

Waste Management Policy

This policy outlines the Trusts arrangements for Waste Management

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1.0 Quick Look Summary

The Leicestershire Partnership NHS Trust is committed to ensuring the health, safety and welfare of all staff, patients, visitors and others who may be exposed to or affected by the waste materials generated as a consequence of its work activities.

To achieve this commitment the Trust will, so far as is reasonably practicable, put in place measures for the reduction, safe handling, storage and disposal of waste.

This policy has been developed in conjunction with contracted waste handling and disposal services to ensure that robust arrangements are in place for waste management from generation to final disposal.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
Version 1	December 2012	Harmonised policy
Version 2	January 2015	Policy review
Version 3	September 17	Policy review Amended to reflect organisational changes & legislative changes
Version 3.1	June 2018	Appendix E – Update of Yellow bags reflect Orange bags used in the Trust
Version 3.2	February 2020	Updated to include the use of Green / Blue lidded waste containers for disposal of medicines. Yellow lidded sharps containers are no longer to be used for disposal of medicines.
Version 3.3	June 2023	Policy review Updated to reflect services managed by LPT Estates and Facilities with the addition of POP waste

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Amanda Hemsley	Senior Nurse Advisor, Infection Prevention and Control
Samantha Roost	Acting Head of Health Safety & Risk
Andrew Moonesinghe	Pharmacy Services Manager

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.5 Definitions that apply to this Policy

ADR	European agreement concerning the international carriage of dangerous goods by road
Assisted living premises	Premises providing on-site monitoring to ensure the health, safety and welfare of residents. Non-healthcare premises.
Category 'A' clinical waste	Infectious waste carried in a form that is capable of causing permanent disability, life threatening or fatal disease in otherwise healthy humans or animals.
Classification	Description of waste in line with the List of Wastes (England) Regulations.
Classification code	A six digit number identifying the type of waste producer together with the waste type and if the waste is hazardous
Clinical Waste	<p>"... any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and, "...any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it." (as defined by the controlled waste regulations)</p> <p>Waste produced by a healthcare activity and identified to have infectious properties can be divided into 3 broad categories:</p> <ul style="list-style-type: none"> • any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property H9 - Infectious); • certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, H10 to H15); • medicines and medicinally-contaminated waste containing a pharmaceutically-active agent. <p>Clinical waste is 'Hazardous Waste'</p>
Community healthcare	Healthcare activities that occur in the 'patients own home' environments including assisted living premises.
Competent person	An individual with the necessary skills, knowledge and experience to perform the task
Confidential	Sensitive material
Consignee	Premises that receive or dispose of hazardous waste
Consignor	Premises that produce hazardous waste
Consignment note	A document that must be completed in order to <i>move hazardous waste</i> . The note stays with the waste until its final destination.
Controlled waste	Waste from households, commerce and industry.
COSHH	Control of Substances Hazardous to Health Regulations
Cytotoxic and cytostatic medicines	Any medicinal product that possesses any one, or more, of hazardous properties that are: Toxic, carcinogenic, toxic for reproduction or mutagenic. Preparations may include hormone-base preparations, antimicrobial substances and cancer-treating agents. Advice to be sought from LPT Pharmacy
Disposal	Landfill and incineration without energy recovery
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics.

	<ul style="list-style-type: none"> • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Duty of care	Statutory duty to prevent escape and take all reasonable measures to ensure that waste is dealt with appropriately from the point of production to the point of final disposal. Reinforced through the 'polluter pays' principle which makes producers of waste responsible for its management and disposal.
Household Waste	Non-hazardous waste as classified in Chapter 20 of the European Waste Catalogue i.e. paper, cardboard, glass, biodegradable kitchen and canteen waste, clothes, textiles, edible oil/fat.
European Waste Catalogue (EWC)	Code assigned to waste streams in accordance with the List of Wastes (England) Regulations.
Fit for purpose	<ul style="list-style-type: none"> - Suitable for use and for the purpose and conditions in which it is to be used - Maintained in a safe condition for use so that people's health and safety is not at risk Inspected by a competent person in accordance with manufacturers instruction
H9 assessment	Hazard Group 9 assessment to establish if waste is 'infectious'.
Handling waste	Carrying, storing or treating waste
Hazardous waste (Special Waste)	Waste containing hazardous properties with potential to cause greater harm to the environment and human health if mismanaged.
Homecare waste	Waste from 'patients in their own homes' – Includes assisted living premises.
Infectious	<p>Substances and preparations containing viable micro-organisms (or worms) which are known to or reliably believed to cause disease in man or other living organisms.</p> <p>Waste containing pathogens with the potential to cause allergy, infection or disease.</p>
IPandC	Infection prevention and Control Team
List of Wastes	List used to identify waste and hazardous waste and identify the correct EWC code for final disposal.
Limited quantity exemptions	The carriage of 'small' quantities of dangerous goods. Clinical waste does not fall under this exemption and therefore all clinical waste must be carried in UN-type-approved packaging.
'Movement' of hazardous waste	<ul style="list-style-type: none"> - Collection from business by <i>registered carriers</i> - Movement of waste from one premise to another within the same business Movement from customer premises, where a business has produced waste
Municipal Waste	Domestic waste and similar materials from commerce and industry
Offensive waste	Non-clinical, non-infectious waste that does not contain pharmaceutical or chemical substances. Offensive waste contains body fluids, secretions or excretions that do not pose a risk but may be unpleasant to anyone who comes into contact with it i.e. hygiene waste and sanitary protection e.g. dressings, nappies and continence pads

POP Waste	Persistent Organic Pollutant – (waste containing upholstery foam)
Pre-acceptance audit	Examination of waste audit information from the waste producer. Required by waste disposal sites before they can accept waste from the producer.
Producer	Business that creates or generates waste
Recycle	Turning waste into a new substance or product, includes composting if it meets quality protocols
Re-use	The action of using something again
Recovery	Includes: re-use, recycling
Registered carrier	A waste collection company with registration to carry controlled (hazardous) waste
Segregate	Keep separate, isolate, divide
Sharps	Sharps are items that could cause cuts or puncture wounds. They include needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass, and nails or teeth.
Special Waste	See Hazardous Waste (Hazardous waste is referred to as Special Waste in Scotland).
Standard Industrial Classification (SIC) Code	A number allocated to business activities that produce waste
Waste storage	Holding waste prior to disposal
Transfer waste	Movement of waste from one location to another
Waste	- Substances or objects which the waste holder discards, intends to discard or is required to discard Substances or objects with no value or re-use potential
Waste hierarchy	Prioritised order for waste management: prevent, re-use, recycling, other recovery, disposal
Waste holder	The producer of the waste or the natural or legal person who is in possession of it
Waste producer	The business activity that produces the waste
Waste stream	Categories of waste that must be segregated
Waste Transfer Note	Documentation completed for non-hazardous waste

2.0. Purpose and Introduction

The Waste Management Policy applies to all employees of the Leicestershire Partnership NHS Trust, referred to throughout this policy as ‘the Trust’, who may create or come into contact with waste during the course of their work. Employees include temporary employees (e.g. agency/bank, contractors/students) acting on behalf of the Trust.

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust’s Health and Safety Policy.

The effective management of healthcare waste is essential to ensure that Trust activities do not present a risk or potential danger to staff, patients, visitors, members of the public or the environment.

Where waste is generated it must be correctly identified, classified, segregated and stored prior to final ‘disposal’. Effective waste management includes the reduction of waste where possible and it is important that all services recognise the importance of reusing, recovering and recycling products as much as possible within identified parameters.

The correct classification, segregation, storage and disposal of waste will minimise the risk of injury, infection and negative impact on the environment.

This document contains corporate standards and guidance for the effective management of risks arising from waste and must be read in conjunction with any additional policies for example Disposal of Trust Equipment and Consumables Policy or guidance specific to your departmental issues or activities.

In most cases the decision about whether something is waste or not is straightforward. The Trust must aim to reduce waste so far as is reasonably practicable and waste legislation promotes the use of a hierarchy of waste reduction:

Reduce: Lowering the amount of waste produced

Reuse: Using materials repeatedly

Recycle: using materials to make new products

Recovery: Recovering energy from waste

Landfill: Safe disposal of waste to landfill

Where the creation of waste cannot be avoided the Trust has robust systems in place to ensure that patients, staff and others are not adversely affected. The checklist and subsequent guidance outlines the waste arrangements for the organisation.

Where staff, team leaders and managers require additional guidance or support in implementing the Waste Management Policy they can seek advice, support and guidance from the LPT Estates and Facilities team, Health and Safety Compliance Team, Infection Prevention & Control Team or Pharmacy.

The purpose of the policy and associated guidance is to document the Trust's waste management arrangements. This policy sets out the arrangements to comply with statutory duties, CQC outcomes and industry best practice for the effective management of waste. The policy and associated guidance will also serve as a point of reference for managers and staff during the development of local waste arrangements and whilst carrying out their work activities.

3.0 Policy requirements

This policy will serve to ensure that the Trust shapes its services around the needs of individual patients, their families and their carers. Access to robust waste arrangements will support staff and where concerns are raised the Trust will work with others to continually improve quality services and ensure a seamless service for patients.

4.0 Duties within the Organisation

Everyone is responsible for complying with the organisational arrangements for waste management from generation to final disposal. In order to comply with this policy, all staff must be aware of the lines of communication and levels of responsibility, which exist to ensure that all matters relating to waste are dealt with appropriately.

The Trust's Health and Safety Policy sets out the roles and responsibilities throughout the organisation. Specific responsibilities for the effective management of waste are detailed below:

4.1 Chief Executive

The Chief Executive has overall responsibility for all matters of health, safety and welfare and is assisted by a nominated Board level director with delegated responsibility for waste.

4.2 Director with delegated responsibility for waste

The Director with delegated responsibility will, so far as is reasonably practicable, ensure that the aims and objectives of the LPT waste policy are implemented.

4.3 Trust Board

The Trust Board is accountable for Trust policies and ensuring that the arrangements are effectively carried out

4.4 Committee Responsibility

Committee responsibility for waste is achieved through the LPT Estates and Facilities team, Health and Safety Committee (non-clinical waste) and the Infection Prevention and Control Committee (clinical waste). New and emerging risks will be identified, monitored and reviewed. Where significant risks are identified the respective committee can instruct a task and finish group with objectives.

4.5 Health and Safety Committee

Will, so far as is reasonably practicable;

- Provide the organisation with an overarching view and assurance that risks are effectively managed
- Oversee, influence, develop, approve and review this policy and associated management systems and arrangements
- Monitor, audit and review the effectiveness through the review of incident statistics and trends
- Disseminate information and provide feedback to appropriate groups
- Act to alert the organisation to emerging risks
- Communicate by exception risks to the Quality and Safety Committee (QAS)
- Receive, review and action reports, guidance documents and enforcement notifications to include, but not limited to: Annual audit report from the Dangerous Goods Safety Advisor, site inspection reports and associated action plans, incidents and concerns.

4.6 Infection Prevention and Control Committee

- Oversee, influence, develop, approve and review this policy and associated management systems and arrangements pertinent reports in relation to infection prevention and control waste management issues (including, but not limited to):
- Annual audit report from the Dangerous Goods Safety Advisor from Estates and Facilities Management. Significant findings following internal and external monitoring audits, incidents and concerns.
- Receive reports from Estates and Facilities in relation to the management of waste by external contractors.
- Receive, discuss and advise on matters relating to waste management in line with the committee's terms of reference.

4.7 Directorate Health, Safety and Security Action and Directorate Infection Prevention and Control groups

The Directorate Health, Safety and Security Action and Directorate Infection Prevention and Control Groups monitor and review assurances relating to healthcare waste for their Directorate and will escalate matters to the LPT Health and Safety and/or The Infection Prevention Control Committee where there are unresolved issues or concerns.

The Directorate members of these Action Groups will ensure that all pertinent waste management information is communicated to all relevant people within their Directorate.

4.8 Associate Directorate of Estates and Facilities will:

- Seek assurance from The Waste Management Group on compliance standards relating to waste collection and disposal arrangements provided by facilities management and external waste handling contractors
- Provide waste management assurance to The Board

4.9 LPT Estates and Facilities Team

The LPT Estates and Facilities Team will through audit and monitoring arrangements with the Estates and Facilities Management provide assurance to the Trust regarding waste management compliance.

4.10 Estates and Facilities Management

LPT Estates and Facilities Team will, through audit, provide assurance to the Trust regarding waste management compliance.

LPT Estates and Facilities Team will:

- Facilitate the Waste Contracts Review Group on a quarterly basis to discuss the following: Waste management contracts and compliance, contract issues and changes, audit reports for waste, legislative changes and the impact on LPT.
- Communicate the pertinent elements of the Waste Contracts Review Group to the Health and Safety Compliance and Infection Prevention and Control team.
- Monitor and review waste management contracts to ensure statutory compliance and effectiveness.
- Identify and provide timely information to the Trust on all contract issues and changes.
- Register Trust premises in accordance with local and statutory requirements.
- Ensure that Duty of Care visits are undertaken and provide reports to the LPT Health and Safety Compliance and/or Infection Prevention and Control Team and Associate Director of Estates and Facilities
- Provide timely communication to the Trust of any statutory or contract implications to allow for effective communication and implementation of any changes impacting on Trust activities.
- Provide compliance assurance to the LPT Health and Safety and Infection Prevention and Control Committee to include external audit reports.
- Employ the services of a Dangerous Goods Safety Advisor (DGSA) to: provide ad hoc expert advice and guidance together with an annual audit and report.
- Communicate DGSA audit findings to the LPT Infection Prevention Committee and the Health and Safety committee.
- Provide copies of waste related audit and inspection findings to the Health and Safety Committee and the Infection Prevention and Control Committee.
- Provide key performance indicators in line with contractual arrangements, via the LPT Estates and Facilities Team as the informed client acting on behalf of the Trust for waste.
- Demonstrate a commitment to local authority and national guidelines to reduce, reuse and recycle waste materials
- Ensure that all contracted staff and external sub-contractors are competent in the Trust's waste disposal arrangements
- Identify, develop and deliver training
- Maintain training records for waste management competencies
- Ensure that waste arrangements comply with energy sustainability requirements
- Ensure that waste arrangements are included in build and refurbishment projects.
- Audits in line with the monitoring arrangements at section 9
- Recording of audit findings and escalation/completion of relevant actions
- Provide the Trust with specialist advice on all aspects of the safe management of waste
- Provide the Trust with specialist energy sustainability advice
-

4.12 Managers and Team Leaders

Managers and team leaders are accountable for all aspects of waste management within their area(s) of responsibility. All managers will be responsible for the implementation and monitoring of this policy and associated guidance within their specific area of responsibility, ensuring that:

- Waste and waste streams generated by their work activities or the services they provide are correctly identified.
- Ensure that waste arrangements are included in build and refurbishment projects. Consider waste arrangements where services are redesigned
- Notify the Property and Accommodation Group where required
- Waste is considered when completing emergency preparedness assessments
- Arrangements to reduce waste are considered

- Waste management procedures and safe systems of work are produced, documented and implemented for their area
- Waste segregation is facilitated by the appropriate size and location of waste receptacles
- Site arrangements with regard to waste are included in induction and regular refresher training for all staff
- Induction and training records are retained in staff personal files
- Staff are competent with regard to waste arrangements and are aware of where they can seek advice if they are unsure
- Monitoring arrangements are in place to ensure that waste is correctly identified, segregated, stored, handled and moved in line with the Waste Safety Management Standard – Appendix B. Findings are recorded and acted upon where necessary. Local waste inspection forms can be found at Appendix E. Audits in line with the monitoring arrangements at section 7
- Recording of audit findings and escalation/completion of relevant actions
- Waste related incidents are investigated in line with the Trust’s Incident Reporting Policy
- Departmental procedures, safe systems of work, local waste risk assessments and associated records are maintained, reviewed and kept up-to-date.
- Act upon ad-hoc advice received by specialist advisors to ensure that arrangements are in place to respond to a specific situation or problem i.e. national infection concerns where infectious persons may present to LPT sites.

The Waste Safety Management Standard includes guidance on all of the management requirements listed above.

4.13 Employees

All employees have an individual responsibility for the correct identification, segregation, storage, and disposal of waste relevant to their duties and working environment.

Additional arrangements may apply where staff are required to transport waste in vehicles. Each employee or agent of the Trust has an individual responsibility to:

- Correctly identify the waste stream relating to waste they create or identify during their work activities
- Seek advice if they are unsure of how to correctly deal with the waste
- Segregate and dispose of waste products in the receptacles specifically provided for that purpose, taking note of any segregation, and/or security requirements
- Report any waste issues/incidents to their supervisor/manager and complete incident report forms on Safeguard as necessary
- Attend appropriate training as required
- Report any concerns to their line manager/team leader
- Where there are issues relating to waste collection, unsecure holding arrangements, etc. staff will report the issue to the facilities helpdesk in the first instance. Where further escalation is required this will be to the EFMC Waste and Sustainability Manager.

4.14 Patients and Visitors

Patients, service users and visitors will be advised of any relevant procedures in place for the safe management of waste and will be expected to comply with all reasonable requests.

4.15 Specialist Advisors

The following provide specialist advice and guidance together with assurances for waste related issues:

Health and Safety Advisors:

- Provide advice and guidance on waste related issues
- Seek assurance from within LPT to demonstrate that waste management arrangements are in place and effective
- Review health and safety related incidents, including those involving waste, and may identify individual incidents for further investigation or follow up.

Medical Devices Asset Manager:

- Provide up-to-date information for on waste management arrangements for medical devices
- Include these arrangements in the Medical Devices Policy
- Provide specialist advice on the decommissioning and disposal of electro- medical equipment.
- Provide ad hoc advice relating to the disposal arrangements for medical devices

Infection Prevention and Control Team :

- Provide advice and guidance as required with regard to safe procedures for identifying, managing and handling clinical waste
- Monitor and review clinical waste related incidents. Investigate where necessary and communicate learning outcomes
- support education and training as required
- Advise on product selection

Pharmacy Team will provide:

- Advice and guidance on waste relating to medicines.
- Training on the management of Pharmaceutical waste on request
- Up-to-date guidance on medicines management
- Information relating to cytotoxic and cytostatic medicines management

5.0 Monitoring Compliance and Effectiveness

Checklist

The checklist below identifies key actions for the effective management of health and safety risks arising from waste. This checklist will form the basis of information checked during audits and inspections carried out during monitoring. Guidance on each of the checklist points is contained in this document.

No	Detail	Yes	No	N/A
A	<i>Have you identified all waste handled or generated by the work activities carried out by you or your staff?</i>			
B	<i>Have you identified the classification for each of these wastes?</i>			
C	<i>Have you considered how you can reduce waste?</i>			
D	<i>Do you have the correct type, size and number of waste receptacles?</i>			
E	<i>Are waste receptacles located in suitable areas to encourage correct segregation?</i>			
F	<i>Is waste held in secure areas to prevent unauthorised access?</i>			
G	<i>Is waste regularly collected by a licenced waste contractor?</i>			
H	<i>Do you have access to your Waste Evidence File?</i>			

I	Do staff receive information, instruction and training for waste they generate or handle ?			
J	Are monitoring arrangements in place? Are waste audits carried out ?			
K	Do you know who to contact for waste management advice and guidance?			

A Identifying Waste

In order to develop local waste management arrangements it is necessary to identify the waste that you or your staff generate, handle, transport or store. Work activity risk assessments carried out in line with the Risk Assessment Guidance should identify waste that staff may come into contact together with waste generated, handled, transported or stored as part of their work activities. A list outlining the types of waste is provided at Appendix B. You can use this list to identify your waste streams.

B Classifying Waste

When you are identifying the waste classification codes you must take all properties of the waste into consideration.

You must know the waste properties in order to identify the correct waste description according to the European Waste Catalogue (EWC). Not all waste contractors are licenced to dispose of all types of waste. Waste disposal contractors are selected on the basis that they are licenced to collect, transfer, store and dispose of specific waste categories.

Waste may be hazardous or non-hazardous and waste from different waste categories must be segregated from the point of generation until final collection/disposal. Hazardous waste must not be mixed with other hazardous waste or non-hazardous waste.

In order to identify your waste you should consider all of the activities carried out by your staff group(s)

The Trust activities generate a range of waste products:

- Municipal (Household) – Domestic waste and similar materials from commerce and industry
- Clinical: Clinical waste is not a category of its own but describes waste from healthcare activities and includes:
 - Waste that contains: viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms, or,
 - Sharps, a body fluid or other biological material contaminated with, a dangerous substance according to the Classification, Labelling and Packaging of substances and mixtures (CLP). CLP Regulation adopts the Global Harmonised System for classifying chemicals and the hazard pictograms as identified below:



Serious health hazards e.g, carcinogen/ Respiratory sensitisers



Harmful / Irritant



Acute Toxicity



Hazardous to the environment



Flammable

Clinical waste will be disposed of in a number of ways depending on the nature of the waste produced. For example: An activity may produce soiled dressings, gloves, a needle and medicinal waste. This will require the clinical waste to be disposed of by three different methods; Dressings and gloves to ORANGE bag waste, Sharp to yellow lidded sharps bin and medicinal to medicinal waste.

- Offensive: To assess if waste is offensive you must establish the following facts:
 - The waste must not be clinical waste
 - Waste must contain body fluids, secretions or excretions
 - Waste must be in line with the EWC waste codes 18 01 04, 18 02 03 or 20 01 99 as detailed in the A-Z guide at Appendix B.

PLEASE NOTE: Offensive waste must not contain infectious material, pharmaceuticals or chemical substances. Offensive waste is disposed of in Tiger Stripe bags - Yellow bag with a black stripe.

- POP waste: Waste domestic seating is any item of seating of a household type from households or businesses that is waste. Upholstered domestic seating may contain POPs. For example:
 - sofas
 - sofa beds
 - armchairs
 - kitchen and dining room chairs
 - stools and foot stools
 - home office chairs
 - futons
 - bean bags, floor and sofa cushions
 - This includes any part made of or containing leather, synthetic leather, other fabric, or foam.
 - The following items of domestic seating are unlikely to contain POPs:
 - items that are not upholstered, for example, a wooden chair without a cushioned or textile back, seat, or arms
 - deckchairs
 - wastes from manufacturing new domestic seating that the manufacturer can demonstrate do not to contain POPs
 - Mattresses, curtains, blinds and beds are not domestic seating and are not covered by this guidance.
- Medicines – may be hazardous or non-hazardous and will require individual assessment to identify the appropriate waste stream and/or hazard code assignment.
- Hazardous waste covers a number of wastes including the following:
 - Medicines that are cytotoxic, cytostatic, toxic, carcinogenic, mutagenic, toxic for reproduction.
 - Amalgam from dentistry
 - Chemical waste (as determined by the Control of Substances Hazardous to Health Assessment (COSHH). Includes mercury waste, solvents, print toner,
 - Electrical equipment
 - Batteries
 - Disposable vapes

Hazardous wastes are identified in the A-Z guide at Appendix B. Where the six figure code has an asterisk you may need to seek advice on the individual waste composition in order to assess if it has hazardous properties or components before you can accurately classify it. It should be noted that where viable infectious agents are present or suspected the waste would always be considered hazardous as there are no established safe thresholds for biological agents. The assessment of 'Infectious' i.e. Hazard Group 9 can be established by answering the following:

'does the waste contain viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms'.

- Batteries - Lead, Ni-Cd and Mercury-containing batteries must not be disposed of in the normal domestic waste and should be segregated into battery recycle bins. Recycling of batteries will be managed locally on site.

When disposing of batteries:

- a) Ensure compliance with waste regulations and organisational procedures for handling waste.
 - b) Consider use of a battery discharging device to remove any remaining charge (if available).
 - c) Cover the battery terminals with an insulator – insulating tape is acceptable. Batteries must only be placed in collection receptacles designed for that purpose and they must be clearly labelled. It may be advantageous to segregate lithium cells from alkaline cells as the former have higher waste value and sorted batteries may provide financial savings to the organisation.
- Waste Generated away from health care premises - patient's homes/clinics – Local authority has primary responsibility for disposing of any waste generated in the patient's home (by the patient). Disposal of healthcare waste generated when Trust staff visits patients at home will still normally be the Trust's responsibility. The requirements for disposal of clinical waste from patient's homes are detailed below and Appendix B. Staff must ensure that they and the patient is aware of the procedure for disposal of waste.

- Disposal of Non-Hazardous Waste (Offensive)

The disposal of clinical waste in a patient's home, where the patient is treated by a community nurse or a healthcare professional, is the responsibility of the nurse / healthcare professional giving the treatment. Community staff need to ask permission from the home owner prior to disposing of waste into their rubbish bin.

The Community teams will carry out a patient specific basis risk assessment to establish what waste will be produced during treatment, sharps (cytotoxic or medicinally contaminated), infectious, (patient known or suspected to have a potential risk of infection) or non-infectious waste (shows no clinical symptoms of having an infections), and the quantity generated.

If the waste is classified as non-hazardous, (non-infectious) and as long as it is double bagged in a small translucent / white bag and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with plasters, small dressings, sanitary towels and incontinence products.

Offensive waste produced at Social Care Sites, i.e. incontinence pads would be disposed of in the normal domestic waste streams.

- Disposal of Hazardous Waste (Infectious, Sharps, Orange bag)

If the waste is classified as hazardous in the patient's home the healthcare professional can remove that waste and transport it in approved containers (i.e. rigid, leak proof, sealed, secured etc.) and take it back to the Trust's base for appropriate disposal. Alternatively, the Trust can make arrangements for the disposal of the waste with an appropriate waste contractor for which a charge may be made.

In Social Care sites where there is sharps waste generated, these would either be returned to site by the community nurses or arrangements would need to be made with the waste contractor for collection.

Staff must bring back the clinical waste to the healthcare professionals designated base, or other Trust site and dispose of with the site waste. Staff must ensure that all waste is transported safely within the boot of the car in its segregated fractions. In appropriate UN

approved containers to ensure any spillages are contained, without contaminating other waste streams. Waste must be disposed of at their own base as soon as reasonably practicable.

Waste may be hazardous or non-hazardous. A number of hazard assessment tools can be used to assess if waste is hazardous or non-hazardous. The majority of Trust waste has been assessed to identify the category of risk and associated EWC codes together with any hazard assessments and this information can be found in the A-Z guidance at Appendix B. If you are unsure please seek advice from the Health and Safety Compliance Team or the Infection Prevention and Control Team.

An A-Z list of waste is available at Appendix B. The list contains information relating to waste coding and disposal together with hazard assessment codes and local packaging and holding arrangements. If you cannot find your waste on the list please notify the Health and Safety Compliance Team who will be able to advise and ensure that any future revision of this guidance provides comprehensive information.

C Reduction of Waste

Consider if you can reduce the amount of waste generated. This is often out of the control of local managers and ideas may need to be communicated to service/Directorate leads and/or procurement teams. Correct waste segregation will ensure that the Trust is compliant with the regulations and will also reduce waste disposal costs for the Trust. Quantities and types of waste will be monitored by the waste contractor and waste reduction initiatives will form part of discussions between the facilities management.

D Use of Waste Receptacles

Once you have identified the waste streams it will be necessary to identify the correct type, size and number of waste receptacles. The waste contained within receptacles must be easily recognisable through colouring and labelling. Standardised colour coding systems throughout the process aim to reduce risk of misconsignment.

All waste containers should be individually and clearly labelled to identify the nature of the waste present (including the classification codes where possible). Colour coded waste segregation chart indicating the nationally approved colour of waste receptacles is available at Appendix C.

Receptacles must be large enough to contain the waste and designed in such a way as to allow staff to move waste as required by their work activities. This may require receptacles to have castors and/or carry handles.

It should be noted that sharps containers are tested for their suitability to hold solids. They are not approved for the carriage of liquids. Most sharps will be contaminated with liquids fluids and a few millilitres of liquid are unlikely to present a risk of adverse chemical reaction. Such quantities are acceptable for transport. You should seek advice where liquid quantities greater than a few millilitres are likely to be disposed of via the sharps route.

Active monitoring arrangements such as auditing the waste arrangements will serve to identify where there are issues or concerns with the number, type, size and location of waste holding receptacles. This is an opportunity to report concerns in order to ensure the replacement, repair and/or provision of suitable receptacles to minimise the risks associated with waste handling.

Reactive monitoring arrangements such as incident investigation will produce recommendations that may include the change or review of waste holding receptacles.

E Locations of Waste Receptacles

The location of waste holding receptacles is key to ensuring that correct segregation of waste takes place. Human factors play a significant part in misconsignment and if waste holding arrangements are designed with human factors in mind the risks of misconsignment can be reduced.

Waste holding areas should be constructed so that they:

- Are easy to clean and drain;
- Contain any leakage from damaged receptacles or containers;
- Are easy to load and unload;
- Do not offer harbourage for insects or vermin;
- Do not allow particles of waste to become trapped on edges or crevices;

Rigid outer containers for waste-holding and transport must have the following properties:

- can be locked during transit.
- Large packaging (wheelie bins) should only be used if waste is already contained in a UN-certified plastic bag. UN markings will start with the following codes: For plastic: 50H/Y/mmyy and for steel: 50A/Y/mmyy (mmyy = month and year of manufacture).

Containers for on-site transport need to be cleaned and disinfected following leakages or spills, and at regular intervals. If containers are heavily used, cleaning is likely to be required at least weekly. A designated cleaning schedule must be in place.

Registered contractors currently undertakes transport off-site to authorised incineration plants, treatment units, waste transfer stations or landfill sites appropriate to the type of waste.

Transportation of waste between properties by LPT staff must be packaged in compliant containers. In general, hazardous waste would not be transported between LPT sites but where this is necessary [insert who] must be contacted for advice.

Waste bags – use and securing



All waste bags are to be no more than $\frac{3}{4}$ full and tied using the 'swan-neck' method and secured with a plastic bag tie – See Appendix G.

Bags must be identifiable back to their place of origin. Bag ties provided must be utilised to facilitate this. Sealed bags must be placed in a secure holding area to prevent authorised access and/or transferred to a secure compound for collection.

Transport of waste

Dedicated trucks, trolleys or wheeled containers may be required to transport waste containers to storage areas/compounds. In order to prevent contamination they should not be used for any other purpose. Transportation of this waste within each site and not on the public highway does not require a waste carrier's licence.

Transfer of waste in own vehicles:

Community staff may be required to transfer waste from the homes of patients to sites where the waste will be collected from. The Trust is registered as a lower tier waste carrier which allows the carrying of this type of waste.

Small quantities of non-clinical waste need not be packaged in UN-type approved packaging and is referred to a Limited Quantity Exemption.

The type and quantity of waste must be identified in order to provide suitable containment during transit. Clinical waste must be transported in approved containers: All packages must be rigid (e.g. metal, plastic, fibreboard, etc) and UN approved. They must have closures (lids) fitted while in transit and be marked UN3291 with a class 6.2 label.

Where sharps bins are carried staff are required to provide this information to vehicle mechanical and valeting staff.

F Secure Areas to Prevent Unauthorised Access to Waste

Clinical and other wastes may need to be stored before incineration or transport for disposal. Waste should not be allowed to accumulate under any circumstances, in corridors, wards or other places accessible to members of the public.

Within any healthcare premise, clinical and hazardous waste waiting for final disposal must be kept in a separate area of adequate size, and which provides an impervious floor capable of being washed. These areas should only be accessible to those members of staff required to handle, transport and dispose of the waste, and should be secure from other persons, especially the general public.

The storage of non-clinical waste (cardboard, broken furniture, etc.) should not be allowed to accumulate prior to final disposal, e.g. blocking fire exits or stored on corridors, etc.

Sealed bags must be placed in a secure holding area away from the public and then transferred to a secure compound for collection.

All external clinical and household waste containers must be kept locked at all times and stored in a secure location either within a locked compound or chained to a fixed location to prevent tampering or unauthorised removal.

Specific security arrangements apply to confidential waste, sharps and medicinal waste. Arrangements must be in place to prevent unauthorised access to these items. Secure storage of these wastes prior to collection/destruction is of paramount importance and is the responsibility of management or a nominated person to ensure security of this waste until it is collected by the scheduled waste contractor.

Confidential waste – Confidential waste may be destroyed on site or off site by the registered contractor depending on the current contract. Confidential waste must always be considered confidential until destruction is complete. The LPT has a confidential waste contract that must be used.

Sharps - Extra special care must be taken to prevent unauthorised access to sharps containers (full or partially full) to reduce the risk of injury and or theft. Secure areas must be identified and utilised.

Medicinal waste – Please refer to Medicines Management pages on e-source. Specific arrangements applicable to medicinal waste are detailed in the A-Z waste guide at Appendix B.

The security of waste can be achieved with locked boxes, rooms, holding areas and external compounds. The type and location of waste holding areas will be determined by the properties of the waste, the quantity of waste and the type of service and/or service users. Access to healthcare waste by vulnerable service users must be prevented.

G Licenced Waste contractor

The build-up of waste can present risk of infection, cross-contamination and exposure to unpleasant odours. Additional arson risks are present where the build-up of flammables is likely.

Collection by licenced waste contractor collections are organised by the Facilities Management team. Waste contractors are licenced to collect certain types of waste and waste may need to be collected separately in order to comply with statutory requirements.

Hazardous waste must be accompanied by a Waste Consignment note and collected by a licenced waste company. The consignment note system requires the producer to confirm the waste carrier and vehicle details and therefore unsupervised out-of-hours collection is not permitted.

Waste collection contracts will specify the type of waste to be collected by each waste collector and a schedule of waste collection will be agreed with the Trust at a frequency that avoids a build-up of waste. The frequency of collections may be influenced by the size of local storage areas. Minimal collection periods are specified as daily in the facilities management contract.

Additional collections will be undertaken in certain circumstances:

- When designated storage receptacles reach more than 75% capacity
- A build-up of waste is having an impact on Trust activity and the ability to provide services
- Waste collection areas are unsightly or foul-smelling

You should contact Estates and Facilities Helpdesk for details of your waste collection schedule.

Where waste build-up presents difficulties or concerns you should raise this with your Premise Officer, request additional collections and/or review the local arrangements including collection times/frequencies. Where situations present risk of harm or loss these should be recorded on the Trust's incident reporting system, Ulysses

Clinical waste collections are collected from a number of sites. A list of sites is available from Estates and Facilities Helpdesk

H Waste Evidence File

A clear and concise file should be available at each site to show that the LPT is complying with all necessary waste regulations and best practice. This is known as the Waste Evidence File. The LPT Estates and Facilities team is responsible for maintaining the contents of this file. There are a range of statutory documentation retention timescales ranging from 2-5 years for individual waste related paperwork. In order to reduce the risk of confusion and/or non-compliance it is recommended that all waste related paperwork is retained for five years.

The following lists the essential sections that make up an evidence file. Other related data may be kept in the evidence as required by each property:

1. **List and location of types of waste produced** - The list of waste should identify who and where specific waste streams are generated i.e. Cytotoxic waste, mattresses, etc.
2. **Waste handling information:** Information explaining what staff need to do with waste should be available for all waste streams produced at the location. The A-Z guide at Appendix B can be used to highlight waste types/streams for your site. This should set out how staff should package waste and where waste should be held prior to collection.
3. **Local Waste Policies and Procedures.** The folder should include site information detailing which teams generate, handle, store and transport waste at each locality. Information should also outline where waste is stored together with security and health and safety precautions to be taken to minimise risk of cross-contamination, leak or tampering.
Multi-occupancy sites: It is common for multi-occupancy sites to share waste arrangements. Where shared arrangements are in place it is essential that all occupants are aware of the systems in place and that a lead person is identified for each team to carry out any necessary actions following concerns identified through the monitoring arrangements.
4. **Waste collection schedule** – This should include waste collection company information

together with collection frequencies and contact information for key personnel. This information should be accessible to staff in order to report a problem or concern and can be provided by the EFMC.

5. **Waste Collection Registration and Licences** - A list of your waste collectors for each waste stream together with copies of their registration documents and licences for each of the waste landfill sites or incinerators used. This information is provided by the EMFC and is summarised below:

Type	Waste Company	Registration and Licence
Municipal Domestic/Household	Biffa	CB/WE5237GH
Recycle	Biffa	CB/WE5237GH
Clinical	SCRL	CB/HP3918YQ
Hazardous (special waste)	Greenway	CB/HN5370HX
Confidential	Shred Station Ltd	CB/MP3493LL
Cartridge recycle	Rethink Europe	CB/YE5750TQ
Batteries	ERP/Silver Lining Industries	CB/ZN5079VS

6.0 References and Bibliography

- Health and Safety at Work etc. Act 1974 Environmental Protection Act 1990
- Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations
- Controlled Waste Regulations 1992
- Carriage of Dangerous Goods (Classification, Packaging and Labelling) Regulations 1996 Environmental Protection (Duty of Care) Regulations 1991
- Categorisation of Biological Agents according to Hazard and Categories of Containment Medicines Act 1968
- Specification for Sharps Containers BS7320: 1990 Carriage of Dangerous Goods by Road Regulations 1996
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Leicestershire Medicines Code (5th Edition 2011)
- Waste Management Health Care Standards
- HTM 07-01: Safe Management of Healthcare Waste (2022 Publications approval reference: PAR38)
- The Hazardous Waste (England and Wales) (Amendment) Regulations 2009. European Directive 91/689/EEC
- The Waste Electrical and Electronic Equipment (WEEE) (Amendment) (No.2) Regulations 2009 (SI 2009 No. 3216)
- The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009 (Amendment 2011) (Statutory Instrument 2009 No. 1348)
- Environmental Protection Act 1990;
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Climate Change Act 2008
- The List of Wastes (England) Regulations 2005 Hazardous Waste Regulations 2005
- The Batteries and Accumulators (containing dangerous substances) (amendment) Regulations 2000
- The Detergent Regulations 2005
- Site Waste Management Plans Regulations 2008 The Misuse of Drugs Regulations and Associated documentation Disposal of Trust Equipment and Consumables Policy
- EFA/2017/003 Guidance for correct use and disposal of batteries used in health and social care equipment

7.0 Hazardous Waste Register

The location of the register will depend on the quantity of waste produced and associated registration requirements. If a premise is registered then the register (or a copy) must be kept on site. If a site is exempt from registration a register of any hazardous waste removed from the site must be kept at the principal place of business. Registration documentation must be retained for three years from the date of waste removal from the site.

The register will include:

- Consignment notes - A signed consignment note must accompany the movement of Hazardous Waste from the place of production to the place of disposal. The consignment note comprises duplicate copies of which the waste producer, The Trust, must retain for a minimum of 3 years.

Production of the consignment note is the responsibility of the waste producer although, a 3rd party can undertake this providing the waste producer agrees, and

signs the note as correct. This role is undertaken by the EFMC on behalf of the Trust.

- Quarterly returns from the consignee (the destination of the waste) - Each consignee is required to send a quarterly return that details what has happened to the waste. The register is not legally complete unless returns are present.
- Waste Transfer Notes - These can only be used for the collection of non- hazardous waste. The waste producer has the responsibility for the description of the waste on the Waste Transfer Note.

Where the same waste is collected regularly from the same location a 'season ticket' may be used for a period of 12 months. This would reduce the need for a new transfer note for each collection. Waste Transfer Notes must be retained for a minimum of two years. Where 'season tickets' are used a record of dates/times of collections should be recorded and retained.

Copies of Internal Transport Licences: Where waste is moved from one Trust site to another, you may have porter drivers licensed to undertake this activity. It is good practice to keep details of transport routes with these licenses. The Trust does not carry out this practice and as such this type of licence is not required.

Community based staff (waste carrier registration number): Community staff may need to carry waste in their vehicles before returning it to a main site collection point. These staff are referred to as lower tier carriers and will be covered by a single Trust waste carrier registration. Staff who carry waste must be notified of the registration number and be able to produce it if asked to do so by enforcement authorities i.e. Health and Safety Executive, Environment Agency, Police and Department for Transport. Carrier registration is carried out by EFMC and the registration number will be kept by them for reference. Registration is free for lower tier carriers and lasts indefinitely unless withdrawn or revoked. It is recommended that the carrier registration number is logged in the waste file and provided to individual staff.

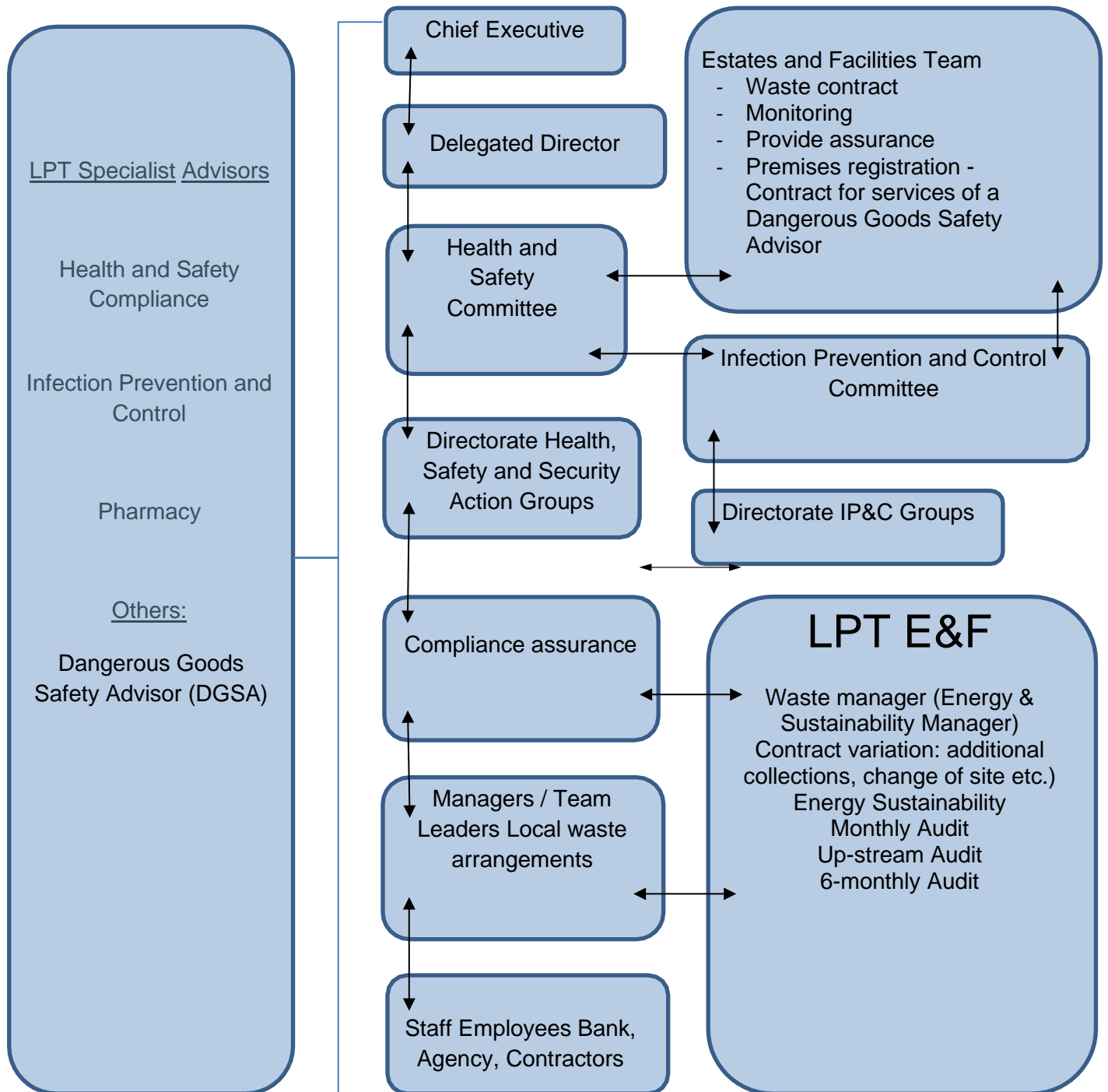
8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Flowchart(s)

LPT Waste Management Structure



Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	Waste Management
Type of training: (see study leave policy)	<ul style="list-style-type: none"> ✓ Mandatory (must be on mandatory training register) ✓ Role specific ✓ Personal development
Directorate to which the training is applicable:	<ul style="list-style-type: none"> ✓ Adult Mental Health ✓ Community Health Services ✓ Enabling Services ✓ Families Young People Children / Learning Disability/ Autism Services ✓ Hosted Services
Staff groups who require the training:	<i>All staff</i>
Regularity of Update requirement:	Three yearly mandatory and as identified locally
Who is responsible for delivery of this training?	Learning and Development/Line Manager
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<ul style="list-style-type: none"> ✓ ULearn ✓ Individuals personal file
How is this training going to be monitored?	Learning and Development Group Infection Prevention and Control Committee

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory.

All staff attend Trust induction delivered by the Learning and Development team in line with the Mandatory Training Register and waste related information is included Infection Prevention and Control.

Information and instruction on the safe management and disposal of confidential/sensitive material is received by staff completing the mandatory Information Governance e-Learning module.

Further training is available by an on-line module from SRCL through Facilities.

Local Induction

Line managers are responsible for the completion of the Trust's mandatory Local Induction and Workplace Orientation Checklist which includes the following elements applicable to waste: Medicines safety, disposal of sharps, security, waste disposal and general waste arrangements applicable to the individual role. Induction training records are retained in staff personal files and the completion of induction is recorded on the electronic staff record.

The governance group responsible for monitoring training compliance is the Learning and Development Group and the Infection Prevention and Control Committee.
Additional reference and training resources are available on the Trusts staff website.

Training documentation will detail how staff and visitors in each location will be made aware of the types of waste, how to dispose of it and who to contact if they have any questions about waste. This information can be used for local induction. Additional information may include specific staff training, memos, e-mails, posters, inductions, intranet training and any other tool that you have used to ensure that everyone is aware of their responsibilities.

The training of all staff is an essential element for the safe management of waste. Staff receive information, instruction and training for waste they generate, move or handle.

The information, instruction and training of employees is a fundamental part of providing a safe working environment. Appropriate training must be provided at the start of employment (induction) and then as identified in the Training Needs Analysis or at other times when the need arises on a regular basis throughout employment. This continual training programme will ensure high standards of safety are being maintained for the benefit of patients, staff, the general public and the environment.

Local waste training should include, types of waste produced, appropriate segregation of waste, use of work equipment (assembling sharps bins, swan-necking bags etc.), emergency procedures and use of Personal Protective Equipment (PPE). Additional information relating to PPE can be found in the 'Work Wear Personal Protective Equipment Policy' and the 'Infection Prevention and Control Policy for the Use of Personal Protective Equipment in Community Health Services, Inpatient Facilities and Primary Care'.

- Carriage of clinical waste in vehicles – Staff require general training ADR 1.3:
 - General awareness for the carriage of dangerous goods
 - Safety training proportionate to the degree of risk of injury or exposure arising from an incident including loading and unloading. Staff must be made aware of the hazards and risks presented by the waste carried.
 - Cover safe handling principles and emergency response procedures.

Training should, where possible, involve practical instruction where the trainer demonstrates or explains how to carry out a particular procedure. Employees should have access to written information that can be used as a reference guide.

A record of all training must meet organisational and professional requirements and should be registered in the staff personal file. The level of training required will depend on the activities undertaken by the individual.

Training should include information and instruction on the actions to take in the event of an emergency: sharps injury, waste spillage, etc.:

Sharps injuries

Please refer to the LPT Sharps Policy for information relating to the safe use and disposal of sharps together with actions to take in the event of a sharps injury.

Spillages:

All spillages of waste, clinical or otherwise should be dealt with immediately and then reported to the appropriate line manager. If a clinical waste bag is damaged in the ward/department area, it will be that ward/department's responsibility to re-bag the contents in a new clinical waste bag, and clean up any resultant fluid spillage as identified in the Infection Prevention Control Policy for cleaning and decontamination. Appropriate PPE should be worn at all times when dealing with waste.

If a clinical waste spillage occurs during transportation, then it is the responsibility of the person transporting the waste to re-bag the contents and clean up any resultant fluid spillage as described in the Infection prevention control Policy for cleaning and decontamination.


Please see Infection Prevention and Control Policy for cleaning and decontamination.

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal		<i>Waste Management</i>	
Date Screening commenced		<i>September 2014</i>	
Directorate / Service carrying out the assessment		<i>Health & Safety Compliance Team</i>	
Name and role of person undertaking this Due Regard (Equality Analysis)		<i>Nick Adams, Senior Facilities Manager</i>	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: <i>To set out the arrangements for waste management across the Trust</i>			
OBJECTIVES: <i>To reduce the risk of mis-consignment and provide a reference guide for staff to use when identifying and disposing of waste</i>			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	N/A		
Disability	N/A		
Gender reassignment	N/A		
Marriage & Civil Partnership	N/A		
Pregnancy & Maternity	N/A		
Race	N/A		
Religion and Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Other equality groups?	N/A		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
<i>This policy sets out the guidelines for waste management and where required it permits the use of local assessment to meet the needs of people from protected groups in order to encourage full participation.</i>			
Signed by reviewer/assessor		Date	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	08.01.2024

Appendix 4 Monitoring Arrangements

Waste segregation and procedures must be audited periodically in order to check and confirm the accurate description and classification of waste produced and monitor local practice in order to identify problems and act to rectify them. It should also be noted that some waste carrier companies are required by their permit to obtain an audit from the site before they can accept the waste – Pre acceptance Audit.

Audits are undertaken by the local managers and/or team leaders. A minimum requirement is to audit waste arrangements before developing or updating waste management procedures and at service redesign / relocation.

Routine monitoring is undertaken at the Trust to ensure that robust systems are in place for the safe management of waste. Monitoring arrangements include the following:

Pre-Acceptance Audits

These audits are carried out by a competent waste lead in order to demonstrate compliance with statutory and local arrangements. The frequency of audit will be determined by the type of care provision and the quantity of waste produced:

Medical practice: Every 12 months if more than five tonnes of clinical waste is produced in a year.

Dental and laboratory practices: Every two years if less than five tonnes of clinical waste in a year.

Other healthcare producers: Every five years.

A pre-acceptance audit may be required following a change of practice or waste disposal carrier.

Duty of Care Visits

The LPT Estates and Facilities as managers of the Waste Management Contracts is responsible for undertaking the duty of care visits to ensure that waste disposal companies are disposing of waste as described in their service provider agreements. These audits are undertaken as the Trust is responsible for waste from the point of generation to its final disposal. The frequency of Duty of Care visits is annual unless circumstances indicate a more regular frequency.

Monthly Operational Waste Inspection of Ward/Department/service area

Monthly operational waste inspections are carried out by the Estates and Facilities Managers to ensure that the segregation, storage and movement of waste on each site is carried out in accordance with this policy. The Monthly waste audit form is available at Appendix E. Findings will be communicated to relevant team managers and completed forms will be retained in site- based local waste management files.

Six-monthly Waste Management Audit

Six monthly waste management audits are undertaken to ensure adherence to all necessary regulations paying particular attention to: Site registration, consignment of waste, training and associated waste documentation.

The six-monthly audit form is available at Appendix D. Issues and/or concerns noted during the audit are communicated to relevant site managers and completed paperwork is retained in the site-based local waste management file.

Annual Health and Safety Inspection

The Health and Safety Inspection form includes elements of waste management and these are examined during the annual Inspection of each site/department.

Site inspections are conducted by ward/department/service managers and Governance Officers. Findings and action plans are shared with required individuals for action and forwarded to the Health and Safety Compliance team. Actions are monitored by Governance Officers and where actions remain outstanding these are escalated to the Directorate Health, Safety and Security Action Group for action and/or escalation. Actions remain live until such time that compliance assurances are provided.

Appendix 5 Stakeholders and Constitution

The involvement of relevant groups, committees and stakeholders is key to the review and development of authorised documents. Please refer to page two for a list of key stakeholders consulted during the development of this policy.

Appendix 6 Compliance and Effectiveness

The Trust is required to regularly check that all the waste streams are operating correctly. Local waste arrangements will be documented within the waste management evidence file at each property.

Property Officers will monitor the completion of waste audits and seek assurances to demonstrate that actions allocated to responsible persons are completed and/or escalated.

The monitoring of compliance is as set out in the table below:

	Element to be monitored/audited	Method of Monitoring	Responsible Person	Frequency	How results will improve practice
1	Trust compliance with handling, storage and disposal arrangements	Monthly Operational Waste Inspection	Estates and Facilities Managers	Monthly	Results to Local Management and. Results will be used to inform improvements in individual/local practice and/or policy together with training development.
2	As above, plus, Transfer notes, consignment notes, certificates of destruction, training records.	Six-monthly waste inspection form	Estates and Facilities Managers	Six-Monthly	Results to local management for action. Forms to be retained on site.
3	Transfer notes, consignment notes, certificates of destruction.	Duty of Care visits to third party waste contractors	Estates and Facilities Managers	Annual	Results to Estates and Facilities to communicate to LPT Health and Safety Compliance Team.
4	Upstream audit	Audit of waste collection/treatment	Estates and Facilities Managers	Annual	Results to Estates and Facilities – to communicate to LPT Health and Safety Compliance Team and IPC
5	Pre-acceptance audit	Audit	Estates and Facilities Managers	Annual and Ad-Hoc	Audit findings to be sent to waste collection / treatment companies

6	Carriage of dangerous goods	Audit	Estates and Facilities Managers Dangerous Goods Safety Advisor	Annual	Findings and recommendations to Estates and Facilities to communicate the findings to the LPT Health and Safety Compliance Team and IP&C Team.
7	Health and Safety Inspections	Inspection	Ward / department manager and/or Governance Officers	Annually	Findings and actions communicated to the health and safety compliance team. Actions outstanding will be escalated to Directorate Health, Safety and Security Action Groups for appropriate action.

Appendix 7 Incidents and Incident Reporting

All staff must report incidents and near-miss events onto Ulysses, the Trust's 'Incident Reporting Policy'. Line managers will investigate, take corrective actions to prevent recurrence and escalate incidents according to the level of risk and/or recurrence in line with the Risk Management Strategy.

Health and Safety Advisors review health and safety related incidents, including those involving waste, and may identify individual incidents for further investigation or follow up.

Infection Prevention and Control Team will review infection prevention related incidents and may identify individual incidents for further investigation or follow up.

Incidents may be identified by external bodies. Any contact by external contracted waste services or enforcement agencies must be notified to the Health and Safety Compliance Team in order to identify the level of local investigation required.

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Environment Protection Act 'Duty of care'	<ul style="list-style-type: none"> - Completion of waste consignment notes - Retention of records - Pre acceptance audits - Upstream audits - Dangerous goods safety advisor audit and report
To meet the Department of Health – Health Technical Memorandum 07-01: Safe Management of Healthcare Waste	<ul style="list-style-type: none"> Waste Policy Auditing arrangements Training Documentation control Incident Management
Control of Substances Hazardous to Health (COSHH)	<p>Staff are provided with information, instruction and training relating to hazardous substances specific to their role and the arrangements for safe storage, movement and disposal of waste. To include emergency arrangements for spillages.</p>

Appendix 8 Standards and Performance Indicators

Standards/Key Performance Indicators – need to include standards/KPTs in order to match the effectiveness of policy.

Appendix 9 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Waste Policy	
Completed by:	Nick Adams	
Job title	Senior Facilities Manager	Date 08.01.2024
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 10

Do you know who to contact for waste management advice and guidance ?

Initial enquiries can be made with your line manager or site premise assurance officer. For specialist advice and guidance on the waste arrangements please contact the following:

Line manager – Local arrangements

Infection Prevention and Control Team – clinical waste – 0116 295 2320 (0800-1600hrs M-F plus answerphone out of hours)

Pharmacy – pharmaceuticals and medical gases – 0116 295 8989 (0830-1730hrs M-F, 0900-1100hrs Sat)

Medical Devices Asset Manager – medical devices – 07827 807 819 or 07880 081494 (0900-1700hrs M-F)

Health and Safety Compliance Team – 0116 295 1662 or (0900-1700hrs M-F), email: lpt.healthandsafety@nhs.net

Dangerous Good Safety Advisor- Via LPT E&F

The Estates and Facilities Helpdesk – 0116 215 6630
(for reporting non-collection, issues with the security of waste holding rooms/bins, etc.)

Occupational Health Service – 0116 2585307 (0900-1600hrs M-F plus answerphone out of hours)

Stakeholders and consultation


The involvement of relevant groups, committees and stakeholders is key to the review and development of authorised documents. Please refer to page two for a list of key stakeholders consulted during the development of this policy.


Appendix 11

Alphabetical list of Waste:

If your waste is not listed please contact the Health and Safety Compliance Team

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Aerosol	Household	20 03 01	Empty canisters only	Do not place in incineration waste route. Black bag household	Biffa
	Medicinal	See Pharmaceuticals			
	Chemical	As indicated by your COSHH assessment	H1, H2, H3-A and H3-B H4 H5 / H6 H7 H8	As per local COSHH assessment	As identified by risk assessment and any associated COSHH assessment
Alcohol Sanitiser Bottles and Containers (Empty)	Container must be empty - Residue only	Household 20 03 01	-	Place in the black bag household waste stream Black Bag	Biffa
Amalgam - Dental	-	Hazardous 18 01 10	H6	Special waste collection	Not expected from LPT. Seek advice from pharmacy
Anatomical waste (Recognisable body parts and blood bags)	Not chemically preserved	Hazardous 18 01 03*	H9	Yellow bag Or red-lidded, yellow rigid container	SRCL
	Infectious				
	Non-infectious Not chemically preserved	18 01 02	-	Yellow bag Or red-lidded yellow rigid container	SRCL
	Chemically preserved – infectious or non-infectious	18 01 06*	H9 H1-8	Yellow bag Or Red-lidded yellow rigid container	SRCL

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Batteries If you have equipment that contains a battery that cannot be removed please see Equipment. Item will be marked: 	Type 'AA', 'AAA', etc.	Good practice 16 06 06 Hazardous	Recycling bins must comply with Hazardous Waste Regulations	Battery collection points Cover the battery terminals with an insulator	Special waste
	Hearing aid batteries	Good practice Hazardous	-	Battery collection points Cover the battery terminals with an insulator	Special waste
	Lead acid batteries	Hazardous 16 06 01*	-	Segregate from nickel NiCd / NiCad Cover the battery terminals with an insulator	Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	Lithium batteries	Hazardous 16 06 05* 20 01 34*	-	Segregate from other batteries and non-battery waste Cover the battery terminals with an insulator	Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	Nickel cadmium (NiCd or NiCad)	Hazardous 16 06 02*	-	Segregate from Lead acid batteries Cover the battery terminals with an insulator	Contact Estates and Facilities Helpdesk Waste Manager Management Manager
Beds – broken	Electric	See link:	See Medical devices policy for	Contact Estates and Facilities Helpdesk	



(for disposal)		WEEE	actions to be taken prior to disposal and then dispose of according to the item labelling / manufacturers instruction. Most likely to call within the WEEE category. - Complete a decontamination document prior to disposal. - Update medical devices register		Waste Manager
	Non-electric See Medical Devices Policy	Municipal 20 03 07	NA	Hold in secure area. Label to indicate waste.	Contact Estates and Facilities Helpdesk Waste Manager Manager

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Blood bags Must be retained for 24 hrs.	Hazardous Dispose of as anatomical waste		NA	Yellow bag Or yellow rigid container with red lid	SRCL
Body parts Identifiable	See anatomical waste				
Bodily fluids	Infectious – confirmed OR suspected	18 01 03*	H9	Clinical waste Orange bag	SRCL
	Non-infectious	18 01 02	-	Orange bag	SRCL
Builders / contractors building / engineering waste	Not expected – Seek advice	Contractor arrangements Separate waste arrangements to be arranged during planning stage Examples of waste include adhesives, asbestos, CFC refrigerants and foam, timber, emulsions, concrete, pvc, plaster, plasterboard			
Card (light)	Identify any contamination from the A-Z list	Household 20 03 01	-	Black bag waste	Biffa
Cardboard	Is it contaminated with: - Infectious substances - Hazardous chemicals If so treat as highest category waste	Clean cardboard = Household 20 03 01		Flatten prior to disposal. excluding heavy duty boxes Black bag Household waste holding area	Biffa
Catering food waste	Follow food hygiene arrangements	20 01 08	None	Black bag	Biffa
Catheters	Infectious – confirmed OR suspected	18 01 03*	H9	Clinical waste Orange bag	SRCL
	Non-infectious	18 01 02		Orange bag	SRCL


<p>Catheters - (Homecare waste - produced during treatment)</p>	<p>Non-hazardous waste - If the waste is classified as non-hazardous, (non-infectious) and as long as it is double bagged in a small translucent / white bag and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with plasters, small dressings, sanitary towels and incontinence products.</p> <p>Hazardous waste - Where the waste is classified as hazardous in the patient's home the healthcare professional can remove that waste in orange bag and transport it in approved containers (i.e. rigid, leak proof, sealed, secured etc.) and take it back to a base for appropriate disposal. SRCL.</p>
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Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Chemical waste Control of Substances Hazardous to Health (COSHH)	Hazardous	18 01 06*	H1 to H8	In accordance with the Material Safety Data Sheet and associated COSHH Assessment	As identified by your COSHH Assessment
	Non-hazardous	18 01 07	None	In accordance with the activity risk assessment.	As identified in activity risk assessment(s)
	Laboratory N.B. Pre-treated waste that is non-infectious can be disposed of as non-infectious healthcare waste	18 01 03* Infectious 18 01 04 Non-infectious	H1 to H9	In accordance with the Material Safety Data Sheet and associated COSHH Assessment	Not expected at LPT. Seek advice if this waste is likely to be produced.
CJD Creutzfeldt-Jakob Disease	Suspected or confirmed Seek advice from LPT IPC team and or Public Health England.	Seek advice from the IPandC team.	H9	Special waste collection	Special waste collection
Confidential paper – Refer to confidential waste policy.	Local secure confidential waste bins/boxes.	20 01 01	-	Locked bins/boxes to prevent unauthorised access	Collected fortnightly by contracted waste company – Shred Station Ltd
Confidential non-paper – e.g. name badges, audio tapes, CDs etc Refer to confidential waste policy.	Local secure	-	-	Stored separately to prevent unauthorised access	Contact contracted waste company – Shred Station Ltd to arrange collection


Continence pads	See Nappies				
Cooking oil		20 01 25	NA	-	N/A
Crockery	-	Household 20 03 01	-	Brown multi- ply sacks	Biffa

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Dental casts and plaster casts of teeth	Contaminated elements to be disposed of as clinical (orange) waste Gypsum contamination – See GYPSUM		-	Cover patient details with a black indelible marker pen and place casts into a tiger-stripe bag as offensive waste	Contaminated casts by SRCL Gypsum contaminated – Special waste collection Non-contaminated / non gypsum = Offensive waste stream
Dental Amalgam	Amalgam	Hazardous 18 01 10	-	Glass lidded container containing Mercury suppressant and marked as Dental Amalgam	Authorised waste contractor via outsourced facilities contractor
Dressings	Infectious	Hazardous 18 01 03*	H9	Orange Bag	SRCL
	Non-infectious	Non-hazardous 18 01 04	-	Orange bag	SRCL
Drugs	See Pharmaceuticals				
Equipment marked:  	With Electrical and hazardous components	20 01 35* Absolute Hazardous	-	Telephone the Helpdesk and retain the item in a secure location	WEEE - Special collection - Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	With Electronic and hazardous components	20 01 35*	-	Telephone the Helpdesk and retain the item in a secure location	WEEE - Special collection Contact Estates and Facilities Helpdesk Waste Manager Management Manager

<p>Electric and electronic items (WEEE)</p> <p>N.B. NOT IT equipment</p> <p>Will be marked and/or accompanied by information incorporating the following symbol:</p>	<p>Is it a Medical device?</p> <ul style="list-style-type: none"> - Decontaminate the device (if necessary) - Complete a medical device disposal form - Remember to update your medical device entry on the asset register. - Select item from other factors below to identify disposal method. - Device will be disposed of as WEEE unless it is infected or an implant device. <p>For infected medical devices please contact the Infection Prevention and Control Team For Implants please contact the Medical Devices Asset Manager.</p>		<p>Complete Medical Device Disposal Form and refer to other factors to be considered to identify EWC code and disposal route.</p>	<p>See LPT Medical Devices Policy or Contact the Health and Safety Compliance team</p>
	<p>Is it IT equipment ?</p>	<p>Use the Health Informatics Self-Service portal on The Hub. Complete an equipment move request.</p>		

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
 <u>Includes:</u> medical devices incorporating electrical and/or electronic components <u>Does not include:</u> Medical Devices that are infected or implants – Top of next column.	Containing Chlorofluorocarbons (CFCs) – Generally refrigeration devices	20 01 23* Absolute Hazardous		Telephone the Helpdesk and retain the item in a secure location	WEEE - Special Collection Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	With Electrical and hazardous components	20 01 35* Absolute Hazardous		Telephone the Helpdesk and retain the item in a secure location	WEEE - Special collection Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	With Electronic and hazardous components	20 01 35* Absolute Hazardous		Telephone the Helpdesk and retain the item in a secure location	WEEE - Special collection Contact Estates and Facilities Helpdesk Waste Manager Management Manager
	Electrical and/or electronic without hazardous components	20 01 36 Non-hazardous		Telephone the Helpdesk and retain the item in a secure location	WEEE - Special collection Contact Estates and Facilities Helpdesk Waste Manager Management Manager
Fax Rolls	Confidential information	Non-hazardous			Seek advice from Information Governance

		Confidential			
Feminine hygiene. (Offensive Waste)	See offensive waste N.B. This category must not be used for infectious offensive waste produced as a result of healthcare activities.	Clinical 18 01 01	H9 – infectious	Orange clinical waste bag Swan-necked and sealed with an identification bag tie-tag	SRCL
Fluorescent Tubes WEEE waste 	Fluorescent tubes contain mercury	20 01 21 Absolute hazardous	-	Hold in secure area. Prevent from breakage. Facilities provider to arrange collection.	Specialist waste contractor. WEEE – Contact EFMC Waste Management Manager

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Food waste	Offices	Household 20 01 08	-	Black Bag	Biffa
	Wards / Depts / Patient food	Household 20 01 08	-	Return food waste to kitchens for disposal. Black bag	Sink food disposal units or black bag waste
Furniture	Consider reuse	Beds – see beds Mattress – See mattress			
Furniture Is the furniture or manufacturer information marked : 	Consider reuse first If furniture has electrical or electronic components please see Electrical waste (WEEE)	-	-	End of life furniture by request to the Estates and Facilities Helpdesk or by filling out a portering request form from The Central Portering Team.	Trust to consider re-use within organisation or contact Estates and Facilities Helpdesk for removal.
Furniture Broken - no longer required.	Asset register Replacement	-	-	Contact the Estates and Facilities Helpdesk	Outsourced facilities provide will ensure that furniture is on the ground floor prior to arranging a specialist collection.
Glass	Clean	Household 20 01 02	-	Place in 3-ply paper sack	Tag tie BIFFA
	contaminated with bodily fluids	18 01 01	H9	Sharps container	SRCL Incineration
	Medicinal – See pharmaceuticals - Do not rinse bottles out. - Do not use brown paper sacks If Cytotoxic or Cytostatic please see Pharmaceuticals - Do not rinse bottles out. - Do not use brown paper sacks				

Gypsum	-	18 01 04	-	Segregated gypsum waste stream.	Gypsum recycling centre or specialist landfill cell. Specialist waste collection – Contact Estates and Facilities Helpdesk Waste Management Manager
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Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Hazardous waste	This is not a classification of waste and the individual waste type must be identified from the list				
Homecare waste	Infectious clinical waste generated by patient and not by the healthcare activity	-	-	Ensure that local authority waste collections are in place.	Local authority provide yellow bags and sharps boxes via the Estates and Facilities Helpdesk porters. Bags are delivered to patients by community nursing staff. Waste is collected by the Local Authority.
	Healthcare activity waste – You must identify individual waste category from the A-Z list.			In line with A-Z waste stream guidance. Transport of bags in rigid container. Waste must not be mixed.	
Household waste including non medicinal aerosols	Must be; Non-medicinal Non-infectious Non-clinical	Household Black bag 20 03 01	-	BLACK bags Swan necked and sealed with an identification bag tie tag	Biffa
Human Tissue (unidentifiable)	See anatomical waste	18 01 02	-	Yellow bags or Yellow rigid bins with red lid	Swan necked and sealed with an identification bag tie tag SRCL
IT (Information Technology) Items Health Informatics Service (HIS)	Contamination. Please follow decontamination policy prior to reporting for collection	To be assigned by HIS	To be assigned by HIS	To be advised by Health Informatics Service (HIS)	HIS will arrange for collection, evaluation and disposal to include removal of confidential information.
Infusion sets – fully discharged	-	Clinical 18 01 01	-	Sharps bins with suitable aperture	SRCL

Intravenous (IV) bags and bottles (residual waste only)	No hazardous properties. Non harmful No medicines	Offensive 20 01 99	-	Discharge content to foul sewer and place bag in offensive waste stream	BIFFA
Medicinal properties		In line with Medicines Management Policy			

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Isolation room waste	Infectious waste Known and Suspected	Clinical 18 01 03*	H9	Orange waste bags. Double bagged. Swan necked with identification tag. Store in secure holding area.	SRCL
Kitchen food waste	-	Household 20 01 08	-	Black bag	BIFFA
Laundry Clothing / linen For disposal only	Non-Contaminated	Household 20 01 08	NA	Black bag	Biffa
	Contaminated with potentially infectious or chemical substance	Clinical 18 01 03*	H1-15	Orange bag	SRCL
	Contaminated with unknown but potentially hazardous substance	See Unknown waste			
Lithium Batteries - (see Batteries)		See Batteries			
Leech and maggot waste (infectious/potentially infectious)	-	Clinical 18 01 03* 18 01 04 For Incineration	- Place into original delivery container - rigid leak proof container yellow/yellow or yellow/orange		SRCL Incineration
Maggots	See Leech and maggot waste				
Medical Equipment for repair or disposal	See Equipment Complete and attach a Decontamination Form – Refer to Medical devices policy				
Mattress	With electrical components	See Electrical Items			
	Without electrical components	See Equipment		Contact Estates and Facilities Helpdesk to arrange collection	
Medicinal Aerosols - (See Pharmaceuticals)	See Pharmaceuticals				

Medicines – See pharmaceuticals	See Pharmaceuticals
Mercury	Disposal of equipment containing mercury See Equipment

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Mercury waste e.g. broken sphygmomanometers	Isolate the area. Use spill kit provided by pharmacy			Seek advice from Pharmacy.	
Mercury containing fluorescent tubes	See Fluorescent tubes				
Metal (scrap)	See equipment			As per equipment or other waste item from this list	
Microbiological / pathology	Not expected within LPT. Please seek advice from the Health and Safety Compliance team if this waste is expected from your work activities.				
Nappies	From public areas only	Offensive 20 01 99	-	Orange bag	SRCL
	Non-infectious HEMOCARE Small quantity only – Less than 5kg	Household	-	Black	Biffa
	Infectious	Clinical	H9	Orange bag	SRCL
Needles	See Sharps				
Newspapers, magazines and non-confidential paper	-	Household 20 03 01	-	Black bags	BIFFA
Oil, paints and Lubricants	Not expected from LPT activities. Seek advice from the Health and Safety Compliance Team if this waste is likely.				
Paper hand towels	-	Domestic	-	Black bags	BIFFA
Photochemicals and film (including x-ray related products)	Case by case assessment	09 01 XX (xx as per assessment)	Individual assessment	Individual assessment	Special waste contractor on request
Placenta	See Anatomical waste				
Plaster Board	Not expected from LPT activities – Build and refurbishment waste. Collection and disposal as per contractor arrangements.				

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
Plastic	Contaminated with bodily fluids	Clinical 18 01 03 18 01 04	H9 -	Orange	Swan neck – tag tie and place in waste holding area for collection
	Contaminated with hazardous substances	As per assessment	H1-15	As determined by your assessment	As determined by your assessment
	Clean - recyclable	Recycle where arrangements are in place Or Household waste 20 03 01		Recycle point Or Black bag	Biffa
POP's Waste Persistent Organic Pollutants	Consider re-use first or list on WARP – IT website	20 03 07 (upholstered domestic seating)		POP's waste skips	Biffa
Printer Cartridges	Are there local recycling arrangements in place	Recycling point.	N.B. Cardboard packaging to be disposed of separately	Place in cartridge recycling box. or Disposed of as Household waste – Black Bag	Rethink Europe Or BIFF A
Pharmaceuticals, Drugs and medicines surplus out of date Etc. Medicinal aerosols are also disposed via this route	Cytotoxic Cytostatic including: Toxic Carcinogenic Mutagenic Toxic for reproduction	Hazardous 18 01 08 Contact pharmacy for the latest drugs list and instructions	H6 H7 H1 0 H1 1	Label clearly and place in a 'return to pharmacy' unit or secure box. Keep secure until collected	Collected by an authorised person from the pharmacy Pharmacy assistant or technician will decant for either disposal or recycling in accordance with local pharmacy procedures
	Others Pharmaceuticals not required, out-of-date or	Non-hazardous 18 01 09	-	Place in a 'return to pharmacy' unit or secure box	Medicines will be recycled, re-labelled returned to stock by Pharmacy staff.

	surplus.				Medicines requiring destruction will be managed in pharmacy in line with local procedures.
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Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
	<p>Controlled drugs (CDs) Refer to LPT Controlled Drugs Management Policy. All expired, unwanted or patients own CDs must be returned to LPT Pharmacy by an authorised member of the pharmacy team</p> <p>Doom/Doop Kit. Destruction must be in the presence of an authorised person as determined by The Misuse of Drugs Regulations Details to be entered into the controlled drug register. See LPT Controlled Drugs policy</p>			<p>Authorised pharmacy staff.</p> <p>CDs will undergo witnessed destruction.</p> <p>All denaturing of CDs will be carried out alongside an authorised pharmacist.</p>	
Pharmaceuticals – from households	Cytotoxic / cytostatic etc. Contact pharmacy for the latest drugs list and instructions	-	-	Return to community pharmacy	Pharmacy
Radioactive waste	Not expected within LPT Contact the Health and Safety Compliance Team				
School clinic waste	Identify the waste type from the alphabetical list and dispose of accordingly.				
<p>Sharps Including:</p> <p>Contaminated broken glass, needles, giving sets.</p> <p>small vials, ampoules containing or having contained drugs or</p>	Contaminated with cytotoxic / cytostatic drugs Contact pharmacy for the latest drugs list and instructions	18 01 08* 18 01 03*	-	Sharps bin with PURPLE lid. Container to comply with UN3291 and BS7320	SRCL
	Contaminated with other medicines	18 01 03* 18 01 09	-	Green pharmaceutical waste container or Sharps container with blue lid	PHS / SCRL

Waste type (Alphabetical order)	Additional information to be considered	Classification of waste and EWC Code	Hazard Assessment	Packaging prior to removal – Local arrangements	Final Disposal / collection method / contractor details
pharmaceuticals	Not contaminated with medicinal products	18 01 03*		Sharps container with yellow lid	SRCL
Liquid residue acceptable but pouring of liquids into sharps bins is not permitted	Homecare sharps Generated by the patient (not the Trust)	See Homecare waste.			
Side room See Isolation Room	Refer to Infection Prevention and Control Policy				
Soda Lime	Not expected from LPT activities. Please contact the Health and Safety compliance team if the generation of this waste is likely.		Place into yellow bag. Swan-neck and sealed with an identification bag tie tag		
Unknown waste Should only occur in exceptional circumstances i.e. Member of public presents to site with unknown contamination / infection			Waste could be infectious or have additional hazardous properties.	Wear PPE in line with infection prevention guidelines. Double-bag and secure the waste in a metal or plastic leak-proof drum. Seek advice from the Health and Safety Compliance Team and / or Infection Prevention and Control Team.	
WEEE Waste	See Electrical Items				
X-ray products	See Photochemical				

* Hazardous wastes are denoted by an asterisk

** For further information on Classification of Waste and EWC Code assigned to waste streams is available in the List of Wastes (England) Regulations and Appendix F.

*** Hazard Assessment Code (H) - further detailed guidance is available in the Technical Guidance WM3: Waste Classification - Guidance on the classification and assessment of waste, which describes how to classify hazardous waste, taking into account the Regulation on the Classification, Labelling and Packaging of Substances and Mixtures 1272/2008 (CLP).

Appendix 12

Colour Code Waste Segregation Chart

Waste receptacle	Waste types	EWC code(s)	Hazardous properties	Primary transport class	UN number(s)	Minimum treatment/ disposal required
	Healthcare waste contaminated with radioactive material	18 01 03* if waste is infectious	H9 if waste is infectious Radioactive	Class 6.2 (Infectious) + Class 7 (Radioactive)	UN 3291 + UN Number will depend on isotope*	Incineration in hazardous waste incineration facility subject to the Radioactive Substances Act (RSA)
	Infectious waste contaminated with cytotoxic and/or cytostatic medicinal products	18 01 03 18 01 08	H6 H7 H9 H10 H11	Class 6.2	UN 3291	Hazardous waste incineration
	Sharps contaminated with cytotoxic and cytostatic medicinal products	18 01 03* 18 01 08*	H6 H7 H9 H10 H11	Class 6.2	UN 3291	Hazardous waste incineration
	Infectious and other waste requiring incineration including anatomical waste, diagnostic specimens, reagent or test vials, and kits containing chemicals	18 01 02 18 01 03*	H9	Class 6.2	UN 3291	Hazardous waste incineration
 Receptacle must be UN-approved for liquids	Partially discharged sharps not contaminated with cyto products	18 01 01 18 01 03*	H9	Class 6.2	UN 3291	Hazardous waste incineration
	Medicines in original packaging	18 01 09	H6 H7 H10 H11	Class 6.1	UN 3248 UN 1851 UN 3249	Hazardous waste incineration
	Medicines NOT in original packaging	18 01 09	H6 H7 H10 H11	Class 6.1	UN 3248 UN 1851 UN 3249	Hazardous waste incineration

Waste receptacle	Waste types	EWC code(s)	Hazardous properties	Primary transport class	UN number(s)	Minimum treatment/disposal required
	Infectious waste, potentially infectious waste and autoclaved laboratory waste	18 01 03*	H9	Class 6.2	UN 3291	Licensed/permitted treatment facility
	(i) Sharps not contaminated with medicinal products ² Or (ii) Fully discharged sharps contaminated with medicinal products other than cytotoxic and cytostatic medicines	18 01 01 18 01 03	H9	Class 6.2	UN 3291	Suitably authorised incineration or alternative treatment facility
	Offensive/hygiene waste	18 01 04 or 20 01 99 ¹	N/A	N/A	N/A	Deep landfill
 Black bag or clear bag is acceptable	Domestic waste	20 03 01	N/A	N/A	N/A	Landfill
	Amalgam waste	18 01 10	H6	Class 6.1	UN 2025s	Recovery

Notes:

* Seek guidance from DGSA

1. Human hygiene waste from non-healthcare sources

Appendix 13

SIX MONTHLY WASTE MANAGEMENT INSPECTION FORM

Property:	Auditor:					
Date:	Time:					
QUESTIONS			ANSWERS			
Who is responsible for waste management at this property?						
What Waste streams do you have?			Household	Yes	No	
			Clinical	Yes	No	
			Hazardous	Yes	No	
			Confidential	Yes	No	
			Cardboard	Yes	No	
What departments produce the waste?						
Who are your waste collectors?			Type	Waste Company		Registration and Licence
Do you have waste brought into this property from outside?			Yes	No	Type:	
If you have waste brought into this property, are you registered as a waste transfer station?			Yes	No	Registration:	
Do you Transport waste from this property to another property within your Trust?			Yes	No	Registration:	
Do you have waste transfer notes or consignment notes for all waste that has been removed from this property?			Company	Yes	No	Company
						Yes
						No
What local policies and procedures do you have for the disposal of waste?			Detail:			
What staff training has been given to staff within this property with regards to waste disposal?			Detail:			
What signage do you have within this property to ensure separation and safe storage of waste?			Detail:			
Auditor's Signature:			Person Responsible For Action:			Date Notified:

Appendix 14

MONTHLY OPERATIONAL WASTE INSPECTION

Area:				Auditor:				
Date:				Time:				
Clinical Waste/Heavy Duty Waste	NA	Yes	No	Waste Rooms	NA	Yes	No	
1. All clinical waste bins labelled clinical waste?				18. Room locked?				
2. Are labels completed correctly?				19. Room clean?				
3. Are bins assembled correctly?				20. Waste stored appropriately?				
4. Are used bins no more than $\frac{2}{3}$ full?				Cytotoxic Waste				
5. Correct use of normal and heavy-duty W orange bags?				21. Segregated correctly?				
6. Correct blood bag disposal?				22. Stored correctly?				
7. All filled clinical waste bags correctly labelled?				23. Labelled correctly?				
8. Are all clinical waste bags correctly tied off? (swan necked and tagged)				Miscellaneous				
9. Are all sealed clinical waste bags less than $\frac{3}{4}$ full?				24. Are orange bags left unattended (public areas)?				
10. Any orange bags left accessible to public?				25. Split/leaking bags (anywhere)?				
Household/Recycling Waste				26. Bins locked (public areas)?				
11. All household waste bins labelled household waste with Trust provided signage				Linen				
12. Is all household waste put into black bags?				27. Stored correctly?				
13. All filled household waste bags correctly labelled?				28. Segregated correctly?				
14. All filled household waste bags correctly tied off?				29. Secure from public?				
15. All household waste sealed bags less than $\frac{3}{4}$ full?				Confidential Waste				
16. Are brown sacks used for glass, etc?				30. Correct containers being used?				
17. Cardboard waste – flat packed?				31. Secure from the public?				

32. Action Required								
Waste Collection, Transportation and Waste Compound	NA	Yes	No	CLINICAL WASTE COLLECTOR	NA	Yes	No	
	33. Are any orange bags unattended in public areas?				42. Is all paperwork correct?			
34. Are bins unlocked in public areas?				43. Is the area left locked after collection?				
35. Are bins emptied frequently enough?				44. Is the area tidy after collection?				
36. Are rooms clean?				45. Waste Audits (Duty of Care)				
37. Are rooms locked?				SPECIAL WASTE COLLECTOR				
38. Is the gate locked?				46. Is all paperwork correct?				
39. Is the site tidy?				47. Is the area left locked after collection?				
40. Is there sufficient space for segregation?				48. Is the area tidy after collection?				
41. Are sections emptied sufficiently often?				49. Waste Audits (Duty of Care)				
50. Does the compound area have legible bio-hazard sign on display?								
50. Action Required								
Auditor's Signature:			Person Responsible For Action:			Date Notified:		

All waste to comply with LPT Policy and Local Procedures

Appendix 15

The following table sets out the EWCs for Healthcare Wastes:

*Hazardous waste list entries

EWC code	Description of waste (EWC)	
18 01 XX	WASTE FROM NATAL CARE, DIAGNOSIS, TREATMENT OR PREVENTION OF DISEASE IN HUMANS	
18 01 01	Sharps except 18 01 03*	
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)	
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection	M
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing	
18 01 06*	Chemicals consisting of dangerous substances	M
18 01 07	Chemicals other than those listed in 18 01 06*	
18 01 08*	Cytotoxic and cytostatic medicines	M
18 01 09	Medicines other than those mentioned in 18 01 08*	
18 01 10*	Amalgam waste from dental care	A
18 02 XX	WASTE FROM RESEARCH, DIAGNOSIS, TREATMENT OR PREVENTION OF DISEASE INVOLVING ANIMALS	
18 02 01	Sharps except 18 02 02*	
18 02 02*	Waste whose collection and disposal is subject to special requirements in order to prevent infection	M
18 02 03	Waste whose collection and disposal is not subject to special requirements in order to prevent infection	
18 02 05*	Chemicals consisting of dangerous substances	M
18 02 06	Chemicals other than those listed in 18 02 05*	
18 02 07*	Cytotoxic and cytostatic medicines	M
18 02 08	Medicines other than those mentioned in 18 02 07*	
	Municipal Waste and similar materials from commerce and industry:	
20 03 01	Mixed municipal waste: Paper and cardboard, glass, biodegradable kitchen and canteen waste, clothes, textiles, plastics, etc.	

Wastes can be listed with Absolute (A) or Mirror (M) entries indicated by A or M in the right hand column. If the waste is an Absolute entry this means that the waste must be treated as Hazardous Waste regardless of the concentration of the hazardous properties. If the waste is a Mirror entry an additional assessment will be needed in order to identify if the waste must be classified as Hazardous Waste. You can seek further advice from Health and Safety Compliance, Infection Prevention and Control or Pharmacy Teams.

All waste produced within the NHS must be managed, stored, transported and disposed of in a legal and safe manner. It must be identified by the European Waste Code (EWC) The Environment Agency “Interpretation of the definition and classification of hazardous waste” Technical guidance WM2, identifies all types of hazardous and non-hazardous waste.

Waste can be identified as Hazardous or Non-Hazardous and in this respect, a Hazardous Waste Consignment Note as instructed in the Hazardous Waste Regulations must accompany every collection of Hazardous waste when transferred from the LPT premise to the place of disposal.

There are many definitions for the different types of waste. The following explains and identifies the types of waste produced by the organisation in the course of their duties, and the regulations affecting this waste.

Swan-neck tying of waste bags

1. Bag must not be more than two thirds full. Twist the top of the bag.
2. Loop the neck back on itself
3. Attach a bag tie (all ties have a unique identification tie that can be tracked back to the ward they were issued to)



The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	x <input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	x <input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x <input type="checkbox"/>

Classification: Official **Publications approval reference: 001559**

COVID-19 waste management standard operating procedure

23 September 2020, Version 3

Updates to Version 2, published on 3 July 2020, are highlighted in yellow.

This document sets out the waste management approach for all healthcare facilities including primary care facilities and testing facilities in England.

A simple and pragmatic approach will be implemented to ensure that waste is managed in a safe manner and critical waste disposal resources are not exhausted during the COVID-19 emergency response.

We need to work together across organisations to collectively deliver waste management services during this period of expanded demand.

What does this mean for healthcare staff?

You must apply the HTM 07-01 across your facilities when re-opening services for non COVID-19 patients. The COVID-19 procedure below needs to be applied for COVID-19 areas.

The Advisory Committee on Dangerous Pathogens designates waste arising from COVID-19 patients as infectious clinical waste (EWC code 18-01-03*). It must be packaged in UN-approved orange bags in accordance with the safe management of healthcare waste (HTM07-01). The transport categorisation for this waste is Category B. Sharps and pharmaceutically contaminated items should continue to be segregated into appropriate containers sent for incineration; these should not enter the orange bag stream.

In response, **all healthcare settings** should ensure that: 2 | Returning to BAU in waste management while still treating COVID-19 patients: SOP

- All outer **packaging** must be removed and recycled before an item is taken onto any ward or clinical area. *If this is taken into an isolation or higher risk area, then it is likely to become contaminated and therefore must be disposed as infectious clinical waste.*
- All **confidential waste** must be put into confidential bins.
- All **sharps and anatomical** waste must be put into the relevant receptacle with an appropriately coloured lid as per HTM07-01, and these do not need to be put into an orange bag (<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>)
- In summary, infectious clinical waste should be treated like any other infectious clinical waste – that is, as it would be for TB, hepatitis, etc, following national regulations. Healthcare waste is suitable for non-incineration technologies.

Hospitals in addition should ensure that:

- All **food waste** must be disposed of in black bags/compostable bags.
 - **Soiled linen** must be put into alginate bags and then into relevant outer bags (usually white according to local policy).
 - Non-ambulatory patients – **urine and faeces** to be put down the sluice/toilet. Where no sluice/toilet is available, excreta may be gelled and disposed of in an orange bag. If bed bound, urine from catheter taken to sluice/toilet. The use of these granules must be strictly controlled as described in this NHS National Patient Safety Alert; <https://www.england.nhs.uk/publication/patient-safety-alert-superabsorbent-polymer-gel-granules/>. Ambulatory patients can go to the toilet as normal where safe and feasible to do so.
 - Where **medicines** are prepared in a clean area, pharmaceutical waste must be separated into the following receptacles: – Blue – non-hazardous healthcare medicines for incineration
– Purple – waste contaminated with cytotoxic and cytostatic medicines for incineration.
 - Waste should be bagged in the appropriate colour bag. Where clinical waste carts are used, the bagged waste must be put into carts awaiting collection and disposal. Please ensure that all bins are full before releasing them from site.
 - Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment and transported as category B, unless the waste has other properties that require it to be incinerated.
 - No domestic waste is to be sent directly to landfill from acute hospital settings.
- 3 | Returning to BAU in waste management while still treating COVID-19 patients:
SOP

- Confidential waste generated on all wards (including isolation wards) must be disposed of via the existing confidential waste route. Confidential waste bins from areas with positive COVID-19 patients should be left for 72 hours before their contents is shredded.

Primary care services

- Waste generated in general practice or primary care dental settings from a person who has been confirmed or is suspected to have COVID-19 must be disposed of as Category B waste. The transport of Category B waste is described in Health Technical Memorandum 07-01: Safe management of healthcare waste.
- PPE waste generated in community pharmacy and primary care optical settings from a face-to-face consultation and/or interaction with a person who has been confirmed or is suspected to have COVID-19 should be double bagged, tied securely and kept separate from other waste for at least 72 hours before being disposed of as normal domestic residual waste. All other waste should be managed as described in Health Technical Memorandum 07-01: Safe management of healthcare waste.
- Medicines returned to a community pharmacy by a patient should be segregated as per usual requirements, double bagged and placed directly in the appropriate waste medicines container. Unwanted controlled drugs (CDs) should be double bagged and placed in the CD cabinet for three days before denaturing as per the usual pharmacy process.

Community patients/clinical staff working in people's homes

- Where clinical staff are providing services in the home of a patient who has (or is suspected to have) COVID-19, then PPE can be left behind in a bag. This will be stored for 72 hours before being put into the person's domestic waste stream. See RPS C5: *PPE waste from home healthcare workers treating patients with COVID-19* for more information.
- Community teams advising relatives caring for patients in their own homes are advised to follow the same guidelines. Waste generated by the patient/relative will be stored for 72 hours before being put into the domestic waste stream in a standard black bag.
- The only waste from non-healthcare premises that should be double bagged is waste from an individual known or suspected to have COVID-19. This waste should be stored for 72 hours before disposal. Guidance can be found at <https://www.gov.uk/guidance/coronavirus-covid-19-disposing-of-waste>

NHS ambulance trusts

- The above principles should be applied across the ambulance sector.
- 4 | Returning to BAU in waste management while still treating COVID-19 patients: SOP

- Patient transport service (PTS) crews should dispose of their food and packaging waste in general domestic waste bins.
- To minimise the risk of infection, staff and volunteers supporting the transport of patients with a confirmed or suspected diagnosis of COVID-19 should implement current guidance for the NHS on appropriate and proportionate use of PPE and decontamination of vehicles. The latest guidance for the conveyance of suspected or confirmed COVID-19 patients can be found at: <https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts>.

Key point for non COVID-19 areas

You must apply the HTM 07-01 and the correct segregation with infectious and non-infectious protocols.

Segregation of waste

The simple guides below – which should be used across your facilities – will help staff correctly segregate waste in COVID-19 and non COVID-19 areas, staff offices, public areas, and entrances and exits.

Segregation guidance is provided for staff areas, public areas and health care setting entrances and exits to deal with the specific issues arising from the new requirement for all staff (clinical and non-clinical); patients and visitors are to wear masks or face coverings throughout NHS hospitals, or advised to wear face masks/face coverings in primary care.

- Where areas are COVID-19 secure, e.g. offices and food preparation areas, masks and face coverings can be discarded in the domestic waste stream if no longer required.
- Masks and face coverings worn by patients, visitors and non-clinical staff who have entered a clinical area should be discarded in the offensive waste stream if no longer required. Bins for these should be located at the entrances and exits where masks are given to those who do not have them.
- Clinical staff should dispose of surgical face masks in the offensive or infectious waste streams, depending on the procedures they undertook while wearing the mask.

COVID-19 SOP waste segregation

* All sharps to be placed in tested/approved sharps bins.

** No PPE to be placed in domestic/recycle bins in clinical areas, wards or departments. 6 |

COVID-19 waste management guidance, Version 2

Non COVID-19 waste segregation

* All sharps to be placed in tested / approved sharps bins.

Known or reliably believed infectious

** No PPE to be placed in domestic/recycle bins in clinical areas, wards or departments. 7 |

COVID-19 waste management guidance, Version 2



Non-clinical/staff-only areas waste segregation Non-clinical public area waste segregation

Entrances and exits waste segregation 8 | COVID-19 waste management guidance, Version 2

Working across government agencies

NHS England and NHS Improvement are working closely with the Environment Agency (EA) and Natural Resources Wales (NRW) to ensure clinical waste is processed in line with legislative requirements. We will continue to work with the EA, NRW and other critical agencies, such as the Department for Transport (DfT), to ensure waste flows from healthcare premises to the relevant treatment facilities. Updates on Regulatory Position Statements (RPS) and/or relevant transport authorisations will be posted on the collaboration hub.

General advice from the Environment Agency EA

The EA is working closely with NHS England and NHS Improvement and PHE to review options as the incident progresses. Its strategy (alongside managing other wastes) relies on you meeting all the above NHS requirements. It will continue to provide support via its local officers and/or centrally via the National Performance Advisory Group Best Value Group, and link with the below central waste co-ordination function.

- **Pre-acceptance audits:** when waste is swapped between contractors there will be no requirement to produce a new pre-acceptance audit during contingency arrangements.
- **Expiring pre-acceptance audits:** previously, where a pre-acceptance audit was due to expire, the EA allowed the existing audit to be extended to the end of July 2020. The EA has now stated that it expects expired audits to be planned and undertaken between July and September, and submitted to the trust's waste operator no later than 31 October 2020. Desktop audits for COVID-19 areas will be accepted to demonstrate compliance.

Central waste co-ordination function for NHS trusts

To support organisations during this time we have established a central waste co-ordination function. This will:

1. Co-ordinate daily operational activity across the supplier base. Supported by the Cabinet Office, we are working with all suppliers to ensure healthcare facilities are serviced no matter who the contract holder is.
2. Co-ordinate weekly cross-government communication, including from DHSC, Cabinet Office and DEFRA, and link in with the devolved nations, the SMDSA and key regulatory authorities, to discuss matters of escalation and resolution.
3. Be a point of escalation for healthcare organisations needing assistance.

The central waste co-ordination function key duties are:

- be central point for direct reporting across government, ensuring **business continuity plans** are delivered.
- manage the **national waste co-ordination function**
- co-ordinate operational requirements from health care facilities with the suppliers and planning collections
- support the NHS in ensuring the **standard operating procedure** is being applied.
Communication of all waste matters to the NHS and back to the logistics teams for divert support for waste collections.

The team can be contacted at england.wastemanagement@nhs.net

Primary care services should continue to contact their local commissioner in the first instance.

Useful links

Hospitals and healthcare facilities:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> <https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/>

<https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/>

Householders who are self-isolating with suspected COVID-19:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Community nursing:

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

Primary care:

<https://www.england.nhs.uk/coronavirus/primary-care/>

Admission and care of people in care homes

<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>

Advice to local authorities on prioritising waste collections: 10 | COVID-19 waste management guidance, Version 2

<https://www.gov.uk/government/publications/coronavirus-covid-19-advice-to-local-authorities-on-prioritising-waste-collections>

Contracting

NHS organisations will not be expected to amend their contract with their existing supplier. A reconciliation process is currently being agreed for England across the supplier base. A process will be defined alongside the Cabinet Office, the NHS England and NHS Improvement Commercial team and Deloitte. This will be offered to NHS Wales also. Further guidance will follow.

Government has produced two guidance notes in respect of payments to suppliers and retendering and extensions of contracts:

- <https://www.gov.uk/government/publications/procurement-policy-note-0120-responding-to-covid-19>

•

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874178/PPN_02_20_Supplier_Relief_due_to_Covid19.pdf

NHS organisations should consider this guidance in respect of waste contracts and, as far as possible, use the flexibilities in line with this guidance.

NHS organisations are advised that there is unlikely to be a stable market to retender contracts during the COVID-19 emergency response and therefore they should carefully consider grounds for extension of existing contracts where these are due to expire imminently. NHS organisations should work with suppliers and, if appropriate, provide relief against current contractual terms (eg KPIs and service credits) to maintain business and service continuity. Please let us know immediately if you are experiencing any issues.

If you have any queries or questions, then please contact our logistics cell's dedicated waste management team at: england.wastemanagement@nhs.net.

Queries relating to primary care services may be directed to: england.wastepc@nhs.net.

