

5.1.1

Waste Management Policy

*Presenter: Andrew Carruthers*

SBAR PPPAC

Version Control

258-EqIA

258-WasteManagementPolicy



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD  
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 October 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Written Control Documentation Approval of Policy 258 – Waste Management Policy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Terri Shaw, Senior Environmental 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**

The People, Planning and Performance Assurance Committee (PPPAC) is asked to approve Policy 258 – Waste Management Policy. This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in the review of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Hywel Dda University Health Board (HDdUHB).

**Cefndir / Background**

Is this a new or revised document?	Revised
Brief summary of the document	HDdUHB arrangements for the segregation, handling and disposal of waste
Scope of the document	All staff and services employed or contacted by the HDdUHB
Reason(s) for Reviewing policy	3 yearly review
Owning group	Capital, Estates & IM&TSC (CE&IM&T Sub Committee)
	Approved: 6.6.2020
Lead author	N Terri Shaw, Senior Environmental Officer

**Asesiad / Assessment**

A full review of Policy 258 – Waste Management Policy has been undertaken, ensuring the document is in line with Welsh Government strategy and current legal and other requirements.

The attached version control summary sheet details all changes made.

The owning group of the Policy, CE&IM&TSC signed off the revised policy on 6.6.2020.

**Argymhelliad / Recommendation**

For PPPAC to approve the revised Policy 258 - Waste Management Policy.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.22 Approve corporate and workforce policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-20	

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	As detailed in the assessment

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not applicable

<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
<b>Cyfreithiol: Legal:</b>	It is essential that the UHB has up to date policies and procedures in place
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	A full Equality Impact Assessment has been undertaken



## VERSION CONTROL OVERVIEW RECORD

Reference and title of written control document:	Waste Management Policy, Policy 258
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Type of review Delete as applicable	Full three yearly review
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Person making changes to the document:	Name: Terri Shaw Job title: Senior Environment Officer
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**Attach a copy of the old version with tracked changes with this form and highlight the key changes below:**

Page number	Sentence/paragraph which requires changing	Updated sentence/paragraph	Which professional group/department does the change impacts on?	Has the change been approved?
1	Business Planning & Performance Assurance Committee	Capital Estates & IM&T sub-Committee		Yes
6	Removed 15/16 Pricing column	Added in 'Warp It'		Yes
7	Footer-Table 2	Footer- Table 3		yes
10		Added in reference to cardboard bins and timescales for storing		
11		Added in 3 month timescales		
13		Removal of Clinical Metal Recycling section		
20		Remove reference to clear bags		
21	Remove reference to composting and aerobic digestion	Replace with waste to energy Remove reference to IT		
23		Add it 'Warp it'		
25	Remove reference to contacting Environment Team for reuse	Add in Warp it		
27		Added in reference to 110% capacity stored EWC's for asbestos		

30		Added in reference to premise codes		
31-33		Added in changes to the way the council in Pembrokeshire manage hygiene waste		
35		Ref to Pharmacy collections Added in 3 months timescale		

Global consultation	<b>No</b> <b>As the changes were only minimal and did not alter the main content of the policy</b>
Are the references of the reviewed document still current?	<b>Yes</b>
Are the Health Board written control documents referred to in the 'to be read in conjunction with' section of the reviewed document still current? Has the list been updated – if so detail	<b>Yes</b>
Patient /staff Information <ul style="list-style-type: none"> <li>• Has existing patient/staff information been updated to reflect any changes?</li> <li>• If there is no existing patient/staff information has it been developed? If no please explain why</li> </ul>	<b>Not applicable</b>
Do the proposed changes require the Equality Impact Assessment to be reviewed?	<b>Yes</b>
How will the relevant staff be notified of the changes made to the document?	

Owning group: CE&IM&T	Date approved: 6.6.2020
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Approving Group: PPPAC Chair: Professor John Gammon	Date approved:
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## SUMMARY EQUALITY IMPACT ASSESSMENT –

<b>Organisation:</b>	Hywel Dda University Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Terri Shaw
	<b>Title:</b>	Senior Environmental Officer
	<b>Department:</b>	Estates and Facilities

<b>Policy Title:</b>	Waste Management Policy  Review 1 – November 2016 <b>Review 2 – October 2019</b>
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<b>Brief Aims and Objectives of Policy:</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Risks associated with environmental and health and safety impacts will be strictly controlled through implementation and adherence to suitable waste management and related procedures.</li><li>• 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:-</li></ul>
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	<ul style="list-style-type: none"> <li>• Detailing correct segregation, handling, transportation and disposal practices</li> <li>• Signposting systems to manage compliance with legal and other requirements</li> <li>• Detailing correct segregation, handling</li> <li>• Prevention of injury or ill health</li> <li>• Continual improvement</li> </ul>
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Was the decision reached to proceed to full Equality Impact Assessment?:	Yes	No
	<p>Following assessment of the original policy, there was little evidence to suggest the policy would impact on equality issues.</p> <p>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.</p> <p><b>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.</b></p> <p><b>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 EqIA has not been undertaken at this stage. Should any issues of concern arise at any stage, a full EqIA will be undertaken as appropriate.</b></p>	



	<p>No complaints in relation to equality, diversity or human rights have been received following implementation of the original policy or subsequent review.</p> <p>Any updated review of similar policies elsewhere indicated a neutral or positive impact on protected groups:-</p> <p><a href="https://www.google.co.uk/?gws_rd=ssl#q=Waste+Management+Policy+nhs+wales+equality+impact+assessment+">https://www.google.co.uk/?gws_rd=ssl#q=Waste+Management+Policy+nhs+wales+equality+impact+assessment+</a></p>	
<p>If no, are there any issues to be addressed?</p>	<p>Yes ✓</p>	<p>No</p>
	<p>The main factors that affect the outcome of this policy are:-</p> <p>Training and Awareness – all staff need to be aware of the procedures for correctly managing and disposing of waste.</p> <p>Resources – The Waste Management Policy depends on the ongoing availability of the resources required to ensure compliance and continued improvement.</p> <p>Amendments to legislation</p>	

	<p>Consider on a case by case basis the requirements of an individual that may arise e.g. the identification of colour coded containers for staff members who are colour blind. Also the provision of copies of the policy in alternative formats as required.</p> <p>Possible consideration 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.</p>
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<b>Is the Policy Lawful?</b>	<b>Yes</b> ✓	This policy is in line with Welsh Government Strategy and current legislative requirements.
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<b>Will the Policy be adopted?</b>	<b>Yes</b> ✓	This is an update of an existing policy.
<b>Will the Policy be adopted?</b>	<b>If no, please record the reason and any further action required:</b>	

<b>Are monitoring arrangements in place?</b>	<b>Yes</b> ✓	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.

<b>Who is the Lead Officer?</b>	<b>Name:</b>	Associate Director of Capital – Estates and Facilities
	<b>Title:</b>	
	<b>Department:</b>	
<b>Review Date of Policy:</b>	Three yearly or sooner if required	

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	Rhian Corcoran	Senior Environmental Officer	Review 1 24/11/2016
	Jackie Hooper	Senior Equality and Diversity	Review 1 24/11/2016

		Officer ( Strategy, Policy and Advice)	
	<b>Review 2</b>	<b>10 October 2019</b>	
	Terri Shaw	Senior Environmental Officer	10/10/2019
	Jackie Hooper	Senior Diversity and Inclusion Officer	25/10/2019

**Please Note: An Action Plan should be attached to this Outcome Report prior to signature  
n/a at this stage**



**GIG**  
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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Waste Management Policy

**Prevention, Safe Handling, Sustainable Disposal**

**FOR PPPAC APPROVAL**

Policy Number:	258	Supersedes:	-	Classification	Corporate
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3		PPPAC			3 years

Brief 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:	190 – Written Control Documentation Policy 172 – Confidentiality Policy 093 – FP14/03 Procedure for the disposal of surplus and obsolete furniture and equipment, the sale of scrap and other waste materials 390 – Infection Prevention and Control Policy for the Cleaning and Decontamination of Equipment Prior to Inspection, Servicing, Repair of Disposal 187 – Exposure management including needlestick (sharps) injuries policy and procedures 236 – Outbreak Management Policy 273 – Manual Handling Policy

Owning Committee	Capital Estates IM&T Sub-Committee Approved: 6.6.2020		
Executive Director:	Karen Miles	Job Title	Director of Planning Performance & Commissioning

# HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
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.	10.2.2017
3	Full review (lead by <a href="mailto:Terri.shaw@wales.nhs.uk">Terri.shaw@wales.nhs.uk</a> ) Minor changes only	

Keywords	Waste management
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. 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.

## 2. 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 in order to continually improve the organisations environmental impacts.



Figure 1: Waste Management Hierarchy

## 3. 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.

## 4. 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.

## 5. 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

## 6. Waste Management Procedure

### 6.1 Prevention

Waste is legally defined as;

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



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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, EBME and Maintenance.
- Is there an alternative? Can we use reusable rather than disposal products? Mains instead of battery charged?
- Can we collaborate? Do we need to purchase items what 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.

## 6.1.1 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 consideration 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, such as pedal bins

To help make your decision, a Purchasing Checklist is available in the downloadable content linked to this policy on the intranet.

## 6.2 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

## HYWEL DDA UNIVERSITY HEALTH BOARD

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
- Using 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.

### 6.3 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
<b>Landfill</b>	Burial of waste in the ground. Some wastes require burial at a deeper level, or in a specially licensed landfill	Domestic Hygiene (deep landfill) Hazardous Waste
<b>Recycling*</b>	Processing of waste to make new products	Paper Plastics Cardboard Glass Metals

\* Note some wastes sent for recycling, e.g. confidential waste, will be expensive to dispose of

### 6.4 Segregation, Storage and Disposal – Clinical Healthcare Waste

Table 2 has been compiled in line with 'HTM 07 01 - Safe Management of Healthcare Waste'. 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.

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

## Clinical Healthcare Waste

--- 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” ---

Waste type	Description	Correct storage/disposal method
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**Potentially infectious and known infectious waste**

**EWC: 18 01 03\***

Examples:

Waste from patients treated in isolation

Dressings wound packs, soiled bandages, swabs, wound drains, suction containers, used chest drains and central lines.

Items contaminated with blood.

Discard into UN approved orange bags, which must be clearly labelled or tagged.



**ORANGE BAG**

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

Disposal by Alternative Treatment.

----- Please see the Table 3 (Non Clinical Healthcare Waste) for information on the disposal of non infectious hygiene waste disposed of in tiger stripe bags -----

**Sharps (non hazardous medicines)**

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

Sharps, which have been used to administer medicinal products (not Cytotoxic or Cytostatic)

Examples:

Needles, ampoules, vials, medicinal IVs, tonsillectomy equipment

Larger metal items used in clinical procedures e.g.

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



**YELLOW LIDDED SHARPS BOX**

## HYWEL DDA UNIVERSITY HEALTH BOARD

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replacement hip joints, should also be disposed of in these containers if clinical metal recycling is not available.

When full to the line, or open over 3 months, the box must be locked and the label completed in full.

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.

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### Sharps (non-medical)

EWC: 18 01 03\*

Sharps which have not been contaminated with medicinal products

Examples:

Phlebotomy  
Blades  
Scissors  
Cannula

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



**ORANGE LIDDED SHARPS BOX**

When full to the line, or open over 3 months, the box must be locked 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 Alternative Treatment.

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### Medicinal IVs

EWC: 18 01 03\* /  
18 01 09

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

Examples:

Any IV bag containing

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

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medicines

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



## YELLOW CARDBOARD BOX

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.

## 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.**

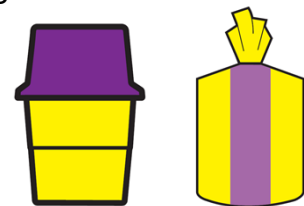
Other clinical waste which may be contaminated with Cytotoxic / Cytostatic products.

Discard into UN approved yellow 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.

### Examples:

See list of Cytotoxic and Cytostatic Medicines, available as downloadable content linked to this policy on the intranet.



## PURPLE LID SHARPS BOX YELLOW / PURPLE BAG

When full to the line, or open over 3 months, the box must be locked and the label completed in full. 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.

## Pharmaceutical waste

EWC: 18 01 09  
(Non Hazardous Medicines)

EWC: 18 01 08\* & 18 01 03\*  
(Cytotoxic and Cytostatic Medicines)

Medicines either in or not in their original packaging

### Examples

Expired / unused medicines

Return to Pharmacy.

Pharmacy to discard into;

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

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



## BLUE LIDDED SHARPS / CARDBOARD BOX

When full to the line, or open over 3 months, the box must be locked and the label completed in full. 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

A purple lid (Cytotoxic and Cytostatic Medicines).



**PURPLE LIDDED  
SHARPS BOX**

The label must be signed when the box is assembled.

Note: Solid and liquid medicines should be disposed of in separate containers and should not be mixed.

When full to the line, or open over 3 months, the box must be locked 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.

OR

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

Disposal by Incineration.

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<b>Anatomical waste</b>	<b>Recognisable body parts</b>	Discard into UN approved yellow 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.
<b>EWC: 18 01 02 &amp; 18 01 03*</b>	<u>Examples:</u> Limbs, bones, placenta	

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## YELLOW / RED LIDDED CONTAINERS

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 and disposed of in line with local operational procedures

Disposal by Incineration.

### 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, 2007)
  - Human Tissue Authority 'Code of Practice 5 – Disposal of human tissue'

**Please contact the Environment Team in advance of disposing of this waste**

Infectious or hazardous waste which requires disposal by incineration

EWC: 18 01 03\*

Medicinally or chemically contaminated waste

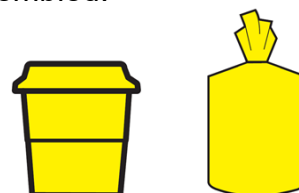
Clinical waste which is known or suspected to be contaminated with Category A pathogens if unable to be treated on site

### Examples:

Items infected with CJD

Reagent containers, chemically contaminated samples and diagnostic kits containing chemical

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



## YELLOW LID BOX / BAG

These containers must be transferred to a designated wheelie bin or waste storage cupboard



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<p>residues</p> <p>Chemically contaminated spill kits.</p>	<p>that is appropriately colour coded and/or labelled.</p> <p>OR</p> <p>Collected on request by portering staff in line with local operational procedures</p> <p>In the event that this waste cannot be pre-treated e.g. autoclave breakdown, local departmental contingency procedures apply.</p> <p>Disposal by Incineration.</p>
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### **Mattresses**

**EWC: Contact Environment Team for guidance**

#### **Damaged mattresses from clinical applications**

NB: Page 24-25 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 for the mattress to be bagged securely on the ward.

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

Disposal by Alternative Treatment.

### **Dental Waste**




Discard into designated container.

**Amalgam waste**  
**EWC: 18 01 10\***

Includes used and surplus or unused "waste" amalgam and associated



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	dental waste.	<b>AMALGAM CONTAINER</b>
<p><b>X Ray Fixer</b> EWC: <b>09 01 04*</b></p>	<p>Waste photographic fixer</p>	<div style="text-align: center;">   <b>WASTE FIXER</b> </div>
<p><b>X Ray Developer</b> EWC: <b>09 01 01*</b></p>	<p>Waste photographic developer</p>	<div style="text-align: center;">   <b>WASTE DEVELOPER</b> </div>
<p><b>Lead Foils</b> EWC: <b>15 01 04</b></p>	<p>Lead foils from x ray film packaging</p>	<div style="text-align: center;">   <b>LEAD FOIL BIN</b> </div> <p>Dental service to contact the Environment Team to arrange a container exchange.</p>
<p><b>Medical devices and implanted devices</b></p> <p>EWC: Contact Environment Team for guidance</p>	<p><b>Electronic devices removed from a patient</b></p> <p><u>Examples</u></p> <p>Pacemakers</p>	<p>Department arrange via approved specialist collection.</p> <p>OR</p> <p>Items should be disinfected, and returned to EBME for disposal. Contact IP&amp;C for advice on disinfection.</p> <p>Sent for recycling.</p>
<p><b>Radioactive waste</b></p> <p>EWC: Contact Environment Team for guidance</p>	<p>Any radioactive waste.</p>	<p>Please contact the Environment Team for advice.</p>



## 6.5 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.

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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
<p><b>Hygiene / Offensive waste</b></p> <p>EWC: 18 01 04</p>	<p><b>Non-infectious healthcare waste</b></p> <p><u>Examples</u></p> <p>Continance pads, sanitary waste, Stoma / catheter bags, faecal contaminated items. Lightly soiled gauze, cotton wool including from phlebotomy and cannulation Empty IV bags containing saline and glucose (sharp concealed in the bag)</p> <p>Note: <u>No free flowing liquid</u>. Non-infectious bodily fluids must be disposed of via the sluice.</p>	<p>Discard into a yellow bag with black stripes (tiger stripe bag).</p>  <p><b>BLACK / YELLOW STRIPE BAG</b></p> <p>Bags must be transferred to a designated wheelie bin or storage cupboard that is appropriately colour coded and/or labelled.</p> <p>Disposal in landfill</p>
<p><b>Domestic waste</b></p> <p>EWC: 20 03 01</p>	<p><b>Any non-hazardous general waste, where recycling facilities are not available</b></p> <p><u>Examples</u></p> <p><b>Non-recyclable items</b> e.g. crisp packets, coffee cups, many plastic packaging, paper plates uncontaminated wipes and cloths, some</p>	<p>Discard into black bags.</p>  <p><b>BLACK BAG</b></p> <p>Bags must be transferred to a designated wheelie bin or waste cupboard that is appropriately colour coded</p>

# HYWEL DDA UNIVERSITY HEALTH BOARD

nutritional product  
packaging

and/or labelled.

Disposal in landfill.

## Confidential Paper

EWC 20 01 01

**Any paper containing information deemed confidential by the Health Board.**

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.

### Examples

Please see Appendix D of approved policy 172 - Confidentiality Policy.

Items where the confidential element has been removed e.g. using a black permanent marker



### **SHRED PAPER WHEN POSSIBLE**

All other confidential paper must be disposed of in a designated confidential waste bag.



### **CONFIDENTIAL WASTE BAG**

Confidential paper must not be disposed of in any other bag.

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.

- 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.

- Confidential bags must always be collected on request, and never left with other waste awaiting collection.

Sent for secure destruction and then recycling.

## Non Confidential Paper

EWC 20 01 01

**Any paper waste not classified as confidential**

**Soft cardboard packaging**

Examples

Newspapers  
Unusable envelopes  
Medicine / glove boxes  
Junk Mail  
Catalogues  
Instruction booklets  
Food Menus  
Publically available information

Discard into clear bags, in bins labelled for the collection of non-confidential paper.



**CLEAR BAG**

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

Sent for recycling.

## Cardboard

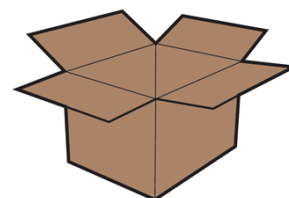
EWC: 20 01 01

**All cardboard packaging**

Examples

Corrugated cardboard  
Paper boxes

**Flat packed** 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.



Sent for recycling.

## Metals - Tins

**Tins and cans, empty and free from residues.**

Discard into clear bags in bins labelled for the collection of

## and cans

EWC 15 01 04

**Small miscellaneous metal items** tins and cans.

Examples:

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.

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 when possible and discarded into clear bags, in 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.

Sent for recycling.

**An A- Z of waste and what can be recycled is available as downloadable content linked to this policy on the intranet.**

## HYWEL DDA UNIVERSITY HEALTH BOARD

### 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.

### Crockery 20 03 01

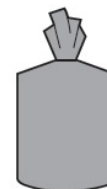
### Aerosols 16 05 05

Broken crockery. Used and/or empty non hazardous aerosol containers

Examples;

Broken plates and cups  
Air fresheners

Discard into grey bags. These thicker gauge bags are used securely contain the waste and identify that the bag must be handled with care due to the content.



#### GREY BAG

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

Disposal of with black bags in landfill.

### 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.

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



**FOOD CADDY**

Or, where identified;



**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 waste to energy.

## **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 a site based central collections points. Cartridges must be disposed of in the plastic bag only. Cardboard and packaging must be disposed of locally.

**A list of site based central collection points is available as downloadable content linked to this policy on the intranet.**

Contact the Environment Team for further guidance.

This waste is sent for reuse where possible, or recycling.

## **Batteries**

**EWC**

**16 06 04**

**Used / replaced batteries**

### Examples

Alkaline battery terminals should be covered with tape and sent via internal mail to the Environment Team or Maintenance Helpdesks.



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20 01 34  
 16 06 01\*  
 16 06 03\*  
 16 06 02\*  
 20 01 33\*

Alkaline; AAA - D



Where possible, please use the central collection facilities.

**A list of site based central collection points is available as downloadable content linked to this policy on the intranet.**

Lead acid, Pb



All other batteries, terminals should be covered with tape, contact porters to collect in line with local operating procedures. These should not be mixed with alkaline batteries.

Lithium, Li



Departments that frequently dispose of batteries can contact the Environment Team for further advice.

Nickel metal hydrides, NiMH  
 Nickel cadmium Ni Cd



Sent for recycling.

Note: remove wires

## 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

**Any waste electronic or electrical items**

Examples

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

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## than IT waste

EWC: 20 01 35\* or  
20 01 36



Medical Electronic  
Equipment  
Washing Machines  
Fans, Radios, TVs

Hazardous;  
Fridges, Freezers  
Microwaves  
Monitors

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 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 inline 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. A condemned form is available as downloadable content linked to this policy on the intranet.

All medical electronic equipment for disposal must be returned to EBME.

WEEE is sent for recycling via specialist waste contractor.

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## Furniture and equipment (that is not electrical or electronic)

EWC 20 03 07

Any items of furniture that are surplus to requirement or no longer suitable for use

Examples:

Desks  
Chairs  
Cabinets  
Bed side tables

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

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 line with local operational procedures. Items will only be collect when the form is completed in full. The condemned form is available as downloadable content linked to this policy on the intranet.

If internal or external reuse is not viable, disposed of via recycling or landfill depending on material and condition.

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## **Mattresses**

**EWC 20 03 07**

**Non clinical / decontaminated mattresses**

Example:

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

Where applicable (e.g.

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## HYWEL DDA UNIVERSITY HEALTH BOARD

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	<p>Mattresses from residential properties</p> <p>Undamaged, decontaminated mattresses from clinical environments</p>	<p>mattress from a clinical area) items will only be collected when the 'Declaration of contamination status certificate' has been complete.</p> <p>For disposal, arrange a collection with portering staff in line with local operating procedures. <i>Sufficient notice must be provided</i>, particularly if many items require disposal</p> <p>Disposal in landfill.</p>
<p><b>Chemicals and Hazardous Materials</b></p> <p><b>EWC: Various, refer to Environment Team</b></p>	<p><b>Various types of chemical and hazardous wastes</b></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>
<p><b>Mercury</b></p> <p><b>EWC 16 01 08*</b></p>	<p><b>Any items containing mercury</b></p> <p><u>Examples</u></p>	<p>Log a call with the local maintenance help desk.</p> <p>Maintenance will arrange for this waste to be removed,</p>

## HYWEL DDA UNIVERSITY HEALTH BOARD

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Sphygmomanometers  
Thermometers

securely stored and disposed of.

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 Environmental Officer**

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 contactor 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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### 6.6 Segregation, Storage and Disposal – Additional Notes:

Tables 2 and 3 must be considered alongside the following;

- For collections undertaken 'in line with local operating procedures' please refer to the locality based downloadable content linked to this policy on the intranet.
- 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
- When an appropriate bin is available, do not 'over treat' waste e.g. in an office use the paper recycling rather than black bag; in a sluice paper towels should be in a black and not orange / tiger stripe bag.

### 6.7 Packaging of Waste Materials

Packaging should occur in line with the colour coding and containers (bags / boxes) detailed in Sections 6.4 and 6.5. 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. Sharps boxes will be in use no more than 3 months after assembly.
- 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.

### 6.8 Collection, storage and disposal requirement

#### 6.8.1 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.

## HYWEL DDA UNIVERSITY HEALTH BOARD

- 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.

### 6.8.2 Removal from local waste disposal points

This will be undertaken by Facilities - Soft FM in line with local operating procedures, available as downloadable content linked to this policy on the intranet.

### 6.8.3 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.

Guidance on the completion of transfer and consignment notes is available as downloadable content linked to this policy on the intranet.

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.



# HYWEL DDA UNIVERSITY HEALTH BOARD

- 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.

## 6.8.4 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 for Contractors” statement, available as downloadable content linked to this policy on the intranet.

## 6.8.5 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.

## 6.9 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

### 6.9.1 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 hygiene waste for disposal. The following must be considered when risk assessing the infectious nature of waste;

# HYWEL DDA UNIVERSITY HEALTH BOARD

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

Please see the downloadable content linked to this policy detailing advice contained in HTM 07 01 on the waste assessments for home patients.

## 6.9.2 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>	<p>Domestic waste collected by Local Authorities traditionally contains a small quantity of hygiene waste. When similar waste 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. Items that can be included varies from one Local authority to another</p> <p><b><u>CEREDIGION</u></b> Items include;</p> <ul style="list-style-type: none"><li>• Contenance Waste</li><li>• Nappies</li><li>• Stoma, catheter, colostomy bags (see exceptions also)</li><li>• Clean dressings</li><li>• Lightly blood soiled items</li><li>• Packaging from medical equipment and supplies</li><li>• Gloves &amp; aprons</li><li>• Wipes</li></ul> <p>Note: Free flowing liquids cannot be disposed of in landfill; non-infectious bodily fluids must be disposed of via the foul sewer.</p>	



**BLACK BAG**

## HYWEL DDA UNIVERSITY HEALTH BOARD

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.

### PEMBROKESHIRE



#### **PURPLE BAG**

Items include;

- Contenance Waste
- Nappies
- Stoma, catheter, colostomy bags (see exceptions also)
- Non-infectious absorbent pads/bandages



#### **BLACK BAG**

Items include;

- Clean dressings
- Lightly blood soiled items
- Cotton wool including from phlebotomy and cannulation,
- Empty IV bags containing saline and glucose
- Packaging from medical equipment and supplies
- Gloves & aprons
- Wipes

### CARMARTHENSHIRE

Hygiene waste collections can be arranged by calling the council customer services.



## TIGER STRIPE BAG

Items include;

- Contenance Waste
- Nappies
- Stoma, catheter, colostomy bags (see exceptions also)
- Clean dressings
- Lightly blood soiled items
- Packaging from medical equipment and supplies
- Gloves & aprons
- Wipes

### 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
- 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 bags

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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
- Dialysis waste

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



## ORANGE BAG

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 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. 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 orange bags. 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;

- Waste must be appropriately stored within the healthcare workers vehicle i.e. in a rigid container e.g. a 30 litre box
- Containers 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.

### 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 yellow rigid sharps boxes with yellow lids, which must be clearly labelled.



**YELLOW LIDDED SHARPS BOX**

### Cytotoxic and Cytostatic Waste

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

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

Discard into UN approved yellow rigid sharps boxes with purple lids, which must

**08\***

medicinal products.

be clearly labelled.

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



**PURPLE LIDDED SHARPS BOX**

## Disposal Routes

### Return to base by healthcare workers;

- Waste must be appropriately stored within the healthcare workers vehicle. The box must be securely closed and out of sight.
- Containers 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 on-site disposal procedures

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

### 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 1 litre sharps boxes from their GP.
- Patient to return full sharps boxes to Community Pharmacy for disposal (1-5L sharps only). Lists of participating Pharmacies **is available in the downloadable content linked to this policy on the intranet**. 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 sharps, please contact the Environment Team (01267 227 641) to arrange a collection.

## **Anatomical waste**

**EWC: 18 01 03\***

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

Discard into UN approved yellow rigid containers with red lids, which must be clearly labelled. Yellow lids may be used in the absence of red lids.



## YELLOW / RED LIDDED CONTAINERS

Containers must be returned to maternity at an acute hospital or to a community hospital with designated facilities.

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

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<b>Waste Medicines</b> 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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## 6.10 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, and as part of the waste management audit schedule.

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 Estates Department should

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be contacted in the first instance. Service continuity arrangements will be initiated by this department where required.

### 6.11 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.

### 6.12 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



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- 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. See Section 6.14.

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 house-keeping on site

### 6.13 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	External Independent Auditor 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 professional accreditations	Ad hoc	Relevant Departments

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<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

## 7. Responsibilities

### 7.1 Chief Executive Officer and 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.

### 7.2 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;

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- 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, Estates and IM&T Sub Committee and other forums as required.

### 7.3 Environment Team

- Keep abreast of changes in waste related legal and other requirements and report to the Capital, Estates and IM&T 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 with regard to 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, Estates and IM&T 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.

### 7.4 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 receives appropriate training in waste management policy and procedures. (Further detail is given in Section 6.11)
- 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.

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- 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 stored safely and securely at all times.
- 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, Estates and IM&T Sub Committee.

### 7.5 Staff

All staff are responsible for ensuring that;

- Waste production is kept to a minimum.
- Waste is correctly segregated at source in line with the Sections 6.4 and 6.5 of 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.

### 7.6 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.

#### 7.6.1 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).

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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, Estates and IM&T Sub Committee.

### 7.6.2 Infection Prevention and Control

Senior Infection Prevention and Control Nurse are responsible for;

- Ensuring that all Infection Prevention and Control Nurses are suitably competent to undertake waste management duties, on the basis of 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, Estates and IM&T Sub Committee.