

STANDARD OPERATING PROCEDURE FOR THE SAFE MANAGEMENT OF HEALTHCARE WASTE

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Procedure Statement/Key Objective:

This procedure has been developed to provide guidance on the correct segregation, handling, transport and disposal of healthcare waste so as to minimise the risks to the health and safety of staff, patients and the public and the environment.

Executive Summary

Title of Procedure:	Standard Operating Procedure for the Safe Management of Healthcare Waste
Subject:	Healthcare waste management
Applicable to: <i>(state Network, Services and staff groups)</i>	All Networks within LCFT and all staff employed/contracted by LCFT
Key Procedure Issues:	This procedure has been developed to provide guidance on the correct segregation, handling, transport and disposal of healthcare waste so as to minimise the risks to the health and safety of staff, patients and the public and the environment.
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1.0 Introduction

This procedure has been developed to provide guidance on the correct segregation, handling, transport and disposal of healthcare waste so as to minimise the risks to the health and safety of staff, patients and the public and the environment.

Duty of Care:

The statutory requirements covering 'duty of care' in waste management are contained in section 34 of the Environment Protection Act 1990 and the Environment Protection (Duty of Care) Regulations 1991.

As a waste producer the NHS must:

- generally ensure that waste is managed properly, recovered and disposed of safely, does not cause harm to human health or pollution to the environment
- prevent escape of waste and contain it
- only transfer waste to an authorised person, and ensure that a transfer note, along with written description of the waste, is exchanged and retained by both parties for a minimum of 2 years
- ensure that all wastes are stored in accordance with the requirements of the duty of care to prevent the escape of the waste, harmful depositing/treatment or disposal of waste
- when transferring waste to another holder, complete a waste transfer note with a written description (including the appropriate European Waste Catalogue Code) of the waste
- satisfy themselves that the means of treatment and disposal are appropriate to the waste
- request proof of carrier registration or exemption and, if appropriate, copies of waste management licences and PPC (pollution, prevention and control) permits

The duty of care process helps keep track of the waste, forming an audit trail.

2.0 Scope

This procedure applies to all properties/sites/facilities owned or managed by the trust, and to all services directly provided by LCFT wherever they carry out their services. All staff, including commissioned/contracted services, should familiarise themselves with the procedure. Compliance with this procedure will be monitored via the Infection Prevention and Control Committee.

3.0 Definitions

The term healthcare waste will be used throughout this procedure. This is defined in HTM 07-01 as waste from natal care, diagnosis, treatment or prevention of disease in humans/animals.

Examples of healthcare waste include:

- infectious clinical waste
- laboratory cultures
- anatomical waste
- sharps waste
- medicinal waste
- laboratory chemicals
- offensive/hygiene waste from healthcare areas.

Health care waste management is undertaken in a variety of environments:

- patients homes
- intermediate care facilities
- GP surgeries
- dental surgeries
- specialist clinics
- premises where shared services are delivered

4.0 Duties

Chief Executive

The Chief Executive has overall responsibility for ensuring effective arrangements are in place for the safe management of healthcare waste. This is also included in the Health and Safety at Work etc. Act (1974) in that the trust has a statutory duty to ensure safe systems of work and a safe working environment are in place for all its employees, visitors, contractors, members of the public and others within its premises.

Network Directors

Network Directors are responsible for ensuring this procedure is implemented within their areas of responsibility.

Operational responsibilities (delegated through nominated leads):

- Deploys resources to ensure all waste is handled and disposed of safely and in accordance with relevant legislation
- responsible for ensuring all staff aware of and comply with this policy
- should ensure that all staff involved are aware of the risks of the waste being disposed of and are provided with adequate PPE
- ensures training to conform to relevant codes of practice
- should ensure all staff involved have hepatitis B immunisation as advised by Occupational Health before working with waste transfers

- should ensure that waste is disposed of by a registered waste removal contractor
- keep on file copies of relevant liability insurance, carriers licences and disposal site licences and other documentation from contractors handling or receiving waste from the trust
- should ensure that risk assessments are in place and appropriate action is taken to minimise risk
- identifies and applies appropriate monitoring and control procedures to ensure compliance
- monitors and manages compliance of any waste-related contracts in force

Assistant Director of Nursing, Infection Prevention and Control

Responsible for staff training in relation to segregation of healthcare waste. Annual audit is carried out in conjunction with the estates department and Health & Safety.

The IPC Team will:

- conduct audits on producer practices
- advise facilities managers on matters relating to infection control in waste handling matters
- provide advice and guidance as required on safe practices and procedures for handling clinical waste materials to service providers and Independent Contractors employed/contracted/commissioned by the trust

Head of Medicines Management

Provides advice and guidance as required on safe procedures for the handling and disposal of pharmaceutical waste.

LCFT Staff will:

Be able to correctly and safely dispose of healthcare waste arising from health care interventions, as well as reviewing the provision and use of necessary facilities and equipment to ensure compliance with legislation is possible.

In line with this procedure producers of healthcare waste will ensure;

- waste is segregated and placed into the correct waste container
- the correct specification of bag and sharps container is used
- waste bags and sharps containers are labelled correctly
- bags are sealed correctly when no more than two thirds full
- sharps containers are sealed correctly when no more than two thirds full
- waste bags and sharps containers are stored securely and safely in the appropriate storage area
- Weight must be considered for ease of manual handling (refer to the relevant Moving & Handling policy/guidelines for further information located on the LCFT intranet site. Also see appendix 2 for information on estimated weights for waste receptacles.)

Property Services Management

Responsible for operational waste issues within relevant Trust owned/contracted/rented/leased buildings.

Responsible for monitoring the operational aspects of any relevant SLAs with external waste contractors and ensuring all documentation is provided as required to provide assurance for CQC Outcome 8. Producers of waste must keep records to demonstrate an audit trail from creation to end disposal of waste produced from its activities. Such records must be open to inspection by the enforcement agencies at any time. The hazardous waste regulations require records of hazardous waste consignment notes to be kept for three years.

The provider of the Waste Management and Disposal Service Contract

Responsible for managing waste contracts with Independent Registered Waste companies on behalf of LCFT.

5.0 The Procedure

The main principles of the procedure are to ensure that the following are adhered to within the trust:

- all healthcare waste is managed in a safe manner no matter where it is produced
- the trust meets all legislative requirements
- all waste is segregated appropriately to reduce the associated risks
- all Health & Safety guidelines are adhered to
- waste is handled according to the guidelines within the Moving and Handling Policy for the trust

Classification of clinical waste

Waste group	Type of clinical waste
Infectious waste	<p>Infectious waste is defined as waste that poses a known or potential risk of infection. Even minor infections are included in the definition of infectious.</p> <p>Any implanted medical device that has been in contact with infectious bodily fluids should also be classified and treated as infectious waste.</p> <p>All health care waste – whether produced in hospital or a community setting – is assumed to be infectious waste until it is assessed. This</p>

	<p>assessment is based on an item and patient-specific clinical assessment, which is undertaken by the health care practitioner.</p> <p>Any failure to segregate infectious waste from non-infectious waste will mean the entire waste stream has to be classified as infectious waste and consigned for appropriate treatment and recovery or disposal</p>
<p>Offensive waste</p>	<p>Offensive waste is waste that:</p> <ul style="list-style-type: none"> • may cause offence due to the presence of body fluids • is not known or suspected to possess any hazardous properties • is not identified by the producer as needing disinfection, or any other treatment, to reduce the number of micro-organisms present <p>Examples of offensive waste include the following if they are contaminated with a body fluid:</p> <ul style="list-style-type: none"> • continence pads • nappies • sanitary waste • other items which pose a minimal risk of infection such as empty catheter bags, plaster, protective clothing <p>The minimum treatment/disposal for offensive waste is landfill in a suitable licensed facility</p>
<p>Sharps waste</p>	<p>Sharps are items that could cause cuts or puncture wounds, including needles, scalpels and other blades, razors, knives, infusion sets etc, that have potential to cause infection.</p> <p>Care must be taken when assembling sharps containers to ensure the lid is securely in place. Sharps containers</p>

	<p>must be sealed, labelled and replaced when two thirds full. If the sharps container is seldom used, it should be replaced after a maximum of 3 months regardless of the filled capacity: the sharps container must be signed and dated on assembly in order to identify when 3 months have expired. Sharps containers must always be kept at waist height on a level surface (or in a wall bracket) in a clinical area to prevent injury.</p>
Liquid waste	<p>Any liquid clinical waste being placed within the healthcare waste stream e.g. suction fluids or urine, must be solidified with an appropriate gelling agent to prevent leakage, spillage or overflow and therefore reduce the risk of cross infection. Where ever possible use pre-gelled suction liners.</p>

Waste disposal stream table:

Type of waste	Receptacle	Disposal Stream
<p>Sharps contaminated with cytotoxic/cytostatic medicinal products</p> <p>Note: where appropriate dispose of needles and syringes as one unit, unsheathed and immediately after use.</p>	<p>Yellow sharps bin with purple lid</p> 	<p>Incineration</p> <p>Will require labelling as hazardous waste</p> <p>Note: Flammable and Harmful & Corrosive waste must be segregated into separate bins.</p> <p>Liquid waste must be discarded into leak proof containers.</p>
<p>Sharps that are partially or fully discharged and not contaminated with cytotoxic/cytostatic products. Single use blunt</p>	<p>Yellow sharps bin with yellow lid</p>	<p>Incineration</p> <p>Note: Flammable and</p>

<p>instruments metal instruments should also be placed in this sharps bin</p> <p>Note: where appropriate dispose of needles and syringes as one unit, unsheathed and immediately after use.</p>		<p>Harmful & Corrosive waste must be segregated into separate bins.</p> <p>Liquid waste must be discarded into leak proof containers.</p>
<p>Infectious or potentially infectious waste:</p> <ul style="list-style-type: none"> - waste contaminated with Hep B, HIV, Pseudomonas etc. - Infected single use plastic instruments (NOT SHARPS) - Infectious podiatric general and surgical anatomical waste - Suction liners if contents <500mls; discard of singly after sealing into a clinical waste bag with other clinical waste sufficient to absorb any spillage. If contents >500mls use a gelling agent and discard singly or use a UN standard leak-proof container without gelling agent. 	<p>Yellow bag or yellow leak proof rigid container</p> 	<p>Incineration</p>
<p>Infectious waste and potentially infected waste</p> <p>Suction liners if contents <500mls; discard of singly after sealing into a clinical waste bag with other clinical waste sufficient to absorb any spillage. If</p>	<p>Orange bag</p> 	<p>Incineration, but can also be treated to render safe in a licensed/permitted treatment facility</p>

contents >500mls use a gelling agent and discard singly or use a UN standard leak-proof container without gelling agent.		
Plastic disposable instruments (blunt edged and not shaped in a way that may puncture the bag)	Orange bag (double bag) 	Incineration, but can also be treated to render safe in a licensed/permitted treatment facility
Offensive waste, for example continence products, stoma bags and healthcare waste that has been assessed as non-infectious by a health care professional	Yellow and black striped bag 	Deep landfill
Amalgam waste	White container	Recovery

Segregation:

Waste should be segregated according to the above definitions. Segregation is important because as an organisation LCFT is required to comply with legislation to avoid legal action and unnecessary costs incurred by incorrect segregation. It also ensures that the correct pathways are adopted for storage, transport and the ultimate disposal of waste.

Careful segregation of waste at the point of production is vital to ensure:

- safety of those handling, storing and transporting waste
- safety of the public
- compliance with the law
- protection of the environment

Transmissible Spongiform Encephalopathy (TSE) infected waste:

Waste known or suspected to be contaminated with TSE agents including vCJD must be disposed of by high temperature incineration in suitable authorised facilities. This waste

must be disposed of in a yellow bag. This will be required for whichever service it applies to.

Health care waste in inpatient areas/clinics/other health care premises

When dealing with healthcare waste in any health care premise the following should apply:

Clinical waste bags:

- must conform to the relevant UN standard – UN 3291
- only one waste bag must be placed into the waste bin as there is a risk of contamination if the bag in use is punctured resulting in waste spillage and possible contamination – if this happens then the waste bin must be cleaned before the next waste bag is inserted
- when the waste bag is approximately two thirds full it must be exchanged for an empty bag
- seal the bag as follows:
 - gather the top of the bag
 - fold the neck of the bag over
 - tie the neck by forming a loop and passing the end through the loop creating a knot;
 - or tie the neck by forming a 'swan neck', twisting the top of the bag and sealing with a cable-tie fastening to form a watertight seal
 - tighten the knot to ensure there is an effective seal

Labelling:

- waste bags should be labelled with the organisations name/site and current date before being placed into the waste bin – this is the responsibility of the person changing the waste bag.

Clinical waste bins:

- must be capable of containing the waste without spillage
- if they are intended for re-use must be capable of being cleaned to remove all soiling and where necessary disinfected
- the lid must be capable of being operated without lifting it by hand i.e. by foot pedal
- the lid must close securely
- adequate supplies of waste bins must be provided to the area where the waste arises e.g. treatment room
- all areas should be regularly assessed by the staff using the facilities to ensure that **ALL** waste containers are sited in the correct position to minimise the risk of injury/contamination and to facilitate correct segregation of waste

Storage (waste collection point):

- health care waste should be stored in an area which is free from pests and the elements which is locked and inaccessible to the public prior to collection by the registered carrier
- the storage area should be kept clean and this should be part of the cleaning specification for the site. All staff have the responsibility to report any issues to the

site manager for rectification.

- full waste bags should not be thrown into the waste area or thrown at any time in case of damage to the bag and resultant spillage of contents.
- waste must not accumulate in corridors or other places accessible to members of the public
- waste collection points must be established and communicated to all staff and a sufficient number of wheeled containers sited at these points to accommodate waste produced locally without overspill. Waste must not be stored to the side or on top of the waste container
- Each container/store should be locked and the keys held on site as per local agreement
- storage areas should be of a size sufficient to allow physical segregation
- the site designated for waste storage should be away from general storage areas and routes used by the public
- all waste handlers should have access to first aid if required and hand hygiene facilities

Segregation:

- household, offensive and infectious waste bags should be kept separate from domestic waste
- household waste should not be disposed of in orange bags as this increases costs
- infectious and offensive waste must not be disposed of in black bags as this may lead to prosecution – if in doubt contact the Infection Prevention and Control Team for advice on 01254 283603.

Handling of waste:

- staff dealing with infectious/offensive waste should wear appropriate personal protective clothing and should have been immunised against hepatitis B as per trust policy
- staff dealing with waste should wash their hands after handling even if wearing gloves – please refer to the trust hand hygiene policy found on the LCFT intranet site
- all staff dealing with waste in any setting should be aware of the correct procedure to follow in case of a spillage (see SOP Management Blood/Body Fluid Spillage)
- wear appropriate gloves when handling waste i.e. HCW disposable gloves, where waste is being handled from the collection point heavy duty puncture proof gloves should be worn
- all staff must have access to Personal Protective Equipment
- all staff handling waste must have received training and know the correct procedure for spillage or injury
- all staff should be offered Hepatitis B vaccination as per trust policy

In case of a sharps injury please refer to the inoculation injury protocol on the trust website.

Containers:

- waste to be transported must be packaged in containers which meet the approved guidelines – UN3291
- all waste bins must be cleaned at regular intervals sufficient to maintain cleanliness as well as after spillages/leakages as per the cleaning specification agreed with the Cleaning Contractor

Health care waste in the community:

Community nurses face a number of challenges, the major one being the transportation and removal of waste from patients' homes. Community nursing activities produce infectious, sharps, offensive, medicinal, anatomical (e.g. placentas in midwifery) and domestic waste.

Health care waste produced by trust staff as a result of treatment in a patient's home is considered to be LCFT waste. Deciding which disposal route to use will be determined by using the Wound Waste Assessment Chart found in the appendices.

If assessed by a health care worker as either infectious or offensive waste collection should be arranged with Property Services. If the waste is assessed as infectious (hazardous) then the health care worker must document that the patient or family has given their consent for the waste to be left in the home within the patient notes. After the HCW has tied the bag and left it in a suitable, secure place in the patients home the patient or family must ensure it is kept away from pets, children and vulnerable adults until it is picked up by the designated contractor.

Orange:

Orange boxes, sacks and orange lidded sharps receptacles should be used for all products that can be rendered safe. This will include the majority of 'soft' infectious waste such as dressings, bandages and some plastic single-use instruments.

Yellow

Yellow boxes, sacks and yellow-lidded sharp receptacles should contain waste products which require incineration, and any sharps which contain a quantity of medicinal product.

Any maggots used for wound management must be secured in an airtight yellow container.

Yellow/purple

Yellow/purple boxes, sacks and purple-lidded sharp receptacles should be used for waste contaminated with cytotoxic and cytostatic medicinal products. This includes sharps which are used for the administration of chemotherapy, antiviral and/or hormonal drugs.

Yellow/black

Yellow/black packaging should be used for recognisable health care waste that is non-

infectious or non-hazardous.

Black

Must be used for domestic waste, and should never be used for recognisable health care waste.

Non-infectious waste:

Non-infectious dressings cannot legally be disposed of in the black-bag waste stream and community nurses are advised to dispose of these in the offensive/hygiene waste stream. However, mixed domestic waste can contain small amounts of plasters, small dressings and incontinence products. Any waste which is small in size (130mm x 220 mm) and non-infectious can be wrapped in plastic (such as a sandwich bag or bin liner) and safely placed in the black domestic bag.

Patients with MRSA:

Where a patient has been diagnosed with MRSA and being cared for by a HCW the waste generated may not necessarily be infectious. Orange waste bags are indicated only when infectious material is present e.g. wound exudate. It is NOT indicated for colonisation.

Sharps waste:

Sharps waste produced as a result of health care in a patient's home will require segregation and staff will be required to carry two sharps bins – a yellow lidded one for sharps not contaminated with cytotoxic/cytostatic medication and a purple lidded one for sharps contaminated with cytotoxic/cytostatic medicine.

HCW are responsible for ensuring that the waste they generate in the community is managed correctly and must make sure that arrangements are in place to ensure the waste is packaged and labelled correctly, and transported for suitable disposal. Property Services should be contacted for the collection of waste from the patients home (see appendices).

Disposal of sharps bins from self caring patients:

The disposal of sharps bins from self caring patients, for example diabetic patients, who are not receiving regular input from a health care professional, should be arranged through the GP and the bins collected from the patients surgery. The sharps bins in this situation should be prescribed on FP10.

Patients with stoma/catheter bags:

Waste from a stoma patient can be disposed of in the black-bag waste stream. However, if used in bulk this becomes offensive/hygiene waste for disposal in yellow/black striped bags. If the patient develops any kind of gastrointestinal infection, or the site becomes infected, the bag must be disposed of as infectious waste in the orange-bag waste stream.

Self-medicating patients can dispose of their own waste in the domestic black-bag waste stream.

Disposable Instruments

Disposable instruments cannot be legally disposed of in the domestic waste stream.

Infectious contaminated plastic disposable instruments that contain no risks of sharps can be safely disposed of as infectious waste and can be put into the orange waste stream. However, metal disposable instruments, again containing no risk of sharps, must be put into a rigid yellow container and marked for incineration only.

Non-infectious instruments that contain no sharps can be disposed of as offensive/hygiene waste.

Transporting waste:

A maximum of 20Kg of weight can be transported in a vehicle by a HCW however a 'transport document' will have to be carried by the HCW and the waste must be transported in a secure, leak proof rigid container that applies with packaging instruction P621 and UN approval. It must be kept in the boot to ensure it is secure and hidden to prevent any spillage or theft. LCFT Moving and Handling regulations must also be adhered to as per Trust policy when moving heavy objects.

Sharps generated in a patient home by a HCW can be transported in the vehicle of the HCW in a sharps container. All sharps must be securely locked (where necessary using the temporary closing mechanisms).

Staff travelling on public transport, on foot or bike can only transport waste in a size 0.6 litre purple lidded UN approved sharps bin.

Medical Devices

Infected/used medical devices:

Where implanted medical devices have been in contact with infectious bodily fluids and have been assessed to be infectious they should be classified and treated (disposed) as infectious waste. If the device contains hazardous substances or components including nickel cadmium and mercury-containing batteries, the description of the waste on the consignment note must fully describe the waste and all its hazards. For example an implanted device with a nickel cadmium battery should be classified as:

18 01 09 Infectious waste containing Nickel Cadmium batteries (Hazards: Infectious (H9) and corrosive (H8))

The waste description should accurately describe the waste.

Disinfected/unused medical devices:

Disinfected medical devices should be classified as non-infectious healthcare waste. The description given of the waste must adequately describe the waste and any hazardous characteristics (even if the waste is not classed as hazardous waste). For example a

disinfected device containing a nickel cadmium battery should be classified as:

16 02 13 discarded equipment containing hazardous components other than those mentioned in 16 02 09 to 16 02 12. (hazard: corrosive (H8))

The waste description must accurately describe the waste. Other classifications may apply to disinfected electrical devices.

For disposal please refer to the Medical Devices Policy.

Waste Electrical and Electronic Equipment Directive (WEEE) (2007)

This covers a wide range of products. Within the scope of this policy this directive is mentioned in relation to medical devices electrical and electronic equipment (MDEEE). Manufacturers will define which MDEEE should be excluded from the scope of the WEEE regulations because of its intended use and because there is a high possibility that infectious substances will be present in the internal parts of the equipment at the end of life. These devices cannot be safely and effectively decontaminated. All such infected medical devices will be treated as hazardous waste.

For advice on disposal please contact Property Services.

Accident and Incident reporting

Adverse incidents and accidents, including near misses, relating to segregation, handling, transport or collection of waste should be reported as per the trusts incident reporting policy. All incidents will be properly investigated as per grading to prevent reoccurrence and to facilitate lessons learnt to be cascaded to all staff. Consequent root cause analyses relating to incidents will be monitored at the IPC Committee.

Audit responsibilities:

Waste auditing is a legal requirement, and not just best practice. Waste audits play an essential role in demonstrating compliance with regulatory standards. The memorandum *Safe management of healthcare waste* recommends undertaking audits prior to developing or updating waste management procedures. Regular audits are also recommended to enable line managers to monitor the effectiveness of waste segregation and minimisation initiatives.

Benefits of audit:

- identifying and rectifying areas of non-compliance
- looking at the bigger picture i.e. total waste management
- identifying areas for improvement
- encouraging staff ownership and involvement
- gaining active staff participation

Audit types and frequency:

to assess the effectiveness of segregation procedures the audit should involve the observation, recording and classification of each waste item as it is placed in a receptacle. This type of audit will be performed on an annual basis by the Infection Control team, Property Services and Modern Matron/Site manager.

Additional observation or 'spot checks' of waste receptacles will be undertaken quarterly to further reinforce the audit process, and identify local training requirements. These audits will be carried out by the Team Leader/Ward Manager (see appendix for the waste audit tool).

Transfer notes/consignment documentation

The trust, its employees and service partners have a duty to ensure all waste is being disposed of legally. A duty of care is imposed on all those who import, produce, carry, keep, treat and dispose of controlled waste or have control of such waste. All those to whom the Duty applies must:

- prevent waste from escaping from its assigned holding space/container
- ensure that waste is transferred only to an authorised person or to a person who is authorised for transport purposes
- transfer a written description with the inclusion of the relevant EWC code along with the waste, sufficient to enable others to avoid committing an offence (transfer note). This is required for each collection of waste.

A consignment note is required that accurately describes the type of waste produced. If the waste produced does not change in description only one a year is required.

All waste transfer notes (that are required for each collection of waste) from all sites/ services must be held by the site manager and monitored by Property Services. Waste transfer notes must be kept for a minimum of two years.

Any healthcare premise that produces in excess of 200kg of hazardous waste per year will need to be registered with the Environment Agency as a hazardous waste producer. Different postcodes need to register.

Documentation:

Controlled Waste Transfer Note (CWTN)

Each premise is allocated a unique premise registration code to be used on all consignments of hazardous waste. The registration number must be provided to any contractor who carries/disposes of hazardous waste on behalf of PSU prior to waste movements taking place. Hazardous waste must be consigned to suitably authorised carrier/disposer.

Producer completes consignment note filling in relevant sections including:

- premise registration code

- consignment number

This waste is collected and a hazardous waste paperwork trail is generated.

The dispenser of the waste is obliged to provide;

- a monthly report to the producer detailing the waste disposed of
- a quarterly return to the Environment Agency detailing all the hazardous waste disposal activity in the quarter

Consignment paperwork (hazardous waste – provided by contracted waste disposal company) must contain:

- the producer site full address
- the disposal site/transfer site full address
- the premises registration code (unless exempt)
- the consignment number for waste
- the description of the waste
- the waste producing activity
- the EWC codes for waste
- the weight of the waste
- the container type and numbers on the consignment
- UN packaging information (UN numbers for waste, packaging group, shipping name for waste)

The paperwork consists of a 3 part set:

- A) Consignors copy (to be retained on site for 3 years)
- B) Carriers copy (to be retained by the carrier for 2 years)
- C) Consignees copy (to be retained on site for the lifetime of the site)

The producer should complete sections A&B.

Section A identifies:

1. name and address of consigner
2. location to which the waste will be taken
3. the producer registration code
4. the consignment number
5. the date of movement of the waste
6. the name of the person completing on behalf of the company
7. the telephone number of the company
8. the name of the waste producer if different from number 1

Section B identifies:

1. waste description
2. EWC code
3. physical form (liquid, powder, sludge, solid, mixed)

4. total quantity
5. chemical/biological components that make waste hazardous
6. hazard code
7. process giving rise to waste
8. UN code for waste
9. packaging group
10. shipping name
11. ADR class

Section C:

Completed by the driver at the time of collection certifying that the waste collected matches the consignment and that the details in A&B are correct

The Carriers certificate requires:

- the carriers registration number
- the vehicle registration number

Section D:

The Consigners certificate is completed by the consignors representative certifying that the details in B&C are correct and that the carrier is registered.

The receiving site will complete section E to certify that the waste has been received at a properly licensed disposal point for that type of waste.

The receiving site will send a copy or report to the producer of the waste received to complete the cycle of waste transfer

Tagging system for waste sent for high temperature incineration or waste which is not segregated for autoclave treatment:

No tag	Hazardous by infection EWC Code 18 01 03 Incineration only
Blue tag	Non hazardous EWC Codes 18 01 04
Purple tag	Haz EWC Codes 18 01 06, 18 01 08 Incineration only
Red tag	Non hazardous

	<p>EWC Codes 18 01 01</p> <p>18 01 02</p> <p>18 01 07</p> <p>18 01 09</p> <p>Incineration only</p>
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Tagging system for 18 01 03 waste segregated for autoclave treatment

Orange tag	<p>Haz by infection</p> <p>EWC Code 18 01 03</p> <p>autoclave</p>
Blue tag	<p>Non hazardous</p> <p>EWC Code 18 01 04</p>
Purple tag	<p>Hazardous</p> <p>EWC Codes 18 01 06, 18 01 08</p> <p>Incineration only</p>
Red tag	<p>Non hazardous</p> <p>EWC Codes</p> <p>18 01 01</p> <p>18 01 02</p> <p>18 01 07</p> <p>18 01 09</p> <p>Incineration only</p>

6.0 Training

Staff who generate waste need to be made aware that they are personally responsible for complying with agreed local procedures and this procedure will form the basis for staff training and awareness.

As part of the education process all training will include :

- information and an explanation of all aspects of the waste management policy/procedure
- information on the role and responsibilities of each health care staff member in implementing the policy
- technical instructions relevant to the target group on the application of waste management practices

Local (service specific) Induction training :

As part of any induction programme all staff involved in handling healthcare waste should be given training, information and instruction in :

- the risks associated with health care waste, its segregation, handling, storage and collection
- personal hygiene
- any procedures that apply to their particular type of work
- procedures for dealing with spillages and accidents
- the appropriate use of protective clothing

This will be done within the local induction programme for new starters by the service.

7.0 Monitoring

Standard	Time frame/ format	How	Whom
This SOP will comply with the overarching waste policy written by Property Services	The SOP will be reviewed in line with changes to the overarching policy in line with new/revised legislation/guidance	Reviewed in line with agreed timeframe (set at 3 years) or when new legislation/guidance is published	IPC Team/Property Services
This SOP will be monitored for compliance across the Trust	Annual audit of waste storage areas	Teams/services to utilise audit tools within the appendices	Teams/services; reported against at IPC Committee
This SOP will be monitored for compliance across the Trust	Annual audit of waste segregation	Teams/services to utilise audit tools within the appendices	Teams/services; reported against at IPC Committee

8.0 References

Health Technical Memorandum 01-07: Safe management of healthcare waste

Appendix 1 – Waste Description Table

The table below denotes the EWC codes most commonly used in healthcare. However there are other codes that will also be used to describe other wastes. The household waste stream is only included in the context of providing healthcare – it is beyond the scope of this policy to include issues such as recycling of paper etc.

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

*Denotes Hazardous Waste list entries

Appendix 2 - Average bin weights

Waste receptacle	Average weight (kgs)
Community sharps bin	0.5
5 litre sharps bin	1.0
7 litre sharps bin	1.0
11 litre sharps bin	2.0
22 litre sharps bin	5
Clinical waste bag	2.5
30 litre sealed unit	10
60 litre sealed unit	15
360 litre wheeled bin	25
820 litre wheeled bin	55

NB: remember to refer to LCFT Moving and Handling policies/guidelines when dealing with heavy objects. These can be found on the LCFT intranet site.

Appendix 3 – Community Wound Care Waste Assessment Chart for Nursing Teams

The following assessment is based on the Delphi process of identifying wound infection in six different wound types (European wound management association 2005)

Signs and symptoms of infection	Probability of wound being infected	Disposal route
Presence of erythema/cellulitis	high	Orange bag/infectious waste stream
Presence of pus/abscess or wound is producing an increased purulent exudate	high	Orange bag/infectious waste stream
Pungent smell to wound	high	Orange bag/infectious waste stream
Increased pain to wound	high	Orange bag/infectious waste stream
Is the patient on current antibiotic treatment for infection in the wound?	If yes, high	Orange bag/infectious waste stream
Presence of abnormal amount of blood	high	Orange bag/infectious waste stream
Is the wound not healing as it should, or as healing been delayed?	If yes to either, medium	Orange bag/infectious waste stream
Are you thinking of swabbing for infection?	If yes, medium	Orange bag/infectious waste stream
Has there been an increase in skin temperature?	If yes, medium/high	Orange bag/infectious waste stream

This is not an exhaustive list of signs and symptoms of wound infection and different types of wound will present differently

Appendix 4 – Letter for patient/carer in the Domiciliary setting

Wording of letter to be given to Patient/Carer in Domiciliary setting

Dear Patient/Carer

The Health Care Professional providing the care within your home is responsible for ensuring that any clinical waste generated, as a result of your care, is disposed of in accordance with legal requirements.

In order to comply with these requirements, arrangements will be made for the collection of your clinical waste by a properly registered company. You will have a role to play in ensuring that this happens, by making sure that you keep the clinical waste separate from other waste and by keeping it in a secure location until it is collected by the specialist company. You have agreed to comply with this request. The company will contact you by telephone to talk about the time and day of collection.

If you require any clarification or further advice you should contact the Health Care Professional in the first instance.

Signed..... (Patient/Carer)

Date/...../.....

Appendix 5 – Patient leaflet

Waste Disposal for Patients/Relatives & Carers

How to dispose of clinical waste in the home environment:

A clinical waste collection may be arranged if you are receiving regular visits from the community nursing services. This service is for disposing of the waste generated by the healthcare professional. Other items must not be placed in the waste bag. If this waste is to be stored at your home ready for collection please make sure that it is stored in a safe place away from children, pets, animals and vulnerable adults. Please also ensure that the bag is closed securely so as to ensure that no waste spillage occurs. If a spillage does occur then clean up immediately and wash hands straight afterwards. The waste is usually picked up either weekly or two weekly depending on the amount produced, but if there is an excessive amount then please contact the clinician in charge of your care (they should provide you with a contact number) or the Infection Control Team (Tel. No. 01254 283603).

Sharps use in the home environment:

Needles, syringes and lancets used by patients in their own home must be disposed of on a sharps container immediately after use. The bin must be BS 7320 approved. These can be prescribed by your General Practitioner (GP) or the healthcare professional responsible for your care. The label on the bin must be filled in by the person assembling, closing and disposing of the bin. The temporary closure should be in place when the bin is not in use. Sharps containers must be stored in a safe place out of the reach of children and vulnerable people.

How to dispose of sharps bins in the home environment:

Sharps **must not** be disposed of in the domestic waste stream. Sharps containers can be returned to the GP surgery for safe disposal.

Hand washing:

Remember, if you are handling waste then it is important to wash your hands immediately once you have finished. Hand washing is the single most important method of reducing the spread of infection. After handling waste it is important to wash your hands with soap and water as they are likely to have become soiled during the process.

When washing your hands ensure that the soap and water comes into contact with all surfaces of the hands and rinse thoroughly before drying on a clean towel. Washing your hands incorrectly e.g. quickly rinsing, not using soap, insufficient rubbing of the hands does not remove all the bacteria present and may put you or the person you are caring for at risk.

Further information:

If you would like more information regarding anything in this leaflet or any other aspect of infection prevention and control, please contact either the Infection Control Department (Tel. No. 01254 283603) or the clinician responsible for your care.

**Appendix 6 - Lancashire Care NHS Foundation Trust
REQUEST FOR DOMICILLIARY WASTE COLLECTIONS**

Details of the Health care Professional making the request:

Name:

Designation:

Base (address):

Telephone Number:

Fax Number :

e-mail:

Date of request:

Details of the patient requiring the service:

Name:

Address:

Post Code:

Telephone Number:

Approximate quantity (i.e. number of bags) per week

Commencement date:

Category of clinical waste: Sharps General Cytotoxic

Office use only:

Name of Waste Contractor:

Date contacted:

Reference:

Date of request to cancel service:

Name of Health Care Professional requesting cancellation:

Date cancelled:

Reference:

Please note that it is the responsibility of the Health Care Professional to notify Property Services in advance of the service commencement date. It is advisable to always confirm that the request has been received.

This form can be faxed to Property Services using:

This form can be e-mailed:.....

You are advised to retain a copy of this form for your records in the patients' notes

Appendix 7: Waste Risk Assessment – to be performed by the HCW producing the waste

All health care waste must be assessed for its medicinal, chemical, infectious and offensive properties.

- Step 1 Determine if the waste is health care waste
- Step 2 Assess for the medicinal waste properties of the clinical waste
- expired, unused, spilt and contaminated medicinal products
 - discarded items with contaminated medicinal residues (boxes or bottles, gloves, masks, connecting tubing, syringe bodies, drug vials)
 - secretions, excretions or other body fluids containing residual medicines
 - anatomical waste containing residual medicines
 - determine if the waste contains cytotoxic/cytostatic medicinal waste – if the properties can't be determined it must be classified as cytotoxic/cytostatic
- Step 3 Assess the chemical waste properties of a clinical waste.
- does the waste contain chemicals that are dangerous substances? – assign as hazardous waste.
- Step 4 Assess for the infectious waste properties of the clinical waste.
- does the waste arise from a patient known or suspected to have a disease/infection caused by a micro-organisms or toxin?
 - is the waste a sharp?
 - is the waste an anatomical waste?
- Step 5 Assess the waste for offensive properties and segregate if appropriate
- Step 6 Document disposal method

Appendix 8 - ANNUAL/quarterly WASTE Audit

DATE / TIME _____ **SITE** _____

AUDIT _____ **UNDERTAKEN** _____ **BY** _____

RESULTS SENT TO _____

Standard: waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

Code: Green indicates the standard is achieved,
Orange requires attention within 3 months
Red requires attention within one month

Waste audit			
Please tick appropriate box			
1. The organisation has comprehensive procedures/policy for the disposal of waste			
2. Organisational structures are in place to ensure distribution, compliance and monitoring of waste procedures			
3. There is evidence that the waste contractor is registered with a valid licence (check records)			
4. Clinical waste is disposed of and transported in UN approved appropriate sharps containers or clinical waste bags			
5. All waste streams are designated by the appropriate European Waste Catalogue Code			
6. Staff have attended a training session which includes the correct handling and safe disposal of clinical waste			
7. Staff are aware of waste segregation procedures (randomly question a member of staff)			
8. Clinical waste bags are labelled			
9. Waste disposal chart is available to ensure correct handling/segregation			
10. The waste bags are replaced when $\frac{3}{4}$ full to prevent any potential waste leakage.			
11. Waste awaiting collection is stored in a secure area away from the general public			
12. All waste is collected on a regular basis			

Standard Operating Procedure for the Safe Management of Healthcare Waste

13. All waste bins are foot operated, lidded and in good working order			
14. All waste bins are visibly clean – externally and internally			
15. Waste bags are removed from clinical areas daily			
16. There is no emptying of clinical waste from one bag to another			
17. All clinical waste containers are kept secured and are inaccessible to the public			
18. The clinical waste containers are clean			
19. When there is a dedicated area for safe storage of clinical waste (outside compound) it is under cover from the elements and free from pests and vermin and the area is locked and inaccessible to the public and animals			
20. There is no storage of inappropriate items in the waste compound			
21. The waste compound is kept clean and tidy			
22. The healthcare waste management policy is accessible to all staff			
23. Staff are aware of the procedure for reporting incidents/accidents			
24. Staff are aware of the procedure for reporting inoculation injuries and the required procedure for treatment			

Overall scoring

Potential total

Percentage

Date of next audit

Appendix 9 - Annual/Quarterly Audit of Waste

Audit summary report

Date			
Location			
Compliance rating			
Audit Tool			
Areas of non-compliance	Target date for review	Action taken	signed

Appendix 10 - service WASTE Audit

DATE / TIME _____ SITE _____

AUDIT _____ UNDERTAKEN _____ BY _____

RESULTS SENT TO _____

Standard: waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

Code: **Green** indicates the standard is achieved,
Orange requires attention within 3 months
Red requires attention within one month

Waste audit			
Please tick appropriate box			
25. Clinical waste is disposed of and transported in UN approved appropriate sharps containers or clinical waste bags			
26. All waste streams are designated by the appropriate European Waste Catalogue Code			
27. Staff have attended a training session which includes the correct handling and safe disposal of clinical waste			
28. Staff are aware of waste segregation procedures (randomly question a member of staff)			
29. Clinical waste bags are labelled			
30. Waste disposal chart is available to ensure correct handling/segregation			
31. The waste bags are replaced when $\frac{3}{4}$ full to prevent any potential waste leakage.			
32. All waste bins are foot operated, lidded and in good working order			
33. All waste bins are visibly clean – externally and internally			
34. Waste bags are removed from clinical areas daily			
35. There is no emptying of clinical waste from one bag to another			
36. Staff are aware of the procedure for reporting incidents/accidents			
37. Staff are aware of the procedure for reporting inoculation injuries and the required procedure for treatment			

Overall scoring

Potential total

Percentage

Date of next audit

Summary feedback report for waste audit for clinical staff

Clinical setting		Date	
Location		Auditor/s	
% score of compliance			
Evidence of quality care and best practice			
Summary of areas of non-compliance and actions to be taken to ensure compliance			