University Hospitals of Leicester NHS
NHS Trust

Waste Management Policy and Guidance

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Version Control			
5.0	Richard Winter	16.02.2023	Formatting Changes outlined by PGC

1 INTRODUCTION AND OVERVIEW

1.1 The University Hospitals of Leicester NHS Trust (UHL) (hereafter referred to as the Trust) due to the organisations size and consumable purchasing obligations, recognises that in the course of its operations, will generate large quantities of waste materials that will require appropriate management.

1.2 Waste generated by the Trust is varied in nature; some wastes may have low risks associated with handling and disposal, whilst others may need to be strictly controlled.

1.3 The Trust recognises that it has an ever increasing responsibility to dispose of its waste safely and efficiently, which will require the development of processes to minimise and standardise waste services provided and produced at all the Trust sites.

1.4 The Trust recognises its legal and ethical obligations in relation to waste management. It will meet its Duty of Care and ensure so far as is reasonably practicable that our staff and nominated contractors comply with the requirements of waste protocols issued under cover of this Policy.

1.5 The Trust recognises that it has a duty to take reasonable care for the health and safety of its patients, staff, members of the public and other persons i.e. waste contractors, who may be affected by its waste production and disposal activities. The Trust will have adequate arrangements in place to cover production, handling, transport, storage and disposal of its waste safely.

1.6 Waste may be disposed of in a number of ways; each may present special challenges.

1.7 Typically common methods for final disposal include registered Landfill Sites, Offensive Waste Recycling & Treatment Facilities, Alterative Treatment and High Temperature Incineration Facilities. As time passes, opportunities for the Trust to pursue better final waste management options will be investigated to keep up with legislative obligations, improved technological efficiencies and lower carbon emissions.

1.8 Where building, refurbishment, reconfiguration or engineering works are due to be undertaken in Trust premises, the appropriate procedures defined in this policy must be followed.

2 POLICY SCOPE

2.1 This policy applies to all staff including temporary, agency, contracted and other professional visitors and sets out the roles and responsibilities, within the Trust, for the safe management of healthcare waste. This policy is only relevant to the sites the Trust owns and where UHL staff work in or from.

2.2 The Trust is responsible for a Total Waste Management Service that encompasses collection, segregation, storage, transportation and disposal, extending to providing a safe environment through the handling, transport, storage and disposal of multiple waste streams as set out in Appendix 1;

2.3 The Trust will make all necessary arrangements with training providers to comply with this Policy and will work in co-operation with other relevant parties to ensure safe and sufficient working practices by providing an agreed training programme for Trust's staff involved in waste handling. The training should be on-going and at specific times, agreed with the Trust as detailed in section 6

2,4 All Trust's staff will be required to follow local safety rules, including issues surrounding infection control, personal protective equipment (PPE), needle stick protocol and security arrangements.

Under no circumstances will anyone alter or modify equipment or plant without first formally agreeing with the Trust in writing.

2.5 Contractors and Trust staff will ensure that waste is transported around the Trust responsibly and safely. Waste transported off site, on public highways and falling in the scope of the current Department of Health issued Health Technical Memorandum (HTM) 07-01 are to be properly packaged, contained, tagged/labelled in accordance with ADR [Transportation of Dangerous Goods within the EU] and other relevant carriage legislation. This includes provision of transport documentation stating the items, UN Number, and proper shipping name. All contractors appointed in the transportation of waste must adhere to its standards and that a suitably qualified Dangerous Goods Safety Adviser (DGSA) is appointed, as per EC Directive (96/35/EC). All relevant staff must be aware of these requirements and, where necessary, contractors must supply them with appropriate information, instruction, and training.

2.6 Trust staff are responsible for correctly segregating, securely sealing and tagging/labelling all waste generated throughout the estate, in order to ensure traceability of wastes to the point of generation; this also includes the identification of correct European Waste Catalogue (EWC) Codes for the contents of clinical waste wheelie bins in accordance with the Trusts Duty of Care obligations.

2.7 Trust staff are to ensure that receptacles, containers and waste storage wheelie bins comply with the national colour coding system, in accordance with the current HTM 07-01 and are handled with reasonable care, are not over filled, left unsecure, bins to be locked when not in use and that appropriate EWC tags reflect current HTM 07-01 guidance. All containers, receptacles and waste storage wheelie bins/carts must be delivered to site and confirmed as being disinfected and clean. Should any cart be found to be contaminated, it should be removed from service, separately stored and the waste contractor shall be informed. All faulty containers, receptacles and waste storage bins, including locking mechanisms, must be reported, an identification label attached noting the fault, date, who reported it and contact details. This should also be reported to the Portering Manager to be

formally recorded – The container should be removed from service and replaced. The segregated container will be collected by the service contractor for remedial repair.

2.8 Contractors and the Trust are responsible for providing contingency plans for all potential waste incidents, including dovetailing these with any Trust Major Incident Plans- these will be developed as needed so that minimal impact will occur to the overall waste services.

2.9 Contractors and the Trust are responsible for managing waste documentation, including Transfer Notes (WTN) and Hazardous Waste Consignment Notes (HWCN) for any hazardous wastes e.g. infectious clinical waste etc. These must be available for inspection in order for the Trust to suitably carry out their "duty of care" auditing. Transfer Notes and HWCNs must contain enough information about the waste to enable anyone coming into contact with it, to know how to handle it safely and, either dispose of it safely or allow it to be recovered safely within the law.

2.9.1 Waste Transfer Notices must be completed properly and held for two years.

a) Signature by both parties involved in the transfer or waste.
b) The quantity of waste by weight, where possible.
c) Confirmation of Waste Hierarchy.
d) Where the waste is going to.
e) Date of Transfer.
f) Waste Carrier details.
g) How it is packaged.
h) Receptacle type.
i) Waste description.
j) Source of the waste.
k) SIC Code 2007.
l) EWC Code.

2.9.2 Hazardous waste consignment notes must be completed properly and held for six years.

HWCNs must include:

a) The nature of the waste, which gives a full description of the waste, including its components, hazardous properties and list of EWC [European Waste Catalogue] codes.
b) The origin of the waste, including the name, address and postcode of the premises.
c) Confirmation of authorised disposal i.e. verification via "Part E" returns.
d) Identification of the carrier, including the vehicle registration number.
e) Hazardous Waste Producer Premises Code or exemption details.
f) Signature by both parties involved in the transfer or waste.
g) The quantity, in kilograms, of waste disposed of.
h) The mode of transport [if applicable].
i) Where the waste was produced.
j) The destination of the consignee.
k) Confirmation of Waste Hierarchy.
l) The frequency of the collection.
m) The treatment or disposal method.

n) Hazardous Codes for the waste.
o) SIC Code 2003.
p) UN Numbers.
q) And all other Dangerous Goods details.

2.10 Waste Management Strategy

Trust Commitment

The Trust will comply so far as reasonably practicable, with health, safety and environmental legislation and associated guidelines as it may apply with the handling, storage, transportation and safe disposal of all waste streams.

The Trust will take all reasonable steps to protect the health and safety of its staff that are directly involved or affected by the waste management process.

The Trust will take reasonable care to protect non employees such as waste contractors (acting on behalf of the Trust) and members of the public, who may come into contact with or be affected by the disposal of the Trust's waste.

The Trust will identify all types of waste produced by its activities and assess the risks associated with their transportation and disposal.

The Trust will determine safe and efficient methods and where appropriate, provide equipment for handling, storage, transport and disposal of waste required to control spillage or other unplanned circumstances.

The Trust will take all reasonable steps to ensure that where waste is disposed of on behalf of the organisation, the waste service provider is competent to undertake these duties. The Trust will monitor the performance of the waste service provider, ensuring the waste is transferred to the correct person or organisation.

The Trust will provide training, supervision and instruction for staff and others as appropriate on the steps necessary to control risk from the disposal of waste.

The Trust will take reasonable steps to prevent the loss of or interference of its waste.

The Trust will, at periodic intervals, monitor and review its systems of waste disposal to ensure best practice, appliance with legislation and this policy.

The Trust acknowledges that from better management of waste, and the implementation of waste segregation, both cost savings and environmental savings can be achieved. The Trust also acknowledges that good waste management saves money, promotes better health and results in environmental gains.

2.11 Dangerous Goods Safety Advisor (DGSA)

Under certain circumstances, the Carriage of Dangerous Goods Regulations requires healthcare premises to appoint a DGSA. The responsibility for this rests with the Trust; and is, to a greater degree, dependent on the quantity and type of dangerous goods being transported by road.

DGSAs are required, when the quantity of healthcare waste, classified as "dangerous during transit", exceeds certain thresholds in ADR (the European agreement concerning the international carriage of dangerous goods by road).

This will be >333kg per load transported from site (in bulk, for infectious clinical wastes), of which, each of our Trusts hospital sites are likely to exceed on a daily basis.

DGSAs do not need to be employees of the Trust and their work is frequently "outsourced" to consultancy by healthcare organisations; this includes Trust. DGSAs are also required to undertake checks and audits of the Trusts other dangerous goods being transported by road [over ADR thresholds], other than clinical wastes.

The DGSA monitors and advices the Trust on dangerous goods carriage compliance, including any deficiency of training; they also ensure that associated relevant incidents and accidents are properly investigated and reported for the Trust. DGSAs are required to produce an annual report (kept for five years) for each of the Trusts hospital sites on our activities of dangerous goods being prepared for transport off site.

The Trust, via its nominated and appointed officer, has an obligation to act upon any anomalies highlighted in the DGSA's annual site reports; and make changes or rectify practices and procedures that may leave the Trust vulnerable to breaches in ADR compliance.

3 DEFINITIONS AND ABBREVIATIONS

3.1 Waste

Any substance or object, which the producer or the person in possession of, decides to dispose of.

3.2 Healthcare Waste (Clinical Waste)

Waste generated as a result of healthcare activity, including from clinical care, diagnosis, treatment or prevention of disease in humans and is a classified waste.

Table 1 at 3.3 shows the entries with the six digit European Waste Classification (EWC) code also shown. Those entries superseded by an asterisk (*) are Hazardous Wastes.

Clinical waste as from a healthcare activity is defined as any waste which consists wholly and partly of:

a) Human or animal tissue - identifiable or non-identifiable.
b) Blood or other body fluids & Used blood bags.
c) Excretions.
d) Drugs or other pharmaceutical products inclusive of Cytotoxic/Cytostatic drugs.
e) Soiled swabs or dressings.
f) Syringes, needles or other sharp instruments.
g) Waste that, unless rendered safe, may prove hazardous to any person coming within direct contact, inclusive of Infusion sets, pharmaceutically contaminated bottles and Amalgam.
h) Any other waste arising from medical, nursing, dental, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste, which may cause infection to any person coming into contact with it.

3.3 Clinical Waste Categories

EWC [European Waste Catalogue] codes are mandatory for all waste transfer documentation. The EWC codes in Table 1 relates to the human healthcare codes for clinical wastes. For a full explanation of EWC codes and the purpose of their use, please refer to APPENDIX 5 – List of Designated Waste

Table 1

EWC Code	Description	Hazardous / Non Hazardous
18 01 01*	Sharps (not 18 01 03)	Hazardous
18 01 02	Body parts, organs & blood	Non Hazardous
18 01 03*	Infectious Clinical Waste	Hazardous
18 01 03*	Infectious non-medicinal sharps	Hazardous
18 01 03* / 09	Infectious Medicine	Hazardous
18 01 04	Non Infectious Waste (Offensive)	Non Hazardous
18 01 06*	Chemicals	Hazardous
18 01 07	Chemicals	Non Hazardous
18 01 08*	Cytotoxic Medicines	Hazardous
18 01 09	Other Medicines	Non Hazardous
18 01 10*	Amalgam	Hazardous

3.4 Hazardous Clinical Wastes

Waste classified as “Hazardous Clinical Waste” by virtue of the hazardous properties of that waste and is subject to controls under the Hazardous Waste Regulations 2005 (HWR 2005) including, but is not limited to, infectious clinical waste, cytotoxic and cytostatic sharps and medicines, radioactive and chemical wastes.

3.5 Infectious Clinical Waste

Waste that contains viable micro-organisms or their toxins, which are known or reliably believed to cause disease in humans or living organisms, regardless of the level of infection posed i.e. even minor infections are included within the definition of infectious. Infectious waste is Hazardous Waste

Infectious waste is divided into Category A and Category B infectious waste:

3.6 Category A

An infectious substance which is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals e.g. waste contaminated with pathogens presenting the most severe risk of infection, such as Ebola virus (see Appendix 10).

Laboratory waste arising from a Category A confirmed patient must be treated by autoclaving on-site prior to removal to an appropriate disposal facility. The Trust’s Viral Haemorrhagic Fever policy must be engaged for all waste arising from a Category A confirmed patient.

Category A clinical waste is defined for security purposes as “high consequence

dangerous goods". This means that aspects of security have to be taken into account. If Category A waste is required to be transported off site, then the Trust's Security Plan must be adhered to.

3.7 Category B

An infectious substance which does not meet the criteria for inclusion in Category A. This waste does not need to be treated on-site, prior to removal to an appropriate disposal facility.

For further clarification on approved disposal procedures for Category A & B diagnostic specimen wastes, please go to Appendix 2 - 1.6 Microbiology and Virology Waste. See Viral Haemorrhagic fever policy.

3.8 Hazard Groups

The definitions of the 15 Hazard Groups (Waste Framework Directive) identified in the Hazardous Waste Regulations, are as follows;

a) H1 - Explosive.
b) H2 - Oxidising.
c) H3 - Flammable.
d) H4-Irritant.
e) H5 - Harmful.
f) H6-Toxic.
g) H7 - Carcinogenic.
h) H8-Corrosive.
i) H9-Infectious.
j) H10-Toxic for Reproduction (Teratogenic).
k) H11-Mutagenic.
l) H12-Substances that release Toxic Gases.
m) H13-Sensitising.
n) H14-Ecotoxic.
o) H15-Hazardous waste through transformation.
p) POPs - Persistent Organic Pollutants.

Potentially all or part elements of clinical waste could have one or more of the 15 definitions of a hazards contained within a disposal package therefore there is provision made to separate out (where appropriate) these hazards by using appropriate waste bags and/or containers.

3.9 Body Fluids

Excessive body fluids or excessive fluids partly containing body contaminants

3.10 WEEE & Contaminated WEEE Waste

Waste electrical and electronic equipment is known as WEEE. Medical devices that have been contaminated by infected biological contaminants (body fluids) need to be disposed of in line with current legislation and should not be mixed with other waste streams. In these circumstances, the appliance becomes a hazardous (infectious) clinical waste and WEEE. Items, such as fridges that have become contaminated by infected biological agents must be fully decontaminated and accompanied by a signed certificate detailing the decontamination process. Only after the decontamination process, can waste from electrical or electronic equipment become classified as WEEE. It may still be hazardous by virtue of the properties of the WEEE, but it will not be considered infectious. See Appendix

Two for Disposal Information

3.11 Use of Colour Coded Clinical Waste Bags & Sharps Containers

The Trust has fully adopted the Department of Health's guidance on good practice for the safe disposal of healthcare waste; this being the Health Technical Memorandum (HTM) 07-01: Safe Management of Healthcare Waste;

The HTM recommends the use of orange (known infectious - no chemical/pharmaceutical contamination) and yellow (Category A or B infectious – may include chemical/pharmaceutical contamination) clinical waste bags and other colour coded bags including offensive bags / sharps containers for common clinical use within the NHS.

3.12 Disposal of Asbestos

Asbestos is a hazardous material and also classed as Dangerous Goods and is present in various buildings throughout the Trust's Estate; The presence of an asbestos containing material in itself does not constitute a danger and is safe to be left in situ if it is in good condition and unlikely to be disturbed. Such materials are regularly inspected to ensure they remain safe. In the event of asbestos being removed then very specific precautions have to be taken; details of which can be found in the Trust's Asbestos Management Plan and Operational Procedures Document B9/2021. See Appendix Two for further Information

3.13 Disposal of Construction Waste

Construction waste will mainly, if not solely, be produced from new or refurbishment projects under creation by contractors working within the Trusts estate buildings and external grounds. In these circumstances, it is the appointed Principal Contractor under the CDM Regulations that will be responsible for the removal of all waste produced during the project period, including any demolition waste. See Appendix Two for further Information

Technical Guidance WM3: Waste Classification should be consulted for guidance on the classification of waste streams.

- (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948735/Waste_classification_technical_guidance_WM3.pdf)

4 ROLES AND RESPONSIBILITIES WITHIN THE ORGANISATION

4.1 Chief Executive

The Chief Executive has overall responsibility on behalf of the Trust Board for its compliance with statute law. The Chief Executive has overall responsibility for ensuring that there are effective arrangements in place for the safe management of healthcare waste.

The Chief Executive will ensure that the requirements specified within this policy are resourced and implemented throughout the Trust.

The Chief Executive has a statutory duty to ensure arrangements are in place to provide safe systems of work and a safe environment for all its employees, visitors, contractors, and volunteers, members of the public and others within all its premises.

4.2 Director of Estates & Facilities

The Director of Estates & Facilities has the delegated responsibility to consider appropriate guidance and to ensure that operational arrangements are in place to effectively manage the collection, handling and disposal of waste across the Trust's portfolio and contracted locations.

4.3 Head of Sustainability

The Head of Sustainability in conjunction with the Trust Waste Manager will ensure that the day to day management and implementation of waste activities on each site works within the parameters of this policy.

The Head of Sustainability will ensure that, so far as is reasonably practicable;

a) Adequate resource is allocated for waste management activities.
b) Waste contracts are in place and monitored for quality, performance and best value.
c) Waste related Incident Reports are reviewed and closed appropriately.
d) Programmes for waste audits are in place.
e) Submit a monthly quality and performance report to the Trust's Waste Management Committee.
f) Implement a strategy for waste minimisation and recycling ensuring the contract terms of the service are met, working with supplier and operational teams to ensure that any deviations from the contract are resolved.

4.4 Waste Manager

Will ensure, so far as is reasonably practicable;

a) That there are adequate management arrangements and resources in place to safely manage the handling, storage and disposal of waste in their areas of responsibility.
b) That a regular audit, of waste disposal practices, in conjunction with Infection Prevention and Health and Safety colleagues are undertaken.
c) That they liaise with Ward and Departmental Managers, to ensure procedures conform to Trust policy and guidance.
d) Representation of the Facilities Department at the Waste Management Committee.
e) Take a lead in the development of policy and procedures.
f) Ensure that "duty of care visits" to contractor sites as required is undertaken. This will include all appropriate satellite units as depicted in Appendix 13.
g) Ensure that the denaturing of controlled drugs is carried out alongside an authorised Pharmacist, each time the process is requested by the Pharmacy Department.
h) Ensure that appropriate risk assessments are in place for waste activities.
i) Liaise with waste contractors for the effective delivery of the waste contracts.
j) Ensure that consignment/transfer notes are in place for all wastes.
k) Ensure that clinical quarterly producer returns are reconciled against consignment notes and filed with the hazardous waste consignment notes.

4.5 Trust Waste Management Committee

The Waste Management Group shall be chaired by the Head of Sustainability or their nominated deputy. The Waste Management Committee shall;

a) Carry out the duties as set out in the Terms of Reference of the Waste

Management Committee.

b) Ensure that the Trust has a policy and procedures for the safe disposal of waste in line with current and future legislation.
c) Review reports, significant waste incidents and new practices and report to the Trust Health and Safety Committee.
d) Review Training requirements and competency levels of staff.

4.6 Clinical Management Group (CMG) Managers

Will ensure, so far as is reasonably practicable;

a) Arrangements are in place to comply with this policy and relevant parts of the Trust procedures for the safe handling, storage and disposal of waste within their areas of responsibility.
b) Adequate resources, consumables and equipment are in place for the day to day management of waste activities within their area of responsibility.
c) Arrangements are in place for the staff to receive adequate, training, information, instruction and supervision in relation to waste handling activities.
d) All Managers are responsible for ensuring that the risks presented by the handling, storage and disposal of waste, within their area of responsibility are assessed and that the appropriate risk control measures identified and implemented. Managers must identify and implement appropriate control measures to ensure the safe management and handling of waste within their area of responsibility.

4.7 Head of Business Finance and Performance

Will ensure, so far as is reasonably practicable, that finance and performance functions are in place to support the waste management policy objectives.

4.8 Logistic Manager

Will ensure, so far as is reasonably practicable;

a) The porting waste team has sufficient resources, staffing (rota's) and capacity.
b) The volume of waste is managed to the required standards.
c) Monitor the waste service routes and ensure no hazards have developed.
d) That correct equipment is available and correctly maintained including arranging service visits.
e) Ensure daily checks are carried out and documented.
f) Liaise with external waste partners/companies.
g) Manage the day to day operational issues inclusive of responding to complaints, and reporting internally.
h) Report any NCRs.
i) Confirm the training of staff ensuring all in date.

4.9 Line Managers & Supervisory Staff

Will ensure compliance to this policy and if an exception is to occur these should be escalated up the line management structure, until resolved.

a) Ensure that all waste categories, within their area of responsibility, are identified during the risk assessment process.
b) Implement the Waste Management Policy within their specific areas of responsibility.
c) Monitor compliance with the Waste Management Policy and Guidance.
d) Ensure that all staff receive the necessary information, induction, instruction

and training relevant to their working duties and responsibilities. This must include contracted, temporary and agency staff.

e) Investigate reported incidents and, where necessary, take remedial action.
f) Maintain and update departmental procedures and records relating to waste issues.
g) Ensure that training is given to carry out emergency action as deemed relevant to the issue.

4.10 Health and Safety Managers

Will ensure, so far as is reasonably practicable;

a) Attendance at the Waste Management Committee.
b) Audit compliance with this policy during the Health, Safety and Environment Audit.
c) Investigate relevant waste related incidents following notification.
d) Report investigation findings to the Waste Management Committee.

4.11 Infection Prevention Representatives

Will ensure, so far as is reasonably practicable;

a) Attendance at the Waste Management Committee.
b) Co-ordinate with Facilities to audit the compliance and assess the infection prevention elements of the waste management process, at least annually per site.

4.12 Employees

All employees will, so far as is reasonably practicable;

Comply with policy, guidance and procedures and participate in the relevant induction and training to implement the following.

a) The Trust's Staff are responsible for ensuring waste is correctly segregated at the point of production, into relevant containers and waste receptacles. To this end, all staff has a responsibility as part of their personal Duty of Care to adhere and comply with this also. For the purpose of this policy, bank staff, agency staff and students are considered to be Trust staff.
b) Staff are reminded that non-compliance with Regulations appertaining to the Environmental Protection Act 1990 could, in certain circumstances, result in individual prosecution.
c) Staff will act in accordance with the requirements placed upon them by the Risk Management Policy.
d) Staff will take reasonable care of themselves and others, who may be affected by their actions regarding any aspect of waste.
e) Staff will co-operate in matters that involve waste generation, segregation and transport.
f) Staff will correctly use all necessary PPE [personal protective equipment] and other equipment designated for the task of handling and moving waste.
g) Staff will be responsible for correctly securing all waste bags, waste sharps and other rigid clinical waste containers with an identity [ID] waste tag that is solely issued to the ward or department the waste has originated from.
h) Staff will report any waste hazards or deficiencies in their working environment to their line manager, as well as completing the incident on the Trusts electronic [DATIX] system, if necessary.

4.13 Dangerous Goods Safety Advisor

Will ensure, so far as is reasonably practicable;

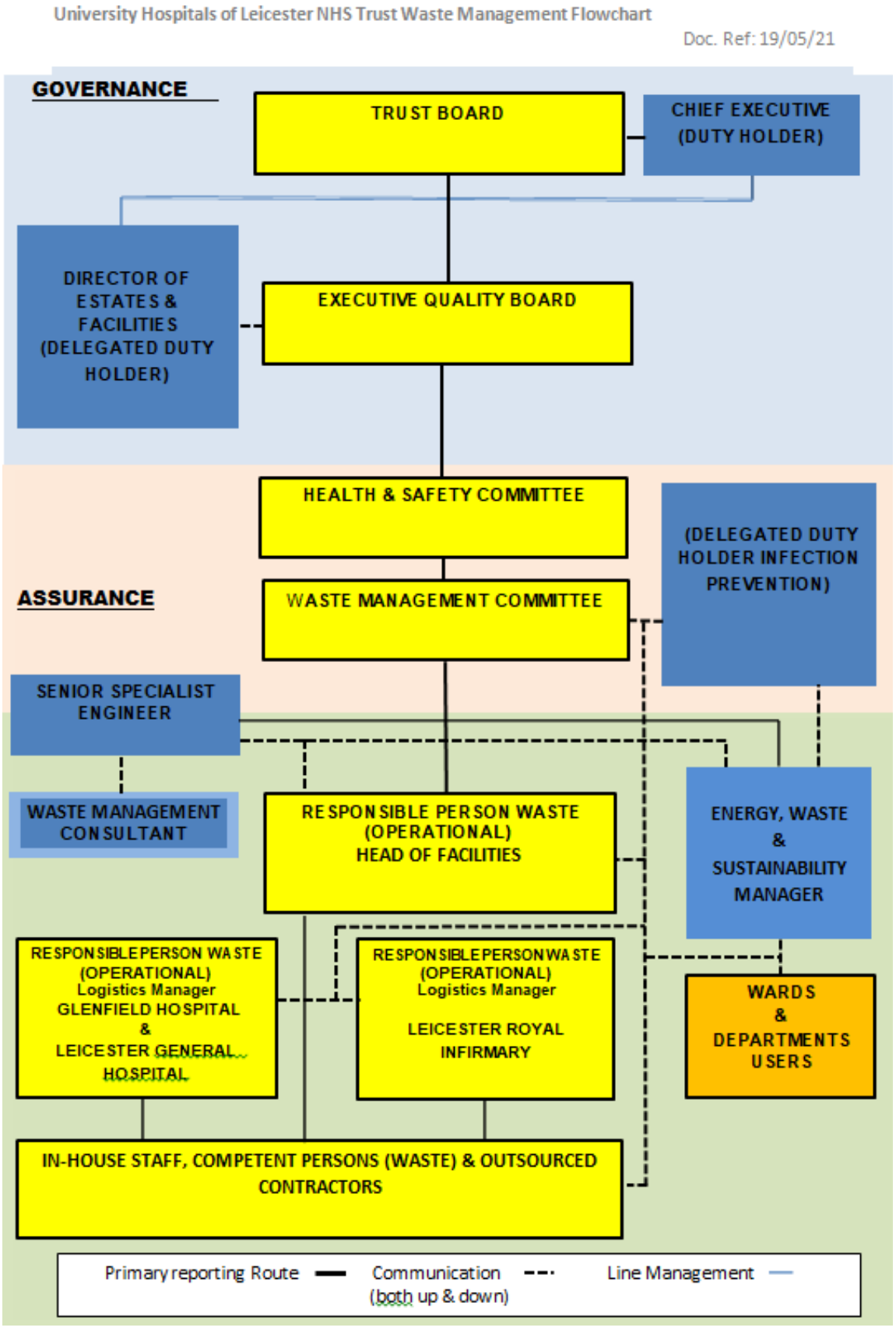
a) Carry out annual audits and provide a formal written report to the Head of Facilities, who will share the results with the relevant CMG or Corporate Directorate Managers, affected by the audit.
CMG's and Directorates must develop action plans to address issues and non-compliances identified by the audit. Progress of these action plans will be monitored by the Waste Management Committee.
b) Be available by telephone to give advice at all reasonable times.
c) Will provide advice on compliance for the transportation of all waste types including radioactive substances by road.
d) Relevant advice for community health workers who are responsible for care in the community.

4.14 Contractors and Contracted Out Staff

All contractors employed by or working on behalf of the Trust, in, on or adjacent to Trust property will make the necessary arrangements to comply with this policy. Contractors will be issued with a copy of this policy at commencement of activity

Table 2

Management Hierarchy of Responsibility for the Management of Waste



5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 The Policy

The Trust is committed to ensuring the health, safety and welfare of all staff, patients, visitors and others, who may be affected by the waste materials which result from our work, emphasising the need to:

a) Ensure appropriate segregation of waste.
b) Ensure the safe handling of waste.
c) Provide safe storage points for waste awaiting collection.
d) Ensure safe collection and transportation to central disposal points.
e) Ensure staff training in the safe practice of waste segregation and handling, including the use of personal protecting clothing.

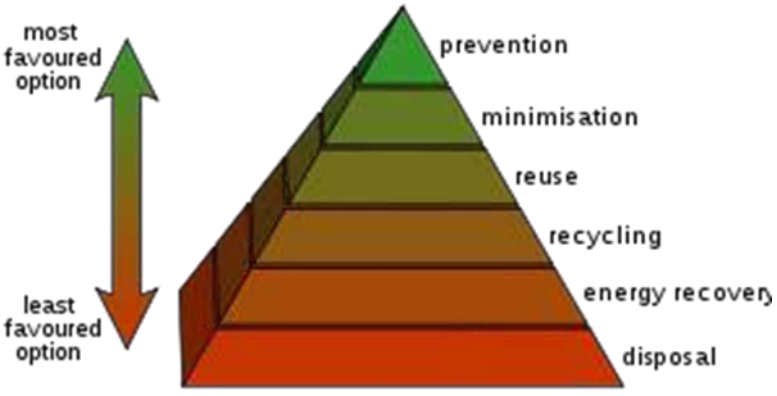
5.2 Segregation of Waste & HTM 07-01: Safe Management of Healthcare Waste

Different waste materials require different methods of management according to the waste stream and the risks associated with that waste stream. It is essential that all staff are aware of and comply with safe methods of waste segregation, waste handling and storage while on Trust sites. Items that can be re-used should be retained for allocation to wards/departments throughout the Trusts hospitals and allied sites. All staff, and in particular, nursing, medical, Estates and Facilities Staff, working in the wards and departments of the Trusts hospitals and satellite sites, are responsible for complying with all recommended waste procedures, including their specific workplace.

Segregation of waste can be easily achieved by the use of correct colour coded bags and receptacles. The Department of Health's HTM 07-01: Safe Management of Healthcare Waste provides best practice guidance on all aspects of waste disposal; it is reflected in this Waste Management Policy and where possible, the Trust's hospitals and satellite sites will always adopt its best practice principles.

5.3 The Waste Hierarchy

The Trust embraces the waste hierarchy, which underpins this waste management policy. This strategy will be considered on each and every occasion the Trust has to make a fundamental waste management decision, of which its ultimate aim will be to achieve a "zero waste to landfill" commitment.



The Waste Hierarchy Pyramid

Factors that have governed the development of this waste management strategy include the legislative and regulatory framework, including waste treatment and disposal costs. These will continue to affect any Waste Management Strategies.

Waste disposal costs will continue to rise with the increasing stringency of environmental legislation. Reliance on traditional waste disposal methods is no longer a viable option for NHS Trusts, all of which are subject to resource constraints. UHL is no different and will continue to explore options for cost savings or cost containment in line with HTM 07-01

The key to fundamental change in waste management practice will be the development of further waste segregation strategies throughout the Trust. If waste segregation is not attained, it will be impossible to implement appropriate controls for waste management ideas and solutions, such as;

a) Re-use.
b) Recycling.
c) Different technologies for the treatment of waste
d) Different technologies to prevent final waste disposal to landfill (including those which have associated energy recovery).

Implementing the segregation of healthcare waste streams forms the core of HTM 07-01. In the drive to reduce or contain the cost of waste management, the over-arching framework for the UK waste strategy is that of sustainable development.

5.4 ENVIRONMENTAL ISSUES

5.4.1 Waste Management Policy and Green Plan

Though the Waste Management Policy is concerned with the safe and efficient management and/or disposal of waste, the effects of the Trusts waste management and disposal activities on the environment must always be considered.

The Trusts Green Plan will aim to develop the link between sustainability and waste minimisation strategies.

5.4.2 Climate Change and Waste

The Climate Change Act commits the UK government to reducing greenhouse gas emissions by at least 100% of 1990 levels (net zero) by 2050. Interim targets to reduce emissions by 78% by 2035 compared to 1990 levels were announced in 2021. This has been further updated by the announcement that the NHS will become Net Zero Carbon by 2040. The act introduced powers to ask public-sector organisations to report on the work they are doing to adapt to climate change.

Waste is now a high priority due to its significant carbon footprint. The carbon footprint includes the emissions during production of products that become waste when no longer required by the Trust; transport of the products (including waste transport) and treatment/disposal such as alternative non-burn technologies, incineration and methane from landfill. These factors demonstrate the importance of reusing, recovering and recycling products as much as possible to avoid waste.

5.4.3 Environmental Permits - Clinical Wastes

Environmental Permits are issued by the Environment Agency [EA] to Waste Management Treatment and Processing Facilities that undertake the process of destroying clinical wastes.

The main aim of Environmental Permits are to place standards and measures on the waste industry to help control the risk of pollution, as stipulated in the Environmental Permitting Regulations.

The EA (through issuing Environmental Permits) does not deem the destruction of healthcare clinical wastes (based solely on visual checks to the opening of clinical waste wheelie bins) as sufficient recorded evidence for controlling significant health and safety risks to persons or the environment. Therefore, our waste management service provider will rely heavily on the waste producer [our Trust sites] to accurately stipulate to them, in detail, what clinical wastes are being produced by us, in what quantities and form.

Therefore, the Trust has an obligation to our waste management service provider to comply with helping them to obtain their Environmental Permits year on year, so that they can remain taking and treating our clinical wastes and ultimately, continue to trade compliantly.

For the waste service provider to meet its obligations, as part of keeping their Environmental Permit they/we must undergo a “Waste Acceptance” process which meets two sequential stages

a) Stage 1 Waste Acceptance - through producer auditing (pre-acceptance).
b) Stage 2 Waste Acceptance - through “on-site” acceptance procedures.

To comply with clinical waste pre-acceptance procedures Stage 1, the Trust will need to undergo regular pre-acceptance auditing of all its clinical areas and practices and produce a Pre-acceptance Waste Audit Report for the waste management service provider, annually. The information contained in the Trusts Pre-acceptance Healthcare Waste Audit Report will no longer be valid after 12 months, from the date of its completion, and a new one must be issued with updated information.

5.4.4 Pre-acceptance Upstream Waste Audits

Pre-acceptance Upstream Waste Audits are an essential tool in assessing the composition of waste streams for the purpose of “Duty of Care” requirements and for the adherence to provide “Pre-acceptance Waste Audit Reports on Clinical Wastes” for waste management service providers (carriers and treatment facilitators of our waste), for them to retain and keep their Environmental Permits.

Pre-acceptance Upstream Waste Audits provide detailed information on the composition and quantities of waste produced in any one, given clinical area or discipline. The information gained can then be used to develop and improve waste management procedures that can identify better options, cost reductions, opportunities and develop best practice principles.

Pre-acceptance Upstream Waste Audits play a vital role in demonstrating compliance with regulatory standards; they form documented evidence that proves effective segregation practices and validates that we (the producer of waste) comply with the regulations.

Each Pre-acceptance Upstream Waste Audit should conform to the Environment Agency's EPR 07.05 guidance standards and have the following scope;

a) Who undertakes the audit?
b) What is included in the audit?
c) How the audit should be undertaken.
d) The method of recording and reporting the findings of the audit.
e) The management responsibility and mechanism to act on the findings.
f) Any inherent risks and the control measures required i.e. PPE etc.

Each Pre-acceptance Upstream Waste Audit should address effective segregation, packaging and labelling of the following clinical waste types;

a) Anatomical wastes, human tissues and blood products (may include chemical preservatives).
b) Medicines and medically contaminated wastes (may include cytotoxic/cytostatic medicines and intravenous bags containing medicines).
c) Chemicals and chemically contaminated wastes (may include diagnostic kits and diagnostic dyes etc.).
d) Microbiological cultures and related laboratory wastes (additional controls may apply).
e) Mercury and amalgam wastes.
f) Needle sharps and associated wastes.
g) Infectious clinical wastes.
h) Offensive wastes.
i) Domestic wastes (ensuring no clinical wastes, as above, are present).

Each Pre-acceptance Upstream Waste Audit should also record compliance with clinical waste classification, such as;

a) Segregation.
b) Packaging.
c) Description (of waste).
d) Paperwork completion and retention.
e) Storage.
f) Movement and transportation.
g) Health and Safety.
h) Final disposal.

Pre-acceptance audits must also be carried out in accordance with the requirements of the Environment Agency's guidance.

5.5 DUTY OF CARE REQUIREMENTS

5.5.1 Our Duty of Care when disposing of waste

Although now transposed into The Waste (England & Wales) Regulations 2011, Section 34 of The Environmental Protection Act (1990) places a legal Duty of Care on all those who produce or handle waste to ensure the correct handling and disposal procedures for that waste, are followed. The duty applies to any person/organisation that produces, imports, carries, keeps, treats of disposes of controlled waste, who shall take all such measures as are reasonable in the following circumstances;

a) To prevent any person from disposing of the waste or treating or storing it,

without an environmental permit.

b) To prevent any person from breaking the conditions of the permit, in a manner likely to cause pollution or harm to health.
c) To prevent the escape of waste, i.e. to contain it.
d) On the transfer of the waste, to ensure that the transfer is only to an authorised person or to a person for authorised transport purposes.
e) That a written description of the waste is transferred with the waste; a description good enough to enable each person receiving it to comply with the duty of care.
f) That a transfer note covers the transfer to a carrier of controlled waste.

Therefore the statutory Duty of Care applies to everyone in the waste management chain, but the producer (the Trust and all its estate) must take all reasonable measures to ensure that waste is appropriately dealt with, from the point of production to the point of final disposal. This is enforced through the "polluter pays" principle, making producers of waste responsible for its safe management and disposal.

The Trust is responsible for the acts and omissions of its employees, regarding waste management, and therefore, should provide adequate equipment, training, and supervision to ensure that staff observe the Duty of Care requirements. This includes handling all waste safely, keeping waste secure and passing waste on to a registered waste carrier.

On appointment of a new service provider for the disposal of any waste products, the Trust will follow through appropriate checks to ensure that the contractor holds the appropriate Environment Agency licenses for the disposal of waste.

If the main waste service provider sub-contracts any waste disposal processes, then details of the sub-contractor must be passed on to the Trust and copies of relevant Environment Agency licenses obtained.

Failure to comply with the Duty of Care is a criminal offence, even if there has been no consequent harm or pollution. An unlimited fine may be imposed on conviction or indictment.

5.5.2 Duty of Care Audits

Duty of Care Audits must be undertaken by the Trusts designated Waste Compliance Manager or representative. They should have viewed the premises of all its main waste service providers to satisfy the Trust that the waste is being handled safely and taken to the appropriate disposal/recycling/destruction plants and transfer station sites. The Trust can then justify to itself that it has appropriately discharged its "duty of care" and maintains its responsibility for its waste, through to its final disposal; not only just at the point of collection from its premises.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 In order to establish the necessary levels of training, managers will be responsible for carrying out a local training needs analysis to ensure that there is a planned programme for induction and on-going arrangements to meet the training needs of all their staff.

6.2 The Trust will ensure that a range of training is provided including information and instruction measures appropriate to the tasks being carried out. This will reflect the

level of staff competences needed to ensure that waste is handled, stored and disposed of safely.

6.3 The Waste manager is responsible for ensuring adequate consignment/transfer notes are in place.

6.4 Contact Details - In the first instance, any queries must be directed to the Estates and Facilities Customer Services Centre Ext. 17888.

6.5 The Ward/Departmental Manager (inclusive of the intermediate line management structure) is responsible for ensuring that all staff under their remit, who are required to handle, dispose of or move waste, are adequately trained in order to comply with the following guidelines;

a) Be able to risk assess wastes to identify the need to use personal protective equipment (PPE).
b) To be able to risk assess the waste for appropriate segregation before its disposal.
c) That waste bags or waste containers should not be more than two thirds full or weigh more than 8kg. This is also referenced in the Trusts Manual Handling Policy.
d) Understand why all sharps containers must be correctly locked closed securely tagged and sealed before disposal.
e) Understand why all bags must be swan necked, securely tagged and sealed before disposal.
f) Understand why we use different waste bags and containers for disposal of different wastes.
g) To hold, carry and handle waste bags by the neck only.
h) To flatten all cardboard boxes prior to removal from the point of production.
i) To take a waste wheelie bin key when disposing of all waste types, ensuring that the clinical waste wheelie bin is locked after use and that any faulty bin locks are reported to the local sites Logistic Manager without delay.
j) In case of spillages, the Cleaning & Decontamination Policy takes precedence over this policy. It is the department/ward managers' or nominated operational line managers responsibility to either have a departmental spillage policy in place with staff appropriate trained to use it, or for the Trust's Infection Control Policy to be used as appropriate.

The Trust fully recognises the seriousness of staff not complying with the above bullet points, which also impact on cost, if left unchecked.

6.6 Personal and Protective Equipment (PPE)

All members of staff involved in the transfer and removal of waste from ward and departments must wear the appropriate protective clothing. Personal Protective Equipment will be determined by the risk assessment for the activity being carried out and the nature of the waste. All must be provided by the responsible manager.

Protective equipment may include but not be limited to:

- Protective gloves – Gloves must be resistant to the waste that they may come into contact with. Please note that certain chemicals will filter through some gloves. Suitable protective gloves must be provided in line with the requirements of any activity risk assessment or Control of Substances Hazardous to Health (COSHH) assessment.
- Overalls.

- Aprons.
- Suitable protective footwear including disposable shoe coverings.
- Goggles or masks where a risk of splashing has been identified.

Additional information relating to the selection and use of PPE can be found in the 'Personal Protective Equipment Policy and Guidance'. In special circumstances such as spillage, additional clothing may be required and advice must be sought either from Infection Control, Health and Safety or the Occupational Health Department(s).

Discard all disposable protective clothing in the most appropriate hazardous waste stream (for guidance see Appendix 1). Hands must be washed with soap and water and thoroughly dried after the removal of PPE and hand sanitiser applied.

6.7 Immunisation

All staff handling hazardous waste must be offered appropriate immunisation, including Hepatitis B and Tetanus by the responsible Manager. Any queries or advice can be obtained through the Occupational Health Departments.

6.8 Training and Competence Procedure

Initial training must be covered by local induction. Further training on waste disposal must be identified through the activity risk assessment process.

Training procedures and information must:

- Be written in a way which can be understood by those who need to follow it.
- Take account of different levels of training, knowledge and experience.
- Be up to date.
- Be available to all staff including part-time, shift, temporary and contract staff.
- Be available in all areas.

Training needs will vary depending on the task and on the individual, but staff must receive the appropriate training, information and instruction on;

- Any risks to their health or safety as identified by activity risk assessments.
- The segregation, handling, storage and collection risks associated with hazardous and other wastes.
- Personal hygiene.
- Any local procedures which apply to their task/workplace.
- Procedures for spillages and accidents.
- Emergency procedures and incident reporting.
- The appropriate use of personal protective equipment (PPE)
- Details of Control of Substances Hazardous to Health [COSHH] and which they may be exposed

For those members of staff who collect, transfer, transport or handle hazardous and other waste, the training must cover the following issues;

- Checking that storage containers are locked effectively before handling.
- Ensuring that the origin of the waste is identified and bins are tagged or labelled accordingly
- Ensure that all bags are swan necked.

- Handling bags correctly (for example, not clasped to the body, thrown, dropped or supported by hand from below).
- Using handles to move rigid containers.
- Checking that the seal on any used waste storage container is unbroken when movement is complete.
- Specialist information relating to sharps disposal arrangements.
- Procedures in case of accidental spillage and how to report an incident.
- Safe and appropriate cleaning and disinfection procedures.
- Adhere to transportation guidelines, including restrictions on the amount of bins that can be tugged at the same time.

Competence

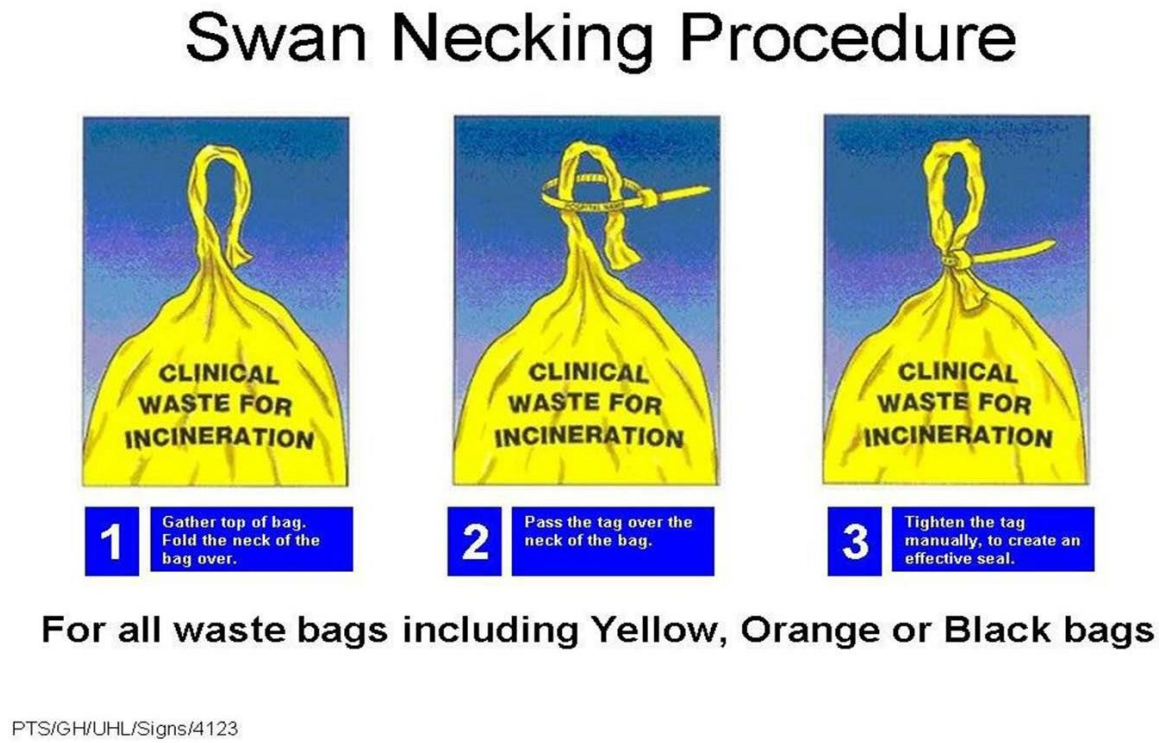
Competence must be assessed to ensure that the training meets the needs of the individual staff member.

Training Records

Records of training and competence assessment must be retained locally and be available to the audit team upon request.

Swan Necking

Clinical waste bags should be sealed using the 'swan neck' method as this provides a more secure method of sealing and reduces potential contamination etc. from waste.



7 PROCESS FOR MONITORING COMPLIANCE

7.1 Monitoring and Review (Quality Check List)

Duty of care requirements cannot be adequately discharged unless essential monitoring of waste disposal practices is demonstrated to meet compliance with waste legislation and NHS guidelines (HTM 07-01).

Areas for monitoring shall include:

a) Quantities and types of waste being generated by the Trust.
b) Effectiveness of the Trusts Waste Management Policy and its procedures.
c) Review Trust compliance and procedures in line with HTM 07-01: Safe Management of Healthcare Waste.
d) Effectiveness of waste minimisation strategies.
e) Training performance.

This process will be reviewed annually or earlier, if changes to working practices, legislation etc. are required.

7.1 Policy Monitoring

Table 3

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Trust Policies & Procedures	Head of Sustainability	Audits	Annually	UHL Waste Committee
Duty of Care Audits	Waste Manager	Audits	Annually	UHL Waste Committee
Dangerous Goods Safety Advisor Audits	Waste Manager	Audits – with the DGSA External Support	Annually	UHL Waste Committee
Performance and Practice Report	Waste Manager	Audit review – H&S Manager – Clinical & IP Representative	Monthly	UHL Waste Committee
Pre-acceptance Waste Audits	Waste Manager	Audits – external support	Annually	UHL Waste Committee
Training Notes	Logistics Manager	Audit	Annually	UHL Waste Committee
Policy Notes	Head of Sustainability	Audits	Annually	UHL Waste Committee
Consignment Notes	Waste Manager	Audits	Monthly	UHL Waste Committee

8 EQUALITY IMPACT ASSESSMENT

The Trust recognizes the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES

- HTM 07-01: Safe management of healthcare waste Health & Safety Policy.
- Ionising Radiation Safety Policy.
- Personal Protective Equipment Policy.
- Fire Policy.
- Controlled Drugs Policy.
- Policy for the Sensitive Disposal of Foetal Remains up to 16 weeks Gestation, Human Tissue Consignment Note.
- Condemnation & Disposal Trust SFO's.
- Infection Control Policy.
- Information Governance Policy.
- Information Security Policy. A10/2003
- Medical Physics Equipment Policy and Guidance – B26/2005
- Data Protection Policy.
- Decontamination of Medical Devices Policy.
- Ionising Radiation Safety Policy.
- Safe Management of Asbestos Policy.
- Sharps Management Policy.
- Medical Devices Policy.
- Viral Haemorrhagic fever Policy.
- Ward Kitchen Policy

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 Once approved by the UHL P&G Committee, Trust Administration will allocate the appropriate Trust Reference number for Document Control purposes.

10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. Previous versions of the Policy will be archived on INsite Documents.

10.3 This Policy will be reviewed every three years or when a change in legislation or

best practice occurs and it is the responsibility of the Waste Management Group to review this policy.

This document is best printed in colour if a hard copy is required.

Always ensure that you are referencing the most up to date version.

APPENDIX 1 - KNOWN WASTE STREAMS

The look up table below can be used as a look up guide to the known waste streams. Asbestos and construction waste are detailed separately.

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Aerosols *Medicinal*	Medicinal aerosols (Salbutamol, Difflam spray)	Pharmaceutical waste bin	Blue lidded bin	Yellow cart	Incineration
Aerosols *Non-medicinal*	Non-medicinal aerosols (Including antiperspirants)	Domestic Bin	Black bag	Black Cart	Energy Recovery
Amalgam	Dental Product	Infectious waste bin	White Bin	Rigid white container	Incineration
Animal remains	Any tissues derived from an animal, such as heads and organs, regardless of its size?	Anatomical waste bin	Red lidded sealed unit marked for anatomical waste	Yellow Cart	Incineration with Energy Recovery
Batteries *(from equipment)*	Any kind of battery (lead acid, alkaline, Lithium, nickel-cadmium)	Battery bin	Green lidded transparent battery bin	Blue drum black lid	Recycling
Batteries *(from an implant)*	Any battery from an implant such as a pace maker?	Disinfect (if deemed to be infectious) and dispose of via the WEEE route. Contact Medical Physics			
Casts Plaster of Paris	All casts made of Plaster of Paris (gypsum) regardless of whether they have infectious agents or not	Gypsum bag	Yellow Bag	Yellow Cart	Incineration with Energy Recovery
Casts Resin based *Non-Infectious*	All casts made of plastic resin	Tiger Bag	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
Casts Resin based *Infectious*	All casts made of plastic resin	Orange Bag	Orange bag	Yellow Cart	Incineration with Energy Recovery
Chemicals	Any unknown or potentially hazardous chemicals	Contact the helpdesk to arrange pick up	N/A	N/A	N/A
Chemicals Cleaning *Disinfectants*	Any remnants of chemical waste such as peracetic acid	WIVA/Griff Container	Yellow lid and Yellow rigid container	Yellow Cart	Incineration with Energy Recovery
Confidential waste *clean*	Any paper with confidential details?	Confidential waste console	Confidential Waste 240 litre bin	NA – Contractor Serviced	Shredded and recycled

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Confidential waste contaminated	Any paper with confidential details?	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Cardboard	Any cardboard that is not contaminated with bodily fluids or infectious agents?	Mixed recycling bin	Transparent bag/Metal Cage	Compactor	Recycling
Cardboard contaminated *Infectious*	Any cardboard that I suspect or know to be contaminated with infectious agents?	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Cardboard Contaminated *Non-infectious*	Any cardboard that is contaminated with bodily fluids but no infectious agents?	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
Chairs & Furniture	Any large, non-electrical items of furniture?	Contact the helpdesk to arrange pick up on Ext 17888	N/A	skip located in compound	Recycling
Computers	Any computers that is broken, unsafe or not required?	Contact the IT helpdesk to arrange collection Ext 18000			Recycling
Cytotoxic/static drugs	Any drugs that has cytotoxic/cytostatic (mutagenic) properties	Cytotoxic/static sharps bin	Purple lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Cytotoxic/static PPE	PPE used in Bladder procedure	Purple Bag	Purple Bag	Yellow Cart	Incineration with Energy Recovery
Electrical and Electronic items e.g. Phones or Kettles	Any electrical items that are broken, unsafe or not required (without a hard drive or confidential data)	Contact the helpdesk to arrange pick up on Ext 17888	N/A	N/A	Recycling
Endoscopy	Chemically contaminated sharps and/or instruments	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Endoscopy Infectious	Any waste originating from Endoscopy	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Endoscopy Non-Infectious	Any waste originating from Endoscopy	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration or Alternative treatment
Food	Returned uneaten foods to Main Kitchens Food Waste	Discarded down Waste Disposal main Kitchens	N/A	N/A	Discharged within the main sewerage system

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Food Packaging	All Plastic/General Cardboard Waste	Domestic waste bin	Transparent bag Black Bag	GH Catering Skip – LRI / LGH 770lt Black Waste cart	Recycling or Energy Recovery
Fluorescent light tube	Fluorescent tubes from light fittings	Contact the helpdesk to arrange pick up on Ext 17888	N/A	Enclosed skip located in compound	Recycling
Flowers	Any flowers delivered to patients?	Domestic Bin	Black bag	Black Cart	Energy Recovery
Glass	Glass that has remnants of food such as coffee jars or a non-pharmaceutical compound (saline, glucose, sucrose)	Brown Bag	Brown bag	Black cart with designated ID sticker	Incineration with Energy Recovery
Genetically modified DNA or organisms	Any waste containing genetically modified DNA or organisms?	Contaminated waste bin	Yellow lidded sealed units	Yellow Cart	Incineration with Energy Recovery
Histopathology / Cytology	Any soft waste originating from Histopathology / Cytology	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Histopathology / Cytology	Any soft waste contaminated with originating from Histopathology / Cytology	Contaminated waste bin	Yellow bag	Yellow Cart	Incineration with Energy Recovery
Implants WEEE	Any implant that contains WEEE/Batteries from an implant such as a pace maker that is not contaminated by bodily fluids	Contact the manufacturer of the implant for details of return schemes or Medical Physics for details.			
Implants No WEEE contaminated cytotoxic/static	Any implant that does not contain batteries or an electrical system but is contaminated by bodily fluids and a cytotoxic/static drug?	Cytotoxic/static sharps bin	Purple lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Implants No WEEE contaminated *non - Infectious*	Any implant that does not contain batteries or an electrical system and is only contaminated by non-infectious bodily fluids	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Landfill or Energy Recovery

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Implants No WEEE contaminated *Infectious*	Any implant that does not contain batteries or an electrical system and is contaminated by Infectious bodily fluids	Infectious waste bin	Orange Bag	Yellow Cart	Incineration with Energy Recovery
Instruments	Instruments such as probes and endoscopes that have an electrical system that are contaminated by bodily fluids?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Instruments	Single use instruments such as speculums, tweezers and forceps that are contaminated with bodily fluids?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
IV bags	IV bags with remnants of saline, glucose or sucrose ONLY that are separate from sharps and non-infectious	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
IV bags	IV bags with remnants of a pharmaceutical compound that is separate from sharps?	Pharmaceutical waste bin	Blue lidded bin	Yellow Cart	Incineration with Energy Recovery
Mercury	Metal Fluid silver metal at room temperature	Contact the helpdesk on Ext 17888	N/A	NA	Incineration
Mattresses	Any large mattresses?	Contact the helpdesk on Ext 17888 to arrange for a yellow mattress bag	Mattress Bag with decontamination certificate	NA	Removed off Site by supplier
Mattresses Contaminated	Any large mattresses?	Contact the helpdesk on Ext 17888 to arrange for a yellow mattress bag	Mattress Bag with decontamination certificate	NA	Removed off Site by supplier
Metal Scrap	Any large metal items such as beds?	Contact the helpdesk to arrange pick up	N/A	Skip	Recycling

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Non-sharps healthcare waste with a chemical or medicine and an infectious pathogen	Any healthcare items such as sanitary pads, bed pans, nappies, aprons, gloves and surgical wear suspected to be contaminated with an infectious agent and a pharmaceutical product or chemical?	Contaminated waste bin	Yellow bag	Yellow Cart	Incineration with Energy Recovery
Non-sharps healthcare waste with an infectious pathogen	Any healthcare items such as sanitary pads, bed pans, nappies, aprons, gloves and surgical wear that I suspect or know to be contaminated with an infectious agent?	Infectious waste bin	Orange bag	Yellow Cart	Incineration or Alternative treatment
Non-sharps healthcare waste with no chemicals, medicine or infectious pathogens	Any healthcare items such as sanitary pads, bed pans, nappies, aprons, gloves and surgical wear that I have no suspicion of being contaminated with an 1) infectious agent, 2) a pharmaceutical product or 3) any chemicals?	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Landfill or Energy Recovery
Organs and limbs, Placentas, Plasma, Full Blood bags	Any tissues removed from a patient during a procedure that are recognisably human	Anatomical waste bin	Red lidded sealed unit marked for anatomical waste	Yellow Cart	Incineration with Energy Recovery
Paper	Paper and cardboard not contaminated with bodily fluids or infectious agents No Confidential Waste	Mixed recycling bin	Transparent bag	Black cart with designated ID sticker	Recycling
Paper Contaminated Infectious	Any paper that I suspect or know to be contaminated with infectious agents?	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Paper Contaminated Non-infectious	Any packaging, cardboard, paper or plastics that is contaminated with bodily fluids but no infectious agents?	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
Paper Hand towels	Paper hand towels	Domestic Waste Bin	Black Bag	Compactor	Incineration with Energy Recovery

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Paint	Any paints	Contact the helpdesk to arrange pick up	N/A	N/A	N/A
PCR residue	Any waste from a Polymerase Chain Reaction (PCR) process?	Contaminated waste bin	Yellow bag	Yellow Cart	Incineration with Energy Recovery
Pathology Laboratory waste (Autoclaved)	Any waste originating from Pathology laboratories	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
Pathology Laboratory waste (Non-Autoclaved)	Any waste originating from Pathology laboratories with free flowing liquids	Contaminated waste bin	Yellow lidded sealed units	Yellow Cart	Incineration with Energy Recovery
Pathology Laboratory waste (Non-Autoclaved)	Any waste originating from Pathology laboratories	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Pharmaceutical waste including bottles, IV bags and giving sets, syringes, empty blister packs, loose tablets or capsules, or unused portions of tablets	Any waste that has remnants of an active pharmaceutical compound in or around it. NO SHARPS	Pharmaceutical waste bin	Blue lidded bin	Yellow Cart	Incineration with Energy Recovery
Pharmaceutical waste	Medicinal aerosols (Salbutamol, Difflam spray) NO SHARPS	Pharmaceutical waste bin	Blue lidded bin	Yellow Cart	Incineration with Energy Recovery
Pharmaceutical waste unused medication	Any medication packs that still have the full quantity in them?	Return to Pharmacy	Green Pharmacy Returns box	N/A	Reuse
Pharmaceutical waste *unused controlled drugs*	Any unused controlled drugs that has been issued as ward stock/temp stock	Do not dispose. Keep on ward	Return via Pharmacist or registered Pharmacy Technician	N/A	Reuse
Pharmaceutical waste patients own	Any controlled drugs that are patients own, expired or unfit for re-use	Do not dispose. Keep on ward	Return via Pharmacist or registered Pharmacy Technician	N/A	Return to pharmacy for authorised destruction

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Pharmaceutical waste *DOOP Kits Denatured*	Any DOOP kits that has been securely stored for 48hrs (to allow the controlled drugs to denature)	Pharmaceutical waste bin	Blue lidded bin	Yellow Cart	Incineration with Energy Recovery
Plastics	Plastics from medical instrument packaging if not contaminated with pharmaceuticals or chemicals	Domestic Waste Bin	Black Bag	Compactor	Incineration with Energy Recovery
Plastics Contaminated Infectious	Any packaging plastics that I suspect or know to be contaminated with infectious agents?	Infectious waste bin	Orange bag	Yellow Cart	Incineration with Energy Recovery
Plastics Contaminated Non-infectious	Any packaging plastics that is contaminated with bodily fluids but no infectious agents?	Offensive waste bin	Tiger bag, yellow with a black stripe	Yellow Cart	Incineration with Energy Recovery
Radioactive wastes	Any radioactive wastes used for imaging or other clinical activities	Radioactive waste should be disposed of in accordance with the appropriate permit. Where instructions are in place (and approved by the Radioactive Waste Adviser) to decay to Very Low Level Waste it must be disposed of as per appropriate category in this table e.g. sharp, non-sharps etc. and as appropriate to the radiation risk - contact the Radioactive Waste Advisor for further information.			
Sharps	Sharps used to administer a drug to a patient?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Sharps inc. IV fluids	Sharps used to administer IV fluids to a patient?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Sharps	Any items attached to sharps that cannot be removed easily?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Sharps inc. cytotoxic/static drug	Sharps used to administer a cytotoxic/static drug to a patient?	Cytotoxic/static sharps bin	Purple lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Sharps inc. blood sample	Sharps used to take a blood sample	Orange sharps bin	Orange lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Sharps inc. liquid controlled drugs	Sharps boxes containing liquid controlled drugs and safety gel?	Contaminated sharps bin	Yellow lidded sharps bin	Yellow Cart	Incineration with Energy Recovery
Tables	Any large, non-electrical items of furniture?	Contact the helpdesk to arrange pick up on Ext 17888	N/A	skip located in compound	Recycling

What type of waste do you have?	What is it specifically?	Where do you dispose of it?	What does it look like?	What cart does it go in or where is it stored?	How is it treated?
Toner and ink cartridges	Any toners or ink cartridges from printers?	Log via helpdesk on Ext 17888			
Tins & cans	Fizzy drinks cans and tin cans?	Domestic Bin	Black Bag	Black cart with designated ID sticker	Recycling

APPENDIX 2 - DEPARTMENTAL WASTE STREAMS

1.1 Ambulance Waste

If any ambulance waste is required to be disposed of on any of Trust hospital sites, the ambulance company must first inform the Trust, in writing, that they accept and will comply with this waste management policy. If this request is not accepted by any ambulance company, then that ambulance company will not be given permission to dispose of any of their wastes at any of our hospital sites. However, if ambulance companies write to accept and comply with this Policy, then they must adhere with the points below.

It is generally accepted that when required, it may be necessary for ambulance staff to dispose some of their wastes into our hospital sites waste facilities. Some of this waste is likely to be classified as clinical waste. Ambulance staff must follow the principle procedures of this waste management policy, but fundamentally must use correct colour coded bags / receptacles and seal with the designated ambulance organisations ID tags [the tags must include details of the named ambulance service, including its base postal code and a telephone number].

Ambulance waste bags must never be left on any Trust hospital sites unattended and not contained appropriately. Therefore, ambulance companies / organisations requiring access to the Trusts waste wheelie bins must ensure their staff is familiar with appropriate waste segregation practices at Trust sites. This must include their staff having access to / holding the generic keys which can allow ambulance staff to gain access to clinical waste wheelie bins for opening and relocking after use.

Ambulance waste receptacles, such as sealed and closed down sharps containers must never be placed in any Trust hospital sites clinical waste wheelie bins; therefore, if sharps containers are required for essential disposal, they must be handed into competent clinical staff within our hospitals ED departments. These staff can then place the sharps container in their designated waste storage facility, to await collection by the hospital sites waste Portering staff.

It is noted that this is an exception and not a rule; Trust expects ambulance services to be able to accommodate their own sharps waste container disposal, when their ambulances return back to base.

1.2 Endoscopy Waste

Some of Endoscopy's waste is contaminated with residues of hazardous corrosive and oxidising chemicals that are required for the cleaning processes within their decontamination areas. These will mainly be plastic bottles or containers that are clearly marked with their appropriate hazardous warning label, but could be items of contaminated PPE that cannot be mixed with other clinical wastes and must be separated into their respective waste bags / rigid containers.

Containers that have held concentrated corrosive or oxidising cleaning agents in them must be sealed with their tops on; this is to prevent residue leakage. The empty containers will then need to be disposed of in line with the COSHH data sheet that should be available from the manufacturer of the cleaning agent. Where circumstances exist, some of these empty containers may be able to be recycled, dependent on a source for the use of its plastic.

Where a recommendation is given [COSHH data sheet] to discard these containers as a hazardous waste, expert advice must be sort as to the correct

disposal method from the Trust. It is likely that a specialist waste service provider will need to be used to appropriately dispose of these containers compliantly.

Other aspects of healthcare waste produced in Endoscopy Units are disposed of into the respective orange “known infectious” clinical waste bags or offensive waste bags. Each of these waste streams must be disposed of in their own designated UN approved yellow clinical waste wheelie bin [yellow healthcare waste wheelie bin for offensive waste] and must not be mixed under any circumstances.

For a departmental waste disposal procedure, please contact the Endoscopy Department directly.

1.3 Histopathology / Cytology Waste

Some of Histopathology / Cytology’s clinical waste is classified as anatomical waste (human body tissue and associated preservatives) and therefore will need to be disposed of in yellow clinical waste bags [first containment] and then in appropriate yellow bodied/red lidded rigid containers [second containment]. Please reference 3.8 and lookup table for details. Other aspects of clinical waste produced in Histopathology / Cytology may need to be disposed of in yellow [if chemically contaminated], orange [infectious, but no chemical contamination] clinical waste bags and offensive waste bags. Each of these waste streams must be disposed of in their own designated UN approved yellow clinical waste cart and must not be mixed under any circumstances.

Glass slides are commonly used within Histopathology / Cytology and may contain minute tiny quantities of sterile human tissue within them; once discarded, they can be disposed of safely in yellow bodied, yellow lidded sharps containers. However, if the tissue is recognisable, then it will still be defined as an anatomical waste and will need to be discarded to yellow bodied / red lidded rigid anatomical waste containers. These items will need to be ultimately destroyed by high temperature incineration.

Yellow bodied/red lidded rigid containers holding recognisable anatomical wastes must be appropriately sealed before storage to await collection. The label on the container must be filled out and completed and an identity tag attached. The container must be stored in a secure area away from patient activity to await collection by the Portering Service. Please contact the Customer Services Helpdesk on 17888 to request a porter to collect and transfer directly to the waste yard.

Some chemicals used in Histopathology’s clinical processes such as alcohol, formaldehyde and diaminobenzidine are harmful in concentration. Disposal of some of these chemicals can be sluiced away in the waste water sewage system, but only given designated levels of dilution and where generated under normal operating conditions; if large quantities require disposal, then a specialist service provider must be used for disposing of this liquid waste in appropriately labelled, rigid containers. COSHH assessments must be followed before this occurs.

Other chemicals, such as Xylene are sent back to the manufacturer for safe disposal, although they are still a waste and a Dangerous Good; consignment notes and transport notes will need to be kept for the removal of this waste for 6 years. Dependent upon the substance and amount (concentration and dilution) of chemical discharge the department regularly disposes of to waste water (Trade

Effluent), will determine as to whether “consent to discharge” will be necessary from Severn Trent Water.

Some of the containers that hold these chemicals will require safe disposal too. If the container clearly shows a hazardous warning label and the containers cannot be sluiced out to remove the residue contents, then the container [with top securely in place and shut down] will need to be placed into a yellow clinical waste bag and be disposed of as a hazardous chemical waste. If the contents are permitted to drain or any residue content can be safely vented, then the resulting empty container can be rinsed and recycled [where facilities exist], as long as the hazard warning label is removed.

For a full and definitive waste disposal procedure for Histopathology/Cytology waste, please contact the department directly.

1.4 Information Management & Technology (IM&T)

Redundant computer equipment, typically screens, PC"s (Inc. hard drives), printers, keyboards and the mouse must all be returned to IM&T for decommissioning and disposal. This waste will be classified as part of the WEEE Regulations, but will be managed entirely by IM&T for its final disposal from site.

All redundant PC"s must also be managed and disposed of in accordance with the Information Commissioners Office Guidelines, the GDPR Regulations and The Data Protection Act 2018.

The Data Protection Act 2018 requires “appropriate technical and organisational measures to be taken to avoid accidental loss or destruction of, or damage to, personal data.

For a full and definitive waste disposal procedure for IM&T waste, please contact the department directly.

1.5 Medical Physics Waste

Redundant medical devices must all be returned to Medical Physics for decommissioning.

Most, if not all medical devices will be classified as part of the WEEE Regulations, however, where medical devices are contaminated with human tissue or fluid, then please see the appropriate guidance.

In most circumstances, Medical Physics will follow the WEEE Regulations, however, on occasions, some medical devices will be on a lease agreement and the final disposal route will differ from that detailed in this Waste Management Policy.

For a full and definitive waste disposal procedure for Medical Physics waste, please contact the department directly ext. 18000.

1.6 Microbiology and Virology Waste

Most of Microbiology’s clinical waste is made up of diagnostic specimens, swabs, culture plates and associated clinical material. Any suspected Category A diagnostic specimens received at any of the Trust hospital sites will be transported to the Leicester Royal Infirmary for quarantining and testing; if tested negative, all waste associated in this process will be autoclaved. If a Category a received diagnostic specimen is strongly suspected of giving a positive result, all associated specimens will be kept quarantined, appropriately marked and packaged for

transporting to a specialist testing agency. Any waste generated from this episode will be kept quarantined until it can be autoclaved.

Any waste generated from a “known infected” Category A patient within any of the Trusts hospital sites will require the waste to be managed, transported and treated as Category A clinical waste as described at 3.5 - 3.8.

All Category B generated clinical waste from this department will be autoclaved to render the pathogens sterile; this waste can then be discarded in to black and yellow offensive waste bags, if there is no fluid content [residue fluid is acceptable] present. If there is fluid content that cannot be discarded, or there is sharp or glass content present, then appropriate yellow rigid WIVA waste containers or similar should be used and the correct process followed.

Glass bottles and vials are commonly used within Microbiology and after autoclaving should be discarded into appropriate yellow rigid WIVA waste containers. Although the containers contents have been autoclaved and sterilised, some of its contents will contain liquid (which cannot be disposed of as offensive waste) and therefore must be disposed of this way. These containers (once sealed) must be tagged and placed into appropriate UN approved yellow clinical waste wheelie bins destined for destruction by high temperature incineration.

Where Microbiology Labs within the Trust carry out the process of autoclaving their clinical waste, they need to be aware that they are treating the waste. On-site waste treatment by a laboratory autoclave [for containment of levels 1 to 3 microbiological laboratory waste] is presently identified in a regulatory position statement as an activity for which the Environment Agency would not normally pursue an application for a permit, and would not normally take enforcement action unless it has caused, or is likely to cause pollution or harm to health. If Microbiology believes it requires an Environment Agency [EA] permit, this can registered with the Environment Agency [EA].

Please visit

www.environment-agency.gov.uk/business/topics/permitting/default.aspx.

For a full and definitive departmental waste disposal procedure for Microbiology and Virology waste, please contact the department directly.

1.7 Radioactive Waste

Some waste arising from Nuclear Medicine activities is classified as being radioactive for a limited time period. This includes patients, blood samples, tissue samples, bodily fluids and excreta or solids arising from patients who have undergone Nuclear Medicine procedures. The other main user of radioactive sources within the Trust is Radiotherapy. All users of radioactivity within the trust have local procedures in place for safe management of waste. These areas are regulated by the Environment Agency (EA).

Note that patients (including for post-mortem) admitted from other sites following brachytherapy treatments, nuclear medicine treatments or PET/CT may also be radioactive and producing radioactive waste. Such patients should be discharged with an instruction sheet detailing what to do if they are re-admitted. If in any doubt contact Nuclear Medicine or Leicester Radiation Safety Services.

There are various areas within the Trust which are routinely involved with the process of handling and disposal of (primarily) clinical waste contaminated with

radionuclides arising in Nuclear Medicine; they are likely to be ward 39, some Theatres and Histopathology / Cytology areas and the outsourced PET Scanner, however other areas may also be impacted.

The originator of the radioactivity is responsible for ensuring that it is used, handled and disposed of safely and in compliance with the permit throughout its lifecycle and will provide instructions to other areas where sources leave the originating department's control. Waste should be handled as appropriate for any other hazard, e.g. sharps as per sharps procedures, but will usually require storage in secure areas until the radiation has decayed to appropriate levels (as per Nuclear Medicine / LRSS advice). The waste is usually then classed as non-radioactive or Very Low Level Waste before disposal as per Trust guidelines for the appropriate category of waste (e.g. clinical). The waste will then **be exempt under the regulations not from the regulations** and a number of conditions must be complied with. The waste must be disposed for through a "normal" route such as disposal of conventional wastes to a landfill or an incinerator, via (in many cases) a sorting, recovery or pre-treatment step and are co-disposed with substantial quantities of non-radioactive waste. The originator will provide instructions to departments receiving radioactive patients or samples regarding safe working with the hazard. If these instructions are not received, contact the originating department in the first instance and Leicester Radiation Safety Service if this fails.

Some radioactive waste will need to be disposed of as radioactive waste and this must be done in accordance with a permit from the Environment Agency. If radioactive waste is disposed of through the normal (non-radioactive) waste routes this could lead to enforcement notices/prosecution of the Trust by the Environment Agency. If there is any suspicion that radioactive waste has entered another waste stream (e.g. a nappy from a patient who has undergone a nuclear medicine scan), escalate as quickly as possible by phoning Nuclear Medicine or Leicester Radiation Safety Services and stop all waste flows from the area. If it is out of hours or it is not possible to contact either service ring the switch board and ask for the NAIR/radiation emergency contact list. Currently the only routine approved disposal route of radioactive waste is through Nuclear Medicine and if any other area wishes to dispose of radioactive waste the approval of the Radioactive Waste Adviser must be sought. The Radioactive Waste Advisor for the Trust can be contacted through the LRSS, and can give expert advice on best practice and guidance for this particular waste stream.

Any bag with the radioactive trefoil on should not be disposed of through non-radioactive waste routes.

More detail can be found in the Trust Ionising Radiation Safety Policy.

1.8 Pathology and Haematology Waste

Much of Pathology and Haematology clinical waste is blood, urine and clinical chemical volumes, such as full and out of date blood or plasma bags, used blood tubes, used urine specimens, reagents and other clinical chemicals. Some of Pathology's waste is treated in on- site autoclaves, which will render the waste safe and may be able to be disposed of as offensive waste, if the waste is dry, free from sharps and liquid free. Examples of clinical waste from these departments, given above, should be disposed of into appropriate yellow rigid WIVA waste containers or similar. It is permissible to discharge the contents of blood and plasma bags to foul sewer and the empty bags can be disposed of into the

offensive waste stream. Wherever this is practicable to do, this method should be actively encouraged, as this will save on waste disposal costs and is perfectly acceptable.

Any blood specimens **suspected** of presenting as Category A infectious must be forwarded to Microbiology for testing.

Provided that there is no chemical or pharmaceutical contamination, the majority of other clinical wastes produced in Pathology should be disposed of in orange "known infection" clinical waste bags, offensive waste bags or an appropriate sharps container. Please note that small plastic pipettes used in automated diagnostic testing have pointed ends that can pierce waste bags, therefore it is advised that a higher thickness [40 microns] orange clinical waste bag or appropriate rigid container is used for the disposal of these items.

Please refer to Appendix 7 Guide to Standard use of Generic Bags / Receptacles for Appropriate Waste Containment.

For a full and definitive waste disposal procedure for Pathology and Haematology waste, please contact the department directly.

1.9 Pharmacy Waste

Some of Pharmacy's clinical waste is classified as cytotoxic or cytostatic waste and therefore should be discarded into correctly labelled, yellow bodied; purple lidded rigid containers before disposal (please reference the look up table).

The other common clinical waste stream will be the disposal of controlled drugs and non-cytotoxic / cytostatic medicines.

Some out of date or unused drugs and medicines (such as patients own controlled drugs) will need to be denatured to render them unusable as for the purpose they were intended for.

Medicines should be disposed of in specifically designed, correctly labelled blue bodied/blue lidded rigid containers for solid dose preparations (e.g.: tablets/capsules) or yellow bodied/yellow lidded rigid containers for mixed pharmaceutical waste for liquids, injections and TPN that have a water-proof seal.

Please also reference Appendix 7 – Guide to Standard use of Generic Waste Bags / Receptacles for appropriate containment.

Where Pharmacies within the Trust carry out the process of denaturing controlled drugs, they need to be aware that they are treating the waste, and, as such, need to register for a waste exemption, number T28 ["T" is for treatment], which, provided that they are registered and that conditions are complied with, allows this practice to continue without a permit, as long as the Pharmacy:

a) Applies for a three year T28 exemption with the Environment Agency.
b) Treatment and storage is carried out at the place of production and does not exceed the following thresholds:
    1) The total quantity of waste treated or stored at any one time, does not exceed 1 cubic metre.
    2) None of this treated waste is stored longer than 6 months.

This exemption must be registered with the Environment Agency.

Medicines that do not need to be denatured before disposal, can also be discarded into the correctly labelled, blue bodied/blue lidded rigid containers before disposal

(please reference Appendix 1 for details).

Pharmacy staff must segregate all their clinical waste streams into their appropriate waste containers and place in the designated waste bins/waste collection area as per site arrangements for the Portering service/waste contractors to collect as and when necessary. Both cytotoxic/cytostatic waste and other pharmaceutical medicine wastes are ultimately destroyed by high temperature incineration.

For a full and definitive waste disposal procedure for Pharmacy waste, please contact the department directly.

1.10 Theatre Waste

Many of the Trusts hospital sites theatre areas/disciplines may have to classify and segregate carefully, as some of its other, lesser producing clinical wastes will require separate appropriate waste containment. These smaller generating clinical items that may ultimately present as a waste, maybe anatomical and associated chemical preservatives (formaldehyde), clinical chemicals (soda lime) and their containers, radionuclide contaminated waste, pharmaceutical waste, as well as the more commonly produced orange clinical or offensive waste bags and sharps containers.

In rare circumstances, amputated limbs and removed body parts may be requested to be returned to the patient or the patient's next of kin/relatives. If these episodes arise, then the limb or body part is not classified as a waste. The local Theatres SOPs would then need to be followed.

It is likely that most [if not all] theatre areas will use all three coloured clinical waste bags - orange, yellow and tiger striped [black & yellow]. It is also likely that they will be using most of the rigid yellow bodied clinical waste containers with their respective colour lids - yellow, orange, red and the blue body/blue lidded pharmaceutical waste containers. Used soda lime should be disposed of to 30 litre yellow body/yellow lid rigid WIVA containers and marked clearly on the lid surface, "USED SODA LIME", with a black permanent ink marker pen [see Appendix 1. For anatomical wastes, disposal into yellow clinical waste bags [first containment] and then into yellow bodied/red lidded rigid containers [second containment] will be necessary

1.11 Estates and Facilities

WEEE and Contaminated WEEE Disposal

Waste electrical and electronic equipment (WEEE) and contaminated WEEE has to be disposed of in line with current legislation and should not be mixed with other waste streams. Where WEEE is contaminated the appliance becomes a hazardous (infectious) clinical waste and WEEE. Items, such as fridges that have become contaminated by infected biological agents must be fully decontaminated and accompanied by a signed certificate detailing the decontamination process. Only after the decontamination process, can waste from electrical or electronic equipment become classified as WEEE.

The following information outlines the collection and disposal process that must be followed.

All redundant waste electrical or electronic equipment that is generated by Wards & Departments that requires collection and disposal, shall prior to collection be

prepared as directed below to ensure that there is no risk from cross infection to Estates staff or the Trust's waste disposal contractors and has been approved for disposal by the responsible person for the area or type of equipment.

- All equipment must be presented and checked ready for collection in an unlocked state and with all contents removed.
- If the waste item is contaminated through use on Wards or Department it must be decontaminated by the Ward/Departments staff prior to collection and shall have attached a completed Decontaminated Certificate. A sample of the Trust's Decontamination Certificate may be found within Appendix 14).
- If the waste item is not contaminated through use on Wards or Department it must be confirmed as being cleaned both internally and externally by the Ward/Departments staff prior to collection and shall have attached a completed Decontaminated Certificate. A sample of the Trust's Decontamination Certificate may be found within Appendix 14).
- The waste item shall also have a permission / authorise to dispose form either

  a) Medical Equipment Disposal Form
  b) General Disposal Form

- The waste item shall also be removed from the Trust's Asset, Equipment, Insurance and PPM / Maintenance Registers if necessary.

The disposer shall call the Estates and Facilities Helpdesk on x17888 advising them of a request to have a WEEE collection by the Estates & Facilities giving all the relevant detail. Make a note of the job ticket reference no. and ensure it is according transcribed to the disposal documentation. Facilities shall contact the Ward/Department to arrange collection, if however, the WEEE waste item does not have the required Decontamination Certificate and Permission to Dispose Form, then the collection will not be carried out. If all is correct the Collecting staff member will sign to accept receipt of the item and transfer to the UHL's collection/storage location prior to final sign off of disposal.

The Estates & Facilities responsible person will finally sign the disposal form to authorise the disposal of the item through the UHL's waste stream.

WEEE waste disposal, shall only be made by following the managed process above, no items of this waste stream must be removed or transported to the site Waste Compound by unauthorised staff as it will not be accepted and recharges of a return to the owner may be applied.

Disposal of Asbestos

Asbestos is a hazardous material and also classed as Dangerous Goods and is present in various buildings throughout the Trust's Estate. In the event of asbestos being removed then very specific precautions have to be taken; details of which can be found in the Trust's Asbestos Management Plan and Operational Procedures Document B9/2021.

The Trust's Asbestos Risk Register is maintained and updated by the Estates & Facilities Asbestos Coordinator.

Removal of asbestos is carried out by an HSE Licensed Asbestos Removal Contractor. The area will be segregated from unauthorised personnel and the asbestos removed under strict guidance and procedure. Asbestos disposal will be carried out by a licensed contractor using suitably sealed and labelled asbestos waste bags or rigid containers as outlined in Regulation 24 of the Control of Asbestos Regulations 2012.

The waste will be stored in a secure area, generally a lockable skip, away from staff and patient activity until it is transported to an offsite transfer station or waste site as per the Hazardous Waste Regulations 2005.

No works involving the transport or removal of asbestos shall occur without the authorisation of the Asbestos Coordinator and in compliance with the Trust's Asbestos Management Policy.

Upon disposal the Asbestos Removal Contractor will provide the Trust with the Hazardous Waste consignment note which will be saved in the Estates and Facilities Asbestos folder (EF02.09).

Disposal of Construction Waste

Construction waste will mainly, if not solely, be produced from new or refurbishment projects under creation by contractors working within the Trusts estate buildings and external grounds. In these circumstances, it is the appointed Principal Contractor under the CDM Regulations that will be responsible for the removal of all waste produced during the project period, including any demolition waste. See Appendix Two for further Information

It will be the responsibility of the Principal Contractor to ensure that:

- All waste is kept in a covered skip either within their compound or fenced-off with Heras fencing.
- All skips or compounds are secured when not supervised.
- All waste is removed from site regularly and isn't allowed to accumulate.
- All hazardous waste is managed in accordance with COSHH regulations and all other applicable regulations.
- All pressurised vessels will need to be stored in a secure area away from staff and patient activity to await collection by an approved route to a Registered Treatment Facility.

NHS
University Hospitals of Leicester
NHS Trust

UHL Waste Management Committee (WMC)

Terms of Reference – Review Date 19.06.2022

Authority:

The University Hospitals of Leicester NHS Trust (UHL) recognises that effective implementation of its Waste Management Strategy and Procedures and Protocols depends on managers, staff and other representatives working together at all levels to ensure that compliance Waste segregation and management are implemented and maintained. The UHL WMC Group is recognised as the conduit for this function.

The WMC Group will report to the Trust Head of Sustainability, but the overall responsibilities resides with the Director of Estates & Facilities

This group will also align with other special-purpose groups established within Estates and Facilities e.g. Green Team, Sustainability Team, Water, Medical Gas etc.

Membership:

The Deputy Director of Estates and Facilities will act as Chair to the group.

The Head of Sustainability who is a permanent member of the group, will chair the group in the absence of the Deputy Director of Estates and Facilities

In addition to the above the following post holders or their nominated deputies will form the core membership of the UHL WMC:

- Director of Estates & Facilities Mike Simpson
- Deputy Director of Estates & Facilities Martin Mannix
- Head Of Sustainability (Samantha Stanhope)
- Trust Waste Manager (TBC)
- IPC lead for E&F (Islwyn Jones)
- IPC Lead - Trust (Liz Collins / Zoe Green)
- Medical Physics (Lizzie Davis) Head of Radiation Safety Service
- Pharmacy (TBC)
- Portering (Donna White)
- Domestic (Liz Anderson)
- Procurement (E&F) (Tony Roost)
- Matron (Clare Suart)
- Trust Communications (Maria OBrian)
- Head of Medical equipment (Jasdip Mangat - Head of Clinical Engineering)
- IT (Zoe Bliss) IM&T Business Engagement Lead
- H&S (E&F) Michael Blair
- H&S (Trust) (TBC)
- L&D Senior Manager Julie McCarthy
- CMG's (Natalie Green / Sue Burton TBC)
- Retail & Catering (Nik Lee)
- Alliance (TBC)

UHL Staff representation is welcomed and there is an open invitation for their attendance.

Other Trust employees and appropriate external Consultants/Contractors may be co-opted for specific projects or sub-groups.

Quorum

A quorum shall be required to enable the meeting to proceed formally.

The quorum must include a minimum of four members or their nominated deputy. For the meeting to precede the Deputy Director of Estates and Facilities (Chair) or the Head of Sustainability (deputy Chair) must be in attendance.

Role of the Committee:

- To ensure that the Trust has an effective approach to the management of waste
- To ensure roles and responsibilities relating to waste are in accordance with the Policy and are clearly defined.
- To develop and implement a Trust wide waste Policy and Procedures for all sites.
- To report to the Governance / Risk & Quality committee's & Board.
- To monitor and review the content and delivery of staff waste management training to ensure it is strategic and structured relative to patient dependency and location.
- To monitor and review significant fire risks.
- To monitor, review, and propose action resulting from the incidence from waste and any inappropriate waste reports that are DATIX or reported externally.

Arrangements:

The UHL WMC shall be hosted by Estates and Facilities and are to be held monthly...

Meetings will be scheduled prior to the UHL Health and Safety Committee Meetings to allow outputs to be shared in a timely manner with the UHL Health and Safety Committee members.

Clinical Management Group representatives shall be nominated by Heads of Service and champions within their area of responsibility.

The membership of the Group will be reviewed annually to ensure that it best reflects the requirements of governance within the Trust. Members (or their nominated deputies) will be required to attend all of the WMC meetings in any one fiscal year.

Members unable to attend the scheduled meetings shall notify the chair (or deputy-chair) via email or phone at the earliest convenience and ensure that suitable deputy be nominated to attend in their place.

Meeting minutes and the Project Action Plan will be issued to members within 14 days of the meeting being held.

Any amendment / corrections identified are to be conveyed to the Chair within 14 days of issuing of the meeting minutes.

Project action Plan updates are required 2 weeks prior to the scheduled meeting.

Additions to standard Agenda are to be request 2 weeks prior to the scheduled meeting

Agenda to be issued 1 week prior to the scheduled meeting.

Reporting:

Members shall provide a monthly update, either verbally or by written report, to the Group on matters relating to WMC as a standard meeting agenda item.

WMC Meeting Minutes, Action Log updates and monthly reports will be issued to the UHL Health and Safety Committee for information and escalation where required.

An annual report will be produced via an agreed format and presented at the Risk committee to show the direction of travel and compliance updates if and when required

Exception reports shall be provided on request to the Executive Team.

Any member of Trust staff may raise an issue with the Chair, using the centralised WMC Mailbox: TBC

The Chair will decide whether or not the issue shall be included in the Committees business. The individual raising the matter may be invited to attend.

Terms of Reference Review:

The committee shall, in consultation with others, such as the UHL H&S committees review these terms or reference every 12 months.

1.0 Storage, Collection and Transportation of Clinical / Offensive Waste Bags and Associated Rigid Containers on Trust sites:

1.1 Orange clinical, yellow clinical and black/yellow striped offensive waste bags must be removed from a "hands free" foot pedal bin when ⅔"s full and swan necked, then sealed with the specifically issued department/ward/areas identity tag; the bag or bags can then be disposed of into the appropriately identifiable and lockable UN approved yellow clinical waste cart container for the given colour of the clinical waste or offensive waste bag [yellow healthcare waste cart]. These waste bags must NOT be mixed.

1.2 Any ward or department which either owns or utilises a trolley or receptacle to transport tagged orange clinical, yellow clinical and black/yellow striped offensive waste bags to a lockable UN approved yellow clinical waste cart container [yellow healthcare waste cart for offensive waste], must only use it for that purpose only and for no other purpose. The trolley or transporting receptacle must be cleaned and disinfected at least once per week or on each and any occasion that presents a risk of infection.

1.3 Storage of tagged orange clinical, yellow clinical and black/yellow striped offensive waste bags must never be left on the floor unattended and must be disposed of as per this policy.

1.4 Tagged orange & yellow clinical and black/yellow striped offensive waste bags must be secured away from unauthorised persons at all times the nominated area Responsible Managers have the responsibility to delegate/monitor this wastes safe disposal to the appropriately identifiable and lockable UN approved yellow clinical waste wheelie bin container for the given colour of the tagged clinical or offensive waste bag.

1.5 Ward or department and domestic services managers must ensure that anyone transporting the ward or departments tagged orange clinical, yellow clinical and black/yellow striped offensive waste bags have suitable training, easy access to the bin key and ensure their practice follows infection control guidelines.

1.6 All used, closed, tagged and signed off sharps, placenta/anatomical and pharmaceutical rigid containers must **never** be placed in to a lockable UN approved yellow clinical waste wheelie bin by members of staff apart from an appropriately trained waste Portering staff. This is to ensure correct segregation of different clinical wastes for different destruction processes. An exception to this rule may only apply, where specific staff/cleaners have been given authorisation to do so.

1.7 Used, closed, tagged and signed off sharps, placenta/anatomical and pharmaceutical rigid containers must be kept in a safe place (preferably the Sluice Room or dedicated waste storage collection rooms) to await collection by the Waste Portering Service (see Appendix 4 – 1.1). Any used and closed sharps, placenta/anatomical and pharmaceutical rigid containers that do not have their labels appropriately completed, and the department/wards ID tag attached, should not be removed from department/ward, until this is corrected by the department/ward staff. If containers do not have a label attached, then a date of closure must be clearly written on the side of the yellow body with a permanent

black marker pen. An ID tag must still be attached.

1.8 All lockable UN approved yellow clinical waste wheelie bin containers will be washed and disinfected by the waste service provider. This is carried out on each occasion's emptying of the bins contents at their transfer stations/destruction plants. All lockable UN approved yellow clinical waste wheelie bins returned to any of the Trust sites are then the responsibility of the Waste Portering Service to transport / replenish at waste collection points in a locked state. The waste porters will be responsible for identifying returned empty bins for faults and cleanliness.

1.9 It is a legal requirement for lockable UN approved yellow clinical waste cart to be locked and secured at all times, therefore all ward/department/cleaning staff using them must make sure they have access to the correct key to unlock and relock these bins at all times to ensure this can happen.

1.10 It will be the responsibility of the waste Portering service to only supply lockable UN approved yellow clinical waste cart and yellow healthcare waste wheelie bins [for offensive waste] to waste collection points; they must be in a safe condition to transport, fix in a stationary position, open and lock. Waste porters must carry out the following checks and tests on each and every lockable UN approved yellow clinical waste wheelie bin before putting it into use:

1.10.1 The locking mechanism of each lockable UN approved yellow clinical waste cart and yellow healthcare waste cart must be tested to prove that the bin lid can be opened and relocked, without effort, by the bin key.

1.10.2 If the locking mechanism of the lockable UN approved yellow clinical waste cart and yellow healthcare waste cart has been jammed with an obstructive material i.e. card or paper, then an attempt should be made to remove the obstruction. Only if the obstruction has been successfully removed / the bin lid can be opened and relocked without effort by the bin key, should the bin be put into use.

1.10.3 All wheel brakes and fixed wheel mechanisms to each lockable UN approved yellow clinical waste cart and yellow healthcare waste cart must be tested for working correctly before being towed or moved. Towing of lockable UN approved yellow clinical waste cart and yellow healthcare waste cart must only be attempted if the towing bars are appropriately linked and the toggle locked into position.

1.10.4 A bin that has not been cleaned and disinfected shall not be used.

1.11 If any of the above checks and tests fails to meet the criteria above a - d, then the lockable UN approved yellow clinical waste cart and yellow healthcare waste cart must not be put into use. The waste porters must tag the bin with an identifiable fault label highlighting to the supplier the fault/s.

1.12 To keep any of the Trusts hospitals highways safe, when locked UN approved yellow clinical waste bins are being transported around the hospitals sites by electric vehicles (tugs), manufacturers and suppliers of these bins recommend no more than three bins (when empty) to be towed at any one given time; and no more than four bins (when full) at any one given time.

1.13 When full, it will be the responsibility of the waste Portering service to collect all filled UN approved yellow clinical waste cart they will return them to the hospitals dedicated clinical waste compound. Waste porters must carry out the following checks and labelling for each healthcare waste cart:

1.13.1 Each full UN approved yellow clinical waste cart must be opened to carry out a careful visual inspection of the waste bags within the cart (Porters must ensure that full H&S guidance and training is followed, with the use of the correct PPE). This will identify to the waste porter any anomalies.

1.13.2 Any anomalies must be brought to the attention of their line manager or the Trusts / hospitals designated authorised officer.

1.13.3 After the visual inspection/anomalies resolved, the full UN approved yellow clinical waste wheelie bin and yellow healthcare waste wheelie bins [for offensive waste] must be relocked and checked that the correct waste identification label by the waste service supplier is attached. This identifies the correct EWC code (see Appendix 5 – 1.2 & Appendix 8) that describes the waste content within the bin, for the waste service provider to treat accordingly via the correct destruction process.

1.14 Collected and tagged sharps, placenta/anatomical and pharmaceutical rigid containers must be taken to the clinical waste compound by the Waste Portering Service. The waste porters will sort and separate these containers into their respective empty / appropriate UN approved yellow clinical waste cart and attach the correct waste identification label provided by the waste supplier; This identifies the correct EWC code (see Table 1 - 3.3) that describes the waste content within the bin, for the waste service provider to treat accordingly via the correct destruction process.

1.15 All hospitals clinical waste compounds must remain locked (when not in use) at all times. This will be the responsibility of the Waste Portering Service. If for any reason, the compound cannot be locked, this must be brought to the attention of their line manager or the Trusts/hospitals designated authorised officer. The waste service provider will be responsible for unlocking/relocking the clinical waste compound after they have collected full/ delivered empty bins for each occasions visit to any of the Trust sites.

1.16 The security service provider to any of the Trust hospitals sites will also have a responsibility to make sure that their security staff monitor the waste compound area; and report any non- conforming episodes of this area being found unlocked to the Trust.

1.17 Some of the Trusts smaller satellite sites do not require their UN approved yellow clinical waste cart to be moved, apart from when the waste service provider visits to collect full for empty bins. The designated site leads for the Trusts smaller satellite premises will need to take responsibility or delegate responsibility to staff /cleaners, for those principles that apply, as stipulated in appendix 4 1.1–1.16.

2 Storage, Collection and Transportation of Clinical Waste from Community Premises (households / schools) on the Public Highway to Trust sites:

2.1 Within Trust there will be clinical staff, such as Midwives and Community Based Nurse Teams that, from time to time, may need to transport patient's clinical waste [generated at the patient's home or at a school] in their vehicles, on the public highway, to a Trust site. These clinical wastes may range from anatomical [placenta containers], to sharps and pharmaceuticals [appropriate containers], to orange "infectious" clinical waste bags.

2.1.1 The process referenced in Appendix 4.1.2 is currently permitted without the

Trust having to apply for any Environment Agency [EA] licenses or registrations for any exemptions, as long as the clinical waste is carried in UN approved containers in accordance with ADR. However, there is a requirement for the Trust to register with the EA as a “lower tier” licensed waste carrier for its community staff carrying waste back to Trust sites.

2.1.2 The Trusts lower tier waste carrier registration number is (CBDL 34174). Relevant staff will need to be made aware of this Trusts license registration number (CBDL 34174) and carry it in their vehicles, in case they are ever stopped by any multi-agency enforcement officers, if they are found carrying such wastes.

2.2 Transportation of orange clinical “known infectious” waste bags in vehicles belonging to Midwives and Community Based Nursing staff is acceptable, so long as they are placed within appropriate rigid receptacles, which will then comply legally with ADR. All waste transported in these staffs vehicles must be placed in the boot of the vehicle. Please reference Appendices at 7 - Guide to Standard use of Generic Waste Bags / Receptacles for Appropriate Containment.

2.3 Transportation of sharps, pharmaceutical and anatomical waste containers in vehicles belonging to Midwives and Community Based Nursing staff, is acceptable, so long as the containers are UN approved and the container labelling is correctly filled in, where appropriate. If the sharps or pharmaceutical container is still in use, then the temporary closure mechanism must be employed at all times when the sharps container is in transit to comply legally with ADR. This means that the lid aperture must be closed [not the same as permanently closed] or designed not to open under duress, when being transported. All waste transported in these staffs vehicles must be placed in the boot of the vehicle. Please reference Appendix 7 - Guide to Standard use of Generic Waste Bags/Receptacles for Appropriate Containment.

3 **Storage, Collection and Transportation of Recyclable/RDF Waste on Trust sites**:

3.1 Clear recyclable/RDF waste bags must be removed from a “hands free” foot pedal bin when ⅔"s full, then sealed with the specifically issued department/ward/areas identity tag and swan necked; the bag or bags can then be disposed of into a domestic waste cart.

3.2 Any ward or department which either owns or utilises a trolley or receptacle to transport tagged clear recyclable/RDF waste bags to a domestic waste cart, must only use it for that purpose and no other purpose. The trolley or transporting receptacle must be cleaned and disinfected at least once per week or on each and any occasion that presents a risk of infection.

3.3 Storage of tagged clear recyclable / RDF waste bags must never be left on the floor or unattended; they must be disposed of as noted below.

3.4 Tagged clear recyclable/RDF waste bags must be secured away from unauthorised persons at all times.

3.5 Tagged clear recyclable/RDF waste bag removal from wards and departments will be a joint responsibility of the ward or department manager and the domestic services contract managers. They both have responsibility to delegate/monitor this wastes safe disposal to a blue RDF waste wheelie bin container.

3.6 Ward or department managers and domestic services contract managers must ensure that anyone transporting the ward or departments tagged clear recyclable/RDF waste bags have suitable training and ensure their practice follows infection control guidelines.

3.7 All black designated RDF waste wheelie bin containers will be washed (inside & out) once per month by the waste service provider. All black designated RDF waste wheelie bins are then the responsibility of the waste Portering service to transport/replenish at waste collection points in a clean state.

3.8 It will be the responsibility of the waste Portering service to only supply black designated RDF waste wheelie bins to waste collection points that are in a safe condition to transport and fix in a stationary position. Waste porters must carry out the following checks and tests on each and every black designated RDF waste wheelie bin before putting it into use:

3.8.1 All wheel brakes and fixed wheel mechanisms to each black designated RDF waste wheelie bin must be tested for working correctly before being towed or moved.

3.8.2 Check that each black designated RDF waste wheelie bin lid opens and shuts safely.

3.8.3 Towing of black designated RDF waste wheelie bins must only be attempted if the towing bars are appropriately linked and fitted correctly into position.

3.9 If any of the above checks and tests fail to meet the criteria at 5.3 a - c, then the black designated RDF waste wheelie bin must not be put into use. The waste porters must inform their line manager or the Trust/hospitals designated authorised officer of the fault, so that the black designated RDF waste wheelie bin can be repaired.

3.10 To keep the hospital highway safe when black designated RDF waste wheelie bins are being transported around the hospital site by electric vehicles (tugs), manufacturers and suppliers of these bins recommend no more than three bins to be towed at any one given time; either empty or full.

3.11 When full, it will be the responsibility of the waste Portering service to collect all filled black designated RDF waste wheelie bins and return them to the hospitals main waste compound. Waste porters must carry out the following checks for each and every full UN approved black designated waste wheelie bin before emptying:

3.11.1 Each full black designated RDF waste wheelie bin must be opened to carry out a visual inspection of the waste bags disposed. This will identify to the waste porter any anomalies.

3.11.2 Any anomalies must be brought to the attention of their line manager or the Trust/hospitals designated authorised officer.

3.11.3 After the visual inspection/anomalies resolved, the full black designated RDF waste wheelie bin can be emptied into the recycling/RDF waste compaction machine.

3.12 All Trust sites main waste compounds must remain locked (when not in use) at all times. This will be the responsibility of the Waste Portering Service. If for any reason, any main waste compounds cannot be locked, this must be brought to the attention of their line manager or the Facilities General Manager and register with

the Facilities Helpdesk Ext 17888. The waste service provider will be responsible for unlocking/relocking main waste compounds after they have collected a full/delivered an empty compaction machine for each occasions visit to site.

3.13 The in house security service at any of the Trust hospitals sites will also have a responsibility to make sure that their security staff monitor the waste compound area; and report any non- conforming episodes of this area being found unlocked to the Facilities General Manager.

4 **Storage, Collection and Transportation of Cardboard on Trust sites**:

4.1 Large cardboard boxes must be flattened by department/ward staff/cleaners before being removed from departments or wards. Flattened cardboard will then need to be stored next to black designated RDF waste cart.

4.2 Any ward or department which either owns or utilises a trolley or receptacle to transport flattened cardboard to their nearest waste collection point, must only use it for that purpose only and for no other purpose. The trolley or transporting receptacle must be cleaned and disinfected at least once per week or on each and any occasion that presents a risk of infection.

4.3 Storage of flattened cardboard must be left neat, tidy and tucked away next to / behind black designated RDF waste cart, to prevent the cardboard from blowing around or becoming an obstruction.

4.4 Flattened cardboard must be kept secured away from unauthorised persons at all times.

4.5 Flattened cardboards removal from wards and departments will be a joint responsibility of the ward or department manager and the domestic services contract managers. They both have responsibility to delegate/monitor this wastes safe placement next to/behind a black designated RDF cart.

4.6 Ward or department managers and domestic services contract managers must ensure that anyone transporting the ward or departments flattened cardboard have suitable training and ensure their practice follows infection control guidelines.

4.7 It will be the responsibility of the waste Portering service to collect all flattened cardboard and transport it to the hospitals main waste compound:

- 4.7.1 Where bailing facilities exist, all flattened cardboard will be taken to the bailing machine, in preparation for bailing.
- 4.7.2 Sites where there are no bailing facilities, the cardboard should be compacted in the recycling / RDF compaction machine.
- 4.7.3 Sites where there are no bailing facilities or compaction machines, the cardboard should be placed in the UN approved black designated waste cart, to wait emptying by the waste service provider.

4.8 The main waste compound must remain locked (when not in use) at all times. This will be the responsibility of the Waste Portering Service. If for any reason, this compound cannot be locked, this must be brought to the attention of their line manager or the Trust/hospitals General Facilities Manager. The waste service provider will be responsible for unlocking/relocking the main waste compound after they have collected the bails of cardboard/exchanged or emptied a black designated RDF waste cart.

4.9 The in house security service will also have a responsibility to make sure that their security staff monitor the waste compound area; and report any non-conforming episodes of this area being found unlocked to the Trust.

4.10 Some of the Trusts smaller satellite sites do not require their flattened cardboard to be moved away from the black designated RDF waste cart. The cardboard will placed in the black designated RDF waste cart.

5. Transportation of Clinical Wastes off Trust sites, on the Public Highway:

5.1 No member of staff can remove any forms of clinical waste from Trust sites. The Trusts waste service provider, in accordance with compliance to their legal obligations, will remove all designated clinical wastes from the site of production and comply with any stipulations set out in their contract with the Trust.

5.2 The European agreement concerning the international carriage of dangerous goods by road, better known as the abbreviated ADR, allows for the transportation of clinical waste (UN 3291) and other medicines/chemical wastes (UN 1851/3248/3249) - classified as ”dangerous” in accordance with the Carriage Regulations (over a weight threshold), to be transported on the public highway. Please see further detailed reference made to this at 5.5 Duty of care requirements.

6. Transportation of All Other Wastes off Trust sites, on the Public Highway:

6.1 No member of staff can remove any of the hospitals or satellite sites other wastes from Trust.

6.2 The Trusts service provider, in accordance with compliance to their legal obligations will remove all other wastes from Trust sites and comply with any stipulations set out in their contract with the Trust.

6.3 The Trust’s waste service providers will comply with the requirements as a registered waste carrier as stipulated in the Waste Regulations 1990. These regulations will require our Trust to apply the waste management hierarchy when transferring our waste over to our waste service providers (registered waste carrier); this will include a declaration on the controlled waste transfer note that this has been done before the waste leaves any of the Trust sites (see 5.3.2).

1.1 List of Wastes

The List of Wastes (LOW) Regulations 2005 transpose the European Waste Catalogue (EWC) List (1st January 2002) into domestic legislation. It provides codes for all hazardous and non- hazardous wastes.

The use of EWC codes is a legal obligation under the Duty of Care requirements of the ENVIRONMENTAL PROTECTION ACT 1990 (please refer to Table 1 – 3.3)

The Duty of Care requires that a waste holder (our Trust, as a producer) takes all reasonable steps to describe the waste in such a way that permits its safe handling and management. The List of Wastes Regulations requires producers to adequately describe their waste using both a written description and use of the appropriate European Waste Catalogue (EWC) code(s). The EWC categorises wastes into 20 chapters and allocates each waste type a 6 digit numerical code. This applies to all waste categories. In addition to the LOW code and its associated description, any waste should also be described in a way that identifies any properties relevant to its handling.

Taken together, this information must be sufficient to enable subsequent holders to manage the waste without threat to the environment or human health. In particular, the information should ensure the waste is accepted and managed in accordance with the conditions of a Waste Management Licence, Integrated Pollution Prevention and Control (IPPC) permit or within the terms of any relevant exemption.

1.2 Marking and Labelling of UN Approved 770 litre Clinical Waste Wheelie Bins (Cart)

To ensure compliance with ADR and the Carriage Regulations, all infectious and pharmaceutically contaminated wastes must be transported in UN approved 770 litre Clinical Waste Wheelie Bins; also referred to as “bulk containers” in ADR , are each clearly marked with their appropriate UN number - in this example, “UN 50H/Y/0808/NL/SL003/0/350. See pictures 1 & 2 below.

Picture 1

Picture 2

When these bulk containers are being packed (see below 1.6 f & g), the waste porter, the cleaner or a member of Trust staff must dispose of their clinical waste according to the type (classification / EWC code) of clinical waste being disposed of. This is achieved with the assistance of an identification (includes correct EWC code) label attached to each bulk container; the designated identification label will highlight the clinical waste type. See pictures 3 & 4 below.

The label shown in picture 3 is for the disposal of orange known infectious clinical waste bags [EWC code 18 01 03]; all labels must be attached to the front or side handle of the bulk container lid shown in picture 4.

Picture 3 – Waste Label

Picture 4

Further types of clinical waste identification labels are shown at Appendix 8.

Because offensive waste is neither infectious, hazardous or a Dangerous Good, offensive waste bags must not be placed in carts that display hazard markings and any reference to infectious waste. Where necessary, the Trust will endeavour to only use yellow healthcare waste wheelie bins [without hazard markings or reference to infectious waste] for the safe holding of this waste stream before removal and transit off site.

1.3 Identification (ID) Tagging of Clinical, Offensive and Clear Recycling/RDF Waste Bags

All waste bags; be they clinical, offensive, clear recycling / RDF bags, will be swan necked and then sealed with an identification [ID] tag - see picture 5 below. Each ID tag will be embossed with the Trust's name, and a unique number, which will identify the waste producing ward or department.

All sharps containers in use with Trust staff, whether on or off site, must be tagged with their point of origin too.

All tags are issued for each site via the Facilities Manager. Batches of 100 tags are given out; each batch will be recorded in a log book or electronic log dependent upon each sites preferred method of tracking, so auditing / tracking of all waste bags and rigid waste containers can be traced back to its original point of source at each hospital site.

Picture 5 Example of an identification [ID] waste tag Waste Tag

Yellow will be used by all Trust nursing and support staff, when sealing bags and rigid waste containers from their area of work.

1.4 Controlled Waste Transfer Notes

A controlled waste transfer note is a formal document that must detail an adequate description of the waste being transferred to the carrier, in order that the waste can be safely managed. It must accompany all transfers of controlled waste, with the exception of hazardous wastes.

There will normally be a separate transfer note for each collection of waste, although under certain circumstances where the waste type is the same the producer, disposal/treatment site and the carrier are the same an annual transfer note may be acceptable.

The Waste Transfer Notes are collated at each site and are stored at

a) LRI
b) LGH
c) GH

Going forward the Trust will is moving towards a paperless solution and all waste transfer notes will be stored centrally in UHL Waste SharePoint

1.5 Hazardous Waste Consignment Notes (HWCN)

A hazardous waste consignment note (HWCN) covers the transfer of hazardous wastes to a disposal/treatment site by a licensed waste carrier. The HWCN must give adequate descriptions of the hazardous waste being transferred to the carrier, to allow safe management of the waste being transported.

The completion and accuracy of the waste classification, description, composition and the authorised signatory of the waste on the HWCN is the sole legal responsibility of the waste producer (our Trust).

A typical HWCN for the recording of clinical waste types and disposal quantities of hospital waste will, in the main, be signed for by those key staff on duty at the times of collection. This is likely to be on-duty Portering staff, but could be a staff representative from the Trust. Either way, these key staff needs to understand what they are signing for and must have received adequate training from the Trust to comprehend the complexity of this responsibility.

Other key members of Trust staff responsible for consigning hazardous wastes for disposal within their remits may choose to use their own HWCN or those of the waste carrier they are using. In either case, it is the producer's responsibility to ensure compliance with the Hazardous Waste Regulations 2005.

There is NO minimum requirement for hazardous waste in terms of HWCN paperwork; there is only a minimum threshold for Hazardous Waste Premises Registrations [under 500kg in a 12 month period]. Any hazardous waste leaving the Trust site MUST be accompanied by a HWCN. There are no "Season Tickets" for hazardous wastes.

Waste producers (all Trust sites) must keep completed HWCN for a minimum of 6 years from the date of collection. The Trusts nominated authorised officer will be responsible for making sure all HWCN at each site are all held in a centrally located place for inspection.

1.6 Consignor Obligations

As the Trusts Three hospital sites will be the producer [more than 500kg in a year] of clinical wastes (UN 3291) and other medicines/chemical wastes (UN 1851/3248/3249), we are defined as the "consignor" in the Hazardous Waste Regulations.

Being classified as a "consignor", the Trust has further obligations that need to be met in relation to handing over clinical wastes for carriage (transport) to the carrier; they are:

a) Ascertain that any Dangerous Goods are classified (fully described) and authorised for carriage in accordance with ADR.
b) Provide the carrier with information and data on the Hazardous Waste Consignment Note [HWCN] as accurately and as detailed as necessary.
c) Use only packaging's (appropriate sealed bags and containers) and bulk containers (UN approved 770 litre locked clinical waste wheelie bins – Appendix 5 suited for carriage of the substances they are designed for, bearing the markings prescribed by ADR.
d) Comply with the requirements on the means of despatch and on forwarding restrictions.
e) Ensure that even empty, unclean bulk containers are appropriately marked and labelled.
f) Ensure that other participants i.e. the "packer" (waste porter, cleaner of member of Trust staff), loads each bulk container which will meet the requirements of ADR.
g) The packer (waste porter, cleaner or member of Trust staff) shall comply with:
    1) The requirements concerning packing conditions.
    2) When preparing packages for carriage, the requirements concerning marking and labelling of the packages.

APPENDIX 6 - GUIDE TO STANDARD USE OF GENERIC BAGS / RECEPTACLES FOR APPROPRIATE WASTE CONTAINMENT

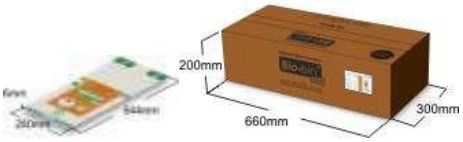
Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
RDF Black waste bags For the disposal of household / domestic waste No chemicals No clinical waste No medicines. inc. pharmaceutical containers	Small bags	MVJ027
	Large bags	MVJ032
Rigid cardboard container for domestic glass  Appropriately labelled for the safe containment of used domestic glass [can include rinsed baby food bottles] only No hazardous chemical bottles No medicine bottles [full, residues, empty or rinsed	50x29x29cm	MLA000
Offensive [Tiger] waste bags  For disposal of non-infectious healthcare waste No free flowing fluids [unless solidified or absorbed] No recognisable anatomical waste No pharmaceuticals No chemicals No gypsum No sharps	Small bags	MVN030
	Large bags	MVN021
Orange "known infectious" Clinical waste bags	Small bags	MVN013
	Large bags	MVN020
	Small bags Heavy duty	MVN014

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
 For the disposal of known infectious clinical waste - No free flowing fluids [unless solidified or absorbed] No recognisable anatomical waste No pharmaceuticals No chemicals No gypsum No sharps	Large bags Heavy duty	MVN016
Yellow Clinical waste bags  For the disposal of clinical wastes requiring high temperature incineration, including plaster casts, Clinical waste contaminated with absorbed chemicals and anatomical waste [first containment] and then into red lidded / yellow body rigid container. No sharps	Small bags	MVN040
	Large bags	MVN033
	Small bags Heavy duty	MVN082
	Large bags Heavy duty	MVN085
Yellow body / yellow lid rigid sharps containers  For the disposal of sharps / vials contaminated with residues of blood and / or medicines.	2.5 litre capacity round body & lid	FSL311
	3.75 litre capacity round body & lid	FSL401
	5 litre capacity round body & lid	FSL310
	7 litre capacity round body & lid	FSL398
	11.5 litre capacity round body & lid	FSL314

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
No pharmaceuticals, including medicine bottles No chemicals	22 litre capacity round body & lid with large aperture	FSL309
	35 litre capacity Long bodied	FSL318
Yellow body / orange lid rigid sharps containers  For the disposal of sharps waste that maybe contaminated with body fluids. FSL058 can be used for chest drains / dialysis sets & tubing where body liquid cannot / has not been solidified. It can also be used for removed stainless steel hip / knee joints, re-enforcement limb / bone plates, screws And associated items. FSL110 is ideal for the disposal of long items, such as staple guns and body probes. No pharmaceuticals, including medicine bottles No pharmaceutically contaminated sharps No recognisable anatomical waste No chemicals	2.5 litre capacity round body & lid	FSL182
	3.75 litre capacity round body & lid	FSL086
	5 litre capacity round body & lid	FSL121
	7 litre capacity round body & lid	FSL135
	11.5 litre capacity round body & lid	FSL122
	22 litre capacity round body & lid with large aperture	FSL058
	35 litre capacity Long bodied	FSL110
Yellow body / purple lid rigid sharps containers  For the disposal of sharps and items contaminated with cytotoxic or cytostatic medicines, including giving sets contaminated with cytotoxic or cytostatic Medicines. PPE contaminated with cytotoxic or cytostatic	2.5 litre capacity round body & lid	FSL004
	5 litre capacity round body & lid	FSL490
	7 litre capacity round body & lid	FSL371
	11.5 litre capacity round body & lid	FSL411

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
	22 litre capacity round body & lid with large aperture	FSL081
Yellow body / red lid rigid containers  For the disposal of anatomical wastes. The round containers are ideal for smaller, frequently Disposed of items, such as placentas and foetal remains. Other items could be bone, flesh, excess Body fat removal & histopathology body part waste. FSW579 should be used for larger, infrequent disposal of amputated limbs. Whole legs may need To be dislocated at the knee, so the whole limb fits. No other wastes	2.5 litre capacity round body & lid	FSL063
	11.5 litre capacity round body & lid	FKW066
	22 litre capacity round body & lid	FSL088
	60 litre capacity Long bodied	FSW579
Blue body / blue lid pharmaceutical containers  FSL955 has a bigger aperture for the disposal of larger pharmaceuticals, such as saline bags with a medicine content and frequent disposal of heavy pharmaceutical items, such as medicine bottles [this can include full, partially full and empty – no rinsing out required]. Use for tubed creams, tablets, pills, including their blister packs etc. Pharmacy staff can also use this receptacle for the process of denaturing this waste to render safe. No cytotoxic or cytostatic medicines	5 litre capacity round body & lid	FSL067
	11.5 litre capacity round body & lid	FSL068
	22 litre capacity round body & lid with large aperture	FSL955
Yellow body / yellow lid rigid WIVA containers 	30 litre capacity Rectangular body & lid	FSW370
	50 litre capacity Rectangular body & lid	FSW328

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
For the disposal of large quantities of fluids or chemicals associated with clinical activity. Examples of use could be: for the disposal of used blood tubes For the disposal of clinical chemicals and their containers. All WIVA containers must have a description of the waste content; for bloods, this may include a Class 6.2 Infectious Substance Danger Label  And marked up as “UN3291” written on the side of the receptacle with a permanent black marker pen. Date of closure and a waste tag must be affixed.	60 litre capacity Rectangular body & lid. Long bodied	FSW367
Yellow body / yellow lid rigid Griff container  For the disposal of large quantities of fluids associated with clinical activity. Examples of use could be: for the disposal of used blood tubes For the disposal of clinical chemicals and their containers. All Griff containers must have a description of the waste content; for bloods, this may include a Class 6.2 Infectious Substance Danger Label  and marked up as “UN3291” written on the side of the receptacle with a permanent black marker pen. Date of closure and a waste tag must be affixed.	30 litre capacity round body & lid	FSL163
	60 litre capacity round body lid. Long bodied	FSL164

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
UN approved lightweight rigid containers for disposal of infectious clinical wastes  **Open Closed**  Boxed quantity x 10 flat packed bins For the disposal of infectious clinical wastes - No body fluids [unless solidified] No chemicals or sharps Recommended for use by Community Nursing & Midwife Teams required to transport infectious clinical waste in vehicles [from patient premises to hospital site base]. Compliant to transport legally in the holds [boot] of nurse vehicles; the container must be sealed whilst in transit. They can be unsealed / resealed / reused repeatedly as the second containment of waste. Orange infectious clinical waste bags [as a first containment of waste], can only be legally transported in nurse vehicles if the bag sits inside this rigid container. The container also has an absorbent material in the base, so that it can be used as a direct waste disposal receptacle without the need to place a bag within it; however, if this method is preferred, then once full, it must be sealed and disposed of as a “once use only” receptacle. This method of engagement is also compliant to transport infectious clinical waste legally in the holds of community nursing and midwife vehicles. This container is also recommended for use in Microbiology and Pathology Departments where the disposal of used pipet tips and other such similar objects are contaminated with body fluids / solids or biological reagents, but with no chemical contamination. These containers are recommended for replacing the heavier, more expensive WIVA or Griff hard burn bin receptacles for the uses given above. They also compensate on limited storage space.	30 litre capacities Comes flat-packed and opens out into a leak-proof upright rectangular body.	FSL871

Waste Receptacle	Size / Capacity of Waste Receptacle	NHS Supply Chain Ordering Code
UN approved lightweight rigid containers for disposal of infectious / chemical clinical / plaster cast wastes  For the disposal of infectious / chemical clinical / plaster cast wastes No free flowing body fluids [unless solidified] No free flowing chemicals No sharps The container has an absorbent material in the base, so that it can be used as a direct waste disposal receptacle without the need to place a bag within it; however, if this method is preferred, then once full, it must be sealed and disposed of as a "once use only" receptacle. This container is recommended for use in Plaster Rooms for removed plaster casts; and Microbiology and Pathology Departments where the disposal of used pipet tips and other such similar objects are contaminated with **body fluids / solids or chemical testing reagents**. These containers are recommended for replacing the heavier, more expensive WIVA or Griff hard burn bin receptacles for the uses given above. They also compensate on limited storage space.	30 litre capacities Comes flat-packed and opens out into a leak-proof upright rectangular body.	FSL869

APPENDIX 7 - GUIDE TO THE USE OF CORRECT WASTE IDENTIFICATION TAGS FOR UN CLINICAL WASTE CARTS

Waste Identification Tags [shown as actual size]	Bag or receptacle
For use with orange infectious clinical waste bags, orange infectious clinical boxed containers & orange lid sharps containers.  The tag must be attached to the clinical waste carts front or side handle.	 
For use with yellow body / orange lid sharps containers only.  The tag must be attached to the clinical waste carts front or side handle.	
For use with yellow & black [tiger bag] striped offensive waste bags only.  The tag must be attached to the clinical waste carts front or side handle.	
For use with yellow clinical waste bags, yellow boxed containers and WIVA or Griff containers.  It can be found attached to the UN clinical waste carts front or side handle.	 Or 
For use with yellow body / yellow lid sharps containers only.  It can be found attached to the UN clinical waste carts front or side	

Waste Identification Tags [shown as actual size]	Bag or receptacle
handle.	
For use with purple lid cytotoxic/cytostatic contaminated waste containers.  It can be found attached to the UN clinical waste carts front or side handle.	
For use with yellow body / red lidded anatomical waste containers.  It can be found attached to the UN clinical waste carts front or side handle.	
For use with yellow / blue body / blue lid pharmaceutical waste containers.  It can be found attached to the UN clinical waste carts front or side handle.	Blue lid / blue body 
For use with yellow clinical waste bags and yellow boxed containers containing used plaster casts only.  It can be found attached to the UN clinical waste carts front or side handle.	 
For use with yellow body / red lidded anatomical waste containers containing animal waste from clinical skills units and teacher training.  It can be found attached to the UN clinical waste carts front or side handle.	 

Waste (England and Wales) Regulations 2011.

HTM (Health Technical Memorandum) 07-01 - Safe Management of Healthcare Waste [current]

UK & European Legislation

- IATA Dangerous Goods Regulations 55th Edition, Addendum II Posted 06 June 2014
- The European Agreement Concerning the International Carriage of Dangerous Goods by Road. ADR applicable as from 1 January 2017
- The Controlled Waste (England and Wales) Regulations 2012 and amendments
- The Waste (England and Wales) Regulations 2014
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 (CDG2009) and 2011 (CDG2011)
- The Misuse of Drugs Act 1971 (Amendment) (No.2) October 2017
- The Control of Asbestos Regulations 2012
- The Waste Electrical and Electronic Equipment Regulations 2013 (as amended)
- The Hazardous Waste (England and Wales) (Amendment) Regulations 2016
- The Environmental Permitting (England and Wales) Regulations 2016 and 2018 amendment
- The Landfill (England and Wales) (Amendment) Regulations 2005
- The Control of Substances Hazardous to Health (Amendment) Regulations 2004
- The Management of Health and Safety at Work (Amendment) Regulations 2006
- Data Protection Act 2018 (UK's implementation of The EU General Data Protection Regulation (GDPR))
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Environmental Protection Act 1990
- A Green Future: Our 25 Year Plan to Improve the Environment
- The Collection and Disposal of Waste Regulations 1988
- The Health and Safety at Work Act 1974
  Modern Slavery Act 2015

External Standards

- Health Technical Memorandum 07-01: safe management of healthcare waste 2013
- Care Quality Commission: Essential Standards of quality and safety (2010)
- UK & European Guidance
- Health Technical Memorandum (HTM) 07-01 - Safe Management of Healthcare Waste - Department of Health, 2013
- Technical Guidance (WM2) Hazardous Waste - Interpretation of the Definition and Classification of Hazardous Waste (3rd Edition, 2013)
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

- National Guidance for Healthcare Waste Water Discharges 2014
- How to comply with your environmental permit, additional guidance for: Clinical Waste (EPR 5.07) 2011
- European Waste Catalogue (EWC) 2015
- Waste Duty of Care Code of Practice 2016
- British Standard BS 8470:2009

APPENDIX 9 - CATEGORY A DISEASE CAUSING MICRO-ORGANISMS ADR 2013

- Bacillus anthracis (cultures only)
- Brucella abortus (cultures only)
- Brucella melitensis (cultures only)
- Brucella suis (cultures only)
- Burkholderia mallei - Pseudomonas mallei – Glanders (cultures only)
- Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)
- Chlamydia psittaci - avian strains (cultures only)
- Clostridium botulinum (cultures only)
- Coccidioides immitis (cultures only)
- Coxiella burnetii (cultures only)
- Crimean-Congo haemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli, verotoxigenic (cultures only) *
- Ebola virus
- Flexal virus
- Francisella tularensis (cultures only)
- Guanarito virus
- Hantaan virus
- Hantavirus causing haemorrhagic fever with renal syndrome
- Hendra virus
- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)
- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- Mycobacterium tuberculosis (cultures only) *
- Nipah virus Omsk haemorrhagic fever virus
- Poliovirus (cultures only)
- Rabies virus (cultures only)
- Rickettsia prowazekii (cultures only)
- Rickettsia rickettsii (cultures only)
- Rift Valley fever virus (cultures only)
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae type 1 (cultures only)*
- Tick-borne encephalitis virus (cultures only)
- Variola virus
- Venezuelan equine encephalitis virus (cultures only)
- West Nile virus (cultures only)
- Yellow fever virus (cultures only)
- Yersinia pestis (cultures only)

APPENDIX 10 - UHL SATELLITE UNITS REQUIRING YEARLY DUTY OF CARE AUDITS

Leicester Haemodialysis Unit
Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Kettering Dialysis Unit
5 Trafalgar Road
Kettering
NN16 8DB

Skegness Dialysis Unit (Renal Services)
5 Ida Road
Skegness
Lincolnshire
PE25 2AR

Boston Dialysis Unit (Fresenius)
Boston West Business Park
Sleaford Road
Boston
Lincolnshire
PE21 8EG

Loughborough Renal Unit
Loughborough Hospital
Off Epinal Way
Loughborough
Leicester
LE11 5JY

Northampton Dialysis Unit
Riverside House,
Riverside Way Industrial Estate
Bedford Road
Northampton
NN1 5NX

Grantham Dialysis Unit (Renal Services)
148 Barrowby Road
Grantham
Lincolnshire
NG31 8AF

Lincoln Haemodialysis Unit
Lincoln County Hospital
Greetwell Road
Lincoln
LN2 5QY

Hamilton Dialysis Unit (Fresenius)
50 Crest Rise
Off Lewisher Road
Leicester
LE4 9EX

Peterborough Haemodialysis Unit
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

APPENDIX 11- WASTE ELECTRICAL & ELECTRONIC EQUIPMENT (WEEE) COLLECTION & DISPOSAL FROM WARDS & DEPARTMENTS

University Hospitals of Leicester NHS
NHS Trust

EQUIPMENT SERVICE REQUEST / DECONTAMINATION STATUS CERTIFICATE

To be completed prior to the inspection, servicing, repair or return of medical or laboratory equipment
Or maintenance work involving contact with potentially contaminated surfaces or plumbing

PLEASE USE BLOCK CAPITALS

From (Site / Dept / Ward / Room)	
Contact Name & Extension	
Make/Model/Description of Equipment	
Equipment Serial or Identification No.	
Request Details	

☐ Incident form completed or reported on Datix

1. Indicate if item has been exposed to any of the hazards listed below (tick all that apply – A minimum of one box to be ticked):

☐ **A.** Blood
☐ **B.** Body Fluids
☐ **C.** Body Tissues
☐ **D.** Respired Gases
☐ **E.** Chemicals or Hazardous Substances
☐ **F.** NOT exposed to any hazard
☐ **G.** Other Hazards (please provide details): .....

2. The item has been decontaminated using:

☐ Sodium Hypochlorite 1% followed by Chlorclean or Trigene (if exposed to blood - all equipment)

Alternatively if not exposed to blood contamination;

☐ Chlorclean (all equipment / other hazards; except below)
☐ Trigene (Ultrasound Equipment)
☐ Virkon (Pathology Directorate Only)
☐ Tristell (Non Lumened Endoscopes Only)
☐ Autoclaving and high level disinfection (Sterile Services only)

Tick one box above. Equipment will not be accepted unless cleaned in compliance with the UHL Cleaning and Decontamination Policy for Infection Prevention and Control (Document ID: 10754).

☐ Item has **NOT** been decontaminated; reason: _____

Delivery Personnel

The equipment has been suitably prepared to ensure safe handling and the above information is correct.

Name		Signature	
Date		Position	
Telephone		Ward/Dept	

Service Personnel

I have read the above and will adopt / have adopted appropriate precautions

Name		Signature	
Date		Position	
Telephone		Job No.	

☐ **A.** Item Accepted or ☐ **B.** Item Rejected (State Reason) _____

One copy of completed certificate to be affixed to decontaminated article by Manager W804/0310

Medical Equipment Disposal Form UHLMEDF01	University Hospitals of Leicester NHS NHS Trust

PART A **CBU Requesting Disposal (See exclusion (*) below)**		
Description (Make / Model / Serial No.): For multiple items please attach list detailing all items		
Asset Register No.:		
Medical Physics Tag No.:		
Capital Asset?	YES/NO	
Quantity:	Year of make:	Condition:
Location of goods:		
Reason for Disposal:		
Device Hard Drive Cleared: YES / NO / Not Applicable		
Local Contact Name/Extension No.:		
*Authorised by (Signature):		
Print Name:		
Position (Budget Holder or CBU Manager if there is net book value)		
PART B **FINANCE DEPARTMENT USE ONLY**		
Senior Finance Manager Authority for disposal (Signature):		
Capital Accountant/ Directorate Accountant (Signature):		
Net Book Value/Loss on Disposal (For Capital assets):		
PART C Supplies Department		
Dept Cost code:	Date of disposal:	
Device Hard Drive removed by Medical Physics; YES / NO / Not Applicable		
Method of Disposal (delete as appropriate): Trade-in / Sold / Destroyed		
*Responsible Officer (Print Name):		
Signed:	Date:	
PART D – COMPLETE IF THE ITEM IS A CAPITAL ASSET **FINANCE DEPARTMENT USE ONLY**		
Income code	Sale proceeds	
Signed	Date	

* For equipment that is of low value (<£1000) and is not a capital asset, parts A & C can be authorised by the Clinical Engineering Lead Scientist, their Deputy or Medical Physics Service Manager. Under these circumstances, parts B & D need not be completed.

University Hospitals of Leicester NHS Trust	Form No: Equipment Disposal Dated: March 2019
GENERAL EQUIPMENT DISPOSAL FORM 2019 V1 **Waste Electrical and Electronic Equipment (WEEE)** **Waste Policy and Guidance 2019**	Version 1.0
Authorisation for Equipment Disposal	Page 1 of 1

Type of Equipment: ……………………………………………………………………………………

Manufacturer: ……………………………………………………………………………………

Model: ……………………………………………………………………………………………

Serial Number:………………………………………………………………………………………

Asset Number/Bar Code: ………………………………………………………………………

SR Number: ………………………………………………………………………………………

Ward: ……………………………………………………………… Site: ……………………………

Name & Signature: …………………………………………… Date: ……………………………

Approved: …………………………………………………… Date: ……………………………
(Owner / Responsible Person of the Equipment)

Helpdesk Job No for requested pickup / disposal: ………………… Date:………………

E&F - Accepted Receipt of the Equipment for authorised UHL Disposal Procedures

Signature: ……………………………………………………… Date: ……………………………

Authorisation for Disposal from UHL:………………………………………………………
Estates & Facilities Responsible person Equipment

<u>Further Comments / Information</u>
