

WASTE MANAGEMENT POLICY

Summary

This document outlines the Trust's waste management policy. It details the Trust's arrangements to minimise waste production, improving waste segregation and increasing waste recycling by utilising the "Waste Hierarchy". In the context of this policy, wastes include: domestic, recyclable materials (paper, glass, cardboard and metals), clinical, sharps, pharmaceutical (including cytotoxic and cytostatic medications), GM wastes, chemical, radioactive waste, electrical and electronic equipment (inclusive of fluorescent tubes) and other hazardous wastes e.g. mercury. The document also takes account of any clinical waste produced off site, e.g. Kingston Medical Day Unit.

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1. Waste Management Policy Statement

- 1.1 The Trust is committed to managing waste on all of its sites safely, cost-effectively and in line with current legislation. The Trust will confirm that it has fulfilled its duty to apply the Waste Hierarchy as required by Regulation 12 of “The Waste (England & Wales) Regulations 2011 when consigning its waste streams.
- 1.2 Correct waste segregation is necessary to keep the manual handling of clinical and other hazardous wastes to a minimum and to keep clinical waste disposal costs and other hazardous waste management costs to a minimum.
- 1.3 The Trust is committed to working together with contractors to continually improve waste services on all of its sites including:
- Implementing recommendations contained in the Department of Health’s ‘Safe Management of Healthcare Waste’ HTM 07-01 Guidance Version 2:0.
 - Complying with the environmental and health and safety regulations and where possible best practice.
 - Ensuring compliance with Care Quality Commission Care Standards.
 - Reviewing waste management activities to identify any problems, undertaking waste audits, risk assessments and investigating untoward incidents when necessary and then prioritising any actions required to improve waste management procedures.
 - Setting, measuring and reviewing waste management performance indicators to ensure good waste management practice.
 - Raising awareness of waste management issues by offering waste management training to all staff.
 - Minimising waste production, improving waste segregation and increasing waste recycling by utilising “The Waste Hierarchy”.

Waste Management Information is provided to all new Trust staff at induction, additional specific training programmes are delivered to employees and contractors involved in any waste activities.

Staff and contractors must follow local waste management procedures.

The Trust waste management policy and procedures will be reviewed annually or as required by changes in legislation and best practice.

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2. Introduction

- 2.1 The aim of this Policy is to ensure that all waste streams generated within the Trust are disposed of safely and efficiently in line with current legislation and to demonstrate that the Trust is committed to implementing and delivering good waste management practices.

3. Scope

- 3.1 This policy covers the management of waste from all Royal Marsden NHS Foundation Trust premises. Trust employees and contractors, volunteers and students working on Trust sites have a responsibility under the health and safety at work regulations to comply with the Trust waste management procedures. This is necessary to ensure their own and others safety in the workplace.
- 3.2 Under the environmental regulations waste producers must know the types of waste they produce and ensure appropriate disposal. Correct waste segregation is necessary for legal, safe and cost effective disposal. The Waste Manager will compile an Annual Pre-Acceptance Healthcare Audit for the Trust's Clinical waste contractor and the Environment Agency.

4. Definitions

4.1 Non Hazardous Domestic Waste

Domestic waste is waste which is non-toxic and non-hazardous, i.e. paper hand towels, flowers etc. that cannot currently be recycled. This waste is placed in clear bags for disposal.

The Landfill Directive requires that all waste consigned to landfill must undergo a segregation process. In order to comply with the Directive the Trust removes all cardboard/office paper/recyclable material and food from the domestic waste stream for recycling. The Landfill Directive aims to reduce the potential for waste to pollute surface water, groundwater, soil, air and also to help reduce the impact that waste has on the global environment. The requirements of the Directive are currently applied under the Environmental Permitting Regulations 2010.

4.2 Recyclable Waste

Any items that can be recycled, eg non-confidential paper, cardboard (flat-packed), plastics, cans etc. This waste is placed in green-tinted bags for sorting at a Material Recovery Facility before being processed into a lower-grade new product.

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4.3 Clinical Waste

The Hazardous Waste Regulations (2005) categorises all waste by assessing the hazardous properties of each waste type. Under the Regulations healthcare wastes are categorised as follows:


European Waste Catalogue Code	Description of Waste
	<i>Wastes from natal care, diagnosis, treatment or prevention of disease in humans</i>
18 01 01	Sharps except 18 01 03
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing, sanitary products
18 01 06*	Chemicals consisting of dangerous substances
18 01 07	Chemicals and other than those listed in 18 01 06
18 01 08*	Cytotoxic and Cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08
18 01 10*	Amalgam waste from dental care

The Regulations define infectious as 'Substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms'. As such all general clinical waste generated within the Trust is classified as Hazardous Waste (18 01 03) due to its infectious properties.

Clinical waste must be rendered safe prior to final disposal either by processing through a clinical waste incinerator or other approved alternative technology (i.e. autoclaving). The majority of the clinical waste generated by the Trust is suitable for disposal by autoclaving; however some clinical wastes including wastes contaminated with medicines, certain pathology wastes and human tissue must be disposed of by incineration. The Trust uses a tagging system to identify clinical wastes suitable for treatment by alternative technology and clinical wastes which must be disposed of by incineration. This tagging system also enables the Trust to track its waste from the point of collection from the site to its ultimate disposal.

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The Safe Management of Healthcare Waste Guidelines produced by the Department of Health recommends a colour coding system for the packaging of all healthcare wastes as follows -

Colour	Description
Yellow	Waste which requires disposal by incineration Treatment/disposal required is incineration in a suitably permitted or licensed facility.
Orange	Waste which may be “treated” Treatment / disposal required is to be “rendered safe” in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However this waste may also be disposed of by incineration.
Purple	Cytotoxic and Cytostatic waste Treatment / disposal required is incineration in a suitably permitted or licensed facility.
 Tiger Stripe	Offensive/hygiene waste* Indicative treatment/disposal required is landfill or municipal incineration/energy from waste at a suitably permitted or licensed facility.
Red	Anatomical waste for incineration Treatment/disposal required is incineration in a suitably permitted facility.
Clear	Domestic (municipal) waste Incineration / energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. Recyclable components should be removed through segregation. Clear Bags may also be used for Recyclable waste.
Blue	Medicinal waste for incineration Treatment / disposal required is incineration in a suitably permitted facility.
Blue	Paper Towels only - if you do not have a Paper Towel bin dispose of these in the Domestic/clear bags

Clinical waste must be placed in yellow/orange bags which conform to U.N. 3291. Clinical waste bags are sealed and tagged using a cable tie with a unique identification number or colour, enabling the Trust to track waste produced by individual wards/departments.

Once sealed the clinical waste bags are placed in Yellow Clinical bins , marked and labelled on two opposite sides with class 6.2 danger label and UN3291 clinical waste, unspecified, n.o.s., the clinical bins are tagged indicating the type of waste contained in the bin and identifying the correct disposal route for the waste.

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4.4 Sharps

Sharp instruments are placed in UN-approved sharps containers which conform to U.N. 3291. Sharps which have been contaminated with medicinal wastes are placed into yellow lidded sharps containers and removed from site for disposal by incineration. Sharps not contaminated with medicinal wastes are placed into orange lidded sharps containers and removed from site for disposal. All sharps bins should be signed and dated on assembly and when ready for disposal.

4.5 Pharmaceutical Waste (including controlled drugs)

Stocks of out of date medicines and waste from Pharmacy Department are placed into Blue lidded containers and removed from site for disposal by incineration. Special procedures are in place for the disposal of controlled drugs. Under the Health Act 2006 all Trusts are required to appoint an Accountable Officer for controlled drugs responsible for the safe, appropriate and effective management and use of controlled drugs including destruction and disposal. The Trust's Accountable Officer authorises appropriate members of staff to witness the destruction of controlled drugs, usually by treatment to ensure that the drugs are rendered irretrievable.

4.6 Non-Clinical Hazardous Waste

The Hazardous Waste Regulations (2005) identifies hazardous wastes which are subject to special disposal requirements. These wastes include fluorescent tubes, televisions, computer monitors, batteries, fridges, organic solvents and certain oils. The Waste Manager is responsible for advising on the correct disposal of all hazardous wastes.

4.7 Waste Electrical and Electronic Equipment and Batteries

The WEEE Regulations which came into force on 1 July 2007 requires that all waste electrical and electronic equipment is sent to a recycling/recovery facility for disposal. The Regulations were introduced to extend producer responsibility for the recycling and recovery of all electrical and electronic equipment. All WEEE waste produced by the Trust is removed from site to a licensed recovery facility. The Batteries Directive introduced in 2009 requires that all batteries are segregated from the domestic waste stream and removed from site for recycling/recovery. Battery recycling facilities are available on all sites.

4.8 Radioactive Waste

The Environmental Permitting Regulations 2010 require the Trust to hold a permit for each site issued by the Environment Agency for the holding and use of radioactive substances, and the subsequent accumulation and disposal of radioactive waste. The Trust has appointed two Radioactive Waste Advisers - for details of their duties, please refer to the Trust policy document: Radiation Protection Organisational Arrangements. They have responsibility to advise Trust Management on ensuring that radioactive waste is disposed of in compliance with the conditions on the Trust's permits and to maintain appropriate disposal records. All aqueous radioactive waste is disposed of to the drains, and all solid radioactive waste is disposed of by off-site incineration via an authorised national contractor.

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4.8 Laboratory Waste

Special arrangements are in place relating to the disposal of waste from the Trust's diagnostic and research laboratories specifically referencing the treatment requirements of high-risk waste. The Trust's Pathology Departments are responsible for ensuring that their procedures are regularly reviewed to ensure they reflect current legislation and satisfy the accreditation requirements for their facilities.

4.9 Discharge to Sewer

The Environmental Permitting Regulations require that a permit or authorisation must be obtained prior to discharging anything other than clean, uncontaminated water to surface water or groundwater. The Trust currently has no permits in place and therefore all discharges to the sewage system are prohibited (this is particularly relevant for ward staff wishing to dispose of IV fluids contaminated with medicines. This waste must be placed into rigid containers - with absorbent material if required - and removed from site for disposal by incineration).

4.10 Gene Therapy Waste

All gene therapy waste will be disposed of in accordance with procedures agreed by the Trust's Genetic Modification Safety Committee (GMSC). In order to comply with The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amend) Regulations 2011, the Trust will not be transporting waste across sites; obviously this has an impact on the current GM waste situation.

GM waste that is created on either site will be collected in a separate collection by our waste contractor (SRCL) under special arrangement.

Our licensed specialist clinical waste contractor (SRCL) will undertake the collection of GM Waste. CGM Waste will be transported from The Trust premises by road, utilising specialist vehicles equipped for the purpose. The GM waste will then be taken to a permitted incineration facility for destruction.

4.12 Plaster of Paris (gypsum) has to be collected separately and cannot go to landfill. This is because it degrades in landfill sites to produce hydrogen sulphide gas which goes up into the atmosphere and mixes with water and comes back down as acid rain (sulphuric acid). This includes gypsum used for plaster casts medicinally and for the disposal of plaster and plaster board from the Estates Department.

5. Roles and Responsibilities

It is the overall responsibility of the Chief Executive to ensure that the Waste Management Policy is implemented within the Trust.

5.1 ISS

ISS provide a total waste management service at the Trust and can be contacted via their Helpdesk on extension 5050. This includes all aspects of waste management, from collecting waste at ward level, ensuring waste streams are correctly segregated, stored, transported and tagged, to final waste consignment off site via licensed waste contractors. Further, ISS are responsible for ensuring all clinical waste is correctly tagged and labelled in accordance with HTM 07-01 to ensure the Trust complies with its waste Duty of Care and traceability responsibilities. ISS will supply an up-to-date list of tags in use at each ward or department to the Waste Manager on request.

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5.2 Trust Staff

All members of staff have a duty to ensure that waste is disposed of in accordance with this policy and local procedures and in a manner that will safeguard other people who may come into contact with it, this includes correct segregation of wastes at ward level, recycling wastes where appropriate and ensuring that confidential waste is disposed of in line with the Data Protection Act 1998.

5.3 Waste Manager

The Waste Manager ensures the following:

- That all waste is handled and disposed of in line with the Environmental Protection (Duty of Care) Regulations 1991 Section 34
- That producer pre-acceptance healthcare waste audit information is made available to the Trust's clinical waste contractor and the Environment Agency.
- That initiatives are introduced to improve waste management in line with current legislation and waste budgets.
- That waste is collected and transported and disposed of in accordance with current legislation. Dangerous Goods Safety Audits to be completed on clinical waste collections.
- That training and audit programmes are in place.
- That waste disposal records are maintained in accordance with relevant legislation, including hazardous waste registers.
- That appropriate contractors are appointed for the removal and disposal of all waste streams (including clinical waste, domestic waste, recycle waste, WEEE waste, confidential waste, batteries, chemical wastes, pharmaceutical waste).
- That appropriate exemption activities are registered with the Environment Agency under the Environmental Permitting Regulations 2010.
- That all Trust sites are registered as hazardous waste producers under the Hazardous Waste Regulations 2005.
- That Duty of Care Visits are undertaken at least annually to inspect the disposal facilities of the Trusts waste contractors.

5.4 Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for developing procedures and guidelines, determining and auditing infection control standards and providing training to ensure good infection control practice Trust wide, which may include waste segregation and waste sharps management.

5.5 Pharmacy Department

Pharmacy Department provides advice and guidance on handling and disposal of pharmaceutical waste with special reference to the Hazardous Waste Regulations. Local waste management protocols are in place for Pharmacy Department. Pharmacy Department is responsible to ensure that all controlled drugs are disposed of in line with current guidelines, including overseeing the rendering/denaturing of controlled drugs prior to disposal.

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5.6 Procurement Department

The Procurement Department is responsible to ensure that waste management issues are taken into account when making purchasing decisions. These issues include:

- the use of UN-approved containers only for clinical waste
- producer responsibility under the WEEE Regulations
- the use of excessive packaging by suppliers
- the return of bulky packaging to suppliers (such as pallets and crates)
- arrangements for the return or exchange of out of date stock and obsolete equipment to the supplier
- buying products with a recycled content or buying reusable products (this should increase the demand for recycling)
- Where possible there should be harmonisation of waste services across the Trust including the waste contractors used and the suppliers of waste containers used.

5.7 Estate Management Department (including external contractors)

Contractors working on Trust sites must not keep or dispose of waste in a manner likely to cause harm or pollution, and they must demonstrate to the Trust that the waste they or their sub-contractors generate will be stored, collected and disposed of in accordance with the environmental regulations and will not affect any of the Trust's activities adversely. Contractors are responsible to ensure that any hazardous wastes produced on the site are removed using the appropriate consignment note procedure.

5.8 Computing Department

The Computing Department is responsible for the decommissioning and disposal of redundant computer equipment, with particular regard to the Hazardous Waste Regulations, Waste Electrical and Electronic Equipment Regulations and the Data Protection Act. The Computing Department are responsible to undertake Duty of Care audits on their contractor's disposal facilities.

5.9 Radiology Department

The radiation protection supervisors are responsible for the correct disposal of radioactive waste. The Trust will ensure that it complies with all relevant statutory requirements in regard to the disposal of liquid radioactive waste. All sinks, sluices and drains used for the disposal of liquid radioactive waste should be clearly marked with the Radiation Trefoil label. Facilities staff should not undertake any work on these areas without prior consultation with the Radiation Protection Advisor.

The transfer of solid radioactive waste to authorised agencies should be arranged by contacting the Environmental Waste Manager who will organise a collection by the Trust's clinical waste contractor (Chelsea and Sutton). All such waste should be the subject of full consignment procedures required by the relevant Transport Regulations and the receiving agency fully informed of the radioactive properties of each consignment. This waste stream has its own individual Consignment Note and will then be sent for incineration as soon as possible.

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5.10 Medical Equipment (Redundant)

Each Department is responsible for controlling the disposal of any redundant medical equipment. Prior to disposal all medical devices must be decontaminated and decommissioned and removed from the Trust's asset register. Redundant medical equipment will either be resold through auction or removed from site for treatment, recovery or recycling.

5.11 Dangerous Goods Safety Advisor (DGSA)

As a "consigner" and "carrier" of items classed as dangerous goods under ADR 2011, the Trust has an appointed Dangerous Goods Safety Advisor (DGSA). The DGSA provides advice and carries out audits internally and on clinical waste collections.

Registered Address: Independent Safety Services Ltd, Globe Works, Penistone Road, Sheffield. S6 3AE. Registered in England No: 3958917

5.12 Health, Safety and Security Committee

The Health, Safety and Security Committee consist of staff and managers from across the Trust. The Committee reviews policies and procedures and delivers action plans to ensure the health and safety of Trust staff and site users.

6. Principal Legislation and Guidance

6.1 Principal Legislation

Environmental Protection Act 1990

Environmental Protection (Duty of Care) Regulations 1991

Waste Management Licensing Regulations 1994

Hazardous Waste Regulations 2005

List of Wastes Regulations 2005

Controlled Waste Regulations 2012

International Carriage of Dangerous Goods by Road (ADR) 2011

Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011

Control of Substances Hazardous to Health Regulations 2002

Pollution Prevention and Control Regulations 2000

The Waste Electrical and Electronic Equipment Regulations 2006

The Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992

Personal Protective Equipment at Work Regulations 1992

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Environmental Permitting Regulations 2010

Human Tissue Act 2004

Data Protection Act 1998

Environmental Permitting (England and Wales) Regulations 2007 (including Landfill Directive)

Waste Batteries and Accumulators Regulations 2009

Human Tissue Act 2004

Control of Asbestos Regulations 2006

Waste Regs 2011

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6.2 Guidance Documents

Department of Health HTM 07-01 Safe Management of Healthcare Waste version 2:0
 Department of Health HTM 07-05 The Treatment, Recovery, Recycling and Safe Disposal of Waste Electrical and Electronic Equipment
 Waste Management – The Duty of Care – A Code of Practice
 Waste Management Licensing Regulations A Code of Practice
 EA Technical Guidance WM2 on Hazardous Waste Disposal
 EA Sector Guidance Note IPPC S5.06 – PPC for Clinical Wastes
 EA Guidance on Treatment of Non-Hazardous Wastes for Landfill
 NETREGS – A Simple Guide to Site Waste Management Plans
 Enforcement and E.A. Civil Sanctions Policies

7. Training and Information

- 7.1 The Trust has a duty to provide health and safety information to all staff, patients, visitors and contractors with regards waste and waste handling.
- 7.2 Ward sisters are responsible for ensuring all sharps bins labels are completed and the lids closed before sending for disposal.
- 7.3 When commencing their employment with the Trust, staff who are involved with handling Clinical Waste on a daily basis will be offered Hepatitis B and Tetanus Immunisation.
- 7.4 Training will be provided to ensure that staff are aware of the waste streams produced in their area.
- 7.5 Staff handling clinical waste and other hazardous wastes will be provided with the relevant waste management information.
- The legal requirements with regards to waste management Environmental Protection (Duty of Care) Regulations 1991 Section 34
 - The risks to their health and safety and why control measures are required (including immunizations and use of PPE)
 - Any control measures necessary to complete their roles e.g. the use of protective equipment, personal hygiene, safe manual handling techniques etc.
- 7.6 Waste management training is provided by the Waste Manager and the Infection Prevention and Control Team.

8. Audit and Review

- 8.1 All Ward and Departmental Managers are responsible for the active day to day monitoring of their staff and areas with regards to health and safety issues including waste management activities. They must report any unsafe waste management activities or non-compliances to the Waste Manager.
- 8.2 The Waste Manager audits each ward and department on an annual basis. The purpose of the audits is to monitor waste management activities and compliance with the Trust waste management procedures and the regulations, and to satisfy the Clinical Waste Pre Acceptance (Producer) audit requirements of the Environment Agency. The Infection Prevention and Control Team will also include waste management auditing as part of their Infection Control Audit Programme.
- 8.3 The Waste Manager audits all waste management contractors who provide waste services in accordance with the waste management duty of care code of practice.

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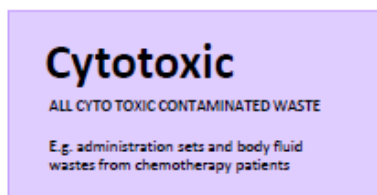
APPENDIX 1 – Waste Management Quick Guide

The ROYAL MARSDEN
NHS Foundation Trust

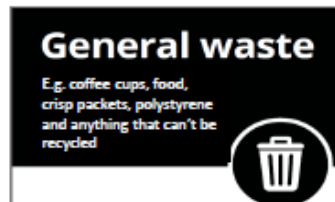


Quick guide to waste management

Clinical waste bags



Non-clinical waste bags



Sharps, medicine & anatomical waste

No sharps in bags. All sharps to be safely put in colour lidded sharps containers only:

- Orange lid** – infectious
- Yellow lid** – medicine contaminated
- Purple lid** – cytos

MediBins are for **medication returns** to Pharmacy only!



Anatomical waste in rigid red-lid containers



NHS

Any questions on correct segregation please contact
Sarah Edwards, Waste Manager on ext 1096 or email sarah.edwards2@rmh.nhs.uk

For service issues including missed collections call the ISS Helpdesk on ext 5050

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APPENDIX 2**A-Z of Waste Items**

Please note that all reference to the use of black and yellow striped 'tiger' bags assumes waste is non-infectious. If the waste is known to be infectious at point of use, the following waste streams should be used instead:

Orange – infectious only

Yellow – infectious and contaminated with medicine

Purple – infectious and contaminated with cytos

Waste Type	Waste Packaging
Aerosols (fully discharged)	Contact Waste Manager.
Amalgam	Separate disposal arrangements in place
Anatomical/identifiable human tissue	Red lidded container.
Aprons and gloves	Yellow and black striped 'tiger' bag. incineration.
Batteries	Battery Disposal Drums
Bed Pan Liners	Yellow and black striped 'tiger' bag. incineration.
Building Waste (Contractor)	Contractors are responsible for their own waste disposal
Cans	Green tinted bag
Cardboard	Flat Pack cardboard
Catering Oil	To be returned in original container for recycling
Chest Drains	Use original box packaging.
Crockery	Ensure waste is protected prior to being placed in clear bag for compacting on site
Computer Screens	Contact IT. Department to arrange disposal
Computer Equipment (excluding screens)	Contact IT. Department to arrange disposal
Confidential Waste	Waste to be placed in shredding consoles or locked bins or cross-cut shredded at point of production
Controlled Drugs	Rendered irretrievable prior to disposal by incineration. Contact Pharmacy Department for details. Under no circumstances should this waste be discharged into the water system
Cytotoxic/Cytostatic Drugs	To be placed in Cytotoxic containers (Purple lid)
Cytotoxic/Cytostatic Infectious Waste	To be placed in Cytotoxic rigid container or purple bag
Domestic (household) waste	Clear bag
Electrical and Electronic Equipment	Contact ISS Helpdesk on 5050
Fluorescent Tubes	Contact ISS Helpdesk on 5050.
Food Waste	Separate waste collection arrangements for food waste from kitchens/restaurants.

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Furniture	Contact ISS Helpdesk on 5050 ISS Helpdesk on 5050.
Giving Sets (<u>not</u> contaminated with medicinal products)	Yellow and black striped 'tiger' bags. incineration.
Giving Sets (contaminated with medicinal products)	Place in rigid containers with Yellow lid
Glass (contaminated with medicinal products)	Place in rigid containers or sharps containers with Yellow lid
Glass - uncontaminated	Contact ISS Helpdesk on 5050
Hand towels	Blue tinted bag.
Implanted Devices (including pacemakers)	Contact Waste Manager
Incontinence Waste	Yellow and black striped 'tiger' bag
IV Bags (used for saline or glucose only)	Yellow and black striped 'tiger' bag. incineration.
IV Bags (contaminated with medicinal products)	Place in rigid containers with yellow lid. As there is likelihood that there will be large quantities of fluid it may be necessary to use an absorbent material to reduce the risk of spillage.
Medical Devices	Each Department responsible for disposal
Medicines (in original packaging)	Place in rigid containers with Blue lid
Medicines (loose)	Place in rigid containers with Yellow lid. Care should be taken to minimise the risk of combustion, explosion or noxious fumes as a result of intermixing.
Mercury	Contact Waste Manager
Nappies	Yellow and black striped 'tiger' bag. incineration.
Paper and paper packaging	Green tinted bag.
Radioactive	Refer to separate disposal procedure
Refrigeration Equipment	Contact ISS Helpdesk on 5050
Stoma Bags	Yellow and black striped 'tiger' bag
Surgical Dressings	Yellow and black striped 'tiger' bag
Syringes (contaminated with medicinal products)	Yellow bag (no sharps)
Syringes – Phlebotomy	Yellow and striped 'tiger' bag
Syringes (contaminated with Cytotoxic or Cytostatic drugs)	Purple bag (no sharps)
Toner Cartridges	Call ISS Helpdesk on 5050
TVs	Call ISS Helpdesk on 5050
Toxic Chemicals	Call ISS Helpdesk on 5050
X Ray Film	Separate disposal arrangements in place

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APPENDIX 3**Relevant Trust documents:**

[Asbestos Management Policy and Procedures](#) (Policy 0346)

[Blood-Borne Viruses: Prevention of Infection \(Inoculation Injury \(Needlestick\) Procedures\)](#)
(Policy 0181)

[Chemotherapy Treatment Policy](#) (Policy 0472)

[Contract for Services Policy and Procedure](#) (Policy 2014)

[COSHH Assessment Policy](#) (Policy 0107)

[Environmental Management Policy and Strategy](#) (Policy 0343)

[Fire Safety Policy](#) (Policy 0097)

[Genetically Modified Organisms - Policy, Procedures and Guidance for Compliance](#)
(Policy 1643)

[Health and Safety Policy](#) (Policy0123)

[Infection Prevention and Control Operational Policy](#) (Policy 1632)

[Management of Patients with Infection Policy](#) (Policy 0227)

[Medical Devices - Policy for the Safe Management of](#) (Policy 0234)

[Medicines Management Policy](#) (Policy 0475)

[Radiation Protection - Radioactive Management Policy](#) (Policy 0481)

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