



## PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Waste Management Policy – Update to Version 4
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers (Director of Operations)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Terri Shaw (Senior Environment Officer)

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

A 3 yearly review of the organisations Waste Management Policy has been undertaken, deferred from October 2023 due to the HTM 07 01 Safe Management of Healthcare Waste being updated in Wales. The Committee is required to review and endorse the updates to the Waste Management Policy.

#### Cefndir / Background

Hywel Dda University Health Board's (HDUHBs) Waste Management Policy was first approved in August 2012. The approved document required to outline correct operating procedures and ensure compliance with legal requirements, Welsh Government targets and best practice guidance.

#### Asesiad / Assessment

The Environment Team updated the policy to include:

- Advise on source segregation to improve recycling within in the Health Board in line with upcoming legislation,
- Improved cross referencing to other approved policies,
- Changes to some waste disposal processes to conform with HTM07-01 amendments,
- Amendments to reflect local handling of waste,
- Minor changes to information on waste disposal from treating patients at home,
- Introduction of Absorption Hygiene Products (AHP) recycling in the Health Board
- Specific reference to executive lead responsibilities following internal audit recommendations.

A consultation period was held 23 January – 6 February 2023, including a notification of the consultation to all staff via global email. Additional amendments were made to the policy in line with the responses received. These are detailed in the Waste Management Policy Consultation Log at Appendix 1

The Waste Management Policy EqIA was reviewed on 19 January 2024 and updated to reflect minor positive changes can be found at Appendix 2

The Operational compliance group approved the Waste Management Policy on 12/4/24.

### Argymhelliad / Recommendation

The Health and Safety Committee are asked to:

- **NOTE** the content of the report.
- **APPROVE** the revised Waste Management Policy – Version 4 found at Appendix 3

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational health and safety policies, procedures, guidelines and codes of practice (policies within the scope of the Committee).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	551
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6 Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	1. Plan and deliver services to increase our contribution to low carbon 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 3. Promote the natural environment and capacity to adapt to climate change 7. Plan and deliver services to enable people to participate in social and green solutions for health.

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	not applicable
Rhestr Termiau: Glossary of Terms:	not applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Operational Compliance Group Consultation Period of 2 weeks
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Savings to annual waste budget through correct waste segregation and prevention of overtreatment
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	<u>N/A</u>
<b>Gweithlu:</b> <b>Workforce:</b>	<u>N/A</u>
<b>Risg:</b> <b>Risk:</b>	<u>Datix 551</u>
<b>Cyfreithiol:</b> <b>Legal:</b>	It ensures compliance with relevant legislation regarding the handling, storage and transportation of waste. It also addresses the Welsh Government targets, Towards Zero Waste (TZW) is the overarching waste strategy document for Wales. It complements the aims set out in the Well-being of Future Generations Act (Wales) 2015 and the Environment (Wales) Act 2016. This project focuses on resource efficiency, particular source segregation and impacting recycling targets.
<b>Enw Da:</b> <b>Reputational:</b>	Public sector leading the way, providing first-rate facilities for patients, visitors and staff
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	Considered as part of the Eql

## Detailed log of comments received following global consultation.

Reference/title of Written control document	Waste Management Policy
Consultation to and from date	25 January- 6 February 2024

Section/paragraph	Comments received	Suggested amendment	Confirmation if changes made
Page 2	<p>Include reference to <a href="#">467 - Medical Devices Policy (sharepoint.com)</a></p> <p>Include reference to 836 – All Wales Information Governance Policy <a href="https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/all-wales-information-governance-policy/">hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/all-wales-information-governance-policy/</a></p>	<p>Accepted</p> <p>Accepted</p>	<p>Complete</p> <p>Complete</p>
Page 18 Mattresses	<p>Include narrative,</p> <p>If this is an Air Mattress or Hybrid Mattress, Clinical Engineering must also be made aware as soon as possible.</p>	Accepted	Complete
Page 22 Confidential Paper. EWC 20 01 01	<p>Could add to Examples: 'Paper containing sensitive or personal information/data'.</p> <p>'Items where the confidential element has been removed e.g., using a black marker pen'.</p>	<p>Accepted</p> <p>We would advise this is amended to 'Items where the confidential element has been removed e.g., where information has been redacted'.</p>	<p>Complete</p> <p>Complete</p>

<b>Page 29 Condemned Items</b>	<p>Include narrative,</p> <p>If medical devices cannot be decontaminated in house and need to be disposed of, staff must seek advice from the Environment Team</p>	Accepted	Complete
<b>Page 31 Mattresses</b>	<p>Include narrative,</p> <p>This does not include Air mattresses or Hybrid mattresses that are managed by Clinical Engineering</p>	Accepted	Complete
<b>Page 40 Disposal Routes: as part of bullet point 2</b>	<p>'Environment Team or healthcare worker to provide advice to home patient on collection procedure.'</p>	<p>It would be beneficial to add the following: 'Limited personal information will be securely shared by the Environment Team with the clinical waste contractor to enable the waste collection to commence'.</p>	Complete

## Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

**Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.**

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### What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

### On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

<b>Date of commencement of Screening Assessment:</b>	<b>29/12/2023</b>
<b>Screening conducted by (name and email address):</b>	<b>Terri Shaw</b> <a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a>
<b>Title of programme, policy or project being screened:</b>	<b>258 - Waste Management Policy</b>

**Description of the programme/policy/project being screened (including key aims and objectives)**

The purpose of this policy is to ensure there are rigorous processes in place to allow waste to be managed safely and sustainably, in line with Welsh Government strategy and current legal and other requirements.

- It is the policy of Hywel Dda University Health Board to manage its waste arisings in accordance with current legal and other requirements and to apply, so far as is reasonably and economically practicable, the principles of the waste management hierarchy in order to continually improve the Health Board's environmental impacts.
- Risks associated with environmental, and health and safety impacts will be strictly controlled through implementation and adherence to suitable waste management and related procedures.
- The purpose of the policy is to ensure there are rigorous processes in place to allow waste to be managed safely and sustainably, in line with Welsh Government strategy and current legal and other requirements through the following objectives: -
  - Detailing correct segregation, handling, transportation and disposal practices
  - Signposting systems to manage compliance with legal and other requirements
  - Detailing correct segregation, handling,
  - Prevention of injury or ill health
  - Continual improvement

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

[190-WrittenControlDocumentationPolicy.v4.pdf](#) 'opens in new tab'

172 – Confidentiality Policy <https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/confidentiality-policy/> 'opens in new tab'

<p>093 – FP14/03 Procedure for the disposal of surplus and obsolete furniture and equipment, the sale of scrap and other waste materials  <a href="https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Financial%20procedures/093---Disposal-of-Su.aspx">https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Financial%20procedures/093---Disposal-of-Su.aspx</a> ‘opens in new tab’</p> <p>390 – Infection Prevention and Control Policy for the Cleaning and Decontamination of Equipment Prior to Inspection, Servicing, Repair of Disposal  <a href="https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/390---.aspx">https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/390---.aspx</a> ‘opens in new tab’</p> <p>187 – Exposure management including needlestick (sharps) injuries policy and procedures  <a href="https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/187---Exposure-Management-including-Needlestick-(Sharps)-Injuries-Policy-and-Procedure.aspx">https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/187---Exposure-Management-including-Needlestick-(Sharps)-Injuries-Policy-and-Procedure.aspx</a> ‘opens in new tab’</p> <p>236 – Outbreak Management Policy  <a href="https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/236---Outbreak-Management-Policy.aspx">https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Infection%20Prevention/236---Outbreak-Management-Policy.aspx</a> ‘opens in new tab’</p> <p>273 – Manual Handling Policy <a href="https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/manual-handling-policy/">https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/manual-handling-policy/</a> ‘opens in new tab’</p>
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**Assess which protected characteristics will potentially be affected by the proposal:** (please ✓ which impact)

Group	Positive Impact	Negative Impact	No Impact
<b>Age</b> Is it likely to affect older and younger people in different ways or affect one age group and not another?			✓
<b>Disability</b> Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			✓
<b>Gender Reassignment</b> Consider the potential impact on individuals who either:			



<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>			✓
<b>Marriage / Civil Partnership</b> Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			✓
<b>Pregnancy and Maternity</b> Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			✓
<b>Race / Ethnicity</b> People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✓
<b>Religion or Belief</b> The term 'religion' includes a religious or philosophical belief.			✓
<b>Sex</b> Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✓
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓

**Consider the potential impacts of the programme/policy/project on the following wider determinants:**

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p><b>Armed Forces Community</b>  Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a></p>			✓
<p><b>Socio Economic Duty</b>  Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see:  <a href="#">more-equal-wales-socio-economic-duty</a></p>			✓
<p><b>Welsh Language</b>  Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			✓

## **Summary of Potential Impacts Identified**

### **Positive Impacts**

It is anticipated that the procedure for waste collections will have a positive impact for older people and disabled people in providing a more streamlined service than previously available.

It is also the responsibility of departmental managers to ensure that all new starters and existing employees receive training (see policy - page 43 for training requirements) e.g. the identification of colour coded containers for staff members who are colour blind.

Possible consideration on request of provision of foot operated bins with a lid to have a handle on the lid to assist people whose physical impairments hinder effective use of the pedal – or potentially no touch activated bins.

### **Negative Impacts**

None identified in relation to the protected groups

<b>Has the screening identified any negative impacts?</b>		<b>No</b>
<b>If yes, a full Equality Impact Assessment will need to be undertaken.</b>		

### **If No negative impacts were identified, please give full justification here**

Following assessment of the original policy, there was little evidence to suggest the policy would impact on any equality issues.

Review 1 24/11/2016 – Version 2 of the policy included additional information on disposal routes, information on minimisation and reuse, information on disposal of waste from treating patients at home, signposts to additional downloadable content.

Review 2 – 18/10/2019 – Version 3 of the policy includes updated information on home collections in Pembrokeshire and other minimal changes, with no additional impact from changes made.

Review 3 – 31/10/23 – Version 4 of the policy includes changes to some waste disposal processes to conform with HTM07-01 amendments and local handling of waste, minor changes to information on waste disposal from treating patients at home and specific reference to executive lead responsibilities.

It is anticipated that the current updated procedure in place for waste collections will have a positive impact for older people and disabled people in providing a more streamlined service than previously available. There is no evidence at this stage to indicate that the changes would result in any adverse impact in relation to protected characteristics. Therefore, a full EqlA has not been undertaken at this stage. Should any issues of concern arise at any stage, a full EqlA will be undertaken as appropriate.

No complaints in relation to equality, diversity or human rights have been received following implementation of the original policy or subsequent reviews to date.

Screening Completed by:	Name	Terri Shaw
	Title	Senior Environment Officer
	Contact details	<a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a>
	Date	29/12/2023
Screening Authorised by: (Project / Policy Owner)	Name	Terri Shaw
	Title	Senior Environment Officer
	Contact details	<a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a>
	Date	29/12/2023
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	19/1/2024

# Waste Management Policy

## Prevention, Safe Handling, Sustainable Disposal

**Policy number:** 258

**Classification:** Corporate

**Supersedes:** previous versions

**Version number:** V4

**Date of Equality Impact Assessment:**  
19/01/2024

### Approval information

**Approved by:**

Health & Safety Committee

**Date of approval:** Enter approval date

**Date made active:** Enter date made active (completion by policy team)

**Review date:** 31/10/2026

**Summary of document:**

Health Board arrangements for the segregation, handling and disposal of waste.

**Scope:**

All staff and services employed or contacted by the Health Board

**To be read in conjunction with:**

[172 – Confidentiality Policy](#) 'opens in new tab'

[093 – FP14/03 Procedure for the disposal of surplus and obsolete furniture and equipment, the sale of scrap and other waste materials](#) 'opens in new tab'

[390 – Infection Prevention and Control Policy for the Cleaning and Decontamination of Equipment Prior to Inspection, Servicing, Repair or Disposal](#) 'opens in new tab'

[187 – Exposure management including needlestick \(sharps\) injuries policy and procedures](#) 'opens in new tab'

[236 – Outbreak Management Policy](#) 'opens in new tab'

[273 – Manual Handling Policy](#) 'opens in new tab'

**Patient information:** N/A

**Owning group:**

Operational Compliance Group

Date signed off by owning group

**Executive Director job title:** Director of Operations

**Reviews and updates:**

- |   |   |            |
|---|---|------------|
| 1 | New Policy  | 21.06.2012 |
| 2 | Additional information on disposal processes, information on minimisation and reuse, information on the disposal of waste from treating patients at home, sign posts to supporting downloadable content.<br>Full review (lead by <a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a> ) | 10.2.2017  |
| 3 | Minor changes to some waste disposal processes, information on waste disposal from treating patients at home and waste storage.<br>Full review (lead by <a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a> )  | 05.11.19   |
| 4 | Changes to some waste disposal processes to conform with HTM07-01 amendments and local handling of waste, minor changes to information on waste disposal from treating patients at home and specific reference to executive lead responsibilities   |            |

**Keywords**

Waste Management, Clinical Waste, Non-Clinical Waste, Hygiene/Offensive Waste, Compliance, Legislation

**Abbreviations**

**ADR** – Road Dangerous Goods Agreement

**AHP** – Absorbent Hygiene Product

**CTU** - Central Transport Unit

**COSHH** – Control of Substances Hazardous to Health

**DGSA** – Dangerous Goods Advisor

**EWC** – European Waste Code

**HA** – Anatomical Waste

**HG** – Gypsum waste

**HN** – Non-Medicinal Sharps for Alternative treatment

**HI** – Infectious Healthcare Waste for incineration

**HL** – Hygiene/offensive waste

**HP** – Pharmaceutical Waste

**HS** – Healthcare Sharps

**HT** – Infectious Healthcare Waste for Alternative treatment

**HY** – Cytostatic/Cytotoxic Waste

**MSDS** – Material Safety Data Sheet

**WARP IT** – Waste Action Reuse Portal

**WEEE** – Waste Electrical and Electronic Equipment

## Glossary of terms

**Alternative Treatment** – Treatment by heat, chemicals or irradiation to render clinical waste safe.

**Anatomical Waste** – any waste products containing human (or animal) tissue, blood or body parts.

**Anaerobic Digestion** – Breakdown of biodegradable waste creating fertiliser and energy from waste.

**Clinical Waste** – any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with'.

**Cytostatic/Cytotoxic Waste** - any medicinal product that possesses anyone, or more, of the following hazardous properties: toxic, carcinogenic, toxic for reproduction, or mutagenic.

**Dangerous Goods Advisor** – *A DGSA is required when the quantity of Healthcare waste classified as dangerous in transport exceeds certain thresholds in ADR*

**Energy from Waste** - Creating energy (electricity or heat) from the treatment of waste.

**Incineration** – Combustion of waste at high temperatures (between 800 – 1100°C)

**Landfill** – the disposal of waste material by burying it, especially as a method of filling in and reclaiming excavated pits.

**Recycling** – the action or process of converting waste into reusable material.

**Reuse** – use again or more than once.

**Waste Hierarchy** – The waste hierarchy is a simple ranking system used for the different waste management options according to which is the best for the environment. The most preferred option is to prevent waste, and the least preferred choice is disposal in landfill sites.

**Waste** - legally defined as 'any substance or object which the holder discards or intends or is required to discard'.

## Key points:

This document provides guidance on the segregation, safe handling and disposal of clinical and non-clinical wastes generated from healthcare activities in line with current available guidance. The key areas covered include,

- Definitions and Classifications of Healthcare Waste
- Waste segregation, minimisation, colour coding and storage
- Treatment and disposal
- Healthcare Waste legislation and compliance including licencing and permitting requirements
- Sector Guidance
- Transport and Packaging requirements
- Roles and Responsibilities

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## Introduction

This document aims to describe in a user friendly and concise manner, the policy, and correct procedures for managing all waste types produced as a result of the activities and services of Hywel Dda University Health Board.

## Policy Statement

Hywel Dda University Health Board are committed to managing wastes arising in accordance with Welsh Government strategy, current legal and other requirements and, as far as reasonably and economically practicable, the principles of the Waste Management Hierarchy to continually improve the organisations environmental impacts. Sustainable waste management means using resources efficiently, reducing the amount of waste is generated and dealing with it in a way that will help to achieve circularity and sustainable development.



**Figure 1: Waste Management Hierarchy**

## Scope

This document applies to all waste produced by the Health Board in relation to the services it provides and activity on organisational premises. All Health Board employed, and contracted staff must be made aware of this policy and act in accordance with its requirements.

## Aim

The purpose of this document is to ensure there are rigorous processes in place to allow waste to be managed safely and sustainably, in line with Welsh Government strategy and current legal and other requirements.

## Objectives

In order to achieve its aim, this document will;

- Detail safe and correct segregation, handling, transportation and disposal practices,
- Signpost systems to manage compliance with legal and other requirements,
- Specify training and auditing requirements,
- Highlight best practice action to facilitate continual improvement.

# Waste Management Procedure

## Prevention

Waste is legally defined as;

‘...any substance or object which the holder discards, or intends or is required to discard...’

The top tier of the waste hierarchy details action to be taken before an object becomes waste. Prevention is a key concept in healthcare delivery and sustainable services. In waste management this benefits the organisation by avoiding the costs and impacts of unnecessary purchasing as well as those linked to waste disposal. There are many ways we can all minimise waste generation and all staff should consider,

- Long Term Thinking – Quality over Quantity; Paying a higher price for a quality item that will last longer is often more time, resource and cost efficient. We have to consider the lifecycle of our purchases.
- Genuine need; Does your department undertake stock control? Do we need to buy new items when we already have usable but older products? We should replace when we need, rather than want to. Guidance on replacing items is given through our specialist teams which include Infection Prevention and Control, Manual Handling, Health and Safety, Clinical Engineering and Maintenance.
- Is there an alternative? Can we use reusable rather than single use products? Mains instead of battery charged?
- Can we collaborate? Do we need to purchase items that we use occasionally? Caught out by minimum purchase quantities? Use staff networks and communication tools to find out if other individuals or departments are in the same position and can share quantities or costs.

## The role of Procurement

When you need to replace an item, schedule time to talk with Procurement colleagues that are here to help and to,

- Advise on different options, alternatives available, delivery considerations etc.
- Check on the services suppliers should be providing us, such as take back schemes on items and packaging.
- Signpost items that have standardised lists on Oracle.

To help make your decision, when procuring services or products ask the following questions,

- Is the current product or service fit for purpose? What needs to change to ensure best outcomes for patients and staff?
- What can be done to eliminate waste or the single-use item? Does the potential new provision impact waste management requirements? (space for storage/or collection provisions)
- Can suppliers reduce packaging or implement circular economy principles as part of the new provision?
- Does the manufacturer/supplier note any recognised accreditations or parts of relevant schemes? Can these be verified?
- Are there provisions, services and training/awareness to upskill and retain colleagues for as long as possible within the healthcare setting?
- Are there good examples of similar products or services being procured sustainably?

## Reuse

Many items are, and should be, disposed of when they are no longer fit for purpose. However, many items are currently put out for disposal when they are no longer required but could still be of value to others both within the Health Board and beyond.

Known barriers to reuse include the time needed to look at other options and make plans, sometimes short timescales to make a change and a lack of storage space. It is imperative that action supporting reuse is taken as soon as possible once an item has been identified as surplus to requirements. [Table 3](#) provides information on when action can be taken to reuse a product. This includes as a minimum,

- Advertising on the staff bulletin board
- Email distribution lists to advertise with colleagues and departments on your own and other sites,
- Contact the Environment Team to identify potential options,
- WARP IT

Need support transporting an item? Contact the Central Transport Unit (CTU) for advice.

## Waste disposal options

**Table 1 – Options for waste disposal**

Disposal Option	Description	Example wastes
<b>Anaerobic Digestion (AD)</b>	Breakdown of biodegradable waste creating fertiliser and energy from waste	Food Biodegradable wastes

<b>Alternative Treatment</b>	Treatment by heat, chemicals or irradiation to render clinical waste safe	Orange clinical bags
<b>Composting</b>	The decomposition of biodegradable solid waste	Food Biodegradable wastes
<b>Energy From Waste</b>	Creating energy (electricity or heat) from the treatment of waste	Various
<b>Incineration</b>	Combustion of waste at high temperatures (between 800 – 1100°C)	Medicines Purple / Yellow Sharps Hazardous Waste, Gypsum waste
<b>Landfill</b>	Burial of waste in the ground. Some wastes require burial at a deeper level, or in a specially licensed landfill	General Waste Offensive Waste (deep landfill) Hazardous Waste
<b>Recycling</b>	Processing of waste to make new products	Paper, Plastics, Cardboard, Glass, Metals, WEEE, Textiles Wood, Batteries, Printer Cartridges, Absorbent Hygiene Products

## Segregation, Storage and Disposal – Clinical Healthcare Waste

[Table 2](#) has been compiled in line with 'HTM 07 01 - Safe Management of Healthcare Waste' 2022 edition. These are wastes which are segregated because they may prove hazardous to persons coming into contact with them. They must be segregated, stored, and disposed of safely.

**Table 2- Summary of the segregation, storage and disposal of Clinical Healthcare Waste**

Clinical Healthcare Waste		
<p>--- Clinical waste is defined as: “any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it” ---</p>		
Waste type	Description	Correct storage/disposal method
<p><b>Potentially infectious and known infectious waste</b></p> <p><b>EWC: 18 01 03*</b></p>	<p><u>Examples:</u></p> <p>Waste from patients treated in isolation</p> <p>Dressings wound packs, soiled bandages, swabs, wound drains, suction containers, used chest drains and central lines.</p> <p>Items contaminated with blood.</p>	<p>Discard into UN approved orange bags, which must be clearly labelled or tagged.</p> <div data-bbox="1110 1039 1222 1236" data-label="Image"> </div> <p><b>ORANGE BAG (HT)</b></p> <p>These bags must be transferred to a designated wheelie bin or storage cupboard that is appropriately colour coded and/or labelled.</p> <p><b>Disposal by Alternative Treatment.</b></p>
<p>----- Please see the <a href="#">Table 3 (Non-Clinical Healthcare Waste)</a> for information on the disposal of non-infectious offensive/hygiene waste -----</p>		

<p><b>Sharps (non-hazardous medicines)</b></p> <p><b>EWC: 18 01 03*</b></p>	<p><b>Sharps, which have been used to administer medicinal products (not Cytotoxic or Cytostatic)</b></p> <p><u>Examples:</u></p>	<p>Discard into UN approved rigid sharps boxes with yellow lids. The label must be signed when the box is assembled.</p>
---	---	--

Needles, ampoules,  
vials, medicinal IVs,  
tonsillectomy equipment

Larger metal items used in  
clinical procedures e.g.,  
replacement hip joints, should  
also be disposed of in these  
containers if clinical metal  
recycling is not available.



### **YELLOW LIDDED SHARPS BOX (HS)**

When full to the line the box  
must be locked, and the label  
completed in full. In the event  
that the box is still not full to  
the line after 3 months it is  
best practice to dispose as  
above.

These containers must be  
taken to a designated wheelie  
bin or waste storage  
cupboard that is appropriately  
colour coded and/or labelled.

**Disposal by Incineration.**

---

### **Sharps (non- medicinal)**

**EWC: 18 01 03\***

**Sharps which have not been  
contaminated with medicinal  
products**

Examples:

Phlebotomy  
Blades  
Scissors  
Cannula

Discard into UN approved  
rigid sharps boxes with  
orange lids. The label must  
be signed when the box is  
assembled.



### **ORANGE LIDDED SHARPS BOX (HN)**

When full to the line the  
box must be locked, and  
the label completed in full.  
In the event that the box is  
still not full to the line after  
3 months it is best practice  
to dispose as above.

---

These containers must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

**Disposal by Alternative Treatment.**

---

**Medicinal IVs**

**EWC: 18 01 03\* /  
18 01 09**

**IV bags and lines where the sharp securely contained ONLY**

Examples:

Any IV bag containing medicines.

**NB Empty saline and glucose bags should be disposed of in tiger stripe bags.**

Discard into UN approved yellow cardboard box. The label must be signed when assembled.



**YELLOW CARDBOARD BOX (HI)**

When full to the line, the box must be closed, and the label completed in full.

These containers must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

**Disposal by Incineration.**

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**Cytotoxic and Cytostatic Sharps (hazardous medicinal)**

**EWC: 18 01  
03\*/18 01 08\***

**Sharps, which have been used for the administration of Cytotoxic/ Cytostatic medicinal products.**

Other clinical waste which may be contaminated with Cytotoxic / Cytostatic products.

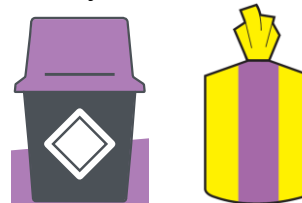
Desoflurane and Sevoflurane. See site specific disposal procedures. Strict packaging requirements apply

Examples:

See list of Cytotoxic and Cytostatic Medicines, available from Pharmacy.

Discard into UN approved rigid sharps boxes with purple lids. The label must be signed when assembled.

Contaminated soft waste can be disposed of in a yellow bag with a purple stripe, or a labelled yellow bag.



**PURPLE LID SHARPS BOX  
YELLOW & PURPLE BAG (HY)**

When full to the line the box must be locked, and the label completed in full. In the event that the box is still not full to the line after 3 months it is best practice to dispose as above.

These containers must be taken to a designated wheelie bin or waste cupboard that is appropriately colour coded and/or labelled or collected on request by portering staff.

**Disposal by Incineration.**

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**Pharmaceutical waste**

**EWC: 18 01 09  
(Non-Hazardous Medicines)**

**Medicines either in or not in their original packaging**

Examples

Expired / unused medicines.

**Note:** Expired medicines should be returned to Pharmacy for disposal.

Return to Pharmacy.

Pharmacy to discard into;

UN approved rigid container with a blue lid (Non-Hazardous Medicines) or

Preferably a blue cardboard box with blue liner (Non-Hazardous Medicines)

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### Isoflurane

See site specific disposal procedures. Strict packaging requirements apply.



### BLUE LIDDED SHARPS / CARDBOARD BOX (HP)

When full to the line, the box must be locked and the label completed in full. In the event that the box is still not full to the line after 3 months it is best practice to dispose as above.

These containers must be taken to a designated wheelie bin or waste cupboard that is appropriately colour coded and/or labelled or collected on request by portering staff.

**Disposal by Incineration.**

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### Anatomical waste

**EWC: 18 01 02 & 18 01 03\***

### Recognisable body parts

Examples: Limbs, bones including small fragments/grafts, placenta, bloods bags, blood preserves

Small fragments of tissue (larger than an inch in diameter as a guide) should also be disposed of as anatomical waste.

Discard into UN approved rigid containers with red lids. Yellow lids must be used in the absence of red lids. The label must be signed when the box is assembled.



### RED LIDDED CONTAINERS (HA)

These containers must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

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OR

Collected on request by portering staff and disposed of in line with local operational procedures

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**Disposal by Incineration.**

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**Notes relating to disposal of anatomical waste**

1. *Removal, storage and disposal of human organs and tissues must be carried out in accordance with the Human Tissue Authority 'Code of Practice 5 – Disposal of human tissue', approved by parliament in July 2009 and brought into force via Directions 002/2009.*
2. *The section above relating to anatomical waste does **not** include the disposal of foetal remains, which should be carried out in accordance with the following guidance:*
  - *“Sensitive disposal of all foetal remains, guidance for nurses and midwives.” (Published by the Royal College of Nursing, 2015)*
  - *Human Tissue Authority 'Code of Practice 5 – Disposal of human tissue'*
  - *Please follow site specific procedures*

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**Infectious or hazardous waste which requires disposal by incineration**

**EWC: 18 01 03\***

Medicinally or chemically contaminated waste

Clinical waste which is known or suspected to be contaminated with Category A pathogens if unable to be treated on site

Examples:

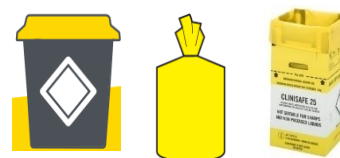
Items infected with CJD

Reagent containers, chemically contaminated samples and diagnostic kits containing chemical residues

Chemically contaminated spill kits.

Anatomical waste preserved with chemicals

Discard into UN approved yellow bag / box as required. The label must be signed when the box is assembled.



**YELLOW LID BOX/BAG (HS/HL)**

These containers must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

OR

Collected on request by portering staff in line with local operational procedures

In the event that this waste cannot be pre-treated e.g., autoclave breakdown, local departmental contingency procedures apply.

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## Disposal by Incineration.

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**Gypsum Waste** Non-infectious gypsum waste

**EWC: 18 01 04**

Examples:  
Plaster cast



Gypsum Box (HG)

## Disposal by Incineration

**EWC: 18 01 03\*** Infectious gypsum

Examples:  
Dental Moulds



Yellow Sealed unit

## Disposal by Incineration

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**Mattresses**

**EWC: 18 01 03\***

**Damaged mattresses from clinical applications which are considered infectious waste**

NB: Page 31 provides details on how to dispose of non-clinical / decontaminated mattresses

Examples

Damaged & heavily soiled mattresses

Mattresses that are damaged / heavily soiled and cannot be decontaminated must be disposed of as clinical waste.





**Department Responsibility**

The Environment Team must be made aware as soon as possible. A designated orange bag will be provided by hotel services for the mattress to be bagged securely on the ward.

Mattresses are collected on request by portering staff in line with local operational procedures.

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## Disposal by Alternative

		Treatment.
<b>Dental Waste</b>  <b>Amalgam waste</b> <b>EWC: 18 01 10*</b>	Includes used and surplus or unused “waste” amalgam and associated dental waste.	Discard into designated container.   <b>AMALGAM CONTAINER</b>
<b>X Ray Fixer</b> <b>EWC: 09 01 04*</b>	Waste photographic fixer	 <b>WASTE FIXER</b>
<b>X Ray Developer</b> <b>EWC: 09 01 01*</b>	Waste photographic developer	 <b>WASTE DEVELOPER</b>
<b>Lead Foils</b> <b>EWC: 15 01 04</b>	Lead foils from x ray film packaging	 <b>LEAD FOIL BIN</b>
Dental service to contact the Environment Team to arrange a container exchange.		
<b>Medical devices and implanted devices</b>  <b>EWC: Contact Environment Team for guidance</b>	<b>Electronic devices removed from a patient</b>  <u>Examples</u>  Pacemakers	Department arrange via approved specialist collection.  OR  Items should be disinfected and returned to Mortuary for disposal. Contact IP&C for advice on disinfection.



**Sent for Incineration**

## Radioactive waste

Any radioactive waste. Please contact the Environment Team for advice.


**EWC: Contact Environment Team for guidance**

## Segregation, Storage and Disposal – Non-Clinical Healthcare Waste

Waste is a resource. This applies to most waste types listed in Table 3. Utilising waste as a resource will bring positive impacts to our health, surroundings and communities, while promoting circular economy principals.

Tiger Stripe and black bags have their place, to dispose of waste which does not have the infectious properties of clinical waste and cannot be recycled. When options become available, these may also become a resource by generating energy from waste.

**Table 3 - Summary of the segregation, storage and disposal of Non-Clinical Healthcare Waste**

Non-Clinical Healthcare Waste		
Waste type	Description	Correct storage/disposal method
<b>Hygiene / Offensive waste</b>  <b>EWC: 18 01 04</b>	<b>Non-infectious healthcare waste</b>  <u>Examples</u>  Empty IV bags containing saline and glucose (sharp concealed in the bag), Lightly soiled gauze, cotton wool including from phlebotomy and cannulation, disposable	Discard into a yellow bag with black stripes (tiger stripe bag).    <b>BLACK / YELLOW STRIPE BAG (HL)</b>  Bags must be transferred to a designated wheelie bin or storage

masks and gloves

cupboard that is appropriately colour coded and/or labelled.

**Note:** No free-flowing liquid. Non-infectious bodily fluids must be disposed of via the sluice.

**Disposal in deep landfill or Efw**

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**Absorbent Hygiene Products (AHP)**

**EWC: 18 01 04**

**Non-infectious healthcare waste**

**Examples**

papier mâché bed pans and other such products  
babies and adult nappies  
sanitary towels  
wipes  
paper towels  
gowns  
plastic aprons  
plastic nappy sacks  
Stoma / catheter bags, faecal contaminated items  
absorbent disposable bed sheets

**NB Ensure all bags contain AHP waste. Contractor will not accept bags containing wipes, gowns, paper towels only.**

Discard into purple bags to contribute towards the Health Board's recycling rates.



**PURPLE BAG**

Bags must be transferred to a designated wheelie bin or storage cupboard that is appropriately colour coded and/or labelled.

**Sent for Recycling**

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**Domestic waste**

**EWC: 20 03 01**

**Any non-hazardous general waste, where recycling facilities are not available**

Examples

**Non-recyclable items**  
e.g., some types of plastic packaging,

Discard into black bags.


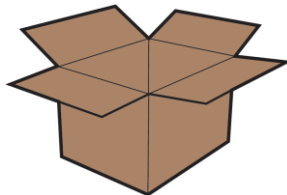


**BLACK BAG**

Bags must be transferred to a

	<p>uncontaminated wipes and cloths, some nutritional product packaging, crockery.</p>	<p>designated wheelie bin or waste cupboard that is appropriately colour coded and/or labelled.</p> <p><b>Disposal in landfill.</b></p>
<p><b>Confidential Paper</b></p> <p><b>EWC 20 01 01</b></p>	<p><b>Any paper containing information deemed confidential by the Health Board.</b></p> <p><u>Examples</u></p> <p>Please see Appendix D of approved policy 172 - Confidentiality Policy.</p> <p>Items where the confidential element has been removed e.g., using a black permanent marker</p>	<p>Where facilities are available, confidential paper should be shredded to a minimum DIN Level 3 standard and disposed of in a clear paper recycling bags.</p> <div data-bbox="1031 598 1161 775" data-label="Image"> </div> <p><b>SHRED PAPER WHEN POSSIBLE</b></p> <p>All other confidential paper must be disposed of in a designated confidential waste bag.</p> <div data-bbox="1034 999 1168 1229" data-label="Image"> </div> <p><b>CONFIDENTIAL WASTE BAG</b></p> <p>Confidential paper that cannot be shredded as above must not be disposed of in any other bag.</p> <p>When full to the line, the confidential waste bag must be secured and a collection request made to portering staff in line with local operational procedures.</p> <p>Please contact the Environment Team in advance if you intend to undertake a clear out of records, to allow a suitable supply of bags to be available and appropriate collection to occur.</p> <p>Confidential bags must always be collected on request, and never left with other waste awaiting</p>



		collection.
		<b>Sent for secure destruction and then recycling.</b>
<b>Non Confidential Paper</b>  <b>EWC 20 01 01</b>	<b>Any paper waste not classified as confidential</b>  <b>Soft cardboard packaging</b>  <u>Examples</u>  Newspapers Unusable envelopes Medicine / glove boxes Junk Mail Catalogues Instruction booklets Food Menus Publicly available information	Discard into clear bags, in blue lidded bins labelled for the collection of paper (non-confidential).   <b>CLEAR BAG</b>  Bags must be transferred to a designated wheelie bin or waste cupboard, which is appropriately colour coded and/or labelled.  <b>Sent for recycling.</b>
<b>Cardboard</b>  <b>EWC: 20 01 01</b>	<b>All cardboard packaging</b>  <u>Examples</u>  Corrugated cardboard Paper boxes	<b>Flat packed</b> and placed next to a domestic waste bin for collection or put directly in a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.    <b>Sent for recycling.</b>
<b>Metals - Tins and cans</b>  <b>EWC 15 01 04</b>	<b>Tins and cans, empty and free from residues. Small miscellaneous metal items</b>  <u>Examples:</u>	Discard into clear bags in brown/grey lidded bins labelled for the collection of tins and cans.

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Drinks Cans, food tins.  
Other small items  
which are 100% metal  
such as paper clips



### **CLEAR BAG**

Bags must be transferred to a designated wheelie bin or waste cupboard that is appropriately colour coded and/or labelled.

In the absence of separate bins for tins and plastics they can go into the same waste stream.

### **Sent for recycling**

---

## **Plastics (bottles and containers)**

**EWC**  
**15 01 02**  
**19 12 04**

**Plastic bottles and containers, rinsed and free from residues**

### Examples:

Milk bottles, drinks bottles, salad trays, margarine container, microwavable meal trays, packaging films, orange juice pots

Containers with the following markings on the base



Squash plastics where possible and discard into clear bags in red-lidded bins labelled for the collection of plastics.



### **CLEAR BAG**

Bags must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

In the absence of separate bins for tins and plastics they can go into the same waste stream.

### **Sent for recycling.**

---

**Recycling in clinical areas such as at ward level or theatres.**

**EWC**

**15 01 02**

**19 12 04**

**20 01 01**

**15 01 04**

Clean plastics, tins, paper/card should be collected separately.

**Examples**

Plastic packaging  
Plastic bottles  
Paper/Cardboard packaging  
Newspapers  
Magazines  
Drinks cans

Discard into clear bags and place into a white hands-free clinical waste bin labelled with the material being recycled.



Flipable magnetic labels are available on Oracle.

Contact the Environment Team for more information.

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**Glass bottles and jars**

**EWC 20 01 02**

**Empty glass jars and bottles free from residues.**

Examples:

Coffee jars, milk bottles

Where facilities are available, discard directly into grey bin, or a container, labelled for the collection of glass.



**GREY CADDY**

Bin contents must be transferred to a designated wheelie bin or waste storage cupboard that is appropriately colour coded and/or labelled.

**Sent for recycling.**

---

**Food Waste**

**EWC 20 01 08**

Waste from the preparation of meals and drinks, surplus food.

Examples:

Where available, dispose of food waste in designated containers.

Catering and  
restaurant waste  
Waste patient meals  
Tea bags and coffee  
grounds  
Fruit remains and  
peelings



**FOOD CADDY**

### **CLEAR BAG**

Dispose of in line with local  
operating procedures.

Bags must be emptied into a  
designated wheelie bin that is  
appropriately colour coded and/or  
labelled.

### **Sent for Anaerobic digestion**

## **Ink Cartridges**

### **EWC**

**08 03 17\*** or  
**08 03 18**

**20 01 27\*** or  
**20 01 28**

Cartridges from printers,  
photocopies, fax  
machines and  
multifunctional devices

### Examples

All ink cartridges  
Toners

Take to site based central  
collection points.

Remove all packaging before  
placing into collection point.  
Cardboard and packaging must  
be disposed of locally.

Any empty cardboard box can be  
used to place the cartridges in.  
Please follow local procedures for  
disposal process

Contact the Environment Team  
for further guidance.

**This waste is sent for reuse  
(Warp It) where possible, or  
recycling.**

## **Batteries**

### **EWC**

**16 06 04**  
**20 01 34**

**16 06 01\***  
**16 06 03\***

### **Used / replaced batteries**

### Examples

Alkaline; AAA - D

Alkaline and lithium battery  
terminals should be covered with  
tape and placed in separate  
designated battery bobs.

For larger batteries such as lead

16 06 02\*  
20 01 33\*



Lead acid, Pb



Lithium, Li



Nickel metal hydrides,  
NiMH

Nickel cadmium Ni Cd



**Note: remove wires**



Battery bob



Vapes

acid or Ni Cd contact porters to collect in line with local operating procedures. These should not be mixed with alkaline batteries.

Battery bobs are emptied by Hotel Services. Should you require additional collections contact Hotel Services. Replacement containers are available on Oracle.

Vapes also contain batteries and should be disposed of in line with local procedures.

**Sent for recycling.**

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## Waste IT equipment

(Waste Electrical and Electronic Equipment, WEEE)

EWC: 20 01 35\* or 20 01 36



Any IT related equipment, including all items capable of storing data.

### Examples

Monitors, base units, printers.

Floppy Disks, hard drives, DVDs, CD, pen drives, audio and video tapes, fax machines (including carbon paper) etc

Log a call with the IT Service Desk.

This waste must be kept secure at all times pending collection.

IT will arrange for this waste to be removed, securely stored and disposed of.

Sent for recycling.

---

## Waste electrical and electronic equipment (WEEE), Other than IT waste

EWC: 20 01 35\* or 20 01 36



Any waste electronic or electrical items

### Examples

Medical Electronic Equipment  
Washing Machines  
Fans, Radios, TVs

Hazardous;  
Fridges, Freezers  
Microwaves  
Monitors

Disposal of items must be considered when ordering replacements and action taken before new equipment arrives.

Many companies have 'take back schemes' for WEEE, please confirm prior to placing an order. The cost is already factored in the purchase price and the Health Board pay twice for disposal when items are not returned. This is particularly important for items including fridges, microwaves and TVs.

Policy 093 - Disposal of surplus equipment;

- Item value up to £1000

Refer to Procurement to be advertised for sale

- Items of minimal value

*Manager Responsibility*

Equipment that is in a

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usable condition should be advertised via the Staff Bulletin Board or Warp it for reuse.

Utilise take back scheme and dispose of with contractor when new item is delivered.

If Health Board disposal is required, arrange a collection with portering staff in line with local operating procedure.  
**Sufficient notice must be provided**, particularly when multiple items require disposal

#### **Policy 390 – Cleaning and Decontamination of Equipment**

Where applicable, items will only be collected when the 'Declaration of contamination status certificate' is complete.

#### **Condemned Items**

A condemned form must be completed in full prior to a request for collection to portering staff in line with local operational procedures. Items will only be collected when the form is **completed in full**.

All medical electronic equipment for disposal must be returned to Clinical Engineering.

WEEE is sent for recycling via specialist waste contractor.

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### **Furniture and equipment**

**Any items of furniture that are surplus to requirement or no**

Disposal of items must be considered when ordering replacements and action taken

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**(that is not  
electrical or  
electronic)**

**EWC 20 03 07**

**longer suitable for  
use**

Examples:

Desks  
Chairs  
Cabinets  
Bed side tables  
Stationary

before new equipment arrives.

**Policy 093 - Disposal of  
surplus equipment;**

- Item value up to £1000

Refer to Procurement to be  
advertised for sale

- Items of minimal value

***Manager Responsibility***

Equipment that is in a usable  
condition should be advertised  
via the Staff Bulletin Board or  
Warp it for reuse. Sign up here  
- [Warp It home page for Hywel  
Dda University Health Board  
\(getwarpit.com\)](http://getwarpit.com)

Items valued at less than £20  
can be purchased with  
manager approval and  
completion of an official  
receipt relating to the item  
(from General Office).

For disposal if required,  
arrange a collection with  
portering staff in line with local  
operating procedures.  
*Sufficient notice must be  
provided*, particularly if many  
items require disposal

**Policy 390 – Cleaning and  
Decontamination of Equipment**

Where applicable, items will only  
be collected when the 'Declaration  
of contamination status certificate'  
has been completed.

**Condemned Items**

A condemned form must be  
completed in full prior to a request  
for collection to portering staff in

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		<p>line with local operational procedures. Items will only be collected when the form is <u>completed in full</u>.</p> <p>If internal or external reuse is not viable, dispose of via recycling or landfill depending on material and condition.</p>
<p><b>Mattresses</b></p> <p><b>EWC 20 03 07</b></p>	<p><b>Nonclinical / decontaminated mattresses</b></p> <p><u>Example:</u></p> <p>Mattresses from residential properties</p> <p>Undamaged, decontaminated mattresses from clinical environments</p>	<p>Considerations for disposal:</p> <ul style="list-style-type: none"> <li>- Warp It – options for local charities and overseas for reuse.</li> </ul> <p>Any designated as offensive/general waste arrange a collection with portering staff in line with local operating procedures. <u>Sufficient notice must be provided</u>, particularly if many items require disposal.</p> <p><b>Disposal in landfill.</b></p>
<p><b>Chemicals and Hazardous Materials</b></p> <p><b>EWC: Various, refer to Environment Team</b></p>	<p>Various types of chemical and hazardous wastes</p> <p><u>Examples</u></p> <p>Materials which are -</p> <p>Flammable Corrosive Hazardous to the environment Health hazard Acute toxicity</p> <p>From - Laboratories Pharmacy Boiler treatment Cleaning and decontamination</p>	<p>Must be stored in accordance with COSHH requirements</p> <p>An approved waste contactor should be contacted to arrange a collection. The Environment Team can be contacted for advice where departments have their own disposal arrangements.</p> <p>For ad hoc requirements, contact the Environment Team for a collection providing the following information per item;</p> <ul style="list-style-type: none"> <li>• MSDS / Data Sheet</li> <li>• Container Size</li> <li>• Volume remaining in the container</li> </ul> <p>Sent for recycling where possible or disposal in specialist landfill or by incineration depending on the nature of the waste.</p>

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## Mercury

**EWC 16 01 08\***

### Any items containing mercury

#### Examples

Sphygmomanometers  
Thermometers

Log a call with the local maintenance help desk.

Maintenance will arrange for this waste to be removed, and securely stored until it can be disposed of by a specialist contractor.

This waste must be kept secure at all times, pending collection by maintenance.

**Sent for recycling.**

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## Oil

**EWC: Various, refer to Environment Team**

Various types of waste oil, both hazardous and non-hazardous).

#### Examples

Cooking Oil  
Engine Oil

All waste oils should be stored in suitable leak proof containers.

These containers must then be stored within an appropriate secondary containment e.g. a drip tray / bund able to retain 110% of the total quantity stored

An approved waste contractor should be contacted to arrange a collection.

Contact the Environment Team for further guidance.

**Sent for recycling.**

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## Asbestos

**EWC: 17 06 05 (Bonded).  
17 06 01 (Fibrous)**

### Any waste material likely to contain or be contaminated with asbestos

All Asbestos waste should be managed in line with approved Asbestos Management Plan and related policy and procedures.

Contact the Operations Compliance Team for guidance.

If any material suspected of containing asbestos is found DO NOT DISTURB, MOVE OR TOUCH. Please contact the relevant Estates Department Helpdesk immediately and request urgent assistance.

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Bronglais GH 01970 635770  
Glangwili GH 01267 227942  
Prince Philip GH 01554 783689  
Withybush GH 01437 773463

This waste is sent to a specialist landfill for disposal.

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## **Segregation, Storage and Disposal – Additional Notes:**

[Table 2](#) and [table 3](#) must be considered alongside the following.

- For information on the disposal of wastes not included in the above tables, contact the Environment Team for advice.
- Departmental arrangements must be in place to ensure that wastes are correctly stored, and collections arranged in line with the requirements of this policy, allowing appropriate timescales for collections to be arranged and undertaken.
- Items designated 'Single Use' must be disposed of immediately after use.
- Do not 'over treat' waste e.g., in an office use the paper recycling rather than black bag; in a sluice paper towel should be in a black and not orange / tiger stripe bag.

## **Packaging of Waste Materials**

Packaging should occur in line with the colour coding and containers (bags / boxes) detailed in this procedure. Please specifically note the following points.

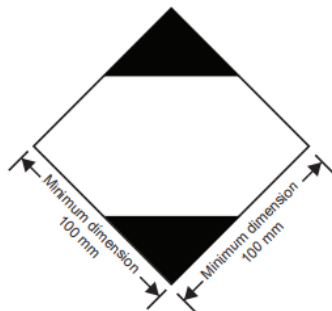
- All clinical waste containers and wheelie bins must be UN approved, to contain waste without puncture or spillage during handling and transport.
- All clinical waste containers shall be exchanged and sealed when filled to the specified level. It is best practice for Sharps boxes open for more than 3 months after assembly to be closed.
- All clinical waste containers shall be labelled (tagged or in writing) with details of ward/department of origin. Labels must be completed in full prior to disposal in local waste storage cupboard pending collection.

**Note:** Clinical waste bags from health centres and clinics must be suitably labelled.

- All waste containers shall be adequately stored so as to prevent pollution and the risk of injury.
- The Health Board has an appointed Dangerous Goods Advisor (DGSA) who can advise on requirements and compliance with the ADR regulations for the transport of dangerous goods. The Environment Team should be contacted if the advice of the appointed DGSA is required.

- ADR specifies that some dangerous goods in small quantities do not need to be packaged in UN approved packaging. This is referred to as limited quantity exemptions. In these instances, such as in the transport of non-hazardous medicines the mark illustrated in figure 2 below should be applied to the packaging.

Figure 2 - Limited quantities markings



## Collection, storage and disposal requirement

### Local waste disposal points

- Waste shall only be stored at designated waste disposal points within the ward/department. Waste containers must never be left awaiting collection in corridors or other public areas.
- All waste disposal points shall be clearly marked with the type of waste and the associated colour coding, to ensure that waste is clearly segregated and prevent mixing.
- Areas must be secure and not accessible by unauthorised personnel.
- All waste disposal points shall be provided with the appropriate storage containers and/or fixtures.
- Storage containers and/or fixtures must not be used if broken. Action must be taken to ensure such items are removed and replacements introduced.
- Must be kept clean and cleared of waste on a regular basis.

### Removal from local waste disposal points

This will be undertaken by Facilities - Soft FM in line with local operating procedures.

### Removal from site

Waste must only be removed from site by a suitably registered waste carrier for onward treatment or disposal at suitably permitted waste sites.

Health board wide collections, such as those for clinical, black bag and recycling wastes, will be managed by the Environment Team who will undertake the necessary compliance checks and management arrangements.

When departments are disposing of waste specific to their own function (e.g., some chemicals, IT equipment), each departmental manager must ensure that all waste contractors removing waste from site on their behalf are authorised to do so.

All sites that produce more than 500kg of hazardous waste in a 12 month period are required to register with Natural Resources Wales on an annual basis. The Environment Team holds a central record of all site registrations and updates them as required. They will be able to provide the Premise code for a specific site, which is required before the waste contractor will collect the hazardous waste.

Each waste collection must be recorded when the collection occurs, on a waste transfer note (for non-hazardous waste) or a waste consignment note (for hazardous waste). These notes are a legal record of the waste transfer.

All transfer and consignment notes are now provided in electronic format. It is the responsibility of the staff member in attendance of collection to discharge their duty of care to ensure all details are correct prior to signing i.e., waste type, quantity, site details, correct tagging.

Transfer Notes must be retained for a minimum of 2 years and Consignment Notes a minimum of 3 years. These must be retained in a designated file and made available for review on request.

If any doubts arise as to the correct method for conducting such checks, or about the legitimacy of a particular waste contractor, the advice of the Environment Team should be sought immediately.

### **Waste produced by contractors employed by Hywel Dda University Health Board**

All contractors working on behalf of HDUHB will be required to manage their waste in line with applicable legal and other requirements and in accordance with this Waste Management Policy and their own policies and procedures

It is the responsibility of each person hiring a contractor to ensure that suitable processes are place for the effective management of waste in relation to the work being undertaken. These requirements shall be communicated to contractors via the "Environmental Rules" in the Health Board's Control of Contractors procedure. This is available through the Compliance Team.

### **Waste returned to Health Board premises by the Ambulance Service**

Ambulance staff must dispose of waste in line with this policy. In particular, waste must be.

- Identifiable as Ambulance Service waste
- Placed in designated bins
- Acute Hospitals – disposed of within the clinical wheelie bin located in the A&E Department.
- Community Hospitals – the porter or Facilities - Soft FM representative must be notified and will advise on the correct means of disposal.

## Disposal of clinical waste from households

This section of the policy covers waste produced by self-managing patients through the treatment of patients at home. Services could be provided by (not an exhaustive list);

- District Nurses
- Specialist Nurses
- Midwives
- Acute Response Team
- Health Visitors
- School Nurses
- Occupational Therapy
- Physiotherapy
- Podiatry

## Assessment of Waste

Healthcare workers are responsible for assessing the waste produced (on a patient specific basis), ensuring that the waste is correctly classified / identified and disposed of via an appropriate route.

The infectious properties of waste is a main factor in determining whether waste should be classed as clinical or offensive/hygiene waste for disposal. The following must be considered when risk assessing the infectious nature of waste.

- Healthcare waste definitions and classifications.
- Clinical signs and symptoms
- Professional assessment
- Prior knowledge of the patient.

## Disposal Procedure

Once waste has been appropriately classified, one of the following disposal procedures must be adopted.

Waste type	Description	Correct disposal method
<b>Hygiene Waste</b>  <b>Non-infectious healthcare waste</b>  <b>EWC: 18 01 04</b>	Domestic waste collected by Local Authorities traditionally contains a small quantity of hygiene waste. When similar waste in small quantities (<7kg per collection) is produced by a healthcare worker during treatment, which is deemed <b>non-infectious</b> , this can be disposed of within the domestic waste stream, provided it is appropriately bagged and sealed. Local authorities provide a separate Absorbent Hygiene Product (AHP) service for collection of large quantities of hygiene waste. This has replaced the Tiger bag collection historically provided by Local Authorities. This change has been to improve recycling. As such any healthcare	

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waste that is **non-infectious** and cannot go into the AHP waste stream should be requested for collection as tiger stripe waste via the Health Board's home collection service. e.g., Empty IV bags containing saline and glucose.

### **Local Authority AHP collections**

The AHP service is provided by councils in the 3 counties within Hywel Dda University Health Board including Ceredigion, Pembrokeshire and Carmarthenshire. Councils in the relevant area should be contacted to set up AHP collections.



#### **PURPLE BAG**

Items include;

- Disposable nappies
  - All types and size
  - Training pants and pull ups
  - Swim pants
- Nappy changing waste such as wet wipes, nappy sacks and cotton wool
- Incontinence products
  - All types and size of pads, pants and pouches
  - Empty catheters, stoma / colostomy bags and tubing
  - Disposable chair pads and disposable bed pads, liners and pans



#### **BLACK BAG**

Items include,

- Clean dressings
- Lightly blood soiled items

- 
- Cotton wool including from phlebotomy and cannulation,
  - Gloves & aprons
  - Wipes
  - Sanitary waste (sanitary towels or tampons)
  - Plasters, medical swabs and dressings
  - Soiled blankets and clothing

Note: Free flowing liquids cannot be disposed of in landfill; non-infectious bodily fluids must be disposed of via the foul sewer.

Waste should be packaged e.g., in a carrier bag (bags should not be orange or yellow in colour) and placed in a black bag for collection by the local authority.

### **EXCEPTIONS**

#### **Dispose of as Clinical waste in an orange bag**

- Stoma / Catheter / Colostomy bags – If a healthcare worker is involved in treatment and the bags are used in bulk, or if the site becomes infected / develop a gastrointestinal infection

#### **Dispose of as Tiger Stripe Waste**

- Empty IV bags containing saline and glucose (sharp concealed in the bag)
- Quantity – when dressings are changed regularly and produced in a large volume.
- When the waste is recognisable hygiene healthcare waste, and not normally found in a black bag.

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### **Clinical Waste**

**Potentially  
infectious and known  
infectious waste**

**EWC: 18 01 03\***

These wastes are classed as clinical and must be disposed of appropriately

- Infectious dressings and bandages
- Suction canisters
- Wound drains
- Blood transfusion waste
- Heavily blood soaked items

Discard into UN approved orange bags, which must be clearly labelled (signed and dated).



**ORANGE BAG**



- 
- Dialysis waste
- 

## Sharps Waste

EWC: **18 01 03\*** / **18 01 09**

Medicinally and non-medicinally contaminated sharps and metal single use items

- Insulin and diabetics sharps
- Needles, ampoules, vials, medical IVs
- Clexane and Innohep injections

Discard into UN approved rigid sharps boxes with yellow lids, which must be clearly labelled.



**YELLOW LIDDED SHARPS BOX (HI)**

## Cytotoxic and Cytostatic Waste

EWC: **18 01 03\*/18 01 08\***

Sharps, which have been used for the administration of Cytotoxic/ Cytostatic medicinal products.

Other clinical waste which may be contaminated with Cytotoxic / Cytostatic products.

Discard into UN approved rigid sharps boxes with purple lids, which must be clearly labelled.



**PURPLE LIDDED SHARPS BOX (HY)**

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## **Anatomical waste**

**EWC: 18 01 03\***

**Recognisable body parts e.g., placenta from a home birth**

**Discard into UN approved rigid containers with red lids, which must be clearly labelled.**



### **RED LIDDED CONTAINERS (HA)**

**Containers must be returned to maternity at an acute hospital.**

**Disposal is in line with the Waste Management Policy and local operating procedures.**

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## **Waste Medicines**

**EWC: 18 01 09**

**EWC: 18 01 08\* & 18 01 03\***

**Non-Hazardous Medicines, Cytotoxic and Cytostatic Medicines that have expired or are no longer required.**

**Patients to return to a Community Pharmacy.**

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## **DISPOSAL ROUTES**

### **From a patients homes by a clinical waste contractor;**

- Healthcare worker to provide the Environment Team contact details (01267 227 641) to the patient for them to arrange a suitable collection with an explanation of the waste stream required. Alternatively, the healthcare worker can arrange the collection by providing the patients name, address and contact number, type of waste, recommended frequency of collection and expected length of treatment.
  - Environment Team or healthcare worker to provide advice to home patient on collection procedure.
  - Healthcare worker to provide an initial supply of relevant colour bag/sharps container. These will be supplied by the clinical waste contractor once collections commence.
  - The Environment Team must be notified if any amendments are required to the collection e.g., a change of address or the cancellation of a collection.
-

**Return to base by healthcare workers.**

### **Clinical Waste**

- Small quantities of clinical waste not exceeding quantities shown in Table 5 below can be transported without the full provisions of the ADR Regulations applying.

Table 5 – Load Thresholds

Transport Category	Substance	Quantity
2	Clinical Waste (UN3291)	333Kg/L
1	Medical/Chemical Wastes PG 1	20Kg/L
2	Medical/Chemical Wastes PG 2 (UN1851/3248/3249/cytotoxic drugs)	333Kg/L
3	Medical/Chemical Wastes PG 3 (UN1851/3248/3249/cytotoxic drugs)	1000Kg/L

- In such instances, a 2kg fire extinguisher must be carried on the vehicles and general awareness training of all involved in the transport operation must be provided.
- Where small quantities of clinical waste (UN3291) are carried in private vehicles (as happens in community nursing for example) there is no requirement to carry a 2kg fire extinguisher.
- Waste must be appropriately stored within the healthcare workers vehicle i.e. in a rigid, leak proof container e.g. a 30 litre box
- The waste must be disposed of in a secure designated location, and not mixed with other waste -
  - Community Hospitals, Health Centres and Clinics – liaise with Facilities - Soft FM to identify an appropriate point of storage on site.
  - Acute Hospitals – dispose of in A&E clinical waste storage
  - GP surgeries – in line with onsite disposal procedures

**Important** - under no circumstances should bags be left outside waste storage compounds, wheelie bins or waste storage rooms.

### **Non-Clinical Waste (Offensive/Hygiene Waste)**

Offensive waste is not classified as dangerous goods, therefore do not need to comply with the requirements of ADR. Unlike dangerous goods, offensive waste can be transported in non-UN approved packaging.

### **Disposal by self-managing patients;**

- Healthcare worker to provide advice to the self-managing patient on correct assembly, storage and labelling of sharps boxes.
- Patient to obtain a prescription for their initial sharps' boxes from their GP directly or via a Healthcare professional.
- Patient if able to return full sharps boxes to participating Community Pharmacy for disposal (1-5L sharps only). For collection over 5L contact the Environment Team to arrange collection.

**Important** – for patients that are housebound or those who dispose of a high volume / larger sharp, please contact the Environment Team (01267 227 641) to arrange a collection.

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### **Spillages and Emergency Preparedness**

In the event of a spillage; in line with Infection Prevention and Control Policy for the spillage of bodily fluids

- Each department must have procedures in place for dealing with incidents involving waste. These procedures must relate to the types of waste likely to be encountered.
- Any incident involving waste must be reported to and investigated by the relevant Supervisor. The investigation must establish the cause of the incident and what action needs to be taken to prevent recurrence.
- If necessary, the supervisor must report the incident to the Environment Team.
- When required, an IR1 form must be completed by the appropriate Manager.
- Periodic testing of procedures dealing with waste spillage and reporting is required. This will be carried out under departmental auditing programmes.

There may also be instances where contingency measures must be brought into action to deal with an onsite disruption to waste collections and storage. These are detailed within local Facilities - Soft FM and Estates procedures.

In the event of a potential major disruption to services, caused by problems relating to current waste contractors (e.g., clinical waste collection), the Environment Team should be contacted in the first instance. Service continuity arrangements will be initiated by this department where required.

## Training

It is the responsibility of all departmental managers to ensure that all **new starters** receive waste management induction training, prior to them being deemed competent to fulfil their roll. New staff must receive the following information.

- An overview of this waste policy and procedure, together with instructions explaining how to obtain a current copy
- Instructions relating to the correct procedures for handling, segregating, disposing and storing wastes, in relation to their activities
- Communication of roles and responsibilities in relation to waste management
- Explanation of current environmental objectives relating to waste management
- Emergency procedures relating to waste and incident reporting
- Correct use of PPE (where required)
- The need to acquire appropriate vaccinations, where applicable

It is also the responsibility of departmental managers to ensure that all **existing employees** have had training as described previously in this section. Provision of training can be delivered via,

- Specific waste management training sessions
- Sections on waste disposal within other training programmes e.g., infection prevention and control, medical devices etc.
- Departmental training on request

The need for training will be determined via a training needs analysis, departmental training plan(s) and Personal Appraisal Development Review (PADR).

All relevant employees will be retrained as and when significant changes are made to waste policies and procedures.

Training records will be retained in line with Health Board record retention procedures, and the process approved / managed by Learning and Development.

## Audit

The Environment Team are responsible for the preparation of an annual environmental audit schedule, in line with the requirements of the ISO 14001:2015 Environmental Management Standard. As a significant environmental aspect, waste management will always be included within the schedule. The extent to which waste will be audited during any particular year will be decided based on risk and results of previous audits.

The scope of each waste management audit will be designed to evaluate compliance with the waste management policy and procedures. As a minimum, an audit will review the following:

- safe handling practices
- appropriate use of waste containers
- appropriate condition of wheelie bins
- appropriate sealing, labelling and storage of waste

- appropriate staff training
- appropriate record-keeping
- correct functioning of local waste procedures
- correct functioning of local waste management roles and responsibilities

**Note:** The purpose of this audit is to evaluate the whole waste management system. This is in addition to more frequent audits undertaken departmentally to ensure that procedures are being adhered too.

Off-site waste management audit will also be undertaken to ensure that each contractor can demonstrate that waste produced by the Health Board is being managed in line with relevant legal and other requirements. As a minimum, a 'Duty of Care' audit shall review the following:

- safe handling and storage practices
- traceability of waste (i.e., can the contractor prove that waste collected from the Health Board on any particular date was received at the site being audited?). This element of the audit will involve examination of waste transfer/consignment notes
- proof that the carrier was suitably registered and that the site is suitably licensed
- any regulatory issues with the site being audited
- appropriate staff training
- appropriate record keeping
- standard of housekeeping on site

### Monitoring

Managers have responsibility for monitoring compliance with this policy at a local level. Overall, monitoring will be undertaken by the Environment Team. Table 4 details processes that contribute to the monitoring of action taken in line with this policy.

**Table 4 – Means of monitoring compliance with the Waste Management Policy**

What?	How?	When?	By Whom?
<b>Pre-Acceptance Waste Audits</b>	Examines the correct segregation of clinical waste. Results distributed to local management	Annually >5t	External Independent Auditor
		5 yearly <5t	Environment Team
<b>Training</b>	Competence Testing, Feedback Forms, Training Records	On going	Learning and Development Environment Team
<b>Invoicing</b>	Monitor waste volumes	Monthly	Environment Team
<b>Departmental Accreditations</b>	Monitor compliance with this policy as required by	Ad hoc	Relevant Departments

	professional accreditations		
<b>Local Monitoring</b>	Monitor correct handling, transportation, segregation and storage in line with local operating procedures and C4C programme	On going	Facilities - Soft FM Infection Prevention and Control
<b>ISO 14001 Audit Programme</b>	Review waste management in line with this policy, key objectives and targets, legal requirements and improvement plans	On going	Environment Team
<b>Pharmacy Claim Forms</b>	Information on volume of sharps boxes provided and disposed of	On going	Pharmacy Contracts Manager Environment Team

## Roles and Responsibilities

### Chief Executive Officer (CEO)/Board

The CEO and Board of Directors are responsible for ensuring that adequate resources are available to allow for the effective management of waste in line with the Health Board's Waste Management Policies and Strategy. This shall include human resource and specialised skills, organisational infrastructure, technology, and financial resources.

### Director of Operations

The Director of Operations is responsible for discharging the delegated responsibilities from the Chief Executive/Board to ensure that waste is effectively managed in line with the Health Board's Waste Management Policy and Strategy. This includes ensuring that the Operational Lead has sufficient resources as detailed under CEO/Board responsibilities to implement a robust waste management system.

### Operational Lead

The Assistant Director of Capital, Estates and Facilities is the lead for waste management and responsible for ensuring that a robust management system is in place which will enable waste to be managed in a safe manner. This includes ensuring that processes are in place to undertake the following.

- Development of a waste policy and strategy.
- Identification of environmental aspects associated with waste.
- Keeping abreast of changes in legal and other requirements associated with waste management.
- Setting objectives aimed at continually improving waste management practices and performance.
- Provision of appropriate resources.
- Process for defining roles and responsibilities.
- Relevant personnel are competent.
- Internal and external communications are managed effectively.
- Related documents and records are controlled effectively.
- Waste procedure in place which accurately transposes the requirements of relevant legal and other requirements and incorporates emergency response.
- Monitoring performance against the requirements of the waste policy and related procedures and objectives (including internal audit) and periodically evaluating compliance with relevant legal and other requirements.
- Effectively managing non-conformances with this policy, and any corrective or preventive actions.
- Periodically evaluating the effectiveness of the waste management processes and reporting on related performance to the Capital Sub Committee and other forums as required.

#### **Environment Team**

- Keep abreast of changes in waste related legal and other requirements and report to the Capital Sub Committee on any relevant implications for the Health Board.
- Develop, implement and monitor waste management strategies in line with national objectives and targets.
- Develop and implement a training and awareness programme aimed at ensuring the requirements of the waste policy and procedure are met, together with any related improvement objectives (e.g., waste minimisation).
- Act as a central point of contact for all matters relating to the management of waste (internal and external communications).
- Respond to and investigate any environmental incidents relating to waste management.
- Monitor the performance of the Health Board regarding waste management, including the quantity of waste produced (per waste stream) together with financial costs.
- Collate and input waste related data into the Estates & Facilities Performance Management System (EFPMS) as and when required.
- Develop an annual internal audit programme, designed to ensure that the level of implementation of the waste policy and procedure is suitably monitored across the Health Board on an ongoing basis.
- Report to the Capital, Sub Committee on internal audit results; relevant communications, incidents and complaints and changes in legal and other requirements, which could result in a need to amend the waste management policy and procedure. Also, to report any Infection Prevention and Control concerns through the IP&C Group.



- Develop and implement projects to ensure a continued improvement in the sustainable disposal of Health Board waste.

### **Ward and Department Managers**

All wards and department managers within the Health Board have a direct responsibility for the management of waste produced by their department, to ensure that it is correctly segregated and safely stored prior to collection, and where appropriate, transported correctly in accordance with departmental procedures. All managers will ensure that:

- A Standard Operating Procedure (SOP) is in place (where appropriate).
- All staff receive appropriate training in waste management policy and procedures. (See Training Section for further details)
- The waste hierarchy is followed and all options for waste minimisation and reuse are investigated in full, and instigated as appropriate, prior to recycling or final disposal.
- Waste management is included within the scope of relevant audits, and results are reported to the Environment Team.
- Staff are fully briefed on communications from the Environment Team.
- Appropriate feedback is provided to all staff following spillages or other incidents or following any improvement or deterioration in waste management.
- Staff are provided with adequate Personal Protective Equipment and clothing where necessary and equipment e.g., bins.
- Waste is always stored safely and securely.
- Staff are aware of the need to obtain inoculations where appropriate.
- Issues of concern are reported to the Environment Team.
- Suitable departmental representatives are made available to progress initiatives approved by the Capital, Sub Committee.

### **Staff**

All staff are responsible for ensuring that;

- Waste production is kept to a minimum.
- Waste is correctly segregated at source in line with this policy.
- Waste containers are sealed correctly and never over filled.
- Personal protective equipment will be used where required when handling waste.
- Any incidents or accidents relating to waste are dealt with in line with departmental procedures and that prompt actions will be taken to safeguard individuals from injury or ill health and to protect the environment in the event of an incident.

### **Department Specific Waste Management Responsibilities**

Above and beyond those already stated, certain departments have specific defined responsibilities in relation to waste management. These are detailed below.

### **Facilities - Soft FM**

Facilities - Soft FM Assistant Operations Managers are responsible for;

- Ensuring that local operating procedures relating to waste management are implemented, periodically reviewed, and updated where necessary.
- Ensuring that waste is correctly and efficiently collected, transported, processed (where appropriate) and stored pending removal from site, in line with local operating procedures.
- Ensuring that their staff are competent to undertake waste management duties, on the basis of appropriate education, training and/or experience.
- Periodically conducting internal audits to ensure that waste management processes are working efficiently i.e., waste is correctly segregated, transported, and stored.
- Supporting the work of the Environment Team, including the provision of data on waste collections and arising's, and the development of sustainable waste systems.
- Where appropriate, ensuring that waste management records are correctly completed and retained (namely waste transfer and consignment notes). Copies of all waste management records must be forwarded to the Environment Team when requested.
- Nominating a suitable representative to progress initiatives approved by the Capital Sub Committee.

## **Infection Prevention and Control**

Senior Infection Prevention and Control Nurses are responsible for;

- Ensuring that all Infection Prevention and Control Nurses are suitably competent to undertake waste management duties, based on appropriate education, training and/or experience.
- Providing healthcare waste management training to staff when required (NB this excludes the disposal of chemical wastes).
- Ensuring that waste management is included within the scope of relevant audits and reporting the results of these audits to the Environment Team.
- The identification of potential improvements to waste management practices and supporting the delivery of strategic changes to healthcare waste management practices.
- The provision of infection prevention and control advice in relation to waste handling, storage, treatment, and disposal.
- Nominating a suitable representative to progress initiatives approved by the Capital Sub Committee

## **References**

HTM 07-01 – Safe Management of Healthcare Waste

Human Tissue Authority Code of Practice 5 -Disposal of Human Tissue

Sensitive Disposal of all foetal remains, guidance for nurses and midwives, 2015