastic Bags

**Local Storage Arrangements**

Within the department or at designated locations.

**Collection and Movement Arrangements**

Domestics collect as part of routine cleaning schedules

**Central Storage Arrangements**

Designated on site paper recycling storage



**Waste Category**

Non Hazardous EWC 20 01 01

**Examples**

Packaging cardboard boxes

**Appropriate Storage Containers**

Not applicable – cardboard should be loosely stored

**Allocated Colour Code**

Not applicable

**Local Storage Arrangements**

Flattened and placed inside designated waste disposal store.

**Collection and Movement Arrangements**

Cardboard boxes **MUST** be flattened prior to disposal. Porters will collect from waste disposal store as part of routine collections.

**Central Storage Arrangements**

All waste must be transferred to the cardboard on-site compactor.

**Waste Category**

Non Hazardous EWC 10 11 12 & EWC15 01 07

**Examples**

Non medicinal bottles and jars (including broken glass)

**Appropriate Storage Containers**

Brown strong hold paper bags for domestic glass only (i.e. coffee jars and not medicine bottles).  
Clinical associated broken glass must be placed in sharps bin.

**Allocated Colour Code**

Brown Paper stronghold Bags inside Grey rectangular plastic bin

**Local Storage Arrangements**

Alongside Black Domestic bins. Bags should be removed from holder when  $\frac{3}{4}$  full. All bags should be tied at the neck.

**Collection and Movement Arrangements**

Bags must be transferred to designated waste disposal storage area.

**Central Storage Arrangements**

Porters will collect from waste disposal store as part of routine collections.

**Spillage Arrangements**

Caution must be taken when sweeping up any broken glass.

**Safety Instructions**

Any broken or damaged bags must be re-bagged prior to onward transit.

**Waste Category**

Non-Hazardous EWC 20 02 01, EWC 20 02 02, EWC 17 01 01 - EWC 17 06 05

**Examples**

Materials from new building or refurbishment and any gardening waste.

**Appropriate Storage Containers**

Skips. Contractors are required to collect and dispose of their own waste

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

To be stored inside the working compound

**Collection and Movement Arrangements**

Arrangements approved via Capital Projects or Estates.

**Central Storage Arrangements**

As arranged in the contract of work. Skips for builders are arranged as required by the contractor concerned and located at suitable positions near the point of work as agreed with the Project Manager. All builders' waste is to be removed from site and disposed of at a suitable licensed facility.

Gardeners' waste is licensed for disposal by landfill or should be removed by the contractor and disposed of.

**Spillage Arrangements**

As arranged in the contract of work

**Safety Instructions**

Waste must only be transferred or transported by a licensed contractor, who must provide a copy of the transport note to the work officer responsible for the contract.

**Waste Category**

Hazardous EWC 17 09 01

**Examples**

Thermometers

**Appropriate Storage Containers**

Griff/Wiva rigid Yellow container

Free mercury (from broken instruments for example) must be contained in a white mercury pot containing mercury suppressant materials. (contact contractor for suitable packages).

**Allocated Colour Code**

N/A

**Local Storage Arrangements**

All mercury waste must be returned to Waste Management for disposal. Waste should not be accessible by patients or visitors.

**Collection and Movement Arrangements**

Container will be collected as required by an approved contractor.

**Central Storage Arrangements**

Hazardous Chemical Waste Store managed by Waste Management.

**Spillage Arrangements**

Mercury spillage kits are available from Pharmacy. Any spillage must be cleared up immediately using the appropriate kit and following the written instructions provided with such.

## Waste Disposal Segregation Colour Chart

Waste Categories	Examples & Packaging	Transportation/Packaging	Colour Coding
<b>Anatomical Waste</b>	identifiable body parts	Anatomical waste should be transported to Mortuary via the Porters. Rigid containers are required alongside waste consignment note.	Red Lid & Label
<b>Pharmaceuticals</b>	Any unused medicines	Return to Pharmacy dept for disposal	Blue Lid & Label
<b>Clinical Waste</b>	swabs, infected dressings, gloves to handle patients	Bags or rigid containers for high volumes of liquid.	Orange
<b>Cytotoxic Waste</b>	Contaminated waste from cancer patients	Double bagged & labelled sacks. <b>All Cytotoxic waste must remain in the department and the Pharmacy Porter contacted to collect.</b>	Orange + Cytotoxic Label
<b>Cytotoxic/Cytostatic Sharps</b>	Cancer related medicines	Sharps bins	Purple Lid & Label
<b>Non-Medicinal Sharps</b>	Needles to draw blood	Sharps bins	Orange Lid & Label
<b>Medicinal Sharps (non-cytotoxic/cytostatic)</b>	Needles to administer medicines, giving sets, cannulas, glass or plastic ampules	Sharps bins	Yellow Lid & Label
<b>Domestic Waste</b>	flowers, tissues, hand-towels, plastic bottles and tins	Bags	Black
<b>General Recycling Waste</b>	Newspapers, envelopes, <b>non-confidential waste paper</b> , shredded paper, small cardboard, clean cans and plastic drink bottles office paper, newspapers	Bags	Green
<b>Confidential Paper Waste</b>	Paper with identifiable information; including name, hospital number, NHS number, address DoB. Also, any document that relates to the employment of staff, financial or strategic business of the Trust or any material relating to unpublished clinical audit or research paper with patient details or financial data	Household size wheelie bins or white/grey sacks with securing cable ties	Black/Blue Bin
<b>Glass Waste</b>	domestic glass only	strong hold brown paper bags or full orange bucket style container	Brown Bag Orange Bucket
<b>Medical Equipment</b>		contact Bio-Medical Engineering (BME) for collection and condemnation	
<b>IT Equipment</b>	PC Monitors, keyboards	Items must remain in the department and IM&T Helpdesk contacted to arrange for collection.	
<b>Electrical Items (other than IT or Medical Equip).</b>	Toaster, Kettle, TV, Washing Machine	Items must remain in the department and Porters contacted to arrange for collection.	
<b>Furniture (incl. mattresses)</b>	Mattresses, bed frames, desks and chairs	Items must remain in the department and Porters contacted via Facilities Helpdesk on ext. 6000 to arrange for collection.	

Ref: 

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**CLINICAL & DOMESTIC SACK HOLDER / WASTE BIN  
REQUEST FORM**

Please complete Section 1-3. Please note that all waste bins provided are in accordance with the  
Mid Essex Hospital Services NHS Trust Waste Management Policy.

**1. PERSONAL & DEPARTMENTAL DETAILS**

Please complete the detail below.

Date:	
Name:	
Job Title:	
Ward/Department:	
Site:	
Contact Tel No:	

**2. QUANTITY**

Please indicate the quantity and sizes of the items required.

Bin Size	Quantity	Silent Closing Lid	Item	Quantity	Silent Closing Lid
<b>Clinical Waste Bins (Sack Holders)</b>			<b>Domestic Waste Bins (Sack Holders)</b>		
Small			Small		
Medium			Medium		
Large			Large		
<b>Small (approx. 30litre):</b> suitable for toilets/bathrooms		<b>Medium (approx. 50 litre):</b> suitable for side rooms		<b>Large (approx. 70 litre):</b> Suitable for Ward Bay Areas and general departmental use.	

**4. BUDGET DETAILS & AUTHORISATION**

Please note waste bins will not be issued without an authorised budget holder signature and budget code.

Budget Holder PRINT NAME:	
Budget Holder SIGNATURE:	
Budget Code:	
Dept:	
Job Title:	
Contact Tele No:	

**PLEASE RETURN ALL FORMS TO:  
Hotel Services Manager, Estates & Facilities Directorate, Broomfield Hospital.**

## ESTATES AND FACILITIES OFFICE USE ONLY

REQUEST FORM DETAILS:					
<b>Date Request Received:</b>					
<b>Additional Details (if applicable):</b>					
WASTE BIN DISTRIBUTION & FINANCIAL CHARGES:					
<b>Date Bin Delivered:</b>					
Waste Bin Type:	Size:	Quantity:	Bin Cost £	Silent Closing Cost £	Total Cost: £
<b>Total Cost:</b>			£	£	£
<b>Funds Transfer to Budget Code:</b>			<b>Funds Transfer from Budget Code:</b>		
<b>Authorised Signature:</b>					
<b>Print Name:</b>					
<b>Date:</b>					

Ref irmernm01

IR (ME) R 2000 SEPTEMBER 2001

BROOMFIELDHOSPITAL  
 NUCLEAR MEDICINE DEPARTMENT  
 TELEPHONE EXTENTION 4294

**INPATIENT PROCEDURE POST NUCLEAR MEDICINE EXAMINATION**

**PLEASE KEEP WITH PATIENTS NOTES & INFORM RELEVANT STAFF AND VISITORS**

NAME .....

RECEIVED..... MBq OF Tc 99mIV and/or INHALED

At.....am/pm ON.....

Patient to return for SCAN at.....a.m. /p.m. (not applicable if left blank)  
 Please ask the patient to empty bladder before leaving the ward.

Pregnant members of staff and visitors should avoid close or prolonged contact with this patient for 24 hours after injection

The patient should avoid babies for 24 hours post injection

The patient must not breast feed for 24 hours after injection, please ring the NM Department for advice.

URINE will be radioactive for 24 hours post examination. In accordance with the Local Rules incontinent patients must be catheterised before injection. Increased fluid intake must be encouraged post injection Care must be taken to avoid contact with all body fluids. Gloves and aprons must be worn.

The correct disposal method is via the WC or Bedpan/ urine bottle Machine.

**CONTAMINATION**

Accidental contact i.e. splashed urine on skin, should be removed by washing under running water. Contaminated Gloves and aprons can be placed in normal clinical waste bags.

Larger Spills of Radioactive Urine should be soaked up with Paper towel. Repeat the process after wetting the same area at least twice. The contaminated material must then be double bagged and kept for a minimum of 24hrs before disposal **N.B. never mop the floor as the mop head will then become radioactive.**

**Special labels provided must be attached to bags containing radioactive contaminated waste. They must indicate when it is safe for disposal (24 hrs after bag is sealed).** If labels are not needed please retain and use for other Nuc. Med. patients or return to the Nuclear Medicine Department

This disposal method must also be used for empty urine bags and catheters that have been contaminated within the preceding 24 hours.

**Once it is safe for disposal, the label must be removed or defaced and then bagged in another clinical waste bag for disposal. The Radioactive symbol/label must not be identifiable when placed in the clinical waste stream or it will be deemed as Radioactive Waste. DISPOSAL IN NORMAL WASTE WITHIN THAT TIME IS ILLEGAL AND COULD CAUSE THE TRUST TO BE PROSECUTED. THE PERSON RESPONSIBLE COULD FACE A CUSTODIAL SENTENCE.**

**PATHOLOGY**

Tests may be disrupted for up to 72 hours. Lab samples must be labelled as radioactive. A red wrist band will be worn next to the Patient ID band stating dose, isotope and date when they will no longer be Radioactive.



IR (ME) R 2000 SEPTEMBER 2001

BROOMFIELDHOSPITAL  
NUCLEAR MEDICINE DEPARTMENT  
TELEPHONE EXTENTION 4294**THEATRE GUIDANCE NOTES FOR USE WITH RADIOACTIVE PATIENTS****INFORMATION**

To be used for any patient that has had a Nuclear Medicine Examination within the preceding 72 hours

All In-Patients are identified with a red wristband that is worn for 72 hours post procedure and will be alongside the Hospital ID band.

Care must be taken with regard to staff safety, as the bodily fluids will be radioactive in a decreasing level of intensity based on the time from administration of the injection of the Isotope. The strength and intensity will be based on the type of scan performed.

Examinations performed at Broomfield all use Technetium 99, which has a 6-hour half-life.

Care must be taken to establish if another Isotope has been administered at another centre as Iodine 131 is still used in at other centres and has a significantly longer half-life

**SURGERY SHOULD ONLY BE PERFORMED WITHIN THE 72 HOUR PERIOD IN EMERGENCY SITUATIONS****RADIOACTIVE PATIENT PROCEDURE**

1. Pregnant staff should not be assisting in any capacity
2. Gloves and aprons to be worn at all times
3. No blood or urine samples to be taken for analysis. All syringes used for Drug administration to be bagged and transferred to Nuc. Medicine until confirmed as safe for disposal.
4. Decontamination of skin, if in direct contact, is by thorough washing under running water.
5. Spills of blood & urine should be soaked up using paper towels. The area should be made wet twice more and soaked up with paper towels. This paper must be put in clinical waste bags and transferred to Nuclear Medicine where it can be stored safely until its radioactivity has reduced to background levels. DO NOT mop the floor, as this will spread the contamination.
6. Linen and swabs that have bodily fluid on them must also be bagged and taken to nuclear medicine for checking and storage if necessary.

APPENDIX 6

**SUMMARY OF WASTE CATEGORIES & SEGREGATION PROCEDURES**

Ref:	Waste Category	Examples	Waste Packaging & Colour Coding	Main Storage & Transportation Instructions
1.0	Clinical Waste	swabs, infected dressings, gloves to handle patients	Orange bags or rigid containers for high volumes of liquid.	Large yellow 770 litre wheelie bins – <b>must always be kept LOCKED.</b>
2.1	Non-Medicinal Sharps	Needles to draw blood	Yellow sharps container with orange label and orange lid	Designated waste facilities – <b>DO NOT PLACE IN BINS OR BAGS</b>
2.2	Cytotoxic & Cytostatic Medicinal Sharps	All sharps in contact with medicines or used to administer medicine & cancer related medicines.	Yellow sharps container with purple label and purple lid	All Cytotoxic waste must remain in the department and the Pharmacy Porter contacted to collect. <b>MUST NOT BE MIXED WITH CLINICAL WASTE. DO NOT PLACE IN BINS OR BAGS</b>
2.3	Medicinal Sharps (not incl. cytotoxic & cytostatic medicines)	Needles to administer medicines, giving sets, scalpels, cannulas, glass or plastic ampoules	Yellow sharps container with yellow label and yellow lid	Designated waste facilities – <b>DO NOT PLACE IN BINS OR BAGS</b>
3.0	Pharmaceutical (incl. cytotoxic & cytostatic drugs)	Any unused medicines	Non-cyto drugs: yellow rigid containers with blue lid.  Cytotoxic (non-sharps), yellow bag with purple stripes with cyto branded label	<b>Non-cyto pharmaceutical waste return to Pharmacy dept for disposal.</b>  <b>All Cytotoxic waste must remain in the department and the Pharmacy Porter contacted to collect. MUST NOT BE MIXED WITH CLINICAL WASTE</b>
4.0	Anatomical	Identifiable body parts	Bagged and placed into a rigid container, red lid and red label	Anatomical waste should be transported to Mortuary via the Porters. Rigid containers are required alongside waste consignment note.
5.0	Laboratory Chemical Waste	Laboratory and pharmaceutical acids, solvents, stains etc.	Specialised cartons & crates	Held within Pharmacy Toxic waste Store for specialised disposal.
6.0	Radioactive Waste	Solid waste, waste radiopharmaceutical, aqueous liquid waste, patient body fluids.	Orange doubled bagged with <b>RADIOACTIVE LABEL.</b>	Nuclear Medicine store.
7.0	Fluorescent Tubes	Light bulbs	Cardboard boxes	Tubes Containers managed by Estates
8.0	Batteries	Any battery	Rigid containers	<b>Return to Waste Management for disposal.</b> Specialised disposal.

Ref:	Waste Category	Examples	Waste Packaging & Colour Coding	Main Storage & Transportation Instructions
9.0	Redundant Furniture, Mattresses & Electrical Equipment	Mattresses, beds, desks, toaster, Kettle, TVs, washing machine.	Items must remain in the department and Porters contacted to arrange for collection.	Porters must be contacted via the Facilities Helpdesk on ext. 6000 to arrange for collection and disposal.
10.0	IT Equipment (incl. toner cartridges)	PC Monitors, keyboards and toner cartridges	Items must remain in the department and IM&T Helpdesk contacted to arrange for collection.	IT must be contacted via the IT Helpdesk on ext. 5000 to arrange for collection and disposal.
11.0	Medical Equipment	Any Medical Equipment	contact Bio-Medical Engineering (BME) for collection and condemnation	BME must be contacted to arrange for collection and disposal.
12.0	Waste Oils & Ash	Engineering lubricants, cutting fluids, waste oils from catering areas, ash and soot	Blue drums	Hospital Waste Compound
13.0	Domestic/Household	flowers, tissues, hand-towels, plastic bottles and tins	Black bags	Black large wheelie bins
14.0	Confidential Paper Waste (incl. discs and microfilm)	Paper with identifiable information; including name, hospital number, NHS number, address DoB. Also, any document that relates to the employment of staff, financial or strategic business of the Trust or any material relating to unpublished clinical audit or research items with patient details or financial data	Confidential paper: locked black/blue household size wheelie bins or white/grey sacks with security cable ties Sharps waste (slides): non-medical sharps bin Non-Sharps waste (microfilm): clinical waste bags	Main Hospital Waste Compound. Contact Porters for disposal of bins.
15.1	General Recycling	Newspapers, envelopes, <b>non-confidential waste paper</b> , shredded paper, small cardboard, clean cans and plastic drink bottles office paper, newspapers	Green plastic bags (NOT TO BE CONFUSED WITH GREEN LAUNDRY BAGS)	Large green wheelie bins.
15.2	Cardboard	Any type of cardboard	Cardboard must be flattened	Designated Containers
15.3	Glass	domestic glass only	Brown strong hold paper bags or full orange bucket style container	Designated Containers
15.4	Scrap Metal	Crutches, zimmer frames	N/A	Designated Containers
16.0	Constructions & Gardener's Waste	Materials from new building & refurbishment works and any gardening waste	N/A	Designated Containers
17.0	Mercury	Thermometers	Rigid Container	<b>Return to Pharmacy dept for disposal.</b> Held within Pharmacy Toxic waste Store for specialised disposal.

## DUTY OF CARE WASTE AUDIT TOOL

<b>Date of Site Audit</b>			
<b>Waste Contractor Audited:</b>			
<b>Site Audited:</b>			
<b>Auditors:</b>			
<b>Waste Type Audited:</b>			
<b>Date of Transport Audit</b>			
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Licences</b>			
Are there valid Waste Management Licences? See section below for details			
Do they have a Waste Carrier Licence? See section below for details			
Are they registered with the Environment Agency? Have the EA carried out visits to the site? Get information about these where appropriate.			
Are there update licences for subcontractors, if so what are the licence numbers and expiry dates?			
<b>Health &amp; Safety</b>			
Is there an up-to-date Health & Safety Policy on site? What is the date?			
Have contingencies been considered for the following by the waste carrier?			
If the van breaks down?			
If the van is in an accident?			
What are the arrangements in the event of breakdown?			
Are there risk assessments and COSHH forms for the procedures taking place on the site?			
Does the company have a Health and Safety and Environmental Manager?			
Does the company have a Quality Policy?			
Do the company carry out audits of the waste companies they subcontract aspects of the disposal to?			
Is there an incident logging system? What is the last record and was this followed up			

Is there a record of the safety checks carried out on equipment and vans used in the waste management process?			
<b>Operational Procedures</b>			
Are training records available for all staff involved in the waste management area?			
Is it weighed at the site of disposal / incineration			
Is information available on the balance used (maintenance contract/calibration etc.)?			
Did the waste receiver check all paperwork associated with the waste at the disposal site			
Are any of the following causes for concern evident within the process audited			
Is any waste that is wrongly or inadequately described being delivered to a waste management site?			
Is waste being delivered or taken away without proper packing so that it is likely to escape?			
Is there damage to, or interference with containers			
<b>Transportation</b>			
Was the waste registered on collection?			
Is the person taking waste failing to complete a transfer note properly, or is there an apparent falsehood on the transfer note?			
Did the driver with caution?			
Was there a planned route and did the driver use it?			
Did the driver take the waste to the expected waste site?			
<b>Licences</b>			
<b>Waste Licence &amp; Ref No.</b>	<b>Valid From</b>	<b>Valid To:</b>	<b>Comments</b>

## Large Spillage of Bodily Fluids (e.g. blood and urine)

*The patient should be excluded from the area until the spillage has been removed.*

### Equipment List

- Tristel Fuse for Surfaces
- Clean white bucket
- Disposable apron
- Disposable gloves
- Absorbent paper towels
- Disposable cloths
- Clinical waste bag
- Goggles (if there is a risk of splashing)

### Action

1. Assess the extent of the spillage and if necessary place a hazard warning sign.
2. Put on disposable gloves and apron. Wear goggles (if appropriate).
3. Any pieces of glass or sharp objects should be carefully picked out using forceps and placed in the sharps container for incineration.
4. Mop up spillage with paper towels and dispose of paper towels in a clinical waste bag
5. Wash the area using a solution of Tristel Fuse and allow to dry.
6. Dispose of the paper towels, plastic forceps disposable gloves and apron into the yellow clinical waste bag.
7. Goggles can be cleaned using the above solution.
8. Wash and dry hands thoroughly.
9. If a clinical specimen has been broken, the identity of the patient should be established and the relevant doctor or nurse informed of the incident as soon as possible.
10. It may be necessary to fill in an incident form.