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 includes: 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 manage 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:

- 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.
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 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, newspapers, packaging. This waste is placed in black bags for disposal. All black bags are sealed using a cable tie with a unique identification number. This enables the Trust to track waste produced by individual wards/departments.

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 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:

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

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 landfill 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 bin tagging system to identify clinical wastes suitable for treatment by alternative technology and clinical wastes which must be disposed of by incineration. This bin tagging system also enables the Trust to track its waste from the point of collection from the site to its ultimate disposal.
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:

<table>
<thead>
<tr>
<th>Colour</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Waste which requires disposal by incineration Treatment/disposal required is incineration in a suitably permitted or licensed facility.</td>
</tr>
<tr>
<td>Orange</td>
<td>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.</td>
</tr>
<tr>
<td>Purple</td>
<td>Cytotoxic and Cytostatic waste Treatment / disposal required is incineration in a suitably permitted or licensed facility.</td>
</tr>
<tr>
<td>Yellow/Black Tiger Stripe</td>
<td>Offensive/hygiene waste* Indicative treatment/disposal required is landfill or municipal incineration/energy from waste at a suitably permitted or licensed facility.</td>
</tr>
<tr>
<td>Red</td>
<td>Anatomical waste for incineration Treatment/disposal required is incineration in a suitably permitted facility.</td>
</tr>
<tr>
<td>Black</td>
<td>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.</td>
</tr>
<tr>
<td>Blue</td>
<td>Medicinal waste for incineration Treatment / disposal required is incineration in a suitably permitted facility.</td>
</tr>
</tbody>
</table>

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.

4.3 Sharps

Discarded syringes and sharp instruments are placed in 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 by
alternative technology or incineration. Ensure that the sharps bin label is completed correctly and signed off before sending for disposal.

4.4 Pharmaceutical Waste (including controlled drugs)

Stocks of out of date medicines and waste from Pharmacy Department are placed into Blue lidded sharps containers or rigid 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.

4.5 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.

4.6 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 either returned to the producer/manufacturer for recovery/recycling or 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.

4.7 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.
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 authorization 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. This will not change for Chelsea when we have a working autoclave at Sutton as we will still not be transporting waste between sites.

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.

4.11 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 Members of Staff

All members of staff have a duty to ensure that waste is disposed of in accordance with this policy 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.

5.2 Waste Manager

The Waste Manager is responsible to ensure 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 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.

5.3 Waste Operatives (Trusts)

The Waste Manager is responsible to ensure that sufficient trained staff is available to perform waste services, including ensuring that compaction equipment is only operated by trained personnel. The Estates helpdesk is responsible for coordinating all requests for extra waste collections, cleaning spillages, removal of bulky wastes and removal of electrical and electronic equipment utilising the CAFM system. The Lead Waste Operative is responsible to ensure that additional collections are made promptly in order that waste does not accumulate on site, and for ensuring that all waste containers are kept locked at all times.

5.4 ISS Contract Services

ISS Contract Services are responsible for managing the main site waste collections from wards and departments. Each ward or department will utilise a coloured or numbered tag which will enable the Trust to trace back the waste to its point of origin. ISS management are to supply an up to date list of the tags in use for each ward or department to the Waste Manager.
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. They are then brought to the waste compound for consignment.

5.5 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.

5.6 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.

5.7 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 type 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.

5.8 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.
5.9 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.

5.10 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.

5.11 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.

5.12 Waste Management Contractors

Waste contractors are required to collect waste from the locations and at the times specified in the waste contract and transport to licensed waste recycling or disposal sites as agreed with the Trust. Regular meetings take place between the contractor and the Waste Manager to discuss performance and other waste management issues. The Waste Manager is responsible to undertake regular Duty of Care audits on contractor disposal facilities.

5.13 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
5.14 Health, Safety and Security Committee

The Health, Safety and Security Committee consists 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
- 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

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.
## APPENDIX 1

### REFERENCE GUIDE TO WASTE DISPOSAL ROUTE

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Category</th>
<th>Waste Packaging/Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosols (fully discharged)</td>
<td>General or Recycling</td>
<td>Black Bag or Clear Bag</td>
</tr>
<tr>
<td>Aerosols contaminated with medicinal products</td>
<td>Hazardous Medicinal</td>
<td>Place in rigid containers or sharps containers with Yellow lid. Disposal by incineration</td>
</tr>
<tr>
<td>Amalgam</td>
<td>Hazardous Chemical</td>
<td>Separate disposal arrangements in place</td>
</tr>
<tr>
<td>Anatomical/identifiable human tissue</td>
<td>Hazardous Infectious</td>
<td>Yellow clinical waste bag or rigid container with Red lid. Disposal by incineration</td>
</tr>
<tr>
<td>Aprons (contaminated)</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag. Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Aprons (catering)</td>
<td>General</td>
<td>Black bag for compacting on site prior to municipal incineration</td>
</tr>
<tr>
<td>Batteries</td>
<td>Recycling</td>
<td>Battery Disposal Drums</td>
</tr>
<tr>
<td>Bed Pan Liners</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag. Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Blood Bags</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag. Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Building Waste (Trust)</td>
<td>General</td>
<td>Landfill or recycling</td>
</tr>
<tr>
<td>Building Waste (Contractor)</td>
<td>General</td>
<td>Contractors are responsible for their own waste disposal</td>
</tr>
<tr>
<td>Cans (including crushed catering cans)</td>
<td>Recycling</td>
<td>Clear bag</td>
</tr>
<tr>
<td>Cardboard</td>
<td>Recycling</td>
<td>Flat Pack cardboard</td>
</tr>
<tr>
<td>Catering Oil</td>
<td>Recycling</td>
<td>To be returned in original container for recycling</td>
</tr>
<tr>
<td>Chest Drains</td>
<td>Hazardous Infectious</td>
<td>Use original box packaging. Disposal by alternative technology</td>
</tr>
<tr>
<td>Crockery</td>
<td>General</td>
<td>Ensure waste is protected prior to being placed in black bag for compacting on site</td>
</tr>
<tr>
<td>Computer Screens</td>
<td>Hazardous WEEE</td>
<td>Contact IT. Department to arrange disposal</td>
</tr>
<tr>
<td>Computer Equipment (excluding screens)</td>
<td>WEEE (recycling/recovery)</td>
<td>Contact IT. Department to arrange disposal</td>
</tr>
<tr>
<td>Confidential Waste</td>
<td>Confidential</td>
<td>Waste to be placed in shredding consoles or locked bins or cross-cut shredded at point of production</td>
</tr>
<tr>
<td>Controlled Drugs</td>
<td>Hazardous Medicinal</td>
<td>Rendered irretrievable prior to disposal by incineration. Contact Pharmacy Department for details. Under no circumstances should this waste be discharged into the water system</td>
</tr>
<tr>
<td>Cytotoxic/Cytostatic Drugs</td>
<td>Hazardous Medicinal</td>
<td>To be placed in Cytotoxic containers (Purple lid) for disposal by incineration</td>
</tr>
<tr>
<td>Cytotoxic/Cytostatic Infectious Waste</td>
<td>Hazardous Infectious</td>
<td>To be placed in Cytotoxic rigid container or bag for disposal by incineration</td>
</tr>
<tr>
<td>Domestic (household) waste</td>
<td>General</td>
<td>Black bag for compacting on site prior to landfill or municipal incineration</td>
</tr>
<tr>
<td>Electrical and Electronic Equipment</td>
<td>WEEE</td>
<td>Follow separate WEEE disposal procedure. Contact Waste Operatives via Estates Helpdesk</td>
</tr>
<tr>
<td>Fluorescent Tubes</td>
<td>Recycling/Recovery</td>
<td>Stored in dedicated containers on site Contact Estates Department</td>
</tr>
<tr>
<td><strong>Food Waste</strong></td>
<td>Anaerobic Digestion</td>
<td>Separate waste collection arrangements for food waste from kitchens/restaurants.</td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td>General or Recycling</td>
<td>Contact Waste Operatives via Estates Helpdesk for disposal</td>
</tr>
<tr>
<td>Giving Sets (not contaminated with medicinal products)</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Giving Sets (contaminated with medicinal products)</td>
<td>Hazardous Infectious</td>
<td>Place in rigid containers or sharps containers with Yellow lid. Disposal by incineration</td>
</tr>
<tr>
<td>Glass (contaminated with medicinal products)</td>
<td>Hazardous Infectious</td>
<td>Place in rigid containers or sharps containers with Yellow lid. Disposal by incineration</td>
</tr>
<tr>
<td>Glass - uncontaminated</td>
<td>Recycling</td>
<td>Use recycling facilities where available</td>
</tr>
<tr>
<td>Gloves (contaminated)</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Gloves (Catering)</td>
<td>General</td>
<td>Black bag for compacting on site prior to landfill or municipal incineration</td>
</tr>
<tr>
<td>Hand towels</td>
<td>General or Recycling</td>
<td>Black Bag or Clear Bag</td>
</tr>
<tr>
<td>Implanted Devices (including pacemakers)</td>
<td></td>
<td>Contact Waste Manager</td>
</tr>
<tr>
<td>Incontinence Waste</td>
<td>Hazardous Infectious or Offensive Waste</td>
<td>Orange clinical waste bag (or tiger stripe bags if waste is non-infectious). Disposal by Alternative Treatment.</td>
</tr>
<tr>
<td>IV Bags (used for saline or glucose only)</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>IV Bags (contaminated with medicinal products)</td>
<td>Hazardous Medicinal</td>
<td>Place in rigid containers or sharps containers with yellow lid. Disposal by incineration. 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.</td>
</tr>
<tr>
<td>Medical Devices</td>
<td>Recycling/Recovery</td>
<td>Each Department responsible for disposal</td>
</tr>
<tr>
<td>Medicines (in original packaging)</td>
<td>Non Hazardous Medicinal</td>
<td>Place in rigid containers or sharps containers with Yellow lid. Disposal by incineration</td>
</tr>
<tr>
<td>Medicines (loose)</td>
<td>Non Hazardous Medicinal</td>
<td>Place in rigid containers or sharps containers with Blue lid. Care should be taken to minimise the risk of combustion, explosion or noxious fumes as a result of intermixing. Disposal by incineration</td>
</tr>
<tr>
<td>Mercury</td>
<td>Hazardous Chemical</td>
<td>Contact Waste Manager</td>
</tr>
<tr>
<td>Nappies</td>
<td>Hazardous Infectious or Offensive Waste</td>
<td>Orange clinical waste bag or Tiger Stripe bags. Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Paper and paper packaging</td>
<td>Recycling</td>
<td>Clear bag</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to separate disposal procedure</td>
</tr>
<tr>
<td>Radioactive</td>
<td>Radioactive</td>
<td>Refer to separate disposal procedure</td>
</tr>
<tr>
<td>Refrigeration Equipment</td>
<td>Hazardous WEEE Recycling/recovery</td>
<td>Contact Waste Operatives via Estates Helpdesk</td>
</tr>
<tr>
<td>Sanitary Waste</td>
<td>Offensive Waste</td>
<td>Use sani bins provided</td>
</tr>
<tr>
<td>Stoma Bags</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Surgical Dressings</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>Item</td>
<td>Hazard Type</td>
<td>Disposal Method</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Syringes (contaminated with medicinal products)</td>
<td>Hazardous Medicinal</td>
<td>Place in sharps container with Yellow lid Disposal by incineration</td>
</tr>
<tr>
<td>Syringes – Phlebotomy</td>
<td>Hazardous Infectious</td>
<td>Place in sharps container with Orange lid Disposal by alternative treatment</td>
</tr>
<tr>
<td>Syringes (contaminated with Cytotoxic or Cytostatic drugs)</td>
<td>Hazardous Medicinal</td>
<td>Place in sharps container with Purple lid Disposal by incineration</td>
</tr>
<tr>
<td>Toner Cartridges</td>
<td>Recycling</td>
<td>Recycling facilities available on both sites</td>
</tr>
<tr>
<td>TVs</td>
<td>Hazardous WEEE</td>
<td>Contact Waste Operatives via Estates Helpdesk for disposal</td>
</tr>
<tr>
<td>Toxic Chemicals</td>
<td>Hazardous Chemical</td>
<td>Contact Waste Manager</td>
</tr>
<tr>
<td>Urinary Catheters</td>
<td>Hazardous Infectious</td>
<td>Orange clinical waste bag Disposal by Alternative Treatment</td>
</tr>
<tr>
<td>X Ray Film</td>
<td>Hazardous General</td>
<td>Separate disposal arrangements in place</td>
</tr>
</tbody>
</table>
APPENDIX 2

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** (Policy 0123)

**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)
APPENDIX 3

NHS London
The Handling, Transport and Disposal of Infectious Waste

This information is intended for and is applicable to all who manage or come into contact with NHS healthcare waste (waste producers and their waste contractors). The initial aim is to circulate this reminder guidance to all DIPC’s and Directors of Estates to ensure that all trusts have checked and updated their waste management policy.

Waste Management: Infectious Waste

Everyone who manages waste and/or has responsibility for the management of waste is required to fully comply with his or her own “Duty of Care”. NHS organisations are required to ensure that their policies and procedures are in line with Department of Health’s Health Technical Memorandum 07-01: “Safe management of healthcare waste” whilst the statutory requirements covering Duty of Care in waste management are contained in The Environmental Protection (Duty of Care) Regulations (England, Scotland and Wales).

Classification of infectious waste for the purpose of transport and treatment

Infectious waste is classified into two categories:

Category ‘A’: an infectious substance which is transported in a form that, when exposed to it is capable of causing permanent disability, life-threatening or fatal disease to humans or animals (see extract p79 HTM 07-01 below)

and

Category ‘B’: an infectious substance which does not meet the criteria for inclusion in Category ‘A’.

Handling Category ‘A’ waste

Waste which is known or suspected to be contaminated with pathogens presenting the most severe risk of infection is classified as a Category ‘A’ waste. Category ‘A’ waste includes infectious waste from highly infectious diseases such as the Ebola virus and cultures of certain infectious diseases. See Health Technical Memorandum 07-01 Appendix B “Indicative examples of infectious substances included in Category ‘A’ in any form”.

On those occasions where microbiological cultures and other infectious waste classified as Category ‘A’ infectious substances may require disposal off-site the waste should be placed in appropriate yellow UN approved packages for this type of waste noting that these may differ from other yellow containers used in hospitals.

Wherever possible, Category ‘A’ infectious substances (including waste) should be treated on site, using an autoclave or equivalent, before being transported for disposal.

In exceptional circumstances (for example an autoclave malfunction), waste that is normally autoclaved should be packaged for carriage and transferred to an incinerator as soon as possible. It should not be allowed to accumulate in its approved packaging for more than 24 hours before incineration. Where the waste is stored for any period, it should be stored securely, and access restricted to authorised and trained personnel.
Transport of Category ‘A’ waste and surgical instruments
Where healthcare organisations are obliged to carry used surgical instruments by road to a centralised sterile services facility, such instruments, dependent on an assessment of infection risk, should normally be classified as UN 3291 (clinical waste). It is extremely unlikely that surgical instruments contaminated with pathogens of Category ‘A’ need to be transported off-site though if this is necessary a special authorisation will be required from the Department for Transport.

Disposal of Category ‘A’ waste
Treatment and disposal systems for healthcare waste can be segregated into two broad types High temperature (incineration/combustion processes) and Non-burn/low temperature alternative technologies.

For Category ‘A’ waste, on-site autoclaving or incineration are the most appropriate means of waste inactivation due to the significant risks to the community in terms of human and animal health. However, waste may be sent to alternative treatment/disposal methods which operate to an equivalent or higher standard. Any disposal facility should hold the appropriate licence suitable for the waste to be treated or disposed of as the statutory duty of care applies to everyone in the waste management chain as it requires producers and others who are involved in the management of the waste to prevent its escape, and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal.

Category ‘A’ waste in the community setting
In practice it is unlikely that Category ‘A’ infectious waste will be encountered in the community setting. Category ‘A’ substances are likely to cause life threatening disease and, in general, are able to spread easily and therefore pose a risk to the local community and healthcare workers.

NHS organisations whose staff suspect they have encountered a Category ‘A’ infectious substance in a community setting should inform the Health Protection Agency and the Department for Transport for additional advice regarding the movement of the waste as the Carriage Regulations specify that Category ‘A’ substances should only be packaged in specialist packages and boxes and, while the use of standard infectious waste packaging is suitable for containment on the site of production, the waste should not be moved until packaged in appropriate yellow UN approved containers.
INDICATIVE EXAMPLES OF INFECTIOUS SUBSTANCES INCLUDED IN CATEGORY A IN ANY FORM UNLESS OTHERWISE INDICATED (2.2.62.1.4.1)

<table>
<thead>
<tr>
<th>UN Number and name</th>
<th>Micro organisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN No. 2814</td>
<td></td>
</tr>
<tr>
<td>Infectious</td>
<td>Bacillus anthracis (cultures only)</td>
</tr>
<tr>
<td>Substances</td>
<td>Brucella abortus (cultures only)</td>
</tr>
<tr>
<td>affecting humans</td>
<td>Brucella melitensis (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Brucella suis (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Burkholderia mallei – Pseudomonas mallei – Glanders (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Chlamydia psittaci – avian strains (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Clostridium botulinum (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Coccidioides immitis (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Coxiella burnetii (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Crimean-Congo haemorrhagic fever virus</td>
</tr>
<tr>
<td></td>
<td>Dengue virus (cultures only)</td>
</tr>
<tr>
<td></td>
<td>Eastern equine encephalitis virus (cultures only)</td>
</tr>
</tbody>
</table>

Further information

<table>
<thead>
<tr>
<th>Document</th>
<th>Available from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Technical Memorandum 07-01:</td>
<td><a href="http://www.spaceforhealth.nhs.uk">http://www.spaceforhealth.nhs.uk</a></td>
</tr>
<tr>
<td>“Safe management of healthcare waste”</td>
<td><a href="http://www.dh.gov.uk">http://www.dh.gov.uk</a></td>
</tr>
<tr>
<td>Environmental Protection (Duty of Care)</td>
<td><a href="http://www.defra.gov.uk/enenvironment/wastemanagement">http://www.defra.gov.uk/enenvironment/wastemanagement</a></td>
</tr>
<tr>
<td>Regulations (England, Scotland and Wales);</td>
<td></td>
</tr>
<tr>
<td>Health Protection Agency</td>
<td><a href="http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ">http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ</a></td>
</tr>
</tbody>
</table>
Figure E3 Assessment and classification of infectious waste

Start
Step 1: Is the waste a culture or enrichment of a microorganism of a pathogen of a pathogen that is known or reliably believed to cause disease in man or other living organisms?

OR
Is the waste a sample from an animal or human known or clinically assessed to have a disease caused by a microorganism or its toxin?

YES

This element of the waste possess the hazardous property "Hazardous" and should be assigned the EWC codes 18 01 03 or 18 02 02.

NO

Step 2: Does the waste arise from a patient that is known or suspected to have a disease caused by a microorganism or its toxin?

YES

Step 4a: Is the waste a sharp?

YES

This element of the waste possesses the hazardous property "Hazardous" and should be assigned the EWC codes 18 01 03, 18 02 02 or 20 01 59.

NO

Step 4b: Is the waste anatomical waste or a pet carcass?

YES

This element of the waste possesses the hazardous property "Hazardous" and should be assigned the EWC codes 18 01 03 or 18 02 02.

NO

Step 3: Might the waste cause infection to any person or other living organism coming into contact with it?

YES

Step 4c: Is the waste a sharp, an anatomical waste or a pet carcass?

YES

NO

Step 5: Has the waste item been specifically assessed for H9 infection?

YES

NO

Step 7: Go to Step 5 of the assessment framework in Chapter 5

Step 6: Classify for transport

Step 4d: Waste other than anatomical waste and sharps: this element of the waste possesses hazardous property "Hazardous" and should be assigned the EWC codes 18 01 03, 18 02 02 or 20 01 59.
APPENDIX 4

SPILLAGE AND INCIDENT REPORTING PROCEDURES

All sharps injuries should be reported on the Electronic Incident Reporting system and dealt with according to the Trust Policy on Reporting Accidents and Incidents. Specific advice may be sought from the Infection Prevention and Control Team and the Occupational Health Department (ref. Trust policy ‘Blood-Borne Viruses: Prevention of Infection (Inoculation Injury (Needlestick) Procedures’).

Spillages, ‘near misses’ and incidents of incorrect disposal should also be reported on the Electronic Incident Reporting system and sent to the Health and Safety Advisor and the appropriate Manager for action.

All spillages of blood and body fluids will be dealt with according to current Trust procedures (ref. Trust policies ‘Blood-Borne Viruses: Prevention of Infection (Inoculation Injury (Needlestick) Procedures’) and ‘Cleaning of Environment Policy’).

Specific procedures for dealing with spills of cytotoxic drugs are provided in the procedure document ‘Chemotherapy Treatment Policy’.

Mercury Spillage
Standard spill packs are available from the Facilities Team Offices at each site and advice may be sought from the Health and Safety Advisor as required.

All spills of radioactive materials should be dealt with according to the relevant local rules. Major spills as defined in these local rules should be reported to the Radiation Protection Advisor.

Personal monitoring may be required and advice should be sought from the Radiation Protection Advisor or appropriate members of the Physics Department immediately.
APPENDIX 5

CONTINGENCY PLANS

Laboratory Autoclaves

In the event of a failure of the site autoclave, arrangements will be made to store high risk samples and laboratory waste in a designated collection area within the Clinical Pathology Department. Waste will be appropriately labelled and then placed directly into the container.

When full, the container will be transported by laboratory staff to the designated waste collection point. The container will be secured at all times except when in use.

In the event of an autoclave malfunction, the Head of the Microbiology Department will immediately contact the Waste Manager to ensure that the above contingency plans are instigated and arrangements made with an authorised waste contractor to deal with the waste appropriately. The Health & Safety Executive are to be notified that the Trust is operating on contingency plans and plan to ship untreated waste.

Laboratory waste contaminated with Category B listed micro-organisms are assigned to UN3291, clinical waste, unspecified, n.o.s. Clinical waste carts compliant with LP621 are suitable for use.

Laboratory waste contaminated with Category A listed micro-organisms not derogated under ADR 2009 are assigned to UN2814 for disposal. UN2814 assigned waste is deemed to be a ‘high consequence load’ and the Trust is required to have a Security Plan in place for the removal of this waste type. Matters of packaging, marking, labelling are more stringent than for UN3291 assigned waste. The Trust is advised to contact the appointed Dangerous Goods Safety Adviser (01865 400001) prior to dispatch of this waste type for advice and assistance.

The Waste Manager will, as appropriate, contact all relevant departments to inform them of the contingency plans in place.

In the event of a delay in the routine waste collection service the Waste Manager will ensure that temporary measures for the storage of waste are provided. Where insufficient space storage facilities are available, arrangements will be made for an alternative, authorised contractor to remove the waste immediately.
APPENDIX 6

Asbestos Waste Regulations

Asbestos waste is considered to be “hazardous waste” when it contains more than 0.1% asbestos, meaning that any waste will require a consignment note that records the fact that the waste was taken and disposed of in accordance with the requirements set out by the Environment Agency.

All asbestos waste (throughout the United Kingdom), is subject to Schedule 2 of the Control of Asbestos regulations 2006 and in most cases, waste will also be subject to the Carriage of Dangerous Goods (etc) Regulations 2004 (CDG), CDG does not normally apply to asbestos cement and other firmly bound asbestos containing materials that do not release breathable fibres easily.

It has been known for individuals to mix asbestos waste with other waste so that the overall asbestos content of the waste is less than 0.1%, but this is covered in the regulations and is not permitted.

There are six types of asbestos.

- Chrysotile (white asbestos)
- Grunite (brown asbestos)
- Crocidolite (blue asbestos)
- Anthophyllite
- Tremolite
- Actinolite

Personal protective equipment

All employees involved in the handling of asbestos waste should be provided with suitable and appropriate PPE to enable them to carry out the work safely, such as:

- Disposable overalls (type 5) fitted with a hood;
- Waterproof overalls may be required outside;
- Boots without laces (laced boots can be difficult to decontaminate); and
- Disposable particulate respirator (FFP3) (worn according to manufacturer’s instructions).

Only where the level of risk has been established and controlled (eg where the waste is double bagged and sealed in approved type bags) should lesser standards of PPE be considered.

All PPE should be inspected before use, and any defects reported and rectified. No work should be carried out without the appropriate PPE and other equipment, such as a damping spray, being in place.

When putting on PPE, employees should put the facemask on under the hood of the overalls and not over the hood.
Packaging of Asbestos Waste
Asbestos waste must be packed in UN approved packaging with a CDG Hazard sign and asbestos code information visible.

Asbestos waste should be double-wrapped and be clearly marked as asbestos waste. Normal accepted practice is to use a red inner bag containing asbestos warning and a clear outer bag with the CDG sign.

Carrying Asbestos Waste
Otherwise, you should arrange collection of waste using a properly registered hazardous waste carrier.

Asbestos waste must only be disposed of at a licensed disposal site and consignment notes must be kept for at least 3 years.

The above suggestions should be considered to be the minimum to comply with the law in England and Wales. Further guidance is available from the following web sites:

Health & Safety Executive | The Environment Agency | NetRegs

Examples of the bags used for disposal.
APPENDIX 7

COMMUNITY NURSING / COMMUNITY SERVICES

ANY waste produced as a result of Community Services healthcare activities is considered to be healthcare professional waste.

Clinical waste deemed to be hazardous or potentially infectious generated by the community nursing service, children’s services etc, needs to arrange to have their waste collected through the “Wire System” (computer based, password protected system) which instigates a clinical waste collection service directly from the patients’ home in two ways:

A lockable waste collection bin will be delivered to the patient’s home which will be located externally with their own routine bins.

All patients will be required to give consent and a letter will be given to them explaining the system. However if they do not consent to having a lockable bin, then the nurses must arrange collections as required.

Whilst awaiting collection, the waste should be stored away from children, pets and pests, utilising Orange Bags & Sharps Bins. (Orange Bags can be stored in Lockable External Containment) (240lt Bins).

Sharps bins be used by C staff visiting patients within their home/community setting, will also require collection from patients’ homes utilising the “Wire” system. A Yellow bin with a Yellow lid is to be used unless Cytotoxic/Cytostatic drugs are used. In this case a Yellow bin with a Purple lid must be used.

All sharps containers (regardless of colour combinations) should be sealed when ¾ full, labelled correctly with the date the container was first used, location it is from, a signature of the person assembling/disposing of and the date closed.

BLACK BAG (Domestic)

If the waste is Non-Hazardous, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with sanitary towels, nappies and incontinence pads (known collectively as Sanpro Waste) which are not considered to be hazardous when they originate from a healthy population. (With the householder’s permission).

SINGLE USE INSTRUMENTS

These are now commonly used both within community inpatient areas and community based services. Contaminated plastic, metal and wood where there is no risk of sharps injury can be disposed of in Orange bags.

Any of these that have sharp areas are to be disposed of in Yellow sharps bins with Yellow lids or, Purple lid for Cytotoxic.

STAFF HEALTH AND WASTE HANDLING

All staff whose role may include the handling of healthcare waste shall be suitably immunised as advised by Occupational Health Department.

When handling healthcare waste, staff must wear appropriate personal protective equipment (PPE) in accordance with Royal Marsden NHS Foundation Trust Policy (125).

All staff must undertake good hand hygiene practice as per Royal Marsden NHS Foundation Trust Policy (53) after handling any healthcare waste.
APPENDIX 8

Useful Contacts

If you have any comments or queries please visit our secure website and click on Nurses WIRE at the top; https://wire.paradisii.net/

Guy’s and St Thomas’ NHS Foundation Trust direct;
Phone: 020 8254 8337
Email: environmental@swlondonssp.nhs.uk

Or write to us at the following address;
Environmental Services
Essentia Community
Guy’s and St Thomas’ NHS Foundation Trust
120 The Broadway
Wimbledon
SW19 1RH

Should the patient wish to find out more information regarding the waste collection services available to them, they can log on to www.essentia.gstt.nhs.uk

Are you a Community Nurse?
Do you know what to do with your waste?

The Royal Marsden is working with
Guy’s and St Thomas’ NHS Foundation Trust

Authoring Department: Estates
Version Number: 12
Author Title: Waste Manager
Published Date: 18/08/2017 14:04:05
Ratified By: Waste Management Committee, IGRM
Review Date: 18/08/2018 14:04:05

Uncontrolled if printed
Delivering care in the home?

From 1st September 2012 The Royal Marsden and Guy’s and St Thomas’ NHS Foundation Trusts are working together to improve waste collections where NHS activity occurs in a patient’s home.

This leaflet is designed to answer any questions you may have about the waste that is produced as a result of NHS activity in the community and the responsibilities of the administering clinician.

What waste can be collected from a patient’s home?
If the waste produced is professionally judged as being potentially infectious, the clinician has a responsibility to ensure the waste is either removed from the premises personally or collected by an appropriate agent.

How will clinical waste collections work for you?

Our clinical waste contractor, SRCL, will collect the waste produced to comply with legislation and to prevent a negative impact on patient care.

It is a legal requirement for you to ensure that any waste generated goes into the correct waste stream.

Needles
The clinician will either have a sharps container with them for disposing of needles or there may be one already present in the home. Where sharps are left in the home, these will be collected on a quarterly basis unless otherwise specified.

Orange Bagged Clinical Waste
If the nurse deems the waste to be infectious or has the potential to become infectious then this will be placed into an orange bag for collection by SRCL or be removed off site by the nurse. If the waste produced is dry bandages and contain no traces of bodily fluids then these can be placed into the patient’s home waste stream with their consent.

Packaging
Clean packaging can be placed, with the patient’s consent, into their own recycling or black bag waste streams. Under no circumstances should any clean packaging to be placed into an orange bag.

Q: How do I arrange a collection?
Visit our website at https://wire.paradisi.net/ and select NURSES WIRE at the top of the welcome page. This simple on-line tool allows you to request a date and time of collection that is suitable for the patient.

Q: How do I arrange a collection if I don’t have access to the internet?
We can arrange a collection for you over the phone, contact us using the useful contact shown overleaf.

Q: How do I change a collection date?
You will receive a confirmation email. This will contain a link which will take you back to your request. You can then make any changes to the agreed collection date/time.

Q: What about replacement orange bags and sharps boxes?
These can be collected from your base before going out on your rounds. They are supplied free of charge to your base through SRCL. If you wish to order more items then please do so using https://wire.paradisi.net/ and selecting WIRE and fill in the brief details required on each page.

Q: Who will come and collect the waste?
Our contractor is SRCL and all employees will have identifying name badges. Guy’s and St Thomas’ have a long standing and very strong working relationship with this company.