

Great Ormond Street  
Hospital for Children



NHS Trust

*Operational Policy*

# Trust Waste Management Policy

January 2012

## Document Control Information

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### Policy Over view

This policy sets out how the Trust organises and manages its various waste streams to ensure compliance and best practice handling. It sets out the responsibilities of each stakeholder at every level.

### Who should know about this policy?

Domestic Contract Management  
Waste Contractors  
Infection Control

Department Leads  
Health and Safety

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## 1 Executive Summary

Great Ormond Street Hospital for Children NHS Trust is committed to providing a comprehensive waste management service, whilst complying with ALL current and future legislation. Waste disposal is the generic term that we have given to the whole spectrum of activities, associated with the Trust's waste management policy, including handling, storage and actual disposal, which continues right up until the final destruction of that waste. The Trust has a 'cradle to the grave' responsibility and must ensure that our arrangements recognise that responsibility.

The Trust will ensure that the following key elements of the duty of care are in place:

- Identified Waste Lead person.
- Registration of identified trust sites as waste producers.
- Contracting for waste disposal.
- Monitoring contracts and collections to meet changing trust needs and ensure financial prudence.
- Recording of type and quantity of waste to be collected in accordance with European Waste Catalogue Code, Waste Electrical and Electronic Equipment Directive
- Auditing contract disposal to point of landfill/ incineration by identified Lead.
- Ensuring that waste is segregated at point of origin.
- Auditing compliance and segregation of waste.

The Trust recognises that efficient waste management has financial benefits, both by reducing waste disposal costs and reducing the potential of prosecution if legal requirements are not adhered to.

## 2 Aims of Policy

This policy was formulated in order to effectively manage waste generated as a result of clinical and non-clinical activities within the Trust. Staff with responsibilities for the management of waste should understand and must comply with the various regulatory regimes.

The aims of this policy are to enable the Trust:

- To comply with the Environmental Protection Act 1990 and other associated legislation.
- To comply with Health Technical Memorandum : Safe management of healthcare waste;
- To ensure compliance of segregation in both local and centralised management processes;
- Provide all staff with explicit guidance in the safe handling and disposal of all wastes in line with health and safety and infection control requirements and fully aware of their responsibilities ;
- To ensure that appropriate governance arrangements are in place;
- To reduce the impact that the Trust's business has on the environment by managing the volume of waste requiring disposal and facilitate the hierarchy of waste management as shown at *Illustration no. 1*;
- To ensure that, where practicable and cost effective, waste is segregated to facilitate recycling.



Illustration No. 1

### 3 Scope of Policy

This policy covers all waste that is generated or disposed of within the Trust site locations with the exception of Category A Waste which is covered by the Category A Waste policy

### 4 Legal and Statutory Obligations

The main regulatory regimes affecting waste management practices within the Trust are:

- environment and waste;
- controlled drugs;
- infection control;
- health and safety; and
- transport.

There are other legislations dictating waste management practices and are listed at the end of this policy in the 'Further References' section. The statutory obligations are accounted for in Health Technical Memorandum : Safe management of healthcare waste and implementation of this guidance will enable the Trust to fulfil these obligations.

### 5 Accountability and Responsibility

The key to the effectiveness of the policy is the identification of clear responsibilities for designated persons and reporting structures. This policy requires producers and others involved in the management of waste to prevent escape and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal. This is enforced through "the polluter pays principle" making producers of waste responsible for its management and disposal.

#### 5.1 Chief Executive

In line with the Trust's Health and Safety Policy, the Chief Executive has the overall responsibility on behalf of the Trust Board for ensuring compliance with statute law. The Chief Executive will ensure that the requirements specified within this Policy and the Protocols, are resourced and implemented within the Trust. This responsibility is delegated to the Head of Corporate Facilities.

#### 5.2 Head of Corporate Facilities

The Head of Corporate Facilities will:

- Ensure that the policy is implemented and adhered to across the Trust
- The Waste Management Committee will provide an annual report to the Management Board on waste management as part of the Risk Management report
- Provide sufficient resources to ensure all waste is handled and disposed of safely and in accordance with the relevant legislation.

#### 5.3 Waste Management Committee

The Waste Management Committee is responsible for:

- Developing annual action plans that support the implementation of this policy;
- The process for monitoring compliance;
- Demonstrating the level of compliance with the Legislation;
- Setting the waste management policy and procedures;
- Compliant waste management contracts
- Advising on minimisation of waste production;
- Assessment and elimination or reduction of risks associated with handling, transporting and disposing of waste, including waste audits.

The Waste Management Committee reports to the Infection Control and Health and Safety Committees and the Terms of Reference is at Appendix One.

#### 5.4 Authorised Officer

Waste Management within the Trust is provided by the Facilities Department and the authorising Officer for Waste is the Operational Domestic and Waste Manager. The Waste Manager is responsible for ensuring that the day-to-day operational issues surrounding waste disposal within the Trust are conducted in line with the contracted arrangements (refer to the Waste Contractor Policy) and will:

- Ensure that adequate facilities and resources are available or are supplied, as necessary, for the disposal of non-clinical (domestic), clinical, hazardous and other wastes generated within the Trust, and that these comply with the relevant legislation.
- Ensure that the Waste Disposal Contractor(s) complies with all relevant legislation and administers the central returns for waste transfer notes, licences, certificates and other formal paperwork required by law.
- Ensure that proactive arrangements exist for the monitoring and policing of this policy.
- Monitor compliance against this Policy, but this will not absolve line management from their Duty of Care; in particular this will mean attention to local storage and staff handling arrangements.
- Report to the Facilities Manager for Performance and Compliance, who will receive reports on the monitoring and policing of this policy.

#### 5.5 Facilities Manager for Compliance

- Ensure that all non-compliance issues are thoroughly investigated, action plans are instigated and follow up until compliance is achieved
- Monitor the waste risk register and report any high risks to the Corporate Facilities Board
- Prepare waste annual report and submit to the Waste Management Committee
- Liaise with Local Authority, Environment Agency, Waste Disposal Carrier and Contractor, etc, to ensure the Trust is meeting its responsibilities under any environmental, waste and Health and Safety regulations.

#### 5.6 Waste Management Operational Team

- Operational waste issues within the Trust buildings
- Implementation of the policy and waste procedures throughout the Trust
- Conduct audits on waste producer practices
- Provide advice and guidance as required on safe practices and procedures for handling waste materials

#### 5.7 Procurement Manager

The Procurement Manager is to support the Trust's commitment towards total waste management and waste reduction. In particular:

- ensuring that all purchases take the impact of packaging into account;
- aiming to eliminate secondary packaging;
- specifying packaging type on tender criteria.

#### 5.8 Local Departmental Management

At departmental level:

- It will be Line Management responsibility to ensure compliance with this Policy.
- Managers will ensure that all staff under their direct control is aware of the necessary details to deal with the type of waste most frequently produced within their respective work area (or activity) and comply with it. They must also be aware of what to do if other waste is encountered, even if it is some form of holding / emergency action.
- Department Heads will ensure that the necessary local resources, financial and others are available to ensure that all aspects of the Policy can be met. If there are problems in this

respect, then this must be drawn to the attention of the Waste Manager in the first instance.

### 5.9 Staff Responsibilities

- All staff must identify any materials that they are using or have used which is destined for the waste stream, and ensure it is segregated into its appropriate category as defined in the Policy and ensure it is disposed of in accordance with the requirements of the Policy.
- They will also act in accordance with the requirements placed upon them by the Health and Safety Policy and the Trust Infection Control Department.

### 5.10 Contractors

- All contractors employed by or working on behalf of the Trust, in or adjacent to Trust property will make the necessary arrangements to manage and dispose of all waste derived from their work activities.
- The Trust manager responsible for the contractor(s) is responsible for ensuring that the contractor(s) is complying with this Policy.

### 5.11 Dangerous Goods Safety Adviser (DGSA)

To meet the requirements of the Carriage of Dangerous Goods and use of Transportable Pressure Receptacles Regulations, the Trust has a Dangerous Goods Safety Adviser (DGSA):

- To advise and monitor on dangerous goods carriage compliance
- To ensure that relevant incidents/accidents are properly investigated and reported
- To prepare for the duty-holder an annual report on dangerous activities.

The contact details of the DGSA are available in the Waste Manager's Office.

### 5.12 Infection Control

The Infection Control team will:

- advise managers on waste handling matters relating to infection prevention and control in waste handling matters
- Provide advice to the Waste Management Committee on any infection control issues.

## 6 Waste Categorisation

### 6.1 General Categories

Definitions and assessment of healthcare waste in line with regulatory regimes is important for safe management of waste. All waste materials produced at Great Ormond Street Hospital are assessed to ensure its correct classification prior to disposal and the following guidance are referred to while carrying out the assessment:

- Environment Agency Hazardous Waste: Interpretation of the definition and classification of hazardous waste (2nd edition).
- Health Technical Memorandum: Safe management of healthcare waste.
- Control of Substances Hazardous to Health Regulations 2002.

Wastes must be classified in accordance with the regulations to ensure that each category of waste transported by or on behalf of the Trust meets the waste acceptance criteria of the authorised waste receiving site/process.

The following healthcare waste streams are produced from the Trust sites and has been categorised as follows:

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- Non-clinical (domestic) waste (see Section 5.2) - normally destined for disposal at a registered Waste to Energy plant, but may also be disposed of in a registered landfill site.
- Clinical waste (see Section 5.3) - destined for disposal at a licensed disposal facility, this includes both an incineration plant or an alternative treatment plant (e.g. autoclave system).
- Hazardous waste (see Section 5.4)- disposal as directed by the appointed authorised officer.

The waste disposal guidelines (See Appendix 2) should be displayed in the department as a reminder of the various types of waste to ensure that ALL waste is placed in the correct bins. This will save the Trust money and help protect the environment.

In addition to the above broad categories of waste the following are generated by the Estates Department and should be disposed of according to Estates Departmental procedures.

- Building Waste - Waste generated through the activities of the Trust's Estates and Works.
- Scrap plasterboard and unused plaster
- Scrap metals
- Scrap paint tins and unused paint
- Scrap fluorescent lighting
- Scrap wood
- Scrap aerosol cans
- Scrap wet cell batteries
- Other scrap electrical or electronic equipment
- Waste oils and greases
- Scrap filters

Additionally any redevelopment project with a value over £500,000 must have a Site Waste Management Plan and this is a requirement of "The Site Waste Management Plans Regulations 2008 (see Appendix 3). The plan must be produced and approved before works commence.

## 6.2 Domestic Waste (Non Clinical)

Domestic Waste is classified as **not contaminated** and does not have any other special disposal requirements.

This includes:

- General office waste
- Waste generated in the residential accommodation
- Food waste \*
- Dead flowers
- Newspapers \*
- Glass / china etc (blue bags)
- Paper \*
- Plastic \*
- Cardboard \*
- Shredded confidential waste
- Redundant furniture
- Glass (non-contaminated (e.g. coffee jar, bottles, etc)

The asterisk refers to the waste streams that are transferred to recycling schemes

### 6.3 Clinical Waste

Clinical waste is "Wastes from human or animal healthcare and or related research consisting of body parts and organs, including blood bags and blood preserves; medicines including cytotoxic and cytostatic medicines, swabs or dressings or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it"

*and*

"Any waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research or the collection of blood from transfusion, being waste which may cause infection to any person coming into contact with it."

All clinical waste must be accompanied by the relevant documentation and a satisfactory description and EWC code as listed at Appendix 4.

#### **Rigid Containers (See Waste Chart):**

The rigid containers/Wiva bins are to be closed, using the non-removable lid, and the container marked with the name of the department/area, from where the waste has been generated. An approved bag seal (fig.1) must be attached to the container.

It is important that rigid containers/Wiva bins are not overfilled as there are weight restrictions on the containers design and also Manual Handling Operations Regulations 1992; require that items must be able to be moved safely with out risk of injury. Full containers must not be more than three quarters, full containers found to be more than 3/4s full **will not** be moved by waste portering staff.

### 6.4 Hazardous Waste

Hazardous Waste is classified into 3 categories:

**Healthcare Waste** - Waste material in this category is generated by clinical activity and is infectious or potentially infectious, including anatomical, diagnostic, laboratory waste, amalgam waste and medicinal products.

**Electrical equipment** - Waste material in this category includes all items either operated by battery or mains power, including all IT equipment.

**Batteries** - Waste material in this category includes all types of batteries.

Waste substances that have one or more of the following properties are classified as hazardous and should be disposed as such:-

- Explosive
- Oxidising
- Flammable
- Irritant
- Harmful
- Toxic
- Carcinogenic
- Corrosive
- Infectious
- Teratogenic
- Mutagenic
- Substances that release a toxic gas when in contact with water, air or acid
- Substances which after disposal may yield a substance with any of the above properties (e.g. leachate)
- Ecotoxic

These types of waste are produced by laboratories and works department. The Trust will carry out waste assessment to identify wards/department where hazardous waste is produced to arrange for segregation, collection, storage and disposal. Producers of such waste should contact the Waste Manager to arrange for collection and disposal.

#### **6.5 Pharmacy Waste (Hazardous Waste EWC Ref. 18.01.08)**

- Pharmaceuticals products which are no longer required by clinic or department are returned to the Pharmacy.
- If the clinic or department has unwanted controlled drugs, then it is the responsibility of the Ward Manager/Sister to contact and consult with the Ward Pharmacist regarding disposal.
- Ward/Department should not send EMPTY containers to the Pharmacy. They should dispose them in BLUE LIDDED pharmacy bins.
- Any medicines no longer required for use must be returned in a secure manner to the supplying pharmacy/chemist for destruction. Medicines must never be disposed of through the sewerage system. Cytotoxic medicine waste must be disposed of in cytotoxic waste bin and collected by the designated pharmacy porter.
- All used or part-used syringes, vials and ampoules should be placed in an approved sharps container.
- Pharmaceuticals should never be disposed down a sink or drain, only the used pestle and mortar/ tablet crusher can be also cleaned and rinsed in a sink.

**NB: All residual medicines and Cytotoxic drugs are hazardous waste and must not be disposed of with the General Clinical Waste.**

#### **6.6 Offensive/Hygiene waste**

Nappies, incontinence pads, uncontaminated personal protective equipment (PPE) are classed as offensive waste and disposed of in tiger bags (yellow bags with a black Stripe). Where there is a potential that the offensive waste may be infected or may have been contaminated with any infectious product then the waste is not offensive but is classified as infectious and should be dealt with as infectious clinical waste.

The Trust is working towards increasing this stream after carrying out waste assessment and by improving the waste segregation at ward level. This initiative is subject to verification via a producer's pre-acceptance audit in order to avoid infectious waste being mixed in with the offensive/hygiene waste, which is in contravention of waste legislation. This will help the Trust to achieve cost savings.

There are designated bins in all appropriate locations for feminine sanitary products and these are managed through a designated external contract

#### **6.7 Cytotoxic waste**

All Cytotoxic waste that is produced outside the return to pharmacy policy and items contaminated with residues of cytotoxic medicines are collected in purple bags and containers. Such type of waste is being produced on Elephant, Lion, Safari, Fox, Robin, Butterfly, Bumblebee, Caterpillar, Urodynamics, Penguin, Rainforest wards, Theatres and the pharmacy.

Cytotoxic and cytostatic medications includes medicinal product possessing any one, or more, of the following hazardous properties:

- H6: Toxic substances and preparations which if they are inhaled or ingested or if they penetrate the skin, may involve serious, acute or chronic health risks.
- H7: Carcinogenic substances and preparations which if they are inhaled or ingested or if they penetrate the skin may induce cancer or increase its incidence.
- H10: Toxic for Reproduction (teratogenic) substances and preparations which if they are inhaled or ingested or if they penetrate the skin may produce or increase the incidence of

non heritable adverse effects in the progeny and or the male or female reproductive functions or capacity.

- H11: Mutagenic substances and preparations which if they are inhaled or ingested or if they penetrate the skin may induce hereditary genetic defects or increase their incidence.

Other wards and departments producing such type of waste on an adhoc basic should contact the Waste Manager to arrange for collection and disposal. More information is available at Appendix 8.

## 6.8 Sharps waste

Ward Staff should use yellow lidded bins for sharps which have been fully or partially discharged of medication and for used phlebotomy sharps. Purple lidded bins should be used for disposal of waste which has been in contact with cytotoxic/cytostatic substances. (See section 5.6)

Ward/Departments should use only the Trust preferred option of "Frontier" Sharps Containers, which must be ordered via the Materials Management System or seek advise from the Procurement Department. All containers must be U.N. Approved and comply with the labelling and test requirements laid down in the Carriage of Dangerous Goods Regulations 2007.

The approved containers should be kept whilst being used on a purpose made wall bracket, or on a worktop/shelf, but must remain in easy reach of those requiring to dispose of waste into the container. Under no circumstances should they be stored on the floor or above shoulder height and must not be within easy reach of children.

- These containers must be removed from wards when no more than three quarters full and should be kept secured as directed on the container labels. The label must indicate the point of origin i.e. Great Ormond Street, "Robin Ward."
- One of the Trust's approved clinical waste bag seals must then be attached to the handle of the container, to facilitate the waste audit trail.
- The sealed container is to be stored in the designated area for collection by the waste porter.
- The full containers MUST BE stored in the upright position to prevent any possible risk of leakage through the lid.
- Sharps containers should not be placed into plastic bags for disposal.
- **Do Not** empty one sharps container into another.

Further guidance in relation to sharp's procedures and what to do in the case of an accident is given in the Clinical Practice Guideline 'Inoculation Injuries' available on GOS web.

## 6.9 Other categories of Healthcare Waste

### 6.9.1 Medical Devices

Medical devices from Theatres and Wards are disposed as defined in the Medical Devices Regulations 2002.

Medical devices are defined as: "An instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which:

- (a) is intended by the manufacturer to be used for human beings for the purpose of:
  - (i) diagnosis, prevention, monitoring, treatment or alleviation of disease,
  - (ii) diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
  - (iii) investigation, replacement or modification of the anatomy or of a physiological process,or

(iv) control of conception; and

(b) does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, even if it is assisted in its function by such means, and includes devices intended to administer a medicinal product or which incorporate as an integral part a substance which, if used separately, would be a medicinal product and which is liable to act upon the body with action ancillary to that of the device.

#### 6.9.2 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 as infectious waste.
- If the device contains hazardous materials 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 described as: 18 01 03 Infectious Waste containing nickel cadmium batteries [Hazards: Corrosive (H8)]

#### 6.9.3 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). It is important that a decontamination certificate (Appendix 5 ) is attached to any waste prior to disposal.

For example a disinfected device containing a nickel cadmium battery should be described as:  
18 01 04 Non-infectious healthcare waste containing batteries [Hazards: Corrosive (H8)]

#### 6.9.4 Laboratory Waste

- Advice on all matters concerning this type of waste should be sought from the Laboratories Managers.

#### 6.9.5 Radioactive Waste

- Advice on all matters concerning this type of waste should be sought from the GOSH Trust's Radiation Protection Advisor. Please refer to Section 3.6 of the Radiology Safety Policy.
- A store is provided for the storage of radioactive waste to allow it to be decayed to safe levels prior to disposal.
- Radioactive/scintillation liquid wastes are controlled by the Radioactive Substances Act 1993 and supervised by the Environment Agency.

#### 6.9.6 Category A Waste

Occasionally clinical waste produced from the hospital may be contaminated with Category A pathogens (listed at Appendix 6) and such waste should be managed according the Trust's Security Plan and Category A Waste procedures.

If there is any patient contaminated with suspected Category A pathogens, the Infection Control team will follow the guidance in the Trust's Security Plan and Category A Waste procedures.

## 7 Resources

The Trust is committed that waste must be handled in the most economic manner so as to make best use of resources. This means that the possibility of re-use/recycling of waste, and/or segregation into

cheaper waste streams must be considered carefully.

- The Trust shall implement this Policy as far as is reasonably practical from available resources. Where the implications of new legislation dictate or where new technological resources and solutions become available the trust must seek a best value solution that reduces the environmental impact of waste.
- Where local procedures dictate and as needs are established to ensure compliance, it shall be the financial responsibility of Corporate Facilities Directorate to fund internal departmental waste management systems.
- It will be the responsibility of the Trust Board to allocate sufficient resources to enable the implementation of new waste management systems that are deemed necessary to comply with improvement or enforcement instructions from the regulatory authority.
- Where wastes are produced that fall outside that which is normally budgeted, then the Waste Management Department reserves the right to levy a charge for the collection and disposal of that waste.

## 8 General Waste Operational Structure

### 8.1 Structure

Within the Trust, the management of waste comes under the Facilities Directorate and the operational activities are outsourced to the Domestic Services Contractor. Specialist waste contractors who have the appropriate licenses are employed to deal with the final transportation and disposal of the different categories of waste. These contracts are managed by the Facilities Manager.

### 8.2 Communication

Waste disposal is strictly controlled and the wrong decision could expose individuals to danger, and/or the Trust to prosecution and/or fines and/or a custodial sentence. Advice must always be sought in areas of uncertainty.

Further advice on any aspect of waste disposal; please contact any of the following:

		Contact No.
1	Waste Manager	7898
2	Facilities Manager responsible for waste	6957
3	Domestic Services Manager	7898
4	Waste Supervisor	7815
5	Infection Control Lead Nurse	5284
6	Trust Radiation Protection Adviser	5520
7	Chief Pharmacist	8636
8	Camelia Botnar Laboratory (CBL) Manager	5280
9	Operating Theatre Manager	6671
10	Head of Works	8463

11	Health and Safety Advisor	7885

## 9 Waste Segregation

Segregation of waste at the point of production into colour-coded packaging is vital to good waste management.

The main drivers for the Trust in implementing on site segregation are:

- **Health and Safety:** reducing the risk of needle stick injuries for all staff handling and exposing to infectious waste streams; which can result in compensating payments, staff sickness, stress, etc ;
- **Environmental:** potential for minimisation in waste previously incorrectly classified as infectious;
- **Financial:** potential reduction of hazardous waste through correct classification of offensive waste streams can achieve cost savings, and
- **Carbon:** Unnecessarily treating non-hazardous waste as hazardous can waste energy and carbon.

Health and Safety, Carriage and waste regulations require that waste is handled, transported and disposed in a safe and effective manner. Within the Trust the prohibition on mixing means that the segregation of different categories of waste is required to meet the legal requirements. In some circumstances additional segregation of waste into further categories may be required.

All staff involved in the segregation, handling, collection and transport of all categories of waste are provided with training on the waste segregation and storage chart (Appendix 7).

In clinical areas bins used for the disposal of non-clinical (domestic) waste should have a clear bag. Trust approved bins should be ordered via the Procurement department.

The sealed bags are stored in wheeled bins in waste disposal room that has been designated for clinical and domestic waste, prior to collection by the waste porters. The waste hold area must be kept locked at all times.

## 10 Monitoring and Compliance

### 10.1 Quality Assurance System

The Trust has a waste management quality assurance system (please refer to the Waste Management Quality Assurance Framework) to monitor and achieve compliance of the following:

- Segregation
- Packaging
- Waste description
- Paperwork completion and retention
- Storage
- Movement/transport
- Health and safety
- Final disposal

The waste management quality assurance system consists of:

- Waste Policy
- Waste Procedures
- Pre-Acceptance Audits
- Waste Management Committee
- Waste Audits

- Duty of Care Visits
- Dangerous Goods Safety Adviser

The compliance management responsibilities are shared as follows:

#### **10.1.1 The Waste Manager will:**

- Carry out audits and inspections of all waste operations on the trust sites to ensure compliance to this policy and current waste legislations;
- Inform the relevant managers of any non-compliance issues
- Draw up action plans to remedy non-compliance issues
- Provide periodic performance reports to the Waste Management Committee.
- Keep waste records up to date as evidence of compliance

#### **10.1.2 Facilities Manager will:**

- Monitor the waste disposal contractor(s) for performance of Contract(s) and compliance against appropriate waste management legislation
- Carry out Duty of Care Audits in accordance with current waste legislation
- Ensure that waste transfers and consignment notes are kept for a minimum of three years
- Investigate incidents regarding waste operations and draw up action plans

#### **10.1.3 Dangerous Goods Safety Adviser will:**

- Perform an annual audit of waste procedures to ensure legislative compliance and all hazardous waste consigned from Great Ormond Street Hospital is classified with the appropriate hazardous waste code (HWC).
- Inform the relevant managers of any non-compliance issues
- Draw up action plans to remedy non-compliance issues
- Provide periodic performance reports to the Waste Management Committee.

#### **10.1.4 All Managers have a monitoring and compliance role, and they must:**

- inform the Waste Manager of any local instances of non-compliance whether this is due to poor working practice or lack of resources
- In the case of radioactive, chemical and other waste types covered under specific departmental policies, this responsibility will be administered by the appropriately named personnel in the respective Policy, who will report the findings to the Waste Manager

#### **10.2 Impact of non compliance**

- All staff should note that any non-compliance with regulations made under Environmental Protection Legislation and the Hazardous Waste Regulations could result in the Trust and individuals being prosecuted, fined and/or imprisoned

- Non compliance will financially impact on the Trust as the waste contractor charges the Trust.
- Deliberate non-compliance with this Policy could result in disciplinary action.
- Media release can negatively impact on the reputation of the Trust

## 11 Training and Staff Awareness

This Policy cannot be effective unless it is applied carefully and consistently and it is important that staffs are aware of its contents. Also it is implemented by trained and competent people.

The scope of waste training will be dependent on the level of person's involvement with hospital waste. As a minimum all staff should be informed and instructed in the segregation of, the storage of, and the risk associated with all categories and classifications of waste.

### 11.1 Responsibility for Training

All Departmental Managers must ensure that all staff are trained in accordance with the Trust training programme, covering segregation, handling, and transport of waste, which is relevant to their working area.

### 11.2 Levels of training/awareness

It is essential that staffs are trained on:

- The operational requirements of this Policy
- The procedures for dealing with spillages, accidents or adverse incidents involving waste
- The Infection Control Operating Policy.

Staffs who are involved with the segregation, handling, transfer and transport of all waste should be trained in the following areas:

- the control measures, and how to apply them;
- what protective equipment to use, why and how;
- how to secure the disposal bags or containers using the approved plastic seal / lid;
- what type/colour of disposal bag or container is to be used for each of the different waste categories;
- the procedures in the case of spillage, accident and adverse incident.
- the procedures for cleaning and disinfection of the transportation equipment.
- how to correctly handle the waste in transit.

### 11.3 Training governance

Record of all training must be kept and be easily accessible for inspection and in this regard the following arrangements are in place:

- Line Managers will maintain comprehensive and up to date records of all training delivered to individual members of staff. This will enable them to identify members of staff who are not receiving the appropriate levels of training, and where such training should be focused.

- Contractors and Service Providers will keep records of all training to waste operatives, domestic staffs, and supervisors and provide information on requests.

#### 11.4 Training Tools

Training is delivered in a variety of ways depending on the target group; this includes seminars for administrative and senior staff, tools box talk to the clinical staff and hands-on training to the waste operatives.

### 12 Further References

- Trust Waste Contractors Policy
- Trust Health and Safety Policy
- Trust Infection Control Assurance Framework & Operational Policy
- Control of Substances Hazardous to Health (COSHH) legislation
- Trust Radiology Safety Policy
- Medicines Policy

### 13 Specific Legislation

- Health Technical Memorandum: Safe management of healthcare waste
- Health Technical Memorandum 07-05: The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment
- Hazardous waste: Interpretation of the definition and classification of hazardous waste,
- Technical guidance WM2 (Second edition version 2.2)
- The Health and Safety at Work etc Act 1974.
- Environmental Protection Act 1990.
- Environmental Protection (Duty of Care) Regulations 1991
- Controlled Waste Regulations 1992
- Manual Handling Operations Regulations 1992
- Radioactive Substances Act 1993
- The Environment Act 1995
- Waste Management Licensing Regulations 1996
- Waste Minimisation Act 1998
- Management of Health and Safety at Work Regulations 1999.
- Medical Devices Regulations 2002

- Waste Incineration (England and Wales) Regulations 2002
- The Control of Substances Hazardous to Health Regulations 2004.
- The Hazardous Waste (England & Wales) Regulations 2005
- List of Wastes (England) Regulations 2005.
- Safe Management of Healthcare Waste 2006
- The Carriage of Dangerous Goods and use of Transportable Pressure Receptacles Regulations 2007.
- Domestic Waste Regulations 2007
- The Site Waste Management Plans Regulations April 2008

## Waste Management Committee Terms of Reference

### 1. Authority and Scope

- The main legislation that governs Waste management within the Trust is the Environmental Protection Act 1990 (with its associated regulations)
- The Waste Committee is a Sub Committee of the Infection Control Committee and the Health and Safety Committee.
- It has delegated authority from and is accountable to the Health and Safety committee
- The Chair of the committee can request information from any source across the Trust regarding Waste initiatives

### 2. Objectives

The Objectives of the Waste Management Committee are to:

- 2.1 Set targets for annual improvement in the following areas:
  - (i) Segregation of all waste at local level
  - (ii) Reduction in volume of all waste relating to trust activities
  - (iii) Reduction in cost of waste disposal
- 2.2 Ensure the actions relating to Waste incorporated within the Sustainability Action plan are completed
- 2.3 Ensure the development of robust relationships between Waste, Procurement and Estates Departments
- 2.4 Provide robust Quality Assurance process to assure compliance with all current legislation.
- 2.5 Ensure that the waste contracts comply with the Health Technical Memorandum (0701)
- 2.6 Identify opportunities for collaborative working within the University College London Partnership (UCLP)
- 2.7 Develop an Annual Waste Plan to support the achievement of the Trust objectives.
- 2.8 Manage Contract Tenders in compliance with the Trust Procurement processes.
- 2.9 Provide a reporting and investigation structure for waste related incidents
- 2.10 Support education strategies to encourage a change in Trust staff approach to Waste

### 3. Reporting

Minutes of meetings will be filed on the Meeting Papers library and a Quarterly Waste Report will summarise delivery of the Annual Waste Action Plan including the following elements;

- Audit Data
- Activity Data
- Non-conformance Reports
- Dangerous Goods Advisor Annual Report

The Waste Management Committee will submit an annual report summarising the year's outcomes.

Both the Quarterly and Annual reports will be presented to;

- Health & Safety Committee
- Infection Control Committee

The annual report will be presented to the Trust Management Board.

### 4. Membership

The Waste Management Committee is made up of the following members -

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- Head of Facilities (Chair)
- Facilities Manager for Compliance & Monitoring (Vice Chair)
- Waste Manager
- MITIE Contract Manager
- Lead Nurse Infection Control
- Health and Safety Adviser
- Head of Works
- Projects Lead
- Representative of Laboratories

Additional members (i.e. Finance, Procurement) may be invited to attend the Waste Management Committee as appropriate.

For a quorum, there must be a minimum of the Chair/Vice Chair, plus five members present, including the Waste manager/or MITIE Contract Manager

Members will be expected to attend a minimum of three out of four Quarterly meetings

#### 5. Meetings

Meetings will be held on a monthly basis, until it is embedded, then quarterly. Papers will be sent out at least five working days before the meeting by the meeting papers library process.

Secretariat support for the Waste Management Committee will be provided by Corporate Facilities Administration team.

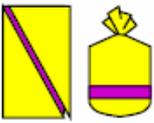
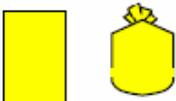
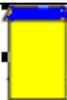
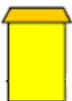
#### 6. Monitoring

The Waste Management Committee shall review its effectiveness and terms of reference on an annual basis.

This will involve monitoring and reporting on:

- Frequency of meetings;
- Delivery of the Objectives and the associated Annual Waste Plan
- Attendance at meetings
- Evidence based outcomes resulting from decisions taken at the committee.

## APPENDIX 2

Waste Reference	Description/location	Example Contents	Minimum Treatment/Disposal	Colour of Waste Bag
	Domestic waste	General refuse, including newspapers, flowers etc	Landfill	Clear bag Stating "Domestic Waste"
	Healthcare waste contaminated with radioactive material	Dressings, tubing etc from treatment involving low level radioactive isotopes	Incineration in hazardous waste incineration facility subject to RSA 1993	Yellow bag with black symbol.
	Infectious waste contaminated with cytotoxic and/or cytostatic medicinal products	Dressings/tubing from cytotoxic treatment	Hazardous waste incineration	Yellow bag with purple stripe.
	Sharps contaminated with cytotoxic and or cytostatic medicinal products	Sharps used to administer cytotoxic products	Hazardous waste incineration	Yellow container with purple lid.
	Infectious waste requiring incineration anatomical waste	Theatre waste	Hazardous waste incineration	Yellow bag/hard bin.
	Un-autoclave infectious waste requiring incineration	Laboratories waste	Hazardous waste incineration	Yellow bag/hard bin.
	Amalgam waste	Dental amalgam wastes	Recovery	White container.
	Residual medicines NOT in original packaging	Waste tablets not in foil pack or bottle	Hazardous waste incineration	Blue lidded bin
	Infectious and potentially infectious waste and autoclaved laboratory waste	Soiled dressing	Licensed/permitted treatment facility	Orange bag.
	Sharps not contaminated with cyto products	Sharps from phlebotomy	Licensed/permitted treatment facility	Yellow container with orange lid.
	Anatomical waste	Body parts from Theatres and Laboratories.	incineration	Red lidded bin
	Offensive waste (MRI, X-Ray, Baby Changing Rooms)	Human hygiene waste and non-infectious disposable equipment, bedding and plaster casts	Landfill	Yellow bag with black stripe.

### Waste Disposal Guidelines

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## SITE WASTE MANAGEMENT PLAN (SWMP)

### SWMP in brief:

- **What are they?**
  - A Plan that details the amount and type of waste that will be produced on a construction site and how it will be reused, recycled and disposed of
- **What is the aim?**
  - To make construction companies forecast how much of each type of waste they will produce on a project, and how much of this waste they will reuse or recycle. This process should show firms the financial benefits of cutting down on the materials that become waste.
  - To reduce fly tipping as construction companies will have to know where their waste is going once it is removed from site.
- **Is my company legally obliged to have a SWMP?**
  - Mandatory for all construction projects over £300,000
  - Greater detail required for those over £500,000
- **What are the penalties for not having a SWMP?**
  - Could mean a fine up-to £5,000 or even imprisonment
  - However, the implementation of SWMPs is likely to result in significant long-term business benefits for companies
- **How do I create a SWMP?**
  - There is no set format and can vary according to the size of building company or project. However, as a bare minimum a SWMP should identify the following:
    - Who is responsible for waste management on site
    - Types of waste that will be generated
    - How will each of the waste streams be managed
    - Which licensed waste management contractors you will use, and
    - A plan for monitoring and reporting on the amount of waste you generate
  - Ideally a SWMP should be drafted at the pre-planning stage of a project. This allows the plan to be extended to include design and buying of materials. By cutting out unnecessary materials at the outset, it is possible to make more savings on the whole project.
  - Once the project is live, the SWMP will need to be updated with actual quantities of waste arising. The amount of paperwork required will depend on the value and scale of the project, so for smaller builders, this may not mean much at all.
  - The success of a SWMP lies in the buy-in from workers and suppliers. The development of the Plan should always take place in partnership with the rest of the project team.
  - It is the intention that once designers, workers and suppliers get to grips with SWMPs they will advise on how to cut waste on future projects.

The Site Waste Management Plans Regulations 2008  
SI 2008 No. 314

*Came into effect 6<sup>th</sup> April 2008*

**LEGAL DUTY**

Set out in regulations - [www.opsi.gov.uk/si/si2008/uksi\\_20080314\\_en\\_1](http://www.opsi.gov.uk/si/si2008/uksi_20080314_en_1)

States "any client intending to carry out a construction project on one site with an estimated cost greater than £300,000 must, before work begins, prepare a SWMP."

Under transitional arrangements, if a project is planned before 6 April 2008 and the construction work begins before 1 July 2008 then the requirement does not apply. Evidence of a planned project may include planning consent, building regulations approval or relevant contract documents.

The cost of the construction project is the price agreed by the contractor and the client in the accepted tender. If no tender, the cost must include labour, plant and materials, overheads and profit, but VAT is excluded.

The plan must be implemented and then updated as construction proceeds, with a greater level of detail for projects that cost more than £500,000.

During the construction phase the principal contractor must update the plan as waste is disposed of, re-used, recycled or otherwise recovered.

**Defra Guidance:**

To explain the regulations, Defra have provided more detailed guidance in "Non-statutory guidance for site waste management plans" (April 2008) available at [www.defra.gov.uk/environment/waste/topics/construction/pdf/swmp-guidance.pdf](http://www.defra.gov.uk/environment/waste/topics/construction/pdf/swmp-guidance.pdf)

A sample SWMP Checklist is available on the Netregs website at:  
<http://www.netregs.gov.uk/netregs/legislation/380525/1555007/>

WRAP (Waste Resources Action Programme) provide advice and a SWMP template:  
[http://www.wrap.org.uk/construction/construction\\_waste\\_minimisation\\_and\\_management/swmp\\_form.html](http://www.wrap.org.uk/construction/construction_waste_minimisation_and_management/swmp_form.html)

## APPENDIX 4

Healthcare wastes are listed in Chapter 18 of the European Waste Catalogue. All clinical waste must be accompanied by the relevant documentation and a satisfactory description and EWC code as listed below:

### European Waste Catalogue (EWC) Codes

18 01 XX	wastes 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	wastes whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for examples dressings, plaster casts, linen, disposable clothing, diapers)
18 01 06*	chemicals consisting of or containing dangerous substances
18 01 07	chemicals other than those mentioned 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
	<b>Domestic Waste</b>
20 01 XX	Separately collected fractions
20 01 01	Paper and Cardboard
20 01 02	Glass
20 01 08	Biodegradable kitchen and canteen waste

**Equipment / Asset Decontamination & Disposal Certificate**

Ward/department: \_\_\_\_\_

Cost Code: \_\_\_\_\_

This is to confirm that the: \_\_\_\_\_ has been decontaminated.

Equipment / Asset ID code: \_\_\_\_\_ List of chemicals used to clean the item:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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<b>Indicative List of Category A Micro-organisms (ADR 2011)</b>
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The complete list is divided into two parts below, for ease of differentiation:

1. Infections where clinical waste from infected patient and laboratories is Category A waste
2. Category A micro-organisms where only the cultures are Category A waste

Category A clinical waste is produced from patients and laboratories with the following infections

- *Crimean-Congo haemorrhagic fever virus*
  - *Ebola virus*
  - *Flexal virus*
  - *Guanarito virus*
  - *Hantaan virus*
- *Hantavirus causing haemorrhagic fever with renal syndrome*
  - *Hendra virus*
  - *Junin virus*
- *Kyasanur Forest disease virus*
- *Lassa virus*
- *Machupo virus*
- *Marburg virus*
- *Monkeypox virus*
  - *Nipah virus*
- *Omsk haemorrhagic fever virus*
  - *Sabia virus*
  - *Variola virus*

Category A micro-organisms where only the cultures are Category A waste

- *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)*
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
  - *Escherichia coli*, verotoxigenic (cultures only) a
- *Francisella tularensis (cultures only)*
- 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)
- *Mycobacterium tuberculosis (cultures only)* a
  - 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)
- *Shigella dysenteriae type 1 (cultures only)* a
- Tick-borne encephalitis virus (cultures only)
- Venezuelan equine encephalitis virus (cultures only)
  - West Nile virus (cultures only)
  - Yellow fever virus (cultures only)
  - *Yersinia pestis* (cultures only)

*a Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B*

APPENDIX 7

**Waste Segregation and Storage Chart**

Type of Waste	Method of Segregation and Storage
Domestic Waste	Clear Plastic Bags are used for the disposal of domestic waste. The bag should be removed when it is ¾ full. Clear bags (domestic) are supplied by the Domestic Contractor Ext 8282. The bag opening is to be sealed, by means of tying the bag with a secure knot. The knot should be applied as close as possible to the level of the contents of the bag, thus reducing the trapped air to a minimum.
Glass (non-contaminated)	Grey Plastic Bags are used for the disposal of non-contaminated glass waste. All glass for disposal should be placed in a grey bag and when the bag is three quarters full this should be sealed. Grey bags are available as normal ward stock item and should be ordered via the Materials Management service or Logistics on Line.
Office paper	Clear Plastic Bags are used for the disposal of office paper as recyclables. When the bag is three quarters full it should be sealed by tying the bag with a secure knot. Clear bags are available from PHL Logistics via the Logistics on Line ordering system or through the Materials Management System.
Recycling Waste	The Trust is currently recycling plastics and general paper waste. This is a developing programme under the Carbon Management Carbon Reduction Programme and the Domestic Waste Regulations 2007.
Confidential Waste	Day to day confidential waste paper is collected in confidential waste consoles at departmental level, which are emptied fortnightly for shredding by the contracted waste company. Additional bags can be supplied for disposal of extra confidential paper waste at a cost to the department producing the confidential waste. Other confidential waste items, such as CD's, tapes, X-rays and film are collected for destroying via the confidential waste contractor. Producers of such type of waste should contact the Facilities Help Desk on Ext 8282 or the Waste Team on Ext 7815 for arranging a collection.
Cardboard	Boxes should be broken down and placed separately for collection in the wastehold area and are sent for recycling.
Batteries	There is an arrangement in place for collection and disposal of all batteries. Batteries should not be placed in the domestic waste stream as they are classed as hazardous waste. Green battery disposal boxes are available at the hospital main reception area, wards and other areas where batteries are produced. Please contact the Waste Team on Ext 7815 for further information.
Waste electrical and electronic equipment	All electrical and electronic waste is collected and disposed using a Trust approved contractor. Producers of such type of waste should contact the Facilities help desk on Ext 8282 to arrange collection. All computers <b>MUST</b> have their hard drives removed by ICT before they are disposed of. Any possibly contaminated equipment must be decontaminated and a copy of the decontamination certificate should be attached to the equipment before requesting its disposal.
Food Waste	Food waste from wards should be disposed of as domestic waste, unless the patient has contaminated the food with infectious bodily fluids, in which case it should be disposed of as clinical waste. Food waste from catering areas is discharged into the sewer through waste disposal units. Food waste returned to the Main Kitchen should be disposed of in green bins which are sent for composting. Care must be taken to ensure that food waste does not leak from the bag.
Redundant Furniture/Equipment	The disposal of unwanted old or broken furniture/equipment is managed by Corporate Facilities. Any Furniture or equipment from ward areas must be decontaminated before disposal takes place. When unwanted items require moving for disposal, a request should be made to the Facilities helpdesk on Ext 8282.

Old Mattresses	Mattresses can be disposed of via a domestic waste route. Special arrangements for collection and disposal can be made by contacting the Facilities helpdesk via CARPS Logger or the Waste Team on Ext 7815.
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Type of Waste	Method of Segregation and Storage
<p><b>Clinical Waste for Incineration:</b></p> <ul style="list-style-type: none"> <li>Anatomical waste</li> <li>Products of conception</li> <li>Un-autoclaved waste from clinical laboratories</li> <li>Waste as directed by Infection Control</li> <li>Waste contaminated with pharmaceuticals or chemicals</li> </ul> 	<p>Yellow clinical waste bags and containers are used for disposal of the items listed in the left column. The bags and containers must be U.N Approved and comply with the labelling and test requirements laid down in the Carriage of Dangerous Goods Regulations 2007. The Infection Control Policy must be adhered to at all times.</p> <p>The bag or container holding clinical waste should be removed daily, or when it is two thirds full, whichever is the sooner. The containers must not be placed in the yellow disposal carts and must be left in the designated area for a separate collection made by the waste porters. Body tissues, solids, or fluids collected in sealed disposable containers e.g., urine bags, and clinical waste resulting from intensive radiotherapy treatment should be placed in separate yellow rigid containers, e.g. "Wiva bins."</p> <p>The yellow bags are available from the domestic contactors. The yellow rigid containers/Wiva bins complete with lids must be ordered through Logistics on Line.</p> <p>The bag and containers must be secured using the approved black bag seal. (fig. 1) This tag provides the required audit trail back to the waste originator. Please note the domestic contractors will NOT remove untagged waste. The domestic contractors control the issuing of the tags which are issued in batches to specific areas. It is important that they are <b>only used in the area to which they were issued</b>. The seal should be applied as close as possible to the level of the contents of the bag, thus reducing the trapped air to a minimum and a bag-carrying handle created above the seal (swan neck).</p>

Type of Waste	Method of Segregation and Storage
<p><b>Clinical waste for alternative treatment</b></p> <ul style="list-style-type: none"> <li>All items contaminated with any body fluids</li> <li>All items contaminated with any bodily secretions</li> <li>All items contaminated with any bodily excretions</li> <li>Protective clothing:</li> <li>Disposable gowns</li> <li>Disposable mask</li> <li>Disposable aprons</li> <li>Disposable gloves</li> <li>I.V. bags(not contaminated with pharmaceuticals).</li> </ul> <p>All disposable medical devices that have been used</p>	<p>The items listed on the left must be disposed in orange clinical waste bags</p> <p>The bag or container holding clinical waste should be removed daily, or when it is two thirds full, whichever is the sooner. The containers must not be placed in the yellow eurobin and must be left in the designated area for a separate collection made by the waste porters.</p> <p>The orange bags are available from the domestic contactors. This tag provides the required audit trail back to the waste originator. Please note the domestic contractors will NOT remove untagged waste. The domestic contractors control the issuing of the tags which are issued in batches to specific</p>

<p>to treat a patient (<i>with the exception of broken Glass</i>). <i>N.B. This should be disposed of in a sharps bin.</i></p>	<p>areas. It is important that they are only used in the area to which they were issued. The seal should be applied as close as possible to the level of the contents of the bag, thus reducing the trapped air to a minimum and a bag-carrying handle created above the seal (swan neck).</p>
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Type of Waste	Method of Segregation and Storage
<ul style="list-style-type: none"> <li>• Used hand towels - (unless from isolation rooms)</li> <li>• All packaging material from medical devices</li> <li>• Overshoes - (unless contaminated with body fluids)</li> </ul> <p>Disposable Hats - (unless contaminated with body fluids)</p>	<p>The items listed are not classed as Clinical Waste and should be disposed in a Domestic Waste Bin (clear bag)</p>

<ul style="list-style-type: none"> <li>• Waste containing cytotoxic/cytostatic materials</li> </ul>	<p>Purple bag or container should be used for clinical waste containing cytotoxic/cytostatic materials and be removed daily, or when it is two thirds full, whichever is the sooner. The containers are to be placed in the purple bins kept in the wastehold area.</p> <p>The purple bags are available from the domestic contractors. The bag and containers must be secured shut using the approved black bag seal. This tag provides the required audit trail back to the waste originator. Please note the domestic contractors will NOT remove untagged waste. The domestic contractors control the issuing of the tags which are issued in batches to specific areas. It is important that they are only used in the area to which they were issued. The seal should be applied as close as possible to the level of the contents of the bag, thus reducing the trapped air to a minimum and a bag-carrying handle created above the seal (swan neck).</p>
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## Cytotoxic Waste

### DRUGS THAT MUST BE DISPOSED OF AS CYTOTOXIC / CYTOSTATIC WASTE

All drug waste displaying toxic, carcinogenic, toxic for reproduction and mutagenic properties must be disposed of as 'cytotoxic/cytostatic' waste, either in yellow bins with purple lids or yellow bags with a purple stripe. This includes empty syringes, giving sets and other disposable equipment and nappies that may have come into contact with any of the drugs listed below.

The drugs are split into two lists:

1. Cancer chemotherapy drugs
2. Additional drugs that fall into the 'cytotoxic/cytostatic' category

#### CANCER CHEMOTHERAPY DRUGS

PRODUCT NAME	PRODUCT NAME	PRODUCT NAME	PRODUCT NAME
Aldesleukin	Cladribine	Gemcitabine	Oxaliplatin
Alemtuzumab	Cyclophosphamide	Gemtuzumab	Paclitaxel
Amsacrine	Cytarabine	Hydroxycarbamide	Pentamidine
Arsenic trioxide	Dacarbazine	Idarubicin	Pentostatin
Asparaginase	Dactinomycin	Ifosfamide	Procarbazine
Bleomycin	Daunorubicin	Imatinib mesylate	Raltitrexed
Bortezomib	Dasatinib	Irinotecan	Rituximab
Busulphan	Docetaxel	Lomustine	Temozolomide
Capecitabine	Doxorubicin	Melphalan	Thiotepa
Carboplatin	Epirubicin	Mercaptopurine	Topotecan
Carmustine	Estramustine	Methotrexate	Trastuzumab
Cetuximab	Etoposide	Mitomycin	Vidaradine
Chlorambucil	Fludarabine	Mitotane	Vinblastine
Cisplatin	Fluorouracil	Mitoxantrone	Vincristine

#### OTHER CYTOTOXIC/CYTOSTATIC DRUGS

PRODUCT NAME	PRODUCT NAME	PRODUCT NAME
Anastrozole	Finasteride	Oxytocin (including syntocinon and syntometrine)
Azathioprine	Flutamide	Podophyllin
Bcg	Ganciclovir	Progesterone containing products
Bicalutamide	Gonadotrophin, chorionic	Raloxifene
Chloramphenicol	Goserelin	Ribavarin
Ciclosporin	Interferon containing products (including peginterferon)	Sirolimus
Cidofovir	Leflunomide	Streptozocin
Coal tar containing products	Letrozole	Tacrolimus
Colchicine	Leuprorelin acetate	Tamoxifen
Danazol	Medroxyprogesterone	Testosterone
Diethylstilbestrol	Megestrol	Thalidomide
Dinoprostone	Menotropins	Toremifene
Dithranol containing products	Mifepristone	Trifluridine
Dutasteride	Mycophenolate mofetil	Triptorelin
Estradiol	Nafarelin	Valganciclovir
Exemestane	Oestrogen containing products	Zidovudine

This list is not exhaustive and may not include all very new, unlicensed or trial medicines. Please refer to a senior member of staff if you are unsure at any time which waste bin to use.