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Code: HS1
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Waste Management Policy

Lead executive	Associate Director of Operations
Authors details	Medical Devices and Safety Officer, Estates Department

Type of document	Policy
Target audience	All CWP staff
Document purpose	The aim of this policy is to define clear responsibilities in relation to the classification of waste types, correct segregation of waste streams and the safe handling, recycling and disposal of waste generated within the Trust. This policy defines the legal responsibilities that the Trust must comply with to ensure the safety of its staff, patients and visitors, and to safeguard organisational reputation. This policy is also intended to promote environmentally friendly systems of working to reduce the impact of waste disposal on the environment and be in line with CWP Estates Sustainable Development Management Plan 2015-2020.

Approving meeting	Infrastructure Sub-Committee meeting	Date 26-Feb-20
Implementation date	26-Feb-20	

CWP documents to be read in conjunction with	
CP59	Medical Devices and Equipment policy
GR2	Health and Safety Arrangements and Responsibilities policy
GR6	Fire Safety policy
GR26	Policy for the Safe Manual Handling of People and Loads
GR27	Control of Substances Hazardous to Health COSHH
GR41	Corporate Records policy
IC3	Standard Infection Control Precautions policy
IM1	ICT Acceptable Usage (AUP) policy
IM10	Information Governance (IG) policy
MP1	Medicines policy
	Sustainable Development Management Plan 2015-2020 (Estates Department)

Document change history	
What is different?	Improved detail on waste management and information included about Environment and Sustainability responsibilities
Appendices / electronic forms	All appendices have been updated to reflect current requirements and practice
What is the impact of change?	The aim of the policy is to further enable staff to follow environmentally friendly waste reduction and reduce carbon emissions in the process

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Neighbourhood Services Community Care Team Leader
Corporate services	Infection Prevention Control, Head of Facilities Dept., Medicines

	Management, Information Governance, ICT Department
External agencies	N/A

Financial resource implications	Low
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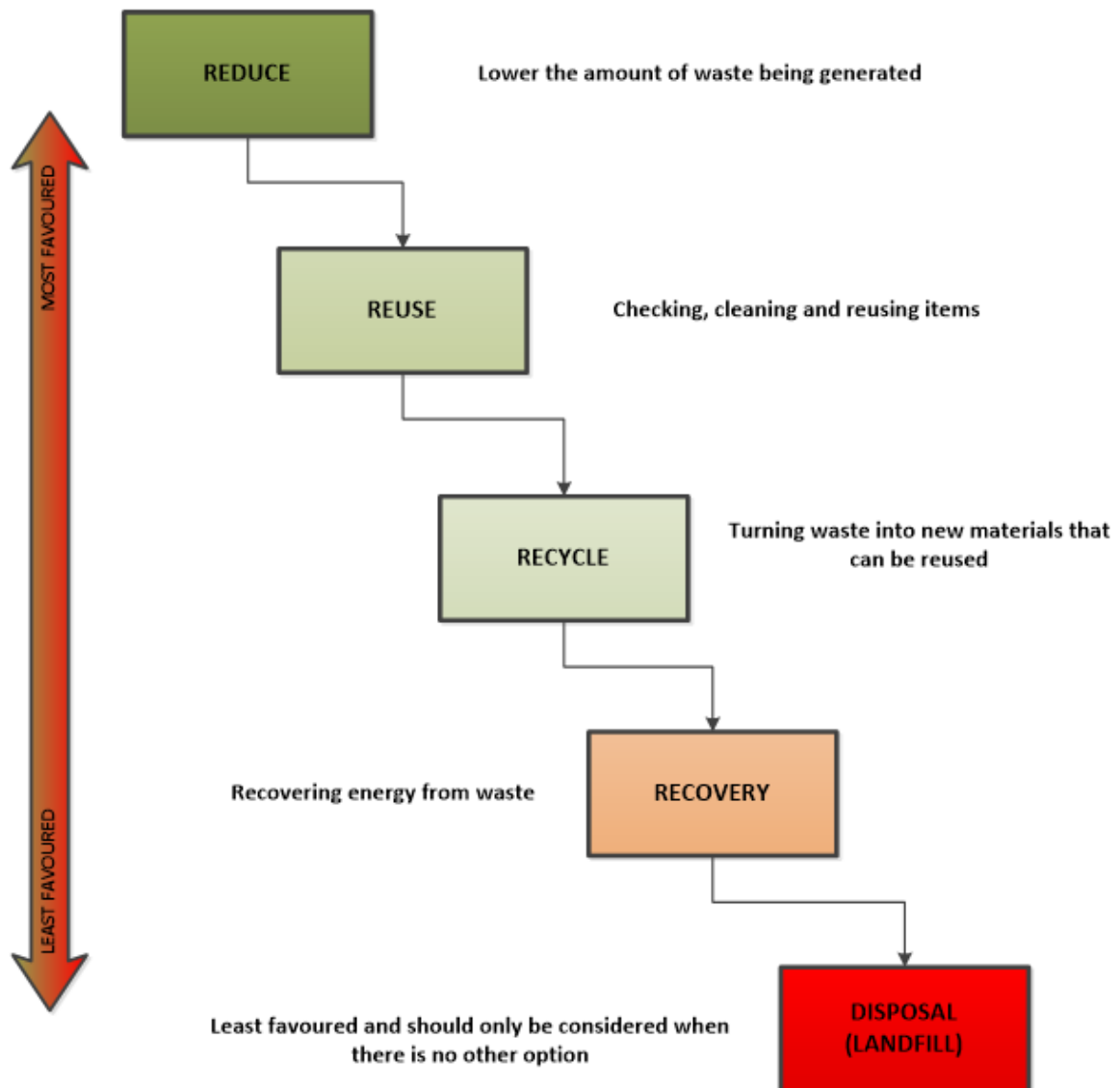
External references
<ul style="list-style-type: none"> • (HTM 07/01) Safe Management of Healthcare Waste – version 3 Department of Health 2013 • Hazardous Waste Regulations 2005 • Health & Safety at Work Act 1974 • The Environment Protection Act 1990 • Waste Management Licensing Regulations 1994 (amended 1995, 1996, 1997 and 1998) • The Waste Management (Miscellaneous Provisions) Regulations 1997 • Environmental Protection (Duty of Care) Regulations 1991 • Environmental Protection (Prescribed Processes and Substances) Regulations 1991 • Controlled Waste Regulations 1992 amended 1993 • Environmental Act 1995 • Control of Pollution (Amendment) Act 1989 • Controlled Waste (Registration of carriers and seizure of vehicles) Regulations 1991 • Transport of Infectious Substances Revision March 2006 • Landfill Tax Regulations 1996 amended 1996 and 1998 • Waste Minimisation Act 1998 • Carriage of Dangerous Goods Regulations • Waste of Electrical and Electronic Equipment (WEEE) Regulations • HTM 17/05 – The Treatment, Recovery, Recycling and Safe Disposal of WEEE

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	No	
- What alternatives are there to achieving the document without the impact?	No	
- Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	None	

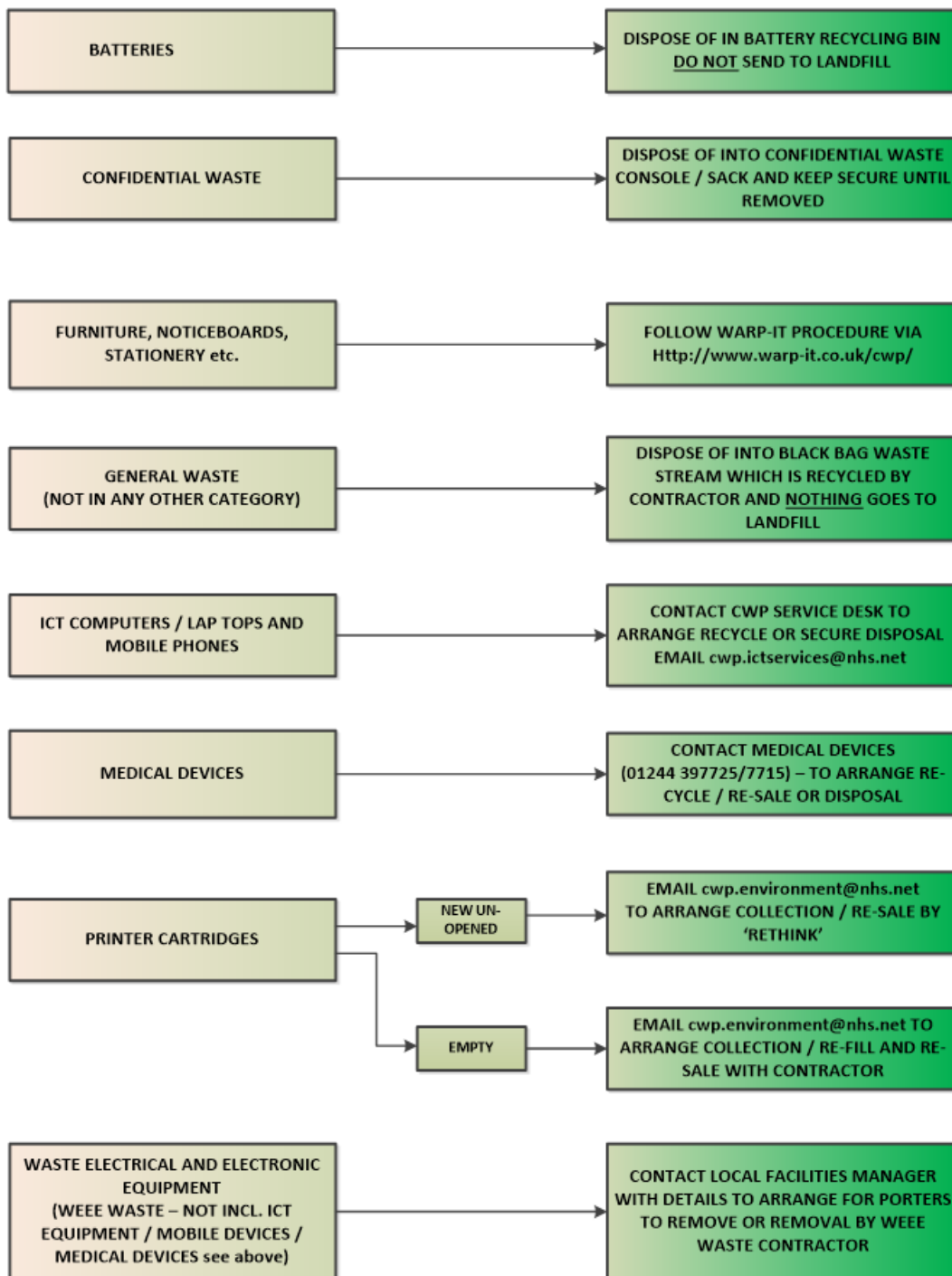
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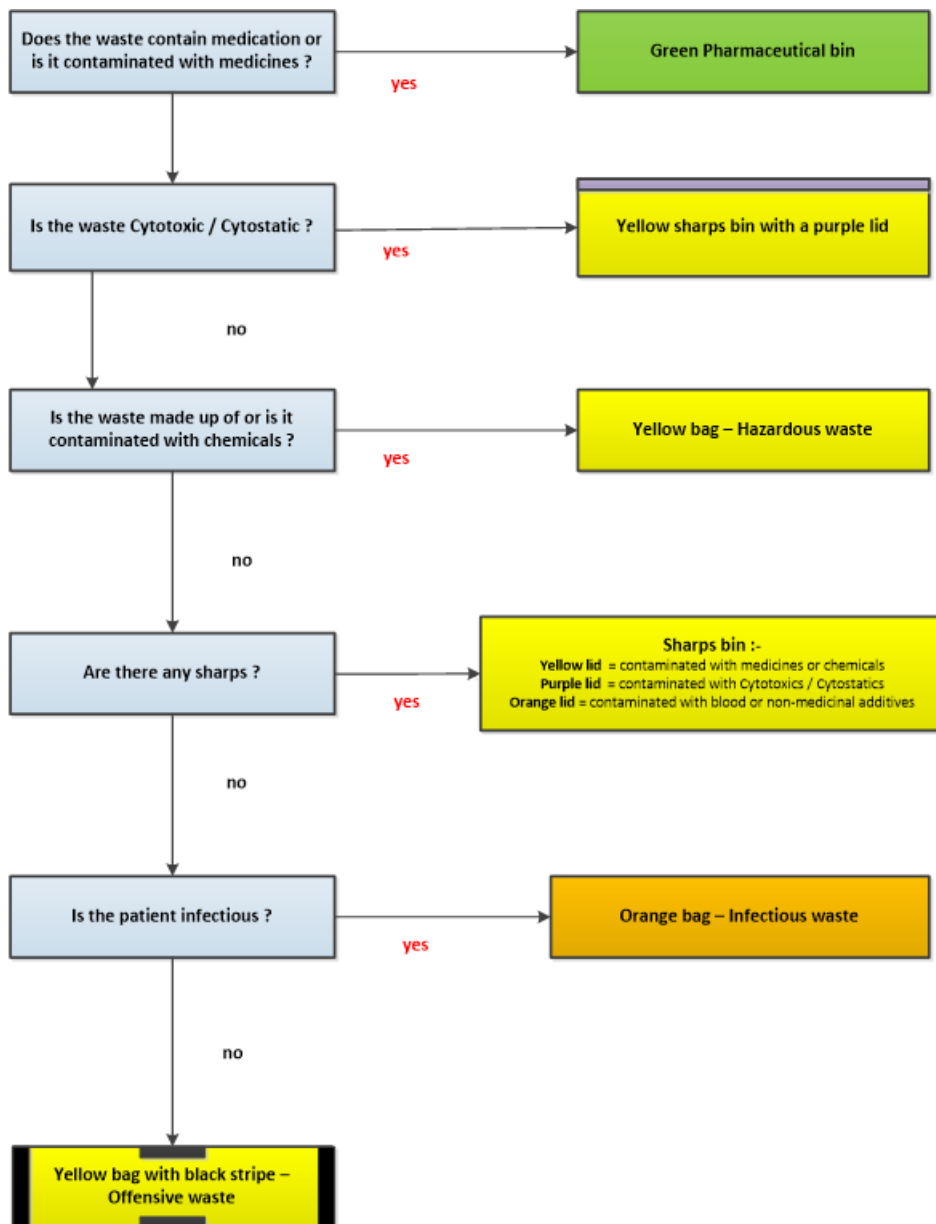
Quick reference flowchart 1 – Waste hierarchy



Quick reference flowchart 2 – Waste Disposal Flow Chart – (Non Clinical Waste)



Quick reference flowchart 3 – Clinical Waste Segregation Flowchart



1. Introduction

This policy sets out Cheshire and Wirral Partnership NHS Trust's systems for the safe management of waste. It details a robust framework to ensure a consistent approach across the organisation that, in relation to waste management, enables a safe environment for staff, patients, visitors and contractors whilst complying with relevant legislation and guidance. It follows the Waste Hierarchy principle ([flowchart 1](#)) and aims to reduce the amount of waste generated, and to re-use and recycle to keep the amount of waste going for landfill disposal to a minimum. It also promotes the need for all processes to be followed in an Eco-friendly way with minimum impact to the environment.

2. Aims and Objectives

The Trust generates various types of waste streams from its' day to day activities. All waste is controlled waste and as such must be disposed of according to UK legislation. The Duty of Care regulations place a responsibility on everyone to store and dispose of waste legally and safely. All staff should be aware of their responsibility for the safe storage and disposal of waste which complies with the Health and Safety at Work etc. Act and protects staff, patients, visitors and contractors at all times.

The policy applies to all Trust staff, contractors and any third party that could be involved with the production or handling of waste within the Trust buildings or on behalf of the Trust's services. It will also provide a framework to develop local processes at department level to demonstrate compliance with Department of Health guidance HTM 07-01 'Safe Management of Healthcare Waste 2013'.

To promote the minimisation of waste generated by Trust services and to increase the recycling, re-use and recovery of waste in a cost effective and environmentally friendly way.

To ensure that risks of exposure to healthcare workers and service users to infectious or hazardous materials within waste are reduced to a minimum.

To comply with all other requirements and guidance relevant to the health care sector and ensure that staff receive adequate training to meet the needs of the policy and its' associated procedures.

To ensure that regular audits are carried out to monitor compliance with the policy and safe practice, and to ensure waste volumes are continually reducing. Any issues of non-compliance or poor practice will be reported to the relevant service manager to be actioned.

3. Contractors and Documentation

The Facilities Department is responsible for awarding waste disposal contracts to relevant waste disposal companies and monitoring the contracts for compliance.

Any waste removed from Trust premises / services for treatment, recovery or disposal must be accompanied by the relevant paperwork (waste transfer notes for non-hazardous waste / waste consignment notes for hazardous waste). These must be retained for 3 years and be available for inspection if needed.

The current contractor for general waste disposal ensures that all black bag waste is removed from Trust sites to a licensed recycling plant and the waste is recycled appropriately and the amount that is left for landfill is currently zero.

4. Waste Hierarchy

The Trust will follow the Waste Hierarchy ([flowchart 1](#)) wherever possible to ensure that the minimum waste possible is sent for disposal to landfill. The Trust has a duty of care to ensure that waste generated is disposed of safely and in accordance with current legislation and guidance and all options for recycling and re-using should be considered before disposal.

Careful consideration should be given prior to purchase of any items, e.g. stationery, food consumables, furniture, equipment etc. to ensure purchase is necessary, is not excessive and is not available to recycle from elsewhere e.g. via Warp-it.

5. Sustainable Development Management Plan

The Trust recognises its responsibilities in delivering compassionate and quality patient care and understands we must all play a part to tackle the challenges of sustainability and that failing to reduce carbon emissions will have a long term impact on the health and well-being of our service users, employees, visitors and the wider community. The Trust Estates department has outlined in its' Sustainable Development Management Plan (available on the CWP Intranet), its commitment, how it will achieve and how it will measure its aims in all of the following areas:-

- Designing the Built Environment;
- Energy and Carbon Management;
- Governance;
- Organisational and Workforce Development;
- Finance;
- Travel and Transport;
- Partnership and Networks;
- Procurement and Food;
- Waste;
- Water.

6. Environmental impacts

Disposing of waste has a significant impact on the environment

- Throwing things away is a waste of resources. It wastes the raw materials and energy used in making the items and contributes to global resource depletion;
- Sending waste to landfill generates methane gas which is explosive and contributes significantly to Climate Change;
- Leachate produced as waste decomposes in landfill and causes land and water pollution;
- Incinerating waste produces toxic substances, such as dioxins which have an effect on local air quality;
- Gases from incineration cause air pollution and contribute to acid rain, while ash from incinerators may contain heavy metals and other toxins;
- Transporting waste is very carbon intensive and also contributes to Climate Change and has a detrimental effect on air quality.

7. Definitions of Waste

Under the Waste Framework Directive (European Directive (WFD) 2006/12/EC), waste is *“Any substance or object the holder discards, intends to discard or is required to discard”*

7.1 European Waste Catalogue (EWC)

The European Waste Catalogue (EWC) classifies waste material and categorises them according to what they are and how they were produced. The EWC uses a 6 digit code (EWC code) to reference

waste streams. The EWC is used on the Waste Transfer Notes and Hazardous Waste Consignment Notes in all waste transfer operations.

7.2 Controlled Waste

Controlled Waste is waste that is subject to legislative control in its handling or disposal under the Controlled Waste Regulations 1992. The types of wastes covered include all domestic, commercial and industrial waste. All waste produced by the Trust is classified as controlled commercial waste.

7.3 Hazardous Waste

Hazardous waste is waste that poses substantial or potential threat to public health or the environment. Waste is legally classified as hazardous if it is covered under the Hazardous Waste Regulations 2005 and it will be listed with a star (*) in the EWC.

7.4 Clinical Waste

Clinical waste is defined under the Controlled Waste Regulations 2012 as:

“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”.

The following healthcare wastes have specific disposal requirements

- Sharps wastes;
- Anatomical wastes;
- Medicines waste;
- Medicinally contaminated wastes;
- Controlled drugs;
- Plaster/gypsum.

Wastes not listed above and known or believed to be contaminated with body fluids (blood, urine, sputum, vomit, faeces) are classed as either infectious clinical waste or offensive (non-infectious) clinical waste.

Wastes that have not been in contact with blood or body fluid are neither infectious nor offensive are classed as domestic waste and should be disposed of via the domestic (black bag) waste stream.

7.4.1 Infectious clinical waste contaminated with body fluids from a patient known or suspected to be infectious must be disposed of via the infectious (orange bag) waste stream.

7.4.2 Offensive waste must be disposed of via the tiger bag (yellow bag with black stripe) waste stream. This would be incontinence and other waste produced from human hygiene such as sanitary waste, nappies etc.

The various waste types must not be stored together and must be segregated to prevent cross contamination or errors in disposal.

7.5 Cytotoxic and Cytostatic Waste

These are medicinal products possessing one or more of the above stated hazardous properties. Only these medicines are classified as hazardous waste. This is a waste that contains specific drugs such as hormones (includes Chloramphenicol eye-drops) e.g. medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), blister packs, etc. This includes inhalers, medicinal aerosols (some of which are flammable).

7.6 Pharmaceutical Waste

This is waste that is non-hazardous e.g. medicine bottles with liquid pharmaceuticals (empty or full), vials (glass or plastic), blister packs, etc. this includes inhalers, medicinal aerosols (some of which are flammable).

7.7 Non-infectious / unused sharps

This is waste that has potential to cause harm / needle stick injury to staff and waste contractors when sorting through waste to recycle, therefore it must be disposed of via the sharps bin route and be taken away by the Trusts Clinical Waste Contractor.

7.8 Confidential Waste

Confidential waste is waste that contains confidential information defined as;

- Any material that contains information of a personal nature that can identify a person or relates to an individual under the 1998 Data Protection Act e.g. patient names, details of medical condition or treatment, personal staff details;
- Any information classed as 'Business Sensitive' e.g. financial data.

If in doubt as to whether the information is confidential, disposal as confidential waste is advised to minimise any risk.

All patient information has a life cycle and the Trust has adopted the NHS Code of Practice: Records Management (available on the intranet) which gives guidance on how long the different types of information should be kept for before secure disposal.

All confidential waste paper must be shredded to British Code of Practice (BS EN 15713) by a specialist shredding contractor. This means the paper is cross shredded to 12mm and 4mm width.

7.9 Domestic Waste

This waste is similar to waste produced at home and must not contain any infectious materials, anything sharp, or medicinal. The Trusts domestic waste contractor removes the waste to a recycling plant and sorts and recycles all domestic waste; the Trust currently has no domestic waste going to landfill.

7.10 Waste Electrical and Electronic Equipment (WEEE)

All electrical and electronic equipment (fridges, fluorescent tubes, televisions etc.) is governed by the WEEE Regulations 2013. Electrical goods are defined as items with a plug, battery or that can carry an electric current. Many will be classed as hazardous; fridges contain gases, fluorescent light tubes contain a small amount of mercury. All of these equipment types must be stored appropriately when no longer in use and be removed by a licenced contractor.

7.11 Computers, Laptops and Mobile Devices

The ICT department is responsible for ensuring the cleansing, decommissioning and disposal of redundant computer equipment and mobile devices, with particular regard to the Hazardous Waste Regulations, Waste Electrical and Electronic Equipment Regulations and the Data Protection Act., this is arranged via a contractor. The ICT department is responsible for undertaking Duty of Care audits on their contractor's disposal facilities.

7.12 Medical Device Waste

When a medical device is no longer in use it must be decontaminated following the correct procedure and any batteries within the device should be removed and disposed of ([see 7.13](#)).

Each Department / ward is responsible for contacting the Medical Devices department to arrange removal from the Trust asset register and to arrange re-sale / re-use or disposal via the Porters department.

7.13 Battery Waste

It is illegal to send batteries for disposal to landfill because of the impact this has to the environment. Batteries contain corrosive materials and heavy metals which have the potential to leak harmful substances. All batteries should be disposed of in the appropriate battery disposal bin, on request these are removed by the battery disposal contractor. For further details please contact your local Facilities Manager.

7.14 Printer Cartridge Waste

Printer cartridges that are empty must be recycled and **must not** be put into black bag waste. These are re-filled and re-used. Un-used cartridges that are in their original packaging may be returned to the 'RETHINK' Company who will recycle for re-sale, contact your local Facilities Manager for further details of either of these options.

7.15 Broken Glass / Crockery

Should be wrapped securely to make safe and protect any sharp edges from causing harm and should be disposed of via the domestic (black bag) waste stream.

7.16 Mercury Waste

Historically, sphygmomanometers and thermometers contained mercury. The modern blood pressure and temperature monitoring equipment no longer contains mercury. However, should a member of staff discover an old piece of equipment which they believe contains mercury, they should contact the Health and Safety lead on 01244 397715.

7.17 Estates Department Waste

Waste generated by the Estates Department workforce e.g. Construction waste, fluorescent tubes, paint, chemicals, grounds and garden waste is managed by the Estates department. For further advice please contact the Estates Helpdesk:-

- Wirral and West: (01244) 397737
- Central and East: (01625) 663737

7.18 Food Waste

Under review subject to new National Food Safety Regulations

8. Impacts and Risks Associated with Waste Management

8.1 Health and Safety

The Trust recognises the health and safety risks associated with waste management and will ensure that staff have access to the appropriate PPE (personal protective equipment) when dealing with waste and are trained appropriately and immunised as recommended by Infection Prevention and Control department. Staff must carry out risk assessments to identify and assess risks to themselves and others from any waste related duties and activities including waste handling, storage, collection, movement and disposal.

8.2 Manual Handling

Incorrect manual handling of waste can put staff and contractors at risk (e.g. over filling bags / containers, etc.), all staff receive appropriate manual handling training.

8.3 Slips, trips and falls

Inappropriate storage of waste can create the risk of slips, trips and falls to staff, patients, visitors and contractors.

8.4 Fire Safety

Inappropriate storage of waste can create fire hazards or impact fire evacuation routes compromising safety. Safe storage of waste is part of the Fire Risk assessment performed in each Trust premises.

All accidents, incidents and near misses involving waste must be reported via the Datix incident reporting system.

9 Community Nursing Waste Generated in Patients Home

Clinical waste that is generated as a result of healthcare in a patient's home is the responsibility of the healthcare professional that generated it. The following waste streams apply:-

9.1 Non-Infectious Community Waste

If the patient is non-infectious then the waste should be double bagged and disposed of via the patients' domestic waste.

9.2 Infectious Community Waste

If the patient is **infectious** then the waste generated must be put in an orange bag, kept away from children, pets and pests, and a collection must be arranged with the Clinical Waste contractor. This doesn't include any packaging from items / dressings used, packaging must be put into the domestic waste. Contact the Facilities Waste Manager for details of the process for arranging collection of this waste from patients home.

9.3 Sharps waste

A yellow sharps bin with a yellow lid should be assembled and dated and the sharps disposed in to it, unless Cytotoxic / Cytostatic drugs are used in which case a yellow sharps bin with a purple lid should be used for disposal. All sharps bins should be closed when not in use and should be fully closed and sealed when $\frac{3}{4}$ full, or if they have been in use for 3 months since assembly. Once fully closed / sealed the healthcare professional should sign and date the bin to indicate who sealed it and when. Contact the Facilities Waste Manager for details of the process for arranging collection of this waste from the patients home.

9.4 Single Use Instruments

Contaminated plastic, metal and wood without any sharp edges that would damage the bag can be put into the orange bag for disposal. Any items that have sharp areas must be disposed of via the appropriate sharps bin detailed at 9.3 above.

10. Storage of Waste

10.1 Internal Storage

Health care (Clinical) and Non-healthcare (Domestic) wastes **must not** be mixed in storage areas.

- Waste must not be allowed to accumulate in corridors, lobbies, wards or other unsuitable areas;
- Waste must not obstruct access to fire escape routes or fire doors;
- Waste items must not be put in areas that could cause a tripping hazard;
- Waste containers, waste cupboards and waste bins must be kept shut and locked when not in use to prevent unauthorised access or access to waste by vermin;
- Clinical waste bins must be sited away from food preparation, general storage and routes used by the public;
- Access to clinical waste storage must be for authorised personnel only.

10.2 External Storage

- Waste must not be stored loose in any external storage areas;
- Waste bins or containers must be kept shut and locked when not in use to prevent unauthorised access or access to vermin;
- External storage areas should not be located next to a building if it would pose a fire risk;
- Access to clinical waste storage must be for authorised personnel only.

11. Spillages

- All staff are responsible for ensuring that they are aware of the process for dealing with a spillage of waste / substance within their work area. To know where the 'Spillage Kit' is located and what course of action is needed to clear the spillage safely;
- Further guidance on blood or other body fluid spills can be found in the Standard Infection Control Precautions policy available on the CWP Intranet;
- Any materials used in the containment and absorption of spills should be treated for disposal the same way as advised for the material spilled. For instance contaminated materials used to clean cytotoxic / cytostatic medicine spills should be disposed of as cytotoxic / cytostatic waste.

12. Auditing

It is the responsibility of the Facilities Waste Manager to conduct a monitoring and audit programme for all clinical areas for waste management to ensure the correct implementation of this policy.

The monitoring and audit programme will follow a schedule with a wide ranging scope which will cover adequate waste segregation at ward level, staff awareness of operational procedure for waste management and any opportunities to minimise waste.

Any necessary actions following the audit will be passed on to the ward / department manager to be addressed.

13. ERIC Requirements and Reporting

All NHS Trusts are required to complete annual ERIC Returns (Estates Return Information Collection) which generates information about costs of providing and maintaining the NHS Estate including such things as building, maintaining and equipping hospitals and healthcare premises. It includes the provision of services such as cleaning, laundry, food, portering and the consumption and associated costs of utilities and waste disposal. This information provides a mechanism to indicate how much individual Trusts are doing in terms of managing their Estate and associated expenditure. In terms of waste management the information indicates how much waste is generated (tonnage) by type (clinical

/ domestic) and how much has been spent on each waste stream in terms of disposal. The information is an indicator of which Trusts are performing particularly well in terms of sustainability and environmental targets and those requiring improvement. As referred to in the CWP Estates Sustainable Development Management Plan 2015-2020, the Trust is committed to adopting and specifying environmentally sound waste management practices which are compliant with legislation and is a key component of the Trusts carbon reduction targets.