

Policy and Procedure For The Safe Handling Management and Disposal of Hospital Waste

Issue Date	Review Date	Version
July 2018	July 2023	4

Purpose

The Trust is committed to ensuring the health, safety and welfare of all employees and contractors who are involved in the disposal of waste and of others who may be affected by waste materials. As a result of its duties, the Trust has produced this policy for the Safe Handling and Disposal of Waste. The policy applies to all Trust employees, as well as contracted staff involved in the handling, storage and disposal of waste

Who should read this document?

All staff groups

Key Messages

The aim of this policy is to identify and minimise the risks associated with the various categories of waste. This will be achieved by developing safe systems for the containment of the waste and by defining standards for disposal in accordance with statutory requirements.

Core accountabilities

Owner	Director of Planning and Site Services
Review	Health & Safety Committee
Ratification	Trust Board
Dissemination (Raising Awareness)	Sustainability Manager
Compliance	Audit Committee

Links to other policies and procedures

- HTM 07 01 Safe Management of Healthcare Waste HTM 07 01 Safe Management of Healthcare Waste
- Health and Safety at Work Act 1974
- Environmental Protection Act 1990
- Management of Health and Safety at Work Regulations
- Manual Handling Regulations
- The Controlled Waste Regulations
- Special Waste Regulations
- Control of Substances Hazardous to Health Regulations
- Environmental Permitting Regulations
- The Transport of Dangerous Goods Safety Advisors Regulations
- Misuse of Drugs Regulations
- Trade Effluent (Prescribed Processes and Substances) Regulations
- The Water Industry Act
- Data Protection Act 18 and EU General Data Protection Regulation
- Waste Electrical Electronic Equipment Regulations
- Landfill Directive

Version History

V1	April 2005	Document Issued
V2	January 2013	Approved by H&S Committee
V3	April 2014	Document Revised to include Need to Know section
V4	July 2018	Document revised and updated to reflect legislation and new procedures for confidential waste, tiger waste and recycling. Approved by H&S Committee September 2018

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

The Environmental Protection Act 1990 is the principal legislation, which imposes a “Duty of Care” on the producers of waste. Plymouth Hospitals NHS Trust is required to accept responsibility for waste management from its point of origin through to its final disposal.

The Trust is committed to ensuring the health, safety and welfare of all employees and contractors who are involved in the disposal of waste and of others who may be affected by waste materials. As a result of its duties, the Trust has produced this policy for the Safe Handling and Disposal of Waste. The policy applies to all Trust employees, as well as contracted staff involved in the handling, storage and disposal of waste.

All managers have a duty to ensure that potential hazards from waste are correctly assessed and identified. Appropriate measures must then be taken to ensure that the health and safety of those who may come into contact with the waste is not jeopardised.

The aim of this policy is to identify and minimise the risks associated with the various categories of waste. This will be achieved by developing safe systems for the containment of the waste and by defining standards for disposal in accordance with statutory requirements.

From the 31st October 2007 the Landfill Directive (non-hazardous waste) dictates that all non-hazardous waste must be treated before it can be sent to landfill. This ‘treatment’ includes the segregation and recycling of waste to prevent it from being sent to a landfill site. Therefore all future efforts must be directed to minimising the volume of waste produced by segregating at Ward/Department level waste that can be recycled. Where possible, alternatives to hazardous or difficult to dispose of products should also be sought. A revised and updated waste management system for Plymouth Hospitals NHS Trust has been introduced for the following reasons:

- To reduce the health and safety risk posed by waste to staff, patients, visitors and contractors.
- Environment protection and compliance with appropriate legislation
- To promote and increase the levels of recycling
- To reduce the level and cost of waste disposal

We all need to work together to achieve a zero waste hospital which makes the most efficient use of resources by minimising the Trust’s demand on natural resources and maximising the reuse, recycling and recovery of resources rather than treating them as waste.

- The success of a good waste management system depends on waste producers taking responsibility for their own actions

- Most Trust employees will handle some form of waste, at some point in their working day whether it is a piece of scrap paper, an empty drinks can or a used syringe
- How that waste is disposed of is important it only takes one hazardous item placed in the wrong container to cause an accident, environmental incident or infect a person, which may resulting both in personal harm and making the Trust liable to prosecution.
- If you deal with waste, you have a legally binding “Duty Of Care” and are responsible for ensuring that waste is handled and disposed of safely, or correctly stored

Reducing the amount of waste created is the key to good waste management. The less waste we produce waste the less we have to dispose of. Think carefully before you act, do not use two items if one will do. We are all responsible for waste reduction of from procurement to end user.

2 Purpose

Satisfactory implementation of this policy will assist the Trust in its compliance with the following pieces of legislation although this list is not exhaustive:

- Health and Safety at Work Act 1974
- Environmental Protection Act 1990
- Management of Health and Safety at Work Regulations
- Manual Handling Regulations
- The Controlled Waste Regulations
- Special Waste Regulations
- Control of Substances Hazardous to Health Regulations
- Environmental Permitting Regulations
- The Transport of Dangerous Goods Safety Advisors Regulations
- Misuse of Drugs Regulations
- Trade Effluent (Prescribed Processes and Substances) Regulations
- The Water Industry Act
- Data Protection Act 18 and General Data Protection Regulation
- Waste Electrical Electronic Equipment Regulations

- Landfill Directive
- Health Technical Memorandum 07-01: Safe Management of Healthcare Waste

3 Definitions

None

4 Duties

The Chief Executive has overall responsibility for waste management with delegated responsibility to the Director of Site Services.

However, all Trust Managers are responsible for implementing the Waste Management policy and procedures. All Managers are responsible for ensuring that staff are trained in line with the requirements of their roles in relation to waste disposal and training, an information leaflet is provided in **Appendix D** to enable Managers to conduct localised training. Matters relating to specific manual handling problems relating to waste should be discussed with the Trust's Ergonomics Advisor who will be able to offer advice.

Day to day responsibility for Waste Management within the organisation lies with the Sustainability Manager within the Facilities Team. This role is responsible for ensuring that:

- All waste management and disposal practices are compliant with legislation, guidance and best practice.
- Provide advice training, guidance, and support to Line Managers on the operation of this policy.
- Investigation of waste related incidents.
- Ensure that risk assessments are in place and appropriate action is taken to minimise risk.
- Ensure that waste is disposed of by a registered waste removal contractor.
- Identify and apply appropriate monitoring and control procedures to ensure compliance.
- Assist producers with the correct classification and segregation of waste and give advice on waste reduction.
- Ensure systems are in place for the accurate identification of wastes, and that a consignment note system is operated and the record of consignments maintained.

- Keep on file copies of all relevant liability insurance, carriers' licences and disposal site licences and other documentation from contractors handling or receiving waste from the Trust.

Departmental/Ward Managers have the following responsibilities:

- As waste producers are responsible for complying with this Policy
- Ensuring arrangements exist within their department/ward for the segregation, storage and disposal of waste including arrangements for the provision of suitable waste bins
- Assessing the frequency of waste collection to be agreed with the Trusts Hotel Services Provider
- Ensuring Trust staff, bank, agency or any visiting staff are aware of and have understood this policy
- Conducting local waste training sessions for staff using the template in **Appendix D**
- Ensuring that all waste produced in their areas of responsibility is taken directly to the identified Waste Hub, by staff employed either by the Trust or the Hotel Services Provider
- Develop local procedures, where necessary, to support the main policy
- Ensuring local waste audits are undertaken using the template provided in **Appendix C**.
- Identifying hazardous waste to ensure a safe method of disposal is in place **before** generating the waste.
- Identifying the correct bins for each location highlighting these requirements to the hotel services provider.
- Promoting waste minimisation by reducing the amount of waste that is generated by staff.

Waste Management Support Group – to address specific issues as and when they arise, composed of representatives from:

- Infection Prevention and Control Team
- Health and Safety Advisor
- Specialist Managers, e.g. MEMs

Staff who have any concerns re waste issues should discuss them in the first instance with the Department/Ward Manager, if they are unhappy with the response they are welcome to come to this group with their concerns, for further information contact Trust Waste and Sustainability lead.

Waste Collection

Frequency of Collection, the Trusts hotel services provider is responsible for liaising with Departmental/Ward Managers and the Trust waste management lead and agreeing a schedule of local waste management collection, to ensure there are no build-ups of waste within the Waste Hubs.

Removal of waste the Trusts hotel services provider is responsible for transporting waste from the Hubs to the central external Waste Compound to await final consignment and disposal.

The schedule of waste collection shall be reviewed regularly through the contract review process.

5 Key Elements (determined from guidance, templates, exemplars etc)

1.0 General Principles

1.1 Waste Hubs (Hubs)

Location

At least one Waste Hub will be provided on every floor of the Hospital providing every Department/Ward/Office in the Hospital with an allocated area to properly store waste and recycling.

Hub Facilities

Each Hub will have as a minimum:

- 2 x 770ltr bins for clinical/tiger/general/recycling/sharps waste
- 2 x cages for dirty linen and broken/unwanted items.

All staff are responsible for taking all the waste from their area directly to the Waste Hub. No waste should be allowed to congregate in Departments/Wards/Offices or be left in corridors.

Clearing the Hubs

The Hotel Services Provider will:

- Empty the Waste Hubs to an agreed scheduled
- Ensure the areas are kept clean and tidy at all times
- Ensure that bin keys are available in each Hub at all times.

All waste must be segregated at the point of origin and taken to the Waste Hub and secured in the appropriate containers provided. Everyone is responsible for ensuring that:

- waste bins are kept locked at all times
- waste bins are not overfilled
- The Waste Hub is kept locked at all time

No waste or large pieces of equipment awaiting disposal e.g. beds should be left in the corridors for any reason:

- Waste bags should be taken directly to the Waste Hubs
- Large items collection to be arranged with the Hotel Services Helpdesk on x32300 and clearly marked 'For Disposal' together with the date and time collection was booked with the Helpdesk.

All waste items for disposal to be presented for collection in a way that eliminates any risk of potential injury or infection and in compliance with this Policy. A flow chart can be found in **Appendix A** which gives a simple guide to the disposal of all types of waste. This can be used as an aide memoir for staff or as a training tool.

Waste containers that are dirty, damaged or defective e.g. broken locks must be reported to the Hotel Services Helpdesk x32300, quoting the bin number, displayed on the side of the bin.

1.2 Waste Compound

All waste (excluding dirty linen), will be taken by the Hotel Service Provider to the external holding area on level 4 before being immediately taken to the external Waste Compound to await final consignment and disposal.

The Hotel Services Provider will provide a Waste Compound Operative who to manage the area and ensure all waste is segregated and stored appropriately and in accordance with both this policy and current legislation. Dirty linen will be taken to a new external storage area on level 2 to await collection.

1.3 Tie Tags

- All waste bags containing highly infectious (yellow) or infectious (orange) waste must be secured using tie tags. When sealing sacks staff must ensure:
- the ward department name is shown:
- mark the tag with
 - Date and time of disposal
 - Initials of disposer

To comply with current legislation it is imperative that bags containing clinical waste are secured using these tie tags, this ensures that clinical is fully auditable from cradle to grave. The Hotel Service Provider will supply these tags to Department/Wards.

1.4 External Waste

Any waste accepted for disposal from outside the Trust must meet the requirements of this policy. Disposal of such waste must also be notified to the Sustainability Manager.

1.5 COSHH

Departments that use chemicals or other hazardous waste must ensure that COSHH assessments are regularly reviewed and updated. Before disposal of any hazardous waste can be arranged copies of the COSHH assessments or Safety Data Sheets must be sent to the Sustainability Manager. Where necessary new measures to control the risk of contamination must be implemented and continuously monitored. These risks should be populated on the Trust's Risk Register complete with action plans and reviewed at the required periods.

2.0 Personal Protection

The types of hazards present in infectious waste are many and varied including substances such as blood, bodily fluids, secretions or excretions and human tissues may be present. Any of these substances may contain potentially infectious micro-organisms, which may be liberated by:

- Contaminated sharp objects penetrating containers/bags and injuring staff

- Waste bags being bursting and liberating the contents as well as causing manual handling related injuries, usually caused by overfilling
- Containers leaking
- Unauthorised tampering with the waste

The probability of particular harmful organisms being present varies considerably as does their capacity for causing harm. Blood borne viruses cause most concern, particularly the Hepatitis B (HBV) and Human Immunodeficiency Viruses (HIV, the causative agent of AIDS) and possibly Creutzfeldt-Jakob Disease (CJD).

Other possible sources of infection include viruses such as Hepatitis C agents causing enteric infections and those that cause sepsis Staphylococci and Streptococci or Tuberculosis (Mycobacteria). Where hazards and risks remain after control methods have been implemented, personal protective equipment must be provided which is suitable for the purpose for which it is intended. All cuts and grazes must be covered with a waterproof dressing (sticking plaster). Line Managers are responsible for the provision of any personal protective equipment. Wards/Departments will be subject to ad-hoc audits of the waste they generate and reports of findings will be presented to the Trust's Health and Safety Committee.

Where personal protective equipment is provided, employees are required to wear it and report any defect, excessive wear or malfunction to their Supervisor/Line Manager. The level of personal protective equipment shall vary according to the risk present during the handling of waste, but shall include:

- Protective gloves
- Protective aprons or leggings
- Eye/face protection

3.0 Accident/Incidents

All incidents involving the handling and disposal of waste must be reported and recorded in accordance with the Trust's current Datix Incident Reporting System.

- **Needlestick injury** handler must follow the Management of Inoculation Injury Policy. A copy of this policy should be available in all clinical areas and on the Trust's public folders.

4.0 Segregation of Waste

The effective segregation of hospital waste is an essential element of the safe handling and disposal of waste.

The following colour coding system must be adhered to:

Colour of Sack	Type of Waste
BLACK	Domestic waste, non-infectious waste destined for incineration or landfill
YELLOW	All Category A Highly Infectious waste (see Appendix A) destined

	for incineration
ORANGE	All Category B infectious waste destined for incineration
TIGER	Offensive waste (non-infectious) destined for incineration, landfill or energy from waste
PURPLE	Cytotoxic /cytostatic waste
RED	Low Level Nuclear Waste
BLUE - locked	Confidential paperwork
CLEAR	Paper/Plastics/Tin etc. destined for recycling

It is the responsibility of the Department/Ward Managers to ensure colour coded posters are sited above all waste disposal containers, showing the colour of the sack appropriate for each type of waste. These posters can be found in **Appendix A** of this policy and from the Sustainability Manager.

The Hotel Services Provider will be responsible for providing:

- Waste Hub segregation posters and waste management information
- all areas with the required colour coded bags and locality specific tie tags for all yellow and orange bags.

5.0 Classifications of Clinical Waste

Waste Group	Waste Definition
Category A Highly Infectious Waste Yellow bag	Highly Infectious Waste disposal by incineration. For a definitive waste categorisation of what constitutes Highly Infectious Waste please see Appendix A.
Category B Infectious Waste Orange bag	Infectious or potentially infectious hospital waste. All Hospital (clinical) waste, unless the patient has an infection listed in Appendix B, is classified as Infectious waste

The Health Technical Memorandum 07:01 – ‘Safe Management of Healthcare Waste’ has changed the classification of hospital waste, clinical waste is now known as ‘Hazardous Waste’.

There are two forms of hazardous waste:

- **Category A** – Highly Infectious
- **Category B** – Infectious.

The black bag waste category remains unchanged.

Waste generated in patient's home by visiting healthcare practitioners Additional measures must be taken with this waste. Locality Managers must ensure that local patient specific risk assessments are completed to ensure that waste is disposed of in accordance with this Policy. If the risk assessment identifies any waste as highly infectious then the Healthcare Practitioner **must make the necessary arrangements** for its disposal. This waste **must not** be left at patient's homes, as the Healthcare Practitioner is responsible for this waste from cradle to grave.

6.0 Category A Highly Infectious Waste – Yellow Bags

8.1 General Principles Before handling this waste all staff **must** receive appropriate training, information, instruction and offered immunisation.

All staff involved in the handling of any infectious waste must follow the following guidelines:

- Use the personal protective equipment provided
- Refuse sacks should only be handled by their necks and not dropped or thrown
- **Never** hold infectious waste bags against the body
- Any sacks found to be inadequately sealed should not be removed. The person in charge of the Ward/Department at the time is responsible for ensuring that sacks/containers are adequately sealed with a tie tag at the site of origin
- Any split sacks or broken sharps containers must be reported immediately to the person in charge of the Ward/Department at that time. A trained member of staff from the originating site must be responsible for containing and cleaning spillages and for the transferral of the contents to a suitable container

Highly infectious waste must never be transported on a trolley with anything else as cross contamination will occur.

This category includes highly infectious and other waste requiring incineration including:

- Anatomical waste
- Diagnostic specimens
- Reagent or test vials
- Kits including chemicals.

A comprehensive list of what constitutes Category A waste can be found in **Appendix A**, this includes:

- Ebola virus
- Flexal virus
- All forms of Microbiological cultures

- Potentially highly infected waste from Pathology Departments, Clinical Research Laboratories and perhaps Theatres

Departmental Managers must undertake a Risk Assessment of the waste produced within their Department to identify any hazards and establish whether the waste needs to be disposed of using either yellow or orange bags.

Control measures will then be put in place to manage the risks safely. Laboratory waste must be rendered safe before leaving the premises for final disposal.

6.2 Handling Category A Highly Infectious Waste - Yellow Bags

Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.

- If a patient produces highly infectious waste then you must:
 - Request a supply of yellow bags (if none are already available) from the Domestic Store on level 2.
 - Notify the Hotel Services Help Desk x32300 immediately and request a separate yellow wheelie bin.
 - Bin must be marked in pen by the Ward/Department:
 - **'UN No.180103'** identifying it as highly infectious waste
 - The Locality Manager to contact the Hotel Services Help Desk x32300 to arrange for the removal or replacement of the bin based on an assessment of the infectious risk to the public from this particular waste.
- Yellow waste bags **must never** be mixed with orange or any other colour waste bags
- Yellow waste bags **must only be used** when a patient is infected with any of the highly infectious conditions contained in Appendix B and **never** used in Ward areas for any other reason or purpose
- Yellow waste bags must be taken from source (e.g. patient's treatment area) to a designated Highly Infectious Yellow Wheelie bin as described above.
- Yellow bags must NOT be:
 - stock piled
 - left in corridors or sluice areas
 - stored with any other type of waste bag at any time.

6.3 Handling Sharps Waste

Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.

All sharps following the completion of a procedure e.g. needles, are designated as Highly Infectious. The used sharps must be placed immediately into a sharps bin. Please also refer to the Infection Prevention and Control teams 'Safe Disposal of Sharps' Policy located on public folders. When disposing of infectious sharps waste, the following guidance must be followed:

- Sharps **not** contaminated with cytotoxic/cytostatic products – dispose via **yellow** lidded sharps containers
- Sharps contaminated with cytotoxic/cytostatic products – dispose via purple lidded sharps containers. These will be collected from source by the Hotel

Services Provider upon request via the Hotel Services Helpdesk x23200 and must not be mixed with other waste streams

- Sharps contaminated with radioactive products – please refer to the Nuclear Medicine guidance found in paragraph 19
- Place syringes, needles, cartridges and broken glass into a sharps box
- When the sharps box is $\frac{3}{4}$ full seal and mark the full sharps box with the following:
 - Hospital/Department name
 - Date and time of disposal
 - Initials of disposer
- Dispose of container directly into the Sharps Only 770ltr (yellow) clinical waste bin located in the Waste Hub. Sharps containers **must never be mixed with any other waste stream and must remain segregated at all times**
- Sharps boxes must be kept out of the reach of children and members of the public
- Sharps boxes must not be stored outside of the Waste Hub
- Sharps boxes should not be placed on window ledges or near radiators and other sources of heat. The heat produced in these areas can weaken the container
- Damaged sharps boxes can leak their contents or even allow the needles inside to puncture the box. Such containers should be placed inside a larger sharps box and re-labelled
- Sharps boxes must not be placed into a orange or yellow waste sack
- Disposal of sharps will be by incineration only
- **Decanting or removing clinical waste from bin - In exceptional circumstance only.** Clinical waste within a 770ltr bin may need to be removed or decanted for certain reason i.e. police investigation, lost patient notes, material/equipment, over filled bin. If decanting is unavoidable due to an overfilled bin, the hotel services contractor will be expected to immediately review waste collection arrangements and frequencies to prevent a reoccurrence. Contact Hotel Services Help desk x32300 who will arrange for a trained member of staff to undertake the task. This task will require a separate risk assessment
- **Never leave infectious waste bags on the floor next to the bin**

7.0 Category B Infectious Waste – Orange Bag

Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.

7.1 General Principles Before handling this waste all staff **must** receive appropriate training, information, instruction and offered immunisation.

All staff involved in the handling of any infectious waste must follow the following guidelines:

- Use the personal protective equipment provided
- Refuse sacks should only be handled by their necks and not dropped or thrown
- **Never** hold infectious waste bags against the body

- Any sacks found to be inadequately sealed should not be removed. The person in charge of the Ward/Department at the time is responsible for ensuring that sacks/containers are adequately sealed with a tie tag at the site of origin
- Any split sacks or broken sharps containers must be reported immediately to the person in charge of the Ward/Department at that time. A trained member of staff from the originating site must be responsible for containing and cleaning spillages and for the transferral of the contents to a suitable container

Infectious waste must never be transported on a trolley with anything else as cross contamination will occur.

7.2 Handling Category B Infectious Waste - Orange Bags

Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.

This category encompasses all other types of what was formerly known as clinical waste and includes any item of waste emanating from patient care that is infectious and therefore cannot be disposed of via the general (black bag) waste stream and also does not appear in the Highly Infectious list contained in **Appendix A**.

- Place waste into the orange bags provided
- When sacks are $\frac{3}{4}$ full seal securely ward specific tie tag ensuring the ward dept is shown and mark it with:
 - Date and time of disposal
 - Initials of disposer
- Take the bag to the nearest Waste Hub and place it in the allocated 770ltr yellow bin
- When placing infectious waste bags into the bin **never** push the bag down with your hands. These bins must be locked at all times and should never be overfilled
- **Decanting or removing clinical waste from bin - In exceptional circumstance only.** Clinical waste within a 770ltr bin may need to be removed or decanted for certain reason i.e. police investigation, lost patient notes, material/equipment, over filled bin. If decanting is unavoidable due to an overfilled bin, the hotel services contractor will be expected to immediately review waste collection arrangements and frequencies to prevent a reoccurrence. Contact Hotel Services Help desk x32300 who will arrange for a trained member of staff to undertake the task. This task will require a separate risk assessment
- **Never leave infectious waste bags on the floor next to the bin**

8.0 Pharmaceutical Waste

This waste category includes all drugs and other pharmaceutical products.

Waste prescription medicines are subject to the Special Waste Regulations and the Misuse of Drugs Regulations. These Regulations impose strict controls on the type of disposal methods used.

The following procedures must be followed when disposing of waste drugs or other pharmaceutical products.

Departments/Wards that have any general pharmaceutical waste (including liquid dose and formed, whether used/unused or out of date) should:

- Contact the Pharmacy Manager for advice regarding disposal.

All pharmaceutical waste should be handled with care.

9.0 Disposal of Bodily Fluids

This group of waste includes urine, faeces and other bodily secretions or excretions e.g. disposable bedpan liners and urine containers, which must be placed with contents directly into the macerator.

Incontinence pads, stoma bags, vacuum units containing bodily fluids etc are classified as infectious waste and must be placed into orange waste bags. Some vacuum containers are susceptible to leaking and a solidifying gel should be added to the contents prior to disposal. Then double bag as a precautionary measure to prevent possible leakage.

10.0 Non Infectious Hazardous Offensive/Hygiene Waste (Tiger Bag)

Non-infectious recognisable healthcare waste, such as gloves, gowns, nappies and other items which are not contaminated with infectious bodily fluids, medicines, chemicals or amalgam.

To dispose of Non Infectious Hazardous Offensive/Hygiene Waste:

- Place waste into the tiger bags provided
- When sacks are $\frac{3}{4}$ full seal securely ward specific tie tag ensuring the ward dept is shown and mark it with:
 - Date and time of disposal
 - Initials of disposer
- Take the bag to the nearest Waste Hub and place it in the allocated 770ltr yellow bin with a black lid
- Non Infectious Hazardous Offensive/Hygiene Waste is non-infectious waste that does not present risk of injury or exposure to a potential source of infection
- **Decanting or removing Non Infectious Hazardous Offensive/Hygiene Waste from bin - In exceptional circumstance only.** Non Infectious Hazardous Offensive/Hygiene Waste Clinical waste within a 770ltr bin may need to be removed or decanted for certain reason i.e. police investigation, lost patient notes, material/equipment, over filled bin. If decanting is unavoidable due to an overfilled bin, the hotel services contractor will be expected to immediately review waste collection arrangements and frequencies to prevent a reoccurrence. Contact Hotel Services Help desk x32300 who will arrange for a trained member of staff to undertake the task. This task will require a separate task specific risk assessment required for high risk waste. This must include a Risk Assessment and Method Statement (RAMS) and the correct Personal Protective Equipment (PPE) to be used.

Tiger bag waste must not be mixed with any other waste stream.

10.1 Handling Non Infectious Hazardous Offensive/Hygiene Waste

Before handling non-infectious hazardous offensive/hygiene waste, all staff **must** receive relevant training information and instruction.

- The person in charge of the Ward/Department at the time is responsible for ensuring:
 - that bags/containers are adequately sealed at the site of origin. Any sacks found to be inadequately sealed will not be removed
 - that the number of waste bags provided, is compatible with the volume of waste produced.
 - that the correct bags are provided for the disposing of non-infectious hazardous offensive/hygiene waste
- Any split bags must be reported immediately to the person in charge of the Ward/Department who is responsible for ensuring a member of staff from the originating site contains and cleans spillages as well as the transferring the contents to a new bag
- Refuse sacks should only be handled by their necks and not dropped or thrown.

Once non-infectious hazardous offensive/hygiene waste bags are sealed they should be taken directly to the Waste Hub and placed into the allocated 770ltr bin.

11.0 Non Infectious Hazardous Waste (Black Bag)

General (office) Waste - all forms of household/office waste that cannot be recycled.

Administration areas/offices that receive a weekly or less frequent domestic service should take their waste directly to the nearest Waste Hub and not place it in corridors or allow it to build up in their area.

To dispose of general waste:

- Place waste into the Black bags provided
- When sacks are $\frac{3}{4}$ full seal and replace them with an empty sack
- General and domestic waste is non-infectious waste that does not present risk of injury or exposure to a potential source of infection
- It will be of a type found in any household or office that cannot be recycled
- Food Waste – please see paragraph 14.0 for further information
- **In exceptional circumstance only.** General waste within a 770ltr bin may need to be removed or decanted for certain reason ie police investigation, lost patient notes, material/equipment, over filled bin. If decanting is unavoidable due to an overfilled bin, the hotel services contractor will be expected to immediately review waste collection arrangements and frequencies to prevent a reoccurrence. Contact Hotel Services Help desk x32300 who will arrange for a trained member of staff to undertake the task. This task will require a separate risk assessment

11.1 Handling General Waste

Before handling general waste all staff **must** receive relevant training information and instruction.

- The person in charge of the Ward/Department at the time is responsible for ensuring:
 - that bags/containers are adequately sealed at the site of origin. Any sacks found to be inadequately sealed will not be removed
 - that the number of waste bags provided, is compatible with the volume of waste produced.
 - that the correct bags are provided for the disposing of general waste
- Any split bags must be reported immediately to the person in charge of the Ward/Department who is responsible for ensuring a member of staff from the originating site contains and cleans spillages as well as the transferring the contents to a new bag
- Refuse sacks should only be handled by their necks and not dropped or thrown.

Once general waste bags are sealed they should be taken directly to the Waste Hub and placed into the allocated 770ltr bin.

Black bag waste must not be mixed with any other waste stream.

12.0 General Equipment and Furniture (not electrical)

Administration areas/offices that receive a weekly or less frequent domestic service should take their waste directly to the nearest Waste Hub and not place it in corridors or allow it to build up in their area.

Attempts should be made to re-use the item within the Trust by contacting other Wards/Departments via the Trust's internal email or the Sustainability Manager

Disposal – furniture and general non electrical equipment

- All items must be cleaned/decontaminated by Ward/Department staff
- Label items "Redundant Equipment/Furniture" items not labelled with a decontamination certificate will not be removed.
- Contact Hotel Services Provider x32300 to arrange collection
- Prior to collection the redundant item should remain in the Ward/Department and not be placed in the corridor, lift area or stair well
- Any item that is broken or not suitable for use must not be used in any other capacity in any other location, as this could result in serious harm
- The Directorate Manager should be informed of the item in order to remove it from the Asset Register and Finance Capital Charging System

12.1 Disposal – manual beds and mattresses

- All items must be cleaned/decontaminated by Ward/Department staff. All traces of bodily fluids must be removed.
- If the mattress cannot be completely cleaned and it was soiled by a patient that was known to be infectious, then the mattress must be disposed of via the orange bag stream. Wards/Departments must purchase orange mattress bags via Eproc.
- Contact Hotel Services Helpdesk x32300 to arrange disposal.

12.2 Medical Devices

Due to safety and inventory issues all Medical Devices (electrical and non-electrical) must be disposed of through MEMS contact on x31333. For further advice and guidance please refer to the [Policy on the Management and Use of Medical Devices](#).

13.0 Redundant Electrical Equipment (Excluding computers)

Administration areas/offices that receive a weekly or less frequent domestic service should take their waste directly to the nearest Waste Hub and not place it in corridors or allow it to build up in their area.

All items to be disposed of must be clearly marked with:

- Ward/Department name
- As being either 'Broken' or 'Surplus to Requirements'. This information is very important as it will need to be placed on the consignment note (legal document) when the waste is sent away for recycling

13.1 Electrical equipment i.e. anything that has a plug or is operated by batteries and therefore requires an electrical current to work e.g. washing machines; fridges; hair dryers; calculators; televisions etc, but excluding computers.

- **Small items** – microwave size or smaller to be taken to the nearest Waste Hub
- **Larger items** - anything larger than a microwave will need collecting, contact Hotel Services Helpdesk x32300

13.2 Medical Equipment must be disposed of by MEMS on x31333.

14.0 Redundant Computers and computer related items including key boards, hard drives, monitors etc must be disposed of by IM&T on x37000.

15.0 The Safe Handling and Disposal of Waste Foods, Edible Oils and Animal Fat

Classification of Waste Foods, Edible Oils and Animal Fat

Type	Definition	Correct Disposal Method
Food Waste (Bulk & Plate)	Any item of food that has been produced for patients, visitors and staff and is no longer required or fit for human consumption	<ul style="list-style-type: none"> • Ward kitchens - waste disposal unit • Catering Production Unit (CPU) Level 02 - waste disposal unit • Restaurant - waste disposal unit <p>Note: In the event of a waste disposal unit being out of order all waste food from that area should be double bagged in a black waste bag and sent to the CPU</p>
Edible Oil Waste	Vegetable oil that has been used in the production of food for patients, visitors and staff	<ul style="list-style-type: none"> • Oil that is no longer required must be returned to an empty oil drum and disposed of through a recognised agent • Alternatively small amounts of oil (maximum of 1 litre) can be placed into a sealable container and disposed of in a black bag
Animal Fat Waste	Any solid or liquid fat that is produced during or after the cooking process	<ul style="list-style-type: none"> • All solid fats must be disposed of in a black bag • All liquid fats must be placed in a sealable container and disposed of in a black bag

- All food production and disposal areas must have filter covers fitted over drainage outlet pipes and gratings. Filters must be removable and readily cleansable
- All food preparation sinks and equipment wash sinks must be fitted with a removable filter trap that is readily cleansable
- Edible oil drums awaiting collection must be stored in a safe, secure manner so as not to cause any obstruction
- All spillages of food waste, edible oils and animal fats must be cleared up immediately and the area cleaned in accordance with existing cleaning schedules/method statements
- Plymouth Hospitals NHS Trust will undertake random monitoring of all ward kitchens and food production/disposal areas in order to ensure compliance with this policy

16.0 Waste Spillages

16.1 General Principles The following procedures must be followed when containing and clearing a spillage of waste materials.

Before staff can be assigned the task of cleaning up any waste spillage they **must** receive training, information and instruction. Staff must not clean up a spillage they have not been trained to deal with.

When dealing with spillage protective equipment should be used. The type of equipment will depend on the risk present in that particular waste spillage. For further information please see the Trust's Disinfection and Cleaning Policy.

- The Department/Ward Manager must ensure the necessary materials and equipment are provided to clean up spillages in their area
- All spillages must be regarded as potentially hazardous and dealt with immediately
- Patients or members of the public must not be allowed to assist in the clearing or cleaning up of spillages, under any circumstances
- Whilst cleaning up a spillage ask another member of staff to assist in keeping unauthorised persons away until the area can be isolated (using bollards).

16.2 Infectious Waste Spillage

- The spillage should be dealt with initially by trained staff, to remove any potentially contaminating materials e.g. blood, fluid, sera, etc.

- If/when no signs of contamination are present, domestic staff are permitted to clean the area.
- When the area has been cleaned,
 - if the floor surface is wet provide a slipping hazard. warning sign
 - Disinfect the area in accordance with the Trust's current Disinfection and Cleaning Policy.
- burst containers must be re-packed in another infectious waste bag,
- All waste items should then be disposed of in accordance with section 9 Category B Infectious Waste Orange Bags - see above

Emergency Advice If in doubt contact the Infection Prevention and Control (via switchboard). On call advice available up to 9pm

16.3 Blood or Fluids Spillage When responding to a spillage of blood or bodily fluid, the following guidance should be followed.

- Blood must be cleaned up immediately
- for an extensive spill use the recommended cleaning materials as outlined in the Trust's Disinfection Policy
- If/when no signs of contamination are present, domestic staff are permitted to clean the area.
- When the area has been cleaned,
 - if the floor surface is wet provide a slipping hazard. warning sign
 - Disinfect the area in accordance with the Trust's current Disinfection and Cleaning Policy.
- burst containers must be re-packed in another infectious waste bag,
- All waste items should then be disposed of in accordance with section 9 Category B Infectious Waste Orange Bags - see above

An investigation into the cause of the spillage must be initiated by the Ward/Department Manager to prevent future incidents.

Emergency Advice If in doubt contact the Infection Prevention and Control (via switchboard). On call advice available up to 9pm.

16.4 Sharps Spillages

- Forceps must be used to pick up and transfer spilt sharps to another sharps bin, cleaning the area with the recommended materials afterwards. All waste items should then be disposed of in accordance with section 8 Category A Highly Infectious Substances (Yellow Bag) including Sharps, see above

Emergency Advice If in doubt contact the Infection Prevention and Control (via switchboard). On call advice available up to 9pm

16.5 Domestic Waste Spillage

When responding to a spillage, the following guidance should be followed.

- Put on a pair of gloves
- Clear the spillage
- Check for any hazards whilst clearing the spillage
- If/when no signs of contamination are present, domestic staff are permitted to clean the area

- When the area has been cleaned,
 - if the floor surface is wet provide a slipping hazard. warning sign
- burst containers must be re-packed in another infectious waste bag,
- All waste items should then be disposed of in accordance with section 9 Category B Infectious Waste Orange Bags - see above

16.6 Pharmaceutical Spillage - contact the Pharmacy immediately

If cytotoxic drugs are involved please refer to the Cytotoxic Waste Handling and Disposal Procedure available from Pharmacy.

Emergency Advice If in doubt contact the Infection Prevention and Control (via switchboard). On call advice available up to 9pm

In all cases do not:

- **Ignore any spillages, no matter how small**
- **Deviate from the spillage procedure above**
- **Allow unnecessary access to the spillage area**

17.0 Confidential Waste Disposal

Confidential waste is paper work containing sensitive information relating to staff or patients. Care must be taken to only dispose of confidential items in the 360ltr bright blue locked bins, via the slot in the top of the bin. These bins are permanently locked and if the wrong waste is placed in the bin, it can only be retrieved by the Trust's waste management service, Derriford Waste Management Services (DWMS).

Only confidential waste should be placed in these bins as paper that does not contain confidential data can be recycled using clear bags and the recycling bin.

Any non-paper based items that contain confidential information such as safe sticks or CD's etc. should not be placed in these bins. Instead they should either be placed in an orange waste bag and placed inside the yellow wheeled bins, or taken directly to DWMS at the Incinerator for disposal. All computers, printers, network copiers and hard drives must be returned to IM&T on level 2 and must never be disposed of by individuals unless authorised in writing by IM&T.

The Department/Ward Manager will be responsible for ensuring that the number of blue lockable bins provided is compatible with the volume of waste produced.

Confidential waste must always be disposed of in the 360ltr locked blue bins, supplied by DWMS.

DWMS will collect full blue lockable bins on request and exchange with an empty, both internally and externally. Bins will only be exchanged if they are full. To request

for the blue lockable bin to be emptied, contact DWMS by email on dwms@nhs.net by 3pm for next day collection.

Under no circumstances should any confidential waste paper be disposed of in orange/yellow infectious waste bags, tiger bags or black domestic waste bags.

All confidential waste paper is shredded on site by DWMS in accordance with the HMG Information Assurance Standard (IS5). IS5 requires the shredding of paper records be conducted using a micro cross cut shredder that cuts the paper into pieces of no more than 15mm x 4mm. This standard is in line with the requirements of BS EN 15713:2009 and is therefore recommended for the destruction of sensitive information.

As per the Trust's Standard Operating Procedure, 'Disposal of Paper Confidential Waste', confidential waste bin keys should not be routinely kept by Trust staff, and in an instance where a document or item has been placed in the bin in error, a request for the bin to be opened must be made via a senior member of staff: i.e.: Matron, Senior Nurse, ED/Director on call, 355 on call, Service Line Manager. Keys will be kept at the parking desk on Level 6, and must be signed for and returned by one of the above named staff.

If a document is placed in the bin in error, it must be treated as an incident and subsequently put on Datix.

In exceptional circumstances, a request may be made to Information Governance for a key to be held in a specific area by a senior team member. That team member will then be responsible for that key and for ensuring its use is monitored.

Please note:- If your Ward/Department can shred the confidential paper it is no longer classed as confidential waste, and can be placed into a clear paper recycling bag.

18. Recycling of Waste

Administration areas/offices that receive a weekly or less frequent domestic service should take their waste directly to the nearest Waste Hub and not place it in corridors or allow it to build up in their area.

18.1 Cardboard Waste Disposal

All cardboard boxes and trays must be:

- **flat packed** either by the members of staff who have unpacked the boxes or those assigned this responsibility by the Ward/Department Manager receiving the goods
- taken directly to the nearest Waste Hub and into the allocated 770ltr recycling bin to await collection

Cardboard **must not** be deposited in the yellow wheeled bins or general waste bins and **must never** be left in the corridors.

18.2 Glass Waste Disposal

Empty glass bottles/jars and any other glass container will be recycled as long as these do not contain hazardous materials including pharmaceutical waste.

- **Glass for recycling** bottles/jars should be:
 - washed out
 - lids removed
 - placed into a strong box.
 - Seal the box and mark as “Caution Glass for Recycling”.
 - take to the Waste Hub and placed into the allocated 770ltr recycling bin to await collection.

- **Broken glass** should be placed into a strong box, sealed and labelled “Caution Broken Glass” and taken to the Waste Hub and placed into the 770ltr general waste bin provided.

18.3 Plastics, Aluminium Cans Disposal

- Empty and clean:
 - plastic drinks bottles
 - aluminium drinks/soup cans
- Must be placed in clear recycling bags
- full bags to be taken directly to the nearest Waste Hub and place into the 770ltr bin allocated to recycling

To acquire a quantity of free Clear recycling bags contact the Hotel Services Helpdesk on x32300.

18.4 Toner Cartridges Disposal

Used toner cartridges should be placed in a box and labelled ‘Toner for Recycling’ and taken to Stores level 2.

18.5 Used Batteries Disposal

Used batteries should be placed in a sealed cardboard box and clearly labelled ‘Batteries for Recycling’ then taken to the nearest Waste Hub and placed in the 770ltr bin allocated to recycling or Level 2 Stores (goods inward).

18.6 Paper Waste Disposal

- Waste paper of any description or colour (other than confidential waste) should be placed into clear recycling bags available from the Hotel Services Provider. To request additional bags, please contact the Helpdesk on x32300.
- Full Clear recycling bags should be taken directly to the nearest Waste Hub and placed into the 770ltr bin allocated for recycling.

19.0 Mercury Waste

19.1 Disposal

Departments where mercury is used should carry out a risk assessment, as required by the COSHH Regulations. The assessment should not only cover the

risks associated with normal use but should also include the risk associated with emergency situations such as spillages.

Mercury is used mainly in two instruments, thermometers and sphygmomanometers, but is also present in other instruments. **Mercury mixture should not be disposed of in sharps containers.**

Any instruments containing mercury that are no longer in use should be sent to the Medical Equipment Management Service (MEMS) who will arrange safe disposal.

If a spillage involving mercury occurs inform the Ward/Department Manager immediately.

19.2 Mercury Spillage Cleaning and Disposal Procedure

Only staff trained in the “Control of Exposure to Mercury” should deal with the incident and the Infection Prevention and Control Team should be informed immediately

Each area using equipment containing liquid mercury should have available an appropriate mercury spillage kit. The kit should be in a labelled box and consist of:

- 1 Bulb aspirator
- 2 Sealable container containing mercury absorbent paste
- 3 Vapour mask
- 4 Instruction and record sheet
- 5 Plastic shovel
- 6 Brush
- 7 Disposable gloves
- 8 Disposable shoes
- 9 Wooden spatula
- 10 Adhesive tape
- 11 Plastic bag with suitable label

If a spillage occurs the appropriately trained person should undertake the following:

- Isolate the area to prevent people walking on the spillage and prevent unnecessary exposure
- Wear rubber gloves and a mercury vapour mask
- Gather as much mercury as possible using the plastic shovel, wooden spatula and pipette. Store this mercury under water in a honey jar. Use the adhesive tape to collect as many small droplets as possible, and place this, gloves and all other equipment in the bag. Seal the bag with adhesive tape and complete the label with details of spillage and date
- Ensure the area of spillage is well ventilated and arrange to replace the used items from the spillage kit immediately
- Expert advice on dealing with spillage of mercury is available from Medical Equipment Management Service MEMS.
- Vacuum cleaners must never be used to clean spillages as they spread the mercury vapour widely and will be un-cleanable and have to be discarded. Carpets on which mercury has been spilled must be discarded immediately. Baby incubators must be withdrawn immediately if a mercury thermometer is broken.

20.0 Dental Amalgam Waste Disposal

Definition	<ul style="list-style-type: none"> Waste items containing mercury such as dental amalgam.
Disposal container(s)	<ul style="list-style-type: none"> Dental amalgam containing mercury should be placed in white rigid receptacles provided by waste contractor. Mercury waste resulting from mercury spills (i.e. mercury contaminated materials) should be contained in specialist Mercury Spills kits with mercury suppressant. (Spillage kits obtained from Pharmacy level 5 stores. Redundant and obsolete equipment containing mercury contact Mems for recovery and disposal options.
Handling	<ul style="list-style-type: none"> Members of staff are advised to wear appropriate PPE,
Storage	<ul style="list-style-type: none"> Mercury waste is to be stored in a secure location away from public access or access by unauthorised staff.
Transport	<ul style="list-style-type: none"> Containers used for the movement of mercury waste within the premise shall be designed and constructed so they are easy to manually handle. Where external contractors are used to collect mercury waste for recovery or disposal, their vehicles shall be fit for the purpose and compliant with all relevant road use legislation. External contractors are required to move mercury waste shall work in accordance with the Trust's local rules agreed with the head of department.
Documentation	<ul style="list-style-type: none"> Where external contractors are required to move mercury waste, a Hazardous waste consignment sheet / Transport Document is to be used. The consignment sheet is to be kept by the Trust on site for 3 years in the site services office.
Disposal	<ul style="list-style-type: none"> The Trust will make arrangements with a contractor authorised to dispose of mercury waste to collect and process waste appropriately. The contractor will hold appropriate licences for processing mercury.

21.0 Radioactive Waste

Radioactive waste arises primarily from the normal working procedures in the Department of Nuclear Medicine involving the manufacture of radiopharmaceuticals and their administration to patients.

Both solid and liquid radioactive wastes are produced and disposal of these is subject to stringent regulation and control by the Environment Agency. A Best Available Technology statement for the disposal of radioactive waste is submitted to the Environment Agency and reviewed annually. The Trust has authorisation to dispose of radioactive isotopes in liquid or solid form up to a maximum monthly limit for liquids and annual limit for solids. An annual return is submitted to the Environment Agency. The Environment Agency inspect the department on a regular basis to ensure compliance with disposal limits and security requirements.

21.1 Solid Radioactive Waste

Sharps containers and polythene bags labelled with *Radioactive* stickers are used for storage of solid radioactive waste that is generated within the Nuclear Medicine Department.

All such waste is placed in a secure store to allow decay to take place. Where possible and subject to the Environment Agency's storage limits, this waste is stored until it is no longer radioactive. It is then disposed of as standard clinical waste. Where this is not possible, it is sent for incineration on a monthly basis having been monitored to estimate its radioactivity. Solid radioactive waste must only be disposed of via the following procedure.

21.2 Liquid Radioactive Waste

The main component of liquid waste is the urine of patients undergoing diagnosis and treatment in the Department of Nuclear Medicine or undergoing treatment on Brent Ward. The Nuclear Medicine Department has a protocol agreed within the Environment Agency for recording disposals via patient excreta.

Outpatients are instructed to use a digilock-operated toilet designated for their exclusive use just outside the Department of Nuclear Medicine. This is checked on a daily basis for contamination by Nuclear Medicine staff before release for cleaning by the Hotel Services Provider.

Patients returning to the Ward following administration of diagnostic radiopharmaceuticals should use the normal Ward toilets if they are able to do so. The Nuclear Medicine Department will provide specific instructions for dealing with catheter bags and other disposables, if used, when the patient returns to the Ward.

Patients undergoing therapy with unsealed radionuclides on Brent Ward have a single room with dedicated toilet facilities and a marked separate drainage run to the main sewer. Monitoring and control of both solid and liquid waste are covered by separate procedures.

This procedure has been compiled with the agreement of the Department of Nuclear Medicine (Consultant Physicist) Directorate of Site Services, and Hotel Services Provider (Portering Manager).

21.3 Radioactive Waste Disposal Procedure

When a collection of waste for disposal is required, the Nuclear Medicine Department will notify DWMS via email who will arrange for a special Radioactive labelled clinical waste bin to be delivered. 48 hours' notice is required. The waste is monitored for radioactivity levels by a Physicist and placed into the bin, which is then locked. The bin is then collected from the department by the waste contractor and taken **directly** to the Incinerator accompanied by a Consignment Certificate listing the contents of the bin, which is provided by the Physicist. A copy is sent to the Directorate of Site Services' Sustainability Manager.

The incinerator operator will complete the waste acceptance sheet confirming hand-over of the waste for incineration.

This procedure is fully documented in the Nuclear Medicine SOP:

'Storage and Disposal of Low Level Radioactive Waste'

All containers of radioactive waste must be clearly labelled as radioactive with a label indicating the isotope(s) in the container. No active waste is to be disposed of in either domestic (black) bags or in unlabelled Sharps containers as this may leave the Trust open to prosecution by the Environment Agency.

Occasionally solid radioactive waste will be generated on a Ward if a patient undergoing a Nuclear Medicine test is using a catheter bag, pads or a nappy or has continence problems.

Specific instructions will be supplied for dealing with these when the patient returns to the ward and **red** polythene bags will be provided for such items. These instructions detail the procedures to be followed and the period following the test for which they are applicable.

It is essential that none of the above items be placed directly into a yellow bag.

The red bags must be retained in the Ward Sluice room for collection by Nuclear Medicine staff. Any unused bags must be returned to the Department of Nuclear Medicine in the envelope provided - this is to avoid the bags being used inappropriately for other waste.

If a patient is incontinent during the period for which the advice issued is applicable, any disposable material used for cleaning should be treated as above. Non-disposable items such as clothing or bedding should be placed in a separate clearly labelled polythene bag in the Ward Sluice for monitoring by Nuclear Medicine staff before being sent to the Laundry.

Radioactive waste from Sentinel Node procedures in Operating Theatres is retained in a dedicated locked waste bin until the activity has decayed away and is then disposed of as clinical waste.

Radioactive waste is also generated in the Operating Theatres when a patient goes for surgery on the same day as a Nuclear Medicine study. For disposal procedures in this instance, please refer to the following:

"Local Rules For Theatre Staff - Unsealed Radioactive Sources"

If you have any queries on disposal of radioactive waste, please contact the Nuclear Medicine Department Extension 52281.

22.0 Contractors Waste

All waste generated by contractors remains their responsibility to remove and dispose of appropriately at an off-site treatment facility. Contractors are not permitted at any time to leave their waste at the Trust's premises, allow it accumulate to such an extent as to cause a fire hazard and they are not permitted to use any of the Trust's waste treatment facilities without prior written agreement with the Sustainability Manager.

Additional costs for removing contractors waste or waste caused as a result of contractors work e.g. desks, cabinets, cupboards etc. will be disposed of and charged to the Ward/Department the contractor is working for, including a £100 administration fee.

All waste generated by contractors carries a legal responsibility to be segregated and disposed of at a registered treatment site and Trust managers that appoint contractors should ensure that they receive documented evidence of appropriate waste disposal e.g. certificate of destruction, consignment note or waste transfer note.

Managers should also make sure that when they let contracts, the terms of these contracts also state that waste generated by the particular contract is disposed of off-site and copies of the necessary legal documents are provided to the contract manager.

Failure to dispose of the waste correctly and of a contract manager to obtain reasonable written proof that this has occurred, can result in the Trust and or individual managers being prosecuted and fined.

23.0 Monitoring of Waste Disposal

Monitoring mechanisms will be instigated to check the following procedures set out below have been followed:

- storage
- segregation
- collection
- disposal

Non-compliance will be traced back to source so that corrective action can be taken.

Monitoring

Responsibility	Areas to be monitored
Infection Prevention and Control Team	Wards/Departments
Sustainability Manager	Wards/Departments Waste in transit Compactor and Incinerator

Site Services Monitoring Team	Waste in transit
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**ALL BREACHES IN PROCEDURES TO BE BROUGHT TO THE ATTENTION OF
THE
SUSTAINABILITY MANAGER**

6 Overall Responsibility for the Document

The Chief Executive has overall responsibility for waste management with delegated responsibility to the Director of Planning and Site Services.

7 Consultation and Ratification

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Chief Executive and ratified by Nick Thomas, Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Chief Executive, by the nominated author. These must be ratified by Nick Thomas, Director of Planning and Site Services.

Significant reviews and revisions to this document will include a consultation with the Trust's Health and Safety Committee, Director of Planning and Site Services. For non-significant amendments, informal consultation will be restricted to groups or staff, who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Planning and Site Services and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Planned and reactive auditing at least quarterly, Action Plans to be prepared to cover any issues that arise.

10 References and Associated Documentation

Dissemination Plan			
Document Title	For the Safe Handling Management and Disposal of Hospital Waste		
Date Finalised	June 2018		
Previous Documents			
Action to retrieve old copies	Archived. Publish update on Vital signs with request to remove old document		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All staff	June 2018	Vital Signs & Daily Email	Document Controller
Ward / Department staff	On-going	Via waste audits	Sustainability Manager and the Facilities team

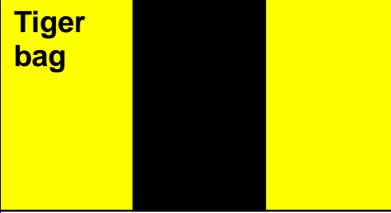
Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y

Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Date	04/06/2018
Title	Policy and Procedure For The Safe Handling Management and Disposal of Hospital Waste
What are the aims, objectives & projected outcomes?	Not applicable
Scope of the assessment	
Not applicable	
Collecting data	
Race	Not applicable
Religion	Not applicable
Disability	Not applicable
Sex	Not applicable
Gender Identity	Not applicable
Sexual Orientation	Not applicable
Age	Not applicable
Socio-Economic	Not applicable
Human Rights	Not applicable
What are the overall trends/patterns in the above data?	Not applicable
Specific issues and data gaps that may need to be addressed through consultation or further research	Not applicable

Involving and consulting stakeholders				
Internal involvement and consultation	Not applicable			
External involvement and consultation	Not applicable			
Impact Assessment				
Overall assessment and analysis of the evidence	Not applicable			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

Type of Waste	Details
<p>Highly infectious waste</p> <p>Category A Waste</p> <p>YELLOW bag</p> <p>Provided by Hotel Services Provider</p> <p>INCINERATION</p> <p>Staff contact Helpdesk X-32300 request removal</p>	<p>Category A Highly Infectious waste as defined in Appendix A below</p> <p>Keep segregated from all other waste</p> <p>Bag Full:</p> <ul style="list-style-type: none"> • Staff secure with tie tag mark with code 180103 • Staff ring Helpdesk x32300 request Highly Infectious 770ltr bin • Staff with pen label bin “UN180103” <p>Bin Full:</p> <ul style="list-style-type: none"> • Porter takes bin to Waste Compound
<p>Cytotoxic/cytostatic waste</p> <p>PURPLE bag</p> <p>Provided by Hotel Services /Pharmacy Provider</p> <p>INCINERATION</p> <p>Staff Ring Helpdesk X-32300 for collection</p>	<p>Cytotoxic /cytostatic waste</p> <p>Keep segregated from all other waste</p> <p>Bag Full:</p> <ul style="list-style-type: none"> • Staff Ring Helpdesk x32300 for collection • Porter collect in dedicated 770ltr bin • Porter labels bin with 180108 • Porter takes bin directly to locked cage in Waste Compound
<p>Infectious or potentially infectious waste</p> <p>Category B waste</p> <p>Orange bag</p> <p>Provided by Hotel Services Provider</p> <p>INCINERATION</p> <p>Staff take bag to Waste Hub place in dedicated</p>	<p>Category B infectious or potentially infectious waste</p> <p>Keep segregated from all other waste</p> <p>All Hospital (clinical) waste is classed as Infectious waste unless the patient has an infection listed in Category A waste above when it becomes highly infectious waste</p> <p>Bag Full:</p> <ul style="list-style-type: none"> • Staff secure with tie tag mark with date/time • Staff take bag to Waste Hub place in dedicated 770ltr bin

<p>770ltr bin</p>	<ul style="list-style-type: none"> • Porter take bin from Hub to Waste Compound
 <p>Tiger bag</p>	<p>Offensive waste (non-infectious) destined for incineration, landfill or energy from waste</p> <p>Keep segregated from other waste</p> <p>Bag Full:</p>
<p>Provided by Hotel Services Provider</p> <p>INCINERATION</p> <p>Staff take bag to Waste Hub place in dedicated 770ltr bin</p>	<ul style="list-style-type: none"> • Staff secure bag • Staff take bag to Waste Hub and place in dedicated 770ltr bin • Porter take bin from Hub to Waste Compound
<p>Cytotoxic sharps</p> <p>Sharps bin - Purple lid</p> <p>Provided via EPROC</p> <p>INCINERATION</p> <p>Staff ring Helpdesk X-32300 to arrange collection</p>	<p>Cytotoxic sharps</p> <p>Bin Full:</p> <ul style="list-style-type: none"> • Staff seal and mark with date & time • Porter to collect in 770ltr bin and take directly to locked cage in Waste Compound <p>Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.</p>
<p>Non-cytotoxic sharps</p> <p>Sharps bin - Yellow lid</p> <p>Provided via EPROC</p> <p>INCINERATION</p> <p>Staff take box to Waste Hub</p>	<p>Non-cytotoxic sharps</p> <p>Bin Full:</p> <p>Staff seal and mark with date and time</p> <p>Staff take box to Waste Hub</p> <p>Staff place in 770ltr dedicated sharps only bin</p> <p>Porter take bin from Waste Hub to Waste Compound</p> <p>Note: If you have used a syringe without a needle please dispose of it in a clinical waste bag not a sharps bin.</p>
<p>Low Level Nuclear Waste</p> <p>RED Bag Only</p> <p>Provided by Dept of Nuclear Medicine</p>	<p>Low Level Nuclear Waste</p> <p>Specific instructions supplied for each patient as they return to the ward</p> <p>For detailed information see Trust Policy for Safe Handling & Disposal of Hospital Waste</p>

Disposed of by Dept of Nuclear Medicine	
Medicines Always contact Pharmacy to arrange disposal	Medicines To arrange disposal Staff contact Pharmacy Manager (excluding cytotoxic/cytostatic/radioactive)
RECYCLABLE WASTE Segregated: <ul style="list-style-type: none"> • *Paper • Plastic • Tin • Cardboard • Glass • Batteries • Toner Cartridges <p>*any paper not contaminated with bodily fluids should be put in the recycling bins this includes paper towels and examination couch covers</p> <p>CLEAR Plastic Bags Provided by the Hotel Services Helpdesk on x32300</p> <p>RECYCLING</p>	RECYCLABLE WASTE Sort waste by type segregate from other waste Paper/ Plastic/Tin Bag Full: <ul style="list-style-type: none"> • Staff secure and take to Waste Hub place in 770ltr recycling bin Cardboard: <ul style="list-style-type: none"> • Staff flat pack and take to Waste Hub and place in 770ltr recycling bin • Porter take from Waste Hub to Waste Compound Glass: <ul style="list-style-type: none"> • Staff place in sealed box marked 'Caution Glass Recycling' • Staff take to Waste Hub place in 770ltr recycling bin Batteries: <ul style="list-style-type: none"> • Staff place in sealed box marked 'Caution Batteries Recycling' • Staff take to Waste Hub place in 770ltr recycling bin Toner Cartridges: <ul style="list-style-type: none"> • Staff place in sealed box marked 'Caution Toner Recycling' • Staff Take/send to Stores level 2 marked "Paper/Plastics/Tin for recycling"
GENERAL WASTE BLACK Plastic bags Available via Eproc	GENERAL WASTE <p style="text-align: center;">Keep segregated from other waste</p> Bag Full: <ul style="list-style-type: none"> • Staff secure bag

<p>INCINERATION</p> <p>Staff take bag to Waste Hub</p>	<ul style="list-style-type: none"> • Staff take bag to Waste Hub and place in dedicated 770ltr bin • Porter take bin from Hub to Waste Compound
<p>CONFIDENTIAL WASTE</p> <p>BLUE locked bins</p> <p>On Site Shredding</p> <p>Staff email DWMS: dwms@nhs.net when bin is full</p>	<p>CONFIDENTIAL WASTE</p> <p>Keep segregated from other waste</p> <p>Bin Full:</p> <ul style="list-style-type: none"> • Staff email DWMS: dwms@nhs.net when bin is full
<p>Equipment/Furniture</p> <p>Staff Ring Helpdesk X-32300 to arrange disposal</p>	<p>Equipment/Furniture</p> <ul style="list-style-type: none"> • Staff Clean Decontaminate item • Staff Ring Helpdesk x32300 to arrange disposal
<p>Electrical Waste</p> <p>Staff Ring Helpdesk X-32300 to arrange disposal</p>	<p>Electrical Waste</p> <ul style="list-style-type: none"> • Staff Decontaminate item • Staff Ring Helpdesk x32300 to arrange disposal

Category A Highly Infectious Substances Affecting Humans

Appendix B

UN No. 2814
Infectious substances affecting humans

- Bacillus anthracis* (cultures only)
- Brucella abortus* (cultures only)
- Brucella melitensis* (cultures only)
- Brucella suis* (cultures only)
- Burkholderia mallei* – *Pseudomonas mallei* – Glanders (cultures only)
- Burkholderia pseudomallei* – *Pseudomonas pseudomallei* (cultures only)
- Chlamydia psittaci* – avian strains (cultures only)
- Clostridium botulinum* (cultures only)
- Coccidioides immitis* (cultures only)
- Coxiella burnetti* (cultures only)
- Crimean-Congo haemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli*, verotoxigenic (cultures only)
- Ebola virus
- Flexal virus
- Francisella tularensis* (cultures only)
- Guanarito virus
- Hantaan virus
- Hantavirus causing haemorrhagic fever with renal syndrome
- Hendra virus
- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)
- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- Mycobacterium tuberculosis* (cultures only)
- Nipah virus
- Omsk haemorrhagic fever virus

UN No. 2814
Infectious substances affecting humans
(continued)

- Poliovirus (cultures only)
- Rabies virus (cultures only)
- Rickettsia prowazekii* (cultures only)
- Rickettsia rickettsii* (cultures only)
- Rift Valley fever virus (cultures only)
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae* type 1 (cultures only)
- Tick-borne encephalitis virus (cultures only)
- Variola virus
- Venezuelan equine encephalitis virus (cultures only)
- West Nile virus (cultures only)
- Yellow fever virus (cultures only)
- Yersinia pestis* (cultures only)

14	Special waste is stored separate to other waste				
15	Special waste storage area is clearly labelled				
16	Special waste storage area/bin is kept locked and stored in secure compound				
17	Sharps boxes are correctly sealed				
18	Sharps boxes are correctly labelled				
19	Sharps boxes are safely stored				
20	EWC code				
21	There are no inappropriate items in the household or recycling bins				
22	Spill kit and heavy duty gloves or alternative are available				
23	There is no storage of inappropriate items in the waste compound				
24	The area is clean and tidy (there are cleaning facilities)				
25	Clinical waste sacks are labelled and secured before leaving the ward/dept sluice				
26	There is no storage of waste in corridors, inside/outside the hospital whilst awaiting collection				
27	There is a system for transporting the waste through the hospital (i.e. which avoids manual handling of the waste)				
28	Clinical waste is segregated from other waste for transportation				
29	All waste containers used for transport are clean				
30	Supplies of mattress bags are available and are used for contaminated mattress ready for disposal				

Staff must be trained in accordance with the following table:-

Subject Area	All Staff Handling Waste	Staff Collecting, Transferring or Transporting Waste
Risks associated with waste :- <ul style="list-style-type: none"> • Segregation • Handling • Storage • Collection 		
Staff must be made aware of hazards present in waste		
Receive clear instruction regarding the control measures which have been put in place to manage the risks safely		
Procedures applying to their particular work area		
Procedures for the safe working methods		
Procedures for dealing with spillages and incidents		
Emergency procedures		
Appropriate use of protective clothing		
Checking that storage containers, bags and sharps bins are effectively sealed before handling		
Ensuring that origin of waste is marked on containers		
Correct handling of sacks:- <ul style="list-style-type: none"> • not clasped to body • not thrown • not supported by hand from below • manual handling 		
Use handles to move rigid containers		
Check that seals on waste storage containers are unbroken after being moved		
Special problems related to sharps disposal		
Safe and appropriate cleaning and disinfecting procedures		
Presenting waste correctly for collection		
Appropriate segregation procedures of waste and why		