

Trust Waste Management Policy

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Document Lead:	Carol Mitchell Facilities Manager
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1. Policy Scope

Great Ormond Street Hospital for Children NHS Foundation Trust is committed to providing a sustainable 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, transport, final treatment and disposal. The Trust has a 'cradle to the grave' responsibility and must ensure that our arrangements recognise that responsibility.

This policy covers all waste that is produced or disposed of within the Trust site locations: Main hospital site, Barclay House, Weston House, Italian Building, Powis Place :with the exception of Category A Waste. *Appendix 7 – Indicative List of Category A micro-organisms*

1.1 Duty of Care

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 with the Environment Agency
- Contracts in place for waste collection and waste disposal services utilizing only permitted and licensed facilities
- Monitoring contracts and collections to meet changing trust needs and to 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 of contractor treatment and disposal sites by identified waste lead.
- Ensuring that waste is segregated correctly at the point of origin in accordance with industry best practice
- Auditing compliance and segregation of waste

The Trust recognises that efficient and sustainable 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 legal framework and operational procedures outlined within this document.

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 07-01 : Safe Management of Healthcare Waste
- To ensure compliance of waste 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 to be 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 sustainably managing the volume of waste requiring disposal
- To facilitate the legal requirement to implement the waste hierarchy, *Illustration no. 1*
- To ensure that, where practicable and cost effective, waste is segregated to facilitate reuse, recycling and to obtain financial value from resources

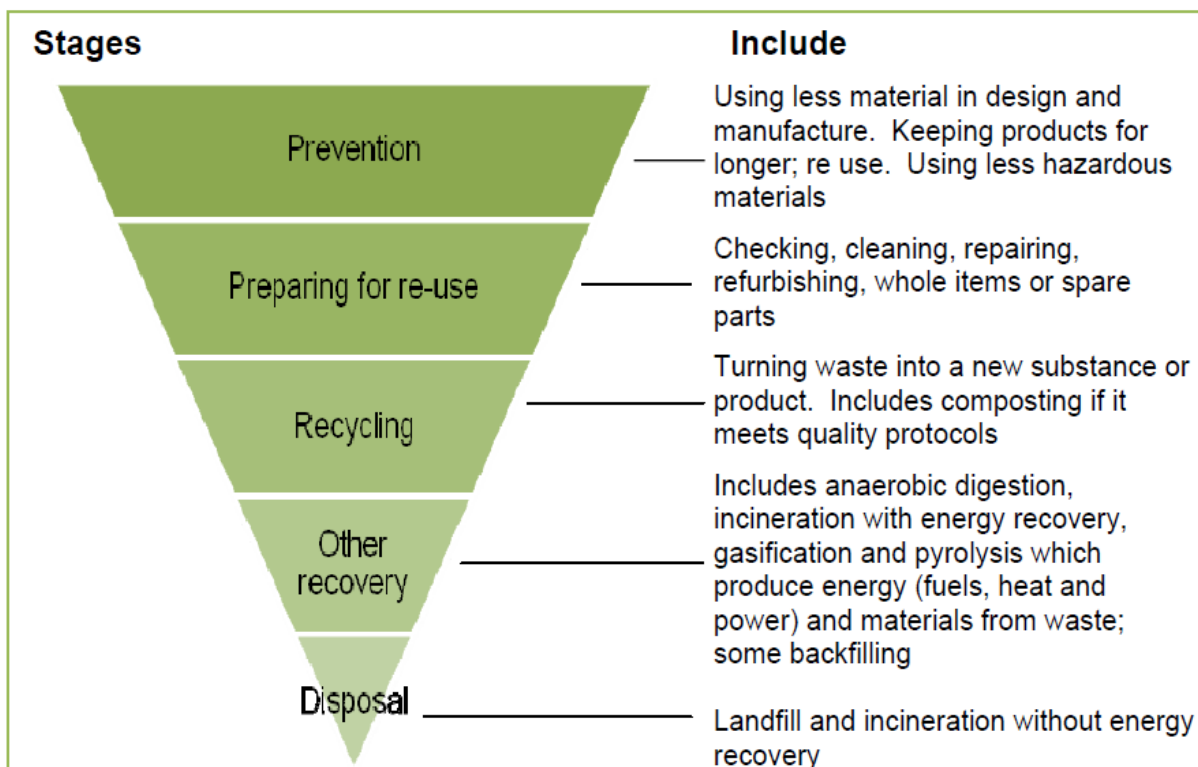


Illustration 1: waste hierarchy

2.1 Arrangements for Implementing Policy

The waste policy implementation will be through: Trust Induction, local training, Floor Managers.

3. Roles and Responsibilities

This policy requires waste producers and others involved in the management of waste to accept their responsibilities 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.

Chief Executive: In line with the Trust’s Health and Safety Policy, the Chief Executive has the overall responsibility on behalf of the Senior Management Team (SMT) 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.

It will be the responsibility of the Senior Management Team 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.

This responsibility is delegated to the Director of Estates & Facilities.

Head of Facilities:

The Head of 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 Senior Management Team on waste management as part of the Waste Management report
- Provide sufficient resources to ensure all waste is handled and disposed of safely and in accordance with the relevant legislation and this policy

Waste Management Committee:

The Waste Management Committee is responsible for:

- Assuring the trust that the waste management service is compliant and sustainable
- Setting targets for segregation of all waste at local level

- Setting targets for the reduction in the volume of waste produced and the cost of all waste disposed
- Ensuring the actions relating to waste that are incorporated within the Trust Sustainability Action plan are delivered
- Supporting training & education strategies to encourage behaviour change by Trust staff in their approach to sustainable waste management
- Ensuring that the waste contracts comply with the Health Technical Memorandum (07-01)
- Establishing a robust and timely reporting and investigation structure for waste incidents and risk management. The Waste Management Committee reports to the Health and Safety Committee and the Terms of Reference is at Appendix 1.

Waste Manager (Authorised Officer - External):

Waste Management within the Trust is provided by the Facilities Department via an outsourced company, who provide the authorising Waste Manager who is also the Dangerous Goods Safety Advisor. 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 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 waste is compliantly segregated and that new developments are continually reviewed to achieve improved segregation in line with the Trust Sustainability Strategy
- Ensure that the Waste Disposal Contractor(s) complies with all relevant legislation and administers the central returns for waste transfer and consignment notes, licences, certificates and other paperwork required by law
- Ensure that proactive arrangements exist for the monitoring & compliance of this policy. This will not absolve local department /ward management from their Duty of Care
- Report to the Facilities Manager, operational waste lead, who will receive reports on the monitoring and policing of this policy
- Provide advice and guidance as required on safe practices and procedures for handling waste materials
- Identify opportunities for improvement in order to achieve trust waste targets

The Dangerous Goods Safety Advisor will:

- 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 two years
- Investigate incidents regarding waste operations and draw up action plans
- 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)

Facilities Manager (Authorised Officer – Internal):

Will have:

- Responsibility for the operational delivery of the Contract
- Responsibility for assuring that the Infection Control Committee receive a quarterly compliance report
- Ensure that the Waste Manager is providing appropriate reporting data
- Provide data to the Trust Sustainable Development Committee regarding waste related environmental performance
- Responsible for the management and auditing of the waste service provision
- Ensure that the trust is alerted if any incident is likely to provide a risk of litigation or receive fines as a result

Floor Management Team:

Will:

- Lead on waste best practice in the localised areas of responsibility
- Audit and monitor localised areas.
- Manage waste incidents and issues that are within their capabilities
- Escalate waste incidents, issues and non-compliance that require a formal technical response to the Facilities Manager

Waste Management Operational Team:

- Operational waste issues within the Trust buildings
- Implementation of the policy and waste procedures throughout the Trust
- Conduct annual audits on waste producer practices

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

Local Departmental Management: At departmental level:

- It will be the ward sister or departmental manager's responsibility to lead, support and demonstrate local department compliance to this policy
- Department Managers and ward sisters will ensure that technical guidance and support is requested and organised to facilitate a delivery of compliant waste management within the local area
- The Waste Management Department reserves the right to levy a charge for the collection and disposal of any waste produced by a department that fall outside the standard budgeted service. An example of this may be as a result of a project where there has been a significant generation of one-off waste produced. If there is a permanent service change that results in a permanent uplift in waste then this should be forecast in the business case with suitable costs attached

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
- Staff will also act in accordance with the requirements placed upon them by the Health and Safety Policy and the Trust Infection Control Department

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 in line with their contractual responsibilities
- The individual Trust manager, member of staff responsible for the contractor(s) is responsible for ensuring that the contractor(s) is complying with this policy

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 an annual report for the Facilities Manager on dangerous activities

The contact details of the DGSA are available from the Domestic Contract Manager.

Infection Control:

The Infection Prevention and Control team will:

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

4. Waste Management Operational Structure

4.1 Structure

Within the Trust, the management of waste comes under the Estates & 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 Waste Manager.

4.2 Communication & Guidance

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

5. Waste Segregation

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

Health and Safety: reducing the risk of needle stick injuries for all staff handling and exposed to infectious waste streams; which can result in compensating payments, staff sickness, stress, etc

Legal compliance: The colour coding system is there to assist in the correct classification of wastes, to ensure wastes are treated or disposed of appropriately in compliance with environmental legislation

Financial: the reduction in the volume of wastes that are incorrectly classified as hazardous wastes, and subsequently classified and segregated correctly achieves cost savings and compliance benefits.

Trust Carbon Reduction Commitments: The Trust has formal requirements to reduce its Carbon Emissions these are detailed within the Sustainability Plan.

Health and Safety, Transport and Waste regulations require that waste is handled, transported and disposed of in a safe and effective manner in order to protect human health and the environment. Within the Trust, the correct 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. See the waste segregation guide (Appendix 2).

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

		Contact No.
1	Waste Manager (DGSA*)	1747
2	Facilities Manager	8857
3	Domestic and Waste Service Director	1747
4	Waste Supervisor	7815
5	Infection Control Lead Nurse (Infection Control issues only)	5284
6	Trust Radiation Protection Adviser	5520
7	Chief Pharmacist	8636
8	Camelia Botnar Laboratory (CBL) Quality & Risk Manager	0481

*Dangerous Goods Safety Advisor

5.1 Sustainability

The Trust is committed to ensuring that waste is handled in the most economic and sustainable 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.

6. Waste Management Contract Arrangements and Contingency

Great Ormond Street Hospital has contracts in place with nominated waste contractors to collect, transport, treat and dispose of wastes produced. These contracts are managed by the outsourced domestic services contractor.

In the event that the current contractors are unable to fulfil the services requirement, the domestic services contractor will source alternative suppliers to fulfil these services. The nominated services contractor has arrangements in place to provide a continuation of services not disrupting the day to day activities of the Trust.

6.1 Legal and Statutory Obligations

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

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

Other legislations dictating waste management practices 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, implementation of this guidance will enable the Trust to fulfil these obligations.

7. Healthcare Wastes Classification

All waste materials produced at Great Ormond Street Hospital are assessed to ensure its correct classification prior to disposal. 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.

Healthcare waste is listed in chapter 18 of the European Waste Catalogue (EWC) and relates to waste that is produced by healthcare activities; and is of a type specifically associated with such activities.

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

8. Non-Hazardous Healthcare Wastes

Method of disposal:

- General Wastes (non-clinical) - Destined for incineration at a registered Energy from Waste plant (EFW).
- Recyclable Wastes (non-clinical) – Destined for recycling at a licenced materials recycling facility (MRF).
- Offensive and hygiene wastes – Destined for incineration at a licenced Energy from Waste plant (EFW).

General wastes:

Classified as wastes that cannot be recycled, that are not contaminated with hazardous substances and do not have any special disposal requirements. This includes:

- Food waste
- Polystyrene
- Items heavily contaminated with food
- Items still containing liquids (residue of hot or cold drinks etc)
- Dead flowers

Segregation & disposal: General wastes should be disposed into bins with clear bags

Recyclable wastes:

Classified as any wastes that are not general waste, and are not contaminated with any hazardous/infectious substances. This includes:

- Paper and newspapers
- Hand towels (except when used in isolation rooms)
- Glass/china
- All plastics
- Cardboard
- Shredded confidential waste
- All glass

Segregation & disposal: the recyclables listed above can all be disposed of in green bags and can be mixed together (i.e. Mixed recycling).

Offensive / Hygiene waste:

Wastes whose collection and disposal is not subject to special requirements in order to prevent infection.

Offensive wastes are non-hazardous wastes and therefore do not possess any hazardous chemical, medicinal or infectious properties.

Offensive and hygiene wastes produced within the trust include; all wastes, that **do not** possess any hazardous properties including infection, that may be contaminated with bodily fluids. Examples include; nappies, incontinence pads, swabs, dressings, uncontaminated personal protective equipment (PPE) and wastes that have been autoclaved on site (Camelia Botnar Laboratories only).

The Trust is working towards increasing this stream after carrying out a waste assessment and by improving the waste segregation at ward level. This initiative is subject to verification via a producer's pre-acceptance audit, implementation of new policy & signage for the use of orange bags and subsequent training in order to avoid infectious waste being mixed in with the offensive/hygiene waste, which is in contravention of waste legislation. A successful implementation will enable the Trust to comply with legislative drivers, reduce its disposal costs for this waste stream and reduce the environmental impacts of waste management.

Segregation & disposal: offensive and hygiene wastes are disposed of into bins with "tiger bags" (yellow bag with a black stripe).

N.B. 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 treated as infectious clinical waste and put into orange bags.

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

9. Hazardous Healthcare Wastes

9.1 Clinical Wastes

Destined for disposal at licensed disposal facilities, this includes either an incineration plant or an alternative treatment plant (e.g. hydroclave system).

Clinical waste is defined as:

"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 description and EWC code as listed in Appendix 4.

Clinical waste can be further divided into three broad groups of materials:

- Any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property 'H9 Infectious');
- Certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, H10 to H15 classification);
- Medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.

9.2 Healthcare wastes which poses a risk of infection

Infectious wastes:

Infectious wastes that are produced from patients who are believed to be infectious or where infection has not or cannot be excluded.

Segregation & disposal: Infectious wastes must be placed into bins with orange bags and sealed with a unique cable tie.

Infectious Sharps waste:

The Trust uses yellow sharps bins as the default disposal route for all infectious sharps and sharps contaminated with non-hazardous medicines and items contaminated with non-hazardous medicines.

Segregation & disposal: ward staff should use yellow lidded sharps containers, bins for sharps which have been fully or partially discharged of medication and for used phlebotomy sharps. All used or part-used syringes, vials and ampoules should also be placed into yellow sharps bins.

The trust is currently reviewing packaging of sharps and items contaminated with medicines.

Sharps which have been contaminated with cytotoxic /cytostatic medicines/substances are hazardous wastes and require disposal into purple lidded sharps containers.

Purple lidded sharps containers must also be used for sharps that have been contaminated with both non-hazardous medicines and hazardous medicines (cytotoxic/cytostatic) that are subsequently placed into the same sharps bin.

Wards/Departments should use only the Trust preferred option of "Frontier" Sharps Containers, which must be ordered via the Materials Management System or seek advice 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.

Whilst being used the approved containers should be kept 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.

Sharps labelling procedure:

Sharps containers must be removed from wards when **three quarters full** and should be kept secured as directed on the container labels:

The label must state the following:

- Point of origin i.e. Great Ormond Street Hospital
- "Name of Ward."
- Be signed and dated upon opening and closure

One of the Trust's approved clinical waste bag unique cable ties 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 three quarters 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.

**The sharps bins used by the trust do not have the temporary closure mechanism as they have a facility that closes after each insertion*

Further guidance in relation to sharp's procedures and what to do in the case of an incident is given in the Clinical Guideline Exposure to blood borne viruses (including sharps injuries) available on GOS web.

Rigid Containers:

The rigid containers/WIVA bins used for the disposal of anatomical waste must be closed, using the non-removable lid. The container must be marked with the name of the department and the area from where the waste has been generated. An approved cable tie 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 without risk of injury. Containers must not be more than **three quarters full**. Containers that are found to be more than three quarters full will not be moved by waste portering staff.

Red Route - Large anatomical waste:

Large anatomical or identifiable anatomical waste should be placed in a yellow bag and stored in a ridged WIVA bin clearly labelled "For disposal via Red Route". When containers are three quarters full or at a minimum every quarter, this bin should be transported to the Phase 1 yard and handed over to the Mitie representative (Ext 7858 / 7815) for disposal in the Red route identified bin. This ensures appropriate and sensitive disposal.

9.3 Healthcare wastes which pose a chemical hazard:

Laboratory Waste (yellow bags)

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

Medical Devices Waste

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

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 batteries containing mercury, 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).

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)

Category A Waste

Occasionally clinical waste produced from the hospital may be contaminated with Category A pathogens (listed in Appendix 7). The disposal of Category A Waste is covered in the following: "Disposal of Laboratory Waste SOP" (Department of Microbiology). "Internal Movement and Storage Of Category A Waste" (Infection, Prevention and Control) "Category A Pathogen Waste Procedure"(Facilities Waste Management).

If there is any patient infected with suspected Category A pathogens, the Infection Prevention Control team will follow the guidance in the Ebola Advice Sheet (Internal Movement and Storage Of Category A Waste).

A secure storage area is provided for the secure isolation and storage of Category A waste prior to removal off site.

10. Non- Healthcare Wastes - Contains Some Hazardous Wastes

In addition to the above broad categories of waste, the following are managed by the Estates & Facilities Department and should be disposed of according to departmental procedures:

- Hazardous chemical wastes disposal as directed by the appointed authorised officer to licenced disposal facilities (e.g. incineration, treatment and recovery);(e.g. paint tins, hazardous chemicals, oils and greases)
- Waste Electronic and Electrical Equipment (WEEE) – Recycled at licenced facility
- Portable and lead acid batteries - Recycled at licenced facilities
- Aerosol cans and gas cylinders- Recycled at licenced facilities
- Fluorescent tubes- Recycled at licenced facilities
- Waste Filters - - Disposed of at licenced facilities
- Bulky General wastes – Destined for various licenced recycling and incineration (EFW) plants (e.g. wood, metal, bulky plastics, furniture)
- Building Waste - Waste generated through the activities of the Trust's Estates and Works and Redevelopment
- Plasterboard and unused plaster

10.1 Non- Healthcare wastes

Waste Electronic and Electrical Equipment – All ICT equipment and other equipment that has electrical components, wires and plugs. E.g. TV, PC's, toasters, fridges etc.

Regarding disposal of PC's please contact ICT in the first instance to ensure the equipment is decommissioned and hard drives are removed. The IPCT will then arrange the disposal.

Portable and lead acid 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

Segregation & disposal: These types of waste are produced by laboratories and works department. The Trust will carry out waste assessment to identify wards/department where batteries are produced to arrange for segregation, collection, storage and disposal.

Portable batteries are stored locally for collection in small battery bins commonly held at receptions or sluice rooms.

Lead acid batteries require separate storage. You must seek advice if you are producing this type of waste.

Producers of such waste should contact the Waste Manager to arrange for collection and disposal.

11. Medicines (other than cytotoxic/cytostatic medicines) and Medicinally Contaminated Waste

11.1 Pharmacy returns

Pharmaceutical products which are no longer required by clinic or department must be returned to the pharmacy.

This might include:

- Unused medicines
- Out of date medicines and patient's own medicines

Where possible ensure medicines are returned in their original packaging.

Empty containers contaminated by medicines (e.g. bottles and other medicine containers) must be disposed in a blue lidded container.

Please see the Medicines, Ordering and Storage Policy for further guidance.

11.2 Controlled Drugs (Hazardous medicines)

Controlled drugs are subject to special legislative controls, as they are potentially harmful. The Misuse of Drugs Regulations lists the medicines that are classified as controlled drugs. There are currently five schedules that dictate the level of control applied to each medicine.

If the clinic or department has unwanted controlled drugs, then it is the responsibility of the Ward Manager/Sister to contact the Ward Pharmacist who will collect the controlled drugs from the ward and make an entry in the Controlled Drug register witnessed by the Nurse in Charge.

11.3 Cytotoxic/cytostatic waste medicines (Hazardous medicines)

Cytotoxic and cytostatic medications include medicinal products that possess any one, or more, of the following hazardous properties:

- H6: Toxic substances and preparations which if they are inhaled, 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, 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, ingested or if they penetrate the skin may produce or increase the incidence of non-inheritable 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, ingested or if they penetrate the skin may induce hereditary genetic defects or increase their incidence

Segregation & disposal:

All wastes contaminated with cytotoxic/cytostatic medicines/substances that are produced outside the Medicines, Ordering and Storage Policy Drugs must not be placed into bags for disposal, but must be disposed of into purple lidded containers and sharps containers. This waste is produced on Elephant, Lion, Safari, Fox, Robin, Butterfly, Bumblebee, Caterpillar, Urodynamic Daycare, Penguin, Eagle, Rainforest wards, Theatres and the pharmacy.

Other wards and departments producing such type of waste on an adhoc basis should contact the Waste Manager to arrange for collection and disposal. More information is available at Appendix 7.

11.4 Non-hazardous medicines

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.

Segregation & disposal: 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.

Ward/Department should not send empty containers to the Pharmacy. They should be disposed in blue-lidded containers.

All used or part-used syringes, vials and ampoules should be placed in an approved yellow sharps container.

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

12. 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 the Radiology Safety Policy

A secure 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 are supervised by the Environment Agency

13. Local storage of waste

Every ward, department and building has colour coded wheelie bins stored within waste holds. Authorised and trained staff will ensure that wastes are correctly segregated into the wheelie bins.

The following bins are located within waste holds:

- Green bins – Mixed recycling
- Black bins – General waste
- Yellow bins orange lids – Orange bags as default (unless indicated by wall poster).
- Small yellow bins – Clinical waste/offensive waste (indicated by the wall poster)
- Linen cage - Linen

All wheelie bins that are required within each waste hold are accompanied by segregation posters indicating the location of the bin and the type of wastes suitable for storage within it.

Waste porters collect, transport, clean and exchange bins. The bins are washed in the main hospital goods delivery yard.

The waste hold area must be kept locked at all times.

Internal bins

Trust approved bins for use in clinical areas should be ordered via the procurement department.

Unique cable ties

The unique numbered cable ties are provided by the domestic services contractor.

Bags

All bags for all waste streams are provided by the domestic services contractor

14. Summary of Monitoring Controls

Element to be monitored	Lead	Tool	Frequency	Where reported	Reporting arrangements	Leads
Waste Holds	Floor Managers	Monthly Audit	Monthly	*Waste Committee	Facilities Noticeboards	Waste Manager (External)
Audit of waste type / Audit Actions	Contractor	Pre Acceptance Audits	Annual	Waste Committee	Waste Compliance Report	Waste Manager (External)
Contractor compliance	Waste Manager	Duty of Care audits	Annual	Waste Committee	Waste Compliance Report	Waste Manager Facilities Manager
Waste Procedures Handling of Dangerous goods	DGSA	Audit check list	Annual	Waste Committee	Waste Compliance Report	Waste Manager (External)

*Minutes of the Waste committee are sent to the Health & Safety Committee quarterly

15. 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 incur financial penalties to the Trust.

Deliberate non-compliance with this policy could result in disciplinary action.

Media release can negatively impact on the reputation of the Trust

16. Training

Waste disposal posters (Appendix 2) are displayed in all waste holds and in wards to ensure all staff know how to segregate waste streams, and that all waste is placed in the correct bins.

The Waste Manager will provide formal and bespoke training to ensure that all staff are trained in accordance with their needs covering segregation, handling, and transporting of waste, which is relevant to their working area. The department / line manager has the responsibility to ensure that the new starters are booked on this training.

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

- The operational requirements of this policy
- The procedures for dealing with spillages, accidents or adverse incidents involving waste
- The Infection Control Assurance Framework and Operational Policy.

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

- Waste control measures, and how to apply them
- What, why and how to use personal protective equipment
- 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 for cleaning and disinfection of the transportation equipment
- How to correctly handle the waste in transit

Training governance

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

- All training will be recorded on the Trust centralised database
- Contractors and Service Providers will keep records of all training to waste operatives, domestic staffs, and supervisors and provide information on request.

Training Tools

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

17. Equality Impact Assessment

This policy has been assessed for its impact on equality and has no level of impact on the protected groups below:

- Age
- Disability (including learning disability)

- Gender reassignment
- Marriage or Civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Further References

- Trust Health and Safety Policy
- Trust Infection Control Assurance Framework & Operational Policy
- Trust Standard and Isolation Precautions Policy
- Control of Substances Hazardous to Health (COSHH) legislation
- Trust Radiology Safety Policy
- Medicines Ordering and Storage Policy
- Decontamination Of Patient Associated Clinical Equipment Procedures

18. Specific Legislation

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

Appendices

Appendix 1: Waste Management Committee Terms of Reference

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.
- The committee is responsible for assuring the trust that the waste management service is compliant and sustainable.

2. Objectives

The Objectives of the Waste Management Committee are:

Operational Delivery

- 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 that are incorporated within the Trust Sustainability Action plan are delivered.
- 2.3 Ensure the development of robust relationships between stakeholders e.g. Waste, Procurement and Estates & Projects Departments
- 2.4 Identify opportunities for collaborative working within the trust partnership agreement
- 2.5 Support training & education strategies to encourage behaviour change by Trust staff in their approach to sustainable waste management

Compliance & Governance

- 2.6 Establish a robust Quality Assurance process to assure compliance with all current legislation.
- 2.7 Ensure that the waste contracts comply with the Health Technical Memorandum (0701)
- 2.8 Establish a robust and timely reporting and investigation structure for waste related incidents

Risk Management

The monthly Waste Management report will include:

- 2.9 Incidents & non-conformance reporting
- 2.10 Dangerous Goods Safety Advisor (DGSA) information
- 2.11 Audit and action reporting

Reporting

Minutes of meetings will be filed on the Meeting Papers library.

The Waste Management Committee will submit a Quarterly and Annual waste report to:

- Health & Safety Committee
- Infection Control Committee
- Sustainable Development Committee

The annual report will also be presented to the Trust Senior Management Team.

3. Membership

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

- Facilities Manager, Trust Waste Lead (Chair)
Head Of Decontamination
- MITIE Contract Manager
- Lead Nurse Infection Control
- Health and Safety Adviser
- Head of Works
- Projects Lead
- Representative of laboratories
- Floor Manager

Additional members (i.e. finance, procurement, clinical staff) may be invited to attend the Waste Management Committee as appropriate.

For a quorum, there must be a minimum of 3 present, including the waste manager/or MITIE Contract Manager

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

4. Meetings

Meetings will be held bi- monthly.

5. Monitoring

The Waste Management Committee shall review its effectiveness and terms of reference annually.

Appendix 2: Waste Segregation and Disposal Guide-lines

Mixed recycling – Green Bags

Suitable disposal route for:

- Paper, cards, newspaper, magazines
- Packaging
- Empty cans
- Empty cups
- Empty plastic containers & bottles
- Empty glass bottles

NOT suitable for:

- Infectious/hazardous waste
- Food and food contaminated items
- Liquids
- Polystyrene



General waste – Clear bags

Suitable disposal route for:

- Used hand towels
- Non-infectious gloves and aprons
- Food
- Food contaminated items
- Items still containing liquids
- Polystyrene

NOT suitable for:

- Infectious waste
- Hazardous waste



Clinical waste bags and sharps bins:

- All clinical waste bags must be sealed with a unique numbered cable tie.
- Sharps bins must be replaced once $\frac{3}{4}$ full.
- All sharps bin labels have to be completed and signed by the waste producer and a unique numbered cable tie attached.
- The bin will not be collected if the label is not completed correctly.
- Cable ties are supplied by MITIE.



Contact Information

For further assistance
contact your local floor
manager on ext. ____

Or the MITIE helpdesk on
ext. 8282

Great Ormond Street
Hospital for Children
GOSH



Appendix 2: Waste Segregation and Disposal Guide-lines Continued

Clinical Waste Segregation at GOSH

Great Ormond Street
Hospital for Children
NHS Foundation Trust



Non-hazardous medicinal waste bins

Examples of Suitable wastes:

Medicines
Medicinal waste
Empty vials
Empty medicine bottles

**No controlled drugs,
No cytotoxic /
cytostatic drugs.**

Orange Waste bags

Examples of Suitable wastes:

Infectious dressings
infectious nappies, inco-pads
infectious aprons, gloves, masks
consumables contaminated with
infectious body fluids
infectious used tissues
infectious hand towels
infectious body fluids
used sanitising wipes
infectious IV giving sets, IV bags,
syringes NOT contaminated with
medicines

**No medicines or items contaminated
with medicines No sharps.**

N.B Can be used for IV giving
sets, IV bags, syringes contaminated
with only saline or glucose

Tiger Waste Bags (offensive non-infectious waste)

Examples of suitable wastes:

Non-infectious nappies
Non-infectious inco-pads
Sanitary pads
Baby wipes
Non-infectious used tissues

Yellow Waste bags Examples of Suitable wastes:

Infectious dressings
infectious nappies, inco-pads
infectious aprons,
gloves, masks
consumables contaminated
with infectious body fluids
infectious used tissues
infectious hand towels
infectious body fluids
used sanitising wipes
infectious IV giving sets, IV
bags, syringes contaminated
with medicines

**No cytotoxic / cytostatic
drugs or items contaminated
with cytotoxic / cytostatic
drugs. No sharps**

Anatomical Waste Bins

Examples of suitable wastes:

Human body parts
Human tissue

Cytotoxic Waste bags

Examples of Suitable wastes:

Nappies / inco-pads from
patients excreting cytotoxic /
cytostatic drugs

IV giving sets, IV bags,
syringes contaminated with
cytotoxic / cytostatic drugs
NO sharps

Cytotoxic Sharps Bins

Examples of Suitable wastes:

Any sharps contaminated
with cytotoxic / cytostatic
drugs

No Controlled drugs

Yellow Sharps Bins

Examples of suitable wastes:

Any sharps including
sharps contaminated with
medicines

Broken glass ampoules

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Appendix 3: Site Waste Management Plan

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 reduce waste on future projects.

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

Came into effect 6th April 2008

LEGAL DUTY

Set out in regulations - 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

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

Appendix 4 : European Waste Catalogue (EWC) Codes

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:

EWC Codes	Description
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
	Domestic Waste
20 01 XX	Municipal wastes and separately collected fractions
20 01 01	Paper and Cardboard
20 01 02	Glass
20 01 08	Biodegradable kitchen and canteen waste

Appendix 5: 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: _____

Appendix 6: Waste Segregation and Storage Chart

Type of Waste	Method of Segregation and Storage
<p>Clinical Waste for Incineration:</p> <ul style="list-style-type: none"> Anatomical waste Products of conception Un-autoclaved waste from clinical laboratories Waste as directed by Infection Control Waste contaminated with pharmaceuticals or chemicals 	<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.</p> <p>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 contractors. 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.</p> <p>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>

Type of Waste	Method of Segregation and Storage
Clinical waste for alternative treatment <ul style="list-style-type: none"> • Protective clothing: • Disposable gowns • Disposable mask • Disposable aprons • Disposable gloves • I.V. bags (not contaminated with pharmaceuticals). <p>All disposable medical devices that have been used 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>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 contractors. 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.</p> <p>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
<ul style="list-style-type: none"> • Used hand towels - (unless from isolation rooms) • All packaging material from medical devices • Overshoes - (unless contaminated with body fluids) • Disposable Hats - (unless contaminated with body fluids) 	<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"> Waste containing cytotoxic/cytostatic materials 	<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 waste hold area.</p> <p>The purple bags are available from the domestic contractors.</p> <p>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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Appendix 7: Indicative List of Category A Micro-organisms (ADR 2013)

WASTE THAT MUST BE DISPOSED OF AS CYTOTOXIC / CYTOSTATIC WASTE

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

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

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CULTURE NAME:	CULTURE NAME:	CULTURE NAME:
<i>Bacillus anthracis</i> (cultures only)	Hepatitis B virus (cultures only)	<i>Shigella dysenteriae</i> type 1 (cultures only) a
<i>Brucella abortus</i> , <i>melitensis</i> and <i>suis</i> (cultures only)	Herpes B virus (cultures only)	Tick-borne encephalitis virus (cultures only)
<i>Burkholderia mallei</i> - <i>Pseudomonas mallei</i> – Glanders (cultures only)	Human immunodeficiency virus (cultures only)	Venezuelan equine encephalitis virus (cultures only)
<i>Burkholderia pseudomallei</i> – <i>Pseudomonas pseudomallei</i> (cultures only)	Highly pathogenic avian influenza virus (cultures only)	West Nile virus (cultures only)
<i>Chlamydia psittaci</i> - avian strains (cultures only)	Japanese Encephalitis virus (cultures only)	Yellow fever virus (cultures only)
<i>Clostridium botulinum</i> (cultures only)	<i>Mycobacterium tuberculosis</i> (cultures only) a	<i>Yersinia pestis</i> (cultures only)
<i>Coccidioides immitis</i> (cultures only)	Poliovirus (cultures only)	
<i>Coxiella burnetii</i> (cultures only)	Rabies virus (cultures only)	
Dengue virus (cultures only)	<i>Rickettsia prowazekii</i> (cultures only)	
Eastern equine encephalitis virus (cultures only)	<i>Rickettsia rickettsii</i> (cultures only)	
<i>Escherichia coli</i> , verotoxigenic (cultures only) a	Rift Valley fever virus (cultures only)	
<i>Francisella tularensis</i> (cultures only)	Russian spring-summer encephalitis virus (cultures only)	

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

Please refer to a senior member of staff if you are unsure at any time which waste bin to use.

