

Waste Management Policy

March 2017

SUMMARY POINTS	
Provides information and guidance on safe disposal of all waste streams which the Trust produces, including clinical and domestic wastes	
Provides information and procedures on how to correctly segregate clinical and non-clinical waste streams, to manage compliance and reduce costs where possible	
Enables the Trust to abide by its statutory Duty of Care responsibilities to ensure that all waste is disposed of to national standards, legislation and guidelines	
Informs all staff about their responsibilities as individuals to ensure procedures are followed to dispose of waste correctly	
ASSOCIATED DOCUMENTS	
• COSHH Policy	
• Needlestick Policy	
• Prevention & Control of Infection Policy	
• Health & Safety Policy	
• Decontamination Policy	
• Theatre Infection Control Policy	
• Asbestos Management Policy	

DOCUMENT DETAILS	
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1. INTRODUCTION

Waste Management is the generic term given to all activities associated with waste, namely its generation, segregation, storage, handling and transportation from point of source (ward/department) to final place of disposal (recycling/landfill/incinerator).

This policy details the Trust's arrangements, including responsibilities, for the classification, segregation, collection, storage, handling, transportation and disposal of all waste produced as a consequence of the Trust's activities.

2. SCOPE

This policy applies to all services directly provided by the Trust and all staff should familiarise themselves with the policy.

This policy encompasses the activities and responsibilities of all Trust staff, and also includes all contractors and temporary workers who are engaged to work on the Trust premises.

3. AIMS AND OBJECTIVES

- Ensuring full legislative compliance for Waste Management activities
- Reducing and mitigating the Health & Safety, Fire Safety and Infection Control risks associated with Waste Management activities
- Reducing and mitigating the environmental impacts associated with Waste Management activities
- Ensuring robust controls and assurances are in place for all Waste Management activities

4. IMPACTS AND RISKS ASSOCIATED WITH WASTE MANAGEMENT

4.1 Health & Safety and Fire Safety

The Trust recognises the Health & Safety and Fire Safety risks associated with Waste Management.

Manual handling

The improper manual handling of waste presents a risk to staff and contractors. The Trust is committed to minimise and mitigate these risks as far as practically reasonable. This includes the conduct of risk assessments when new waste management equipment or practices are introduced.

Falls and trips

The inappropriate storage of waste can create falls and trips hazards. Refer to the **STORAGE OF WASTE** section for appropriate waste storage procedures.

Fire safety

The inappropriate storage of waste can create fire hazards or impact fire evacuation procedures. Refer to the **STORAGE OF WASTE** section for appropriate waste storage procedures.

4.2 Infection Control

It is important to adopt appropriate handling and storage procedures which minimise Infection Control risks associated with infectious waste. Refer to the **STORAGE OF WASTE** section for appropriate waste storage procedures.

4.3 Environmental impacts

Disposing of waste has significant environmental impacts.

- Throwing things away is a waste of resources. It wastes the raw materials and energy used in making the items and contributes to global resources depletion.
- Landfilling waste generates methane gas, which contributes significantly to Climate Change.
- Leachate produced as waste decomposes in landfill causes land or water pollution.
- Incinerating waste produces toxic substances, such as dioxins which have an effect on local air quality.

- Gases from incineration cause air pollution and contribute to acid rain, while the ash from incinerators may contain heavy metals and other toxins.
- Transporting waste is very carbon intensive, contributes to Climate Change and has an effect on air quality.

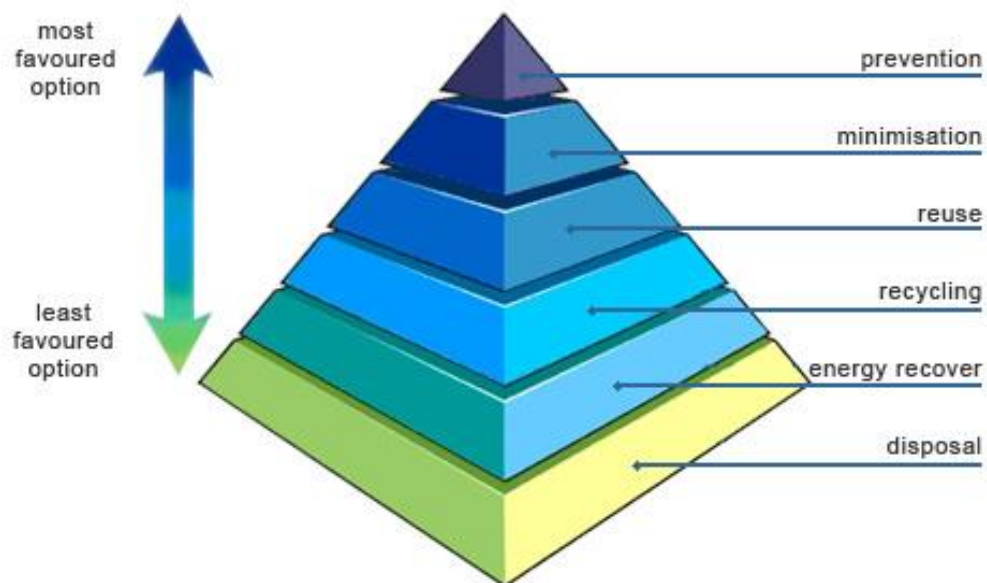
Environmental Policy statement

The Trust will:

- Use the waste hierarchy at all times.
- Aim for “zero to landfill”.
- Use local waste management treatment and disposal solutions when possible.
- Monitor, report and set targets on our management of domestic and clinical waste.
- Minimise the generation of waste particularly in clinical.
- Ensure we have robust systems for recycling wherever possible.

Waste Hierarchy

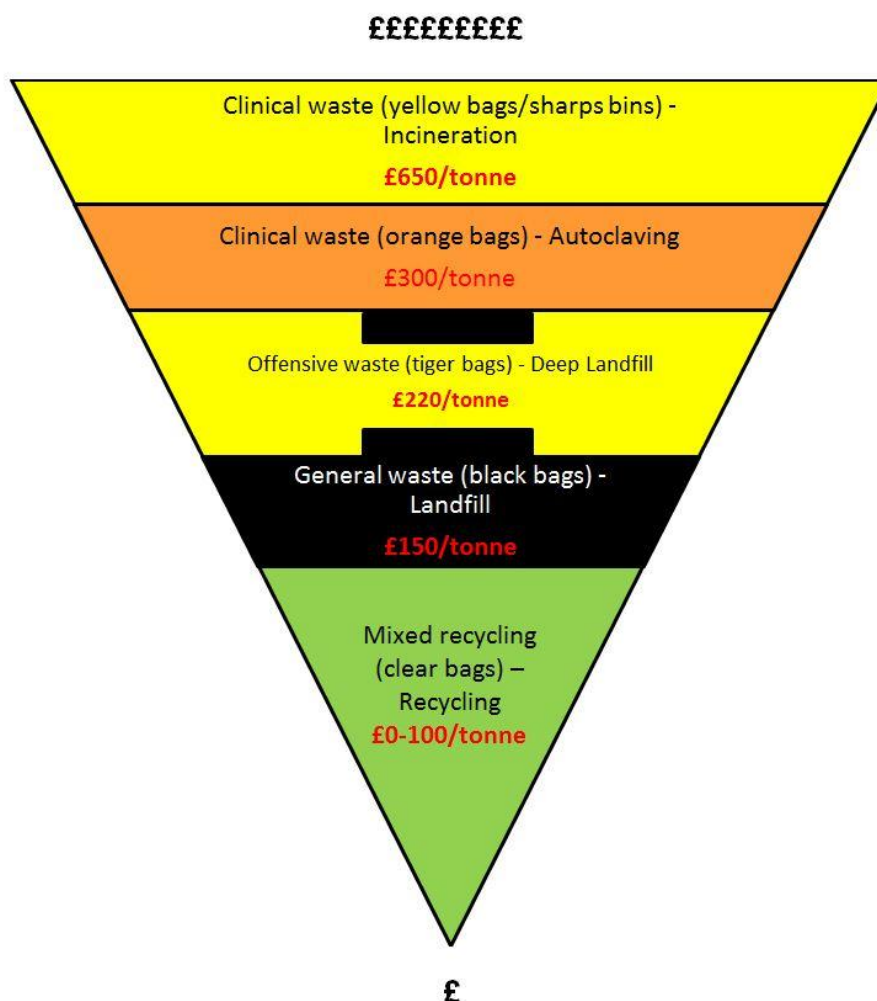
The waste hierarchy is a classification of preferred waste management options in order of their environmental impact.



“Zero to landfill”

Practice wherein wastes are re-used, recycled or undergo alternative treatment processes with the aim of avoiding the use of landfills for disposal. This is particularly relevant for the residual fraction of domestic waste (later referred as non-healthcare general waste, i.e. black bags).

4.4 Financial impact



Different types of waste attract different disposal prices and as a result good waste segregation generates substantial cost-savings. The diagram above demonstrates the cost difference by moving wastes out of clinical incineration and down to recycling, where possible.

5. KEY RESPONSIBILITIES

5.1 Associate Director of Estates

The Associate Director of Estates has delegated responsibility for safe, effective and compliant Waste Management throughout the Trust.

The Associate Director of Estates is responsible:

- To the **Executive Director responsible for Estates** for establishing systems to this effect and ensuring sufficient resources are allocated.
- For delegating some of these responsibilities and duties to a nominated Estates officer with a **Waste Manager** responsibility.

5.2 Waste Manager

The Waste Manager has a delegated responsibility for managing and monitoring systems for safe, effective and compliant Waste Management at the Trust.

The Waste Manager is responsible:

- For providing advice and guidance on all matters related to Waste Management at the Trust.
- For the development, up-keeping and implementation of the Waste Management Policy and associated procedures throughout the Trust.
- For ensuring waste legislative requirements are satisfied at all Trust sites.

- For ensuring that all relevant new and upcoming waste legislative requirements are identified and when appropriate communicated to managers and staff.
- For reporting breaches of regulatory compliance, the reason for non-compliance, and the measures taken to regain compliance and prevent further incidents.
- For acting as the principal point of contact with regulatory bodies.
- For co-ordinating annual pre-acceptance reports and undertaking Duty of Care audits of the Trust waste contractors.
- For managing all waste contractors employed by the Trust.

5.3 General Managers / Departmental Managers (non-clinical)

General Managers / Departmental Managers in non-clinical areas are responsible for:

- Ensuring this policy and the procedures it contains, particularly regarding waste segregation are brought to the attention of and observed by all staff in the area under their responsibility. For non-clinical areas this includes segregating wastes for recycling and ensuring that correct Trust procedures are followed for any hazardous domestic waste (e.g. batteries, toners), electrical waste, bulky waste etc.
- Cooperating with the **Waste Manager** to ensure the effective and compliant management of waste arising in their area of responsibility.

5.4 Clinical managers / Ward managers

Ward/Department managers are responsible for:

- Ensuring that this policy and the procedures it contains, particularly regarding waste segregation are brought to the attention of and observed by all staff in the area under their responsibility. For clinical areas this relates particularly to clinical waste (infectious waste, sharps, medicines wastes, offensive wastes) and domestic waste.
- Responsible for ensuring that Waste Segregation posters are displayed in appropriate places to inform staff on adequate waste segregation (available from the **Waste Manager**).
- Ensuring that waste bins in their area are kept clean.
- Ensuring that their designated waste storage areas (internal or external) are kept clean and tidy and free from loose waste, bulky items and items for storage.

5.5 Infection Control Team

The Infection Control Team is responsible for ensuring Infection Control policies/procedures are aligned with this Waste Policy and associated procedures. **The Infection Control Team** is responsible for providing advice and support to the **Waste Manager** to minimise the risks from exposure to infections caused by waste.

5.6 All Staff

All Staff have a responsibility and legal duty of care to comply with this policy and associated procedures. All staff are responsible for:

- Observing the waste policy and waste management procedures. Most particularly in regard to correct waste segregation.
- Reporting accidents and any incidence of non-compliance with this policy.
- Actively participating and supporting waste reduction, minimisation and recycling initiatives undertaken in their area/department.
- Minimising waste production where possible.

5.7 Community teams treating patients in their homes

Community teams (such as community midwives) treating patients in their homes have a responsibility to comply with this policy. Any hazardous clinical waste must be transported back to the Trust and disposed of in the right manner. If there is any doubt please contact the **Waste Manager** in Estates.

5.8 Domestic Contract Manager

The Domestic Contract Manager is responsible for:

- Ensuring effective systems are in place for out-sourced domestic staff and that they have received adequate training in order to comply with this policy.
- Cooperation with the **Waste Manager** to implement the waste hierarchy, and provide support where necessary on new waste management projects which the Trust embarks upon.

5.9 Portering Manager

The Portering Manager is responsible for:

- Ensuring effective systems are in place for portering staff and that they have received adequate training in order to comply with this policy.
- Cooperation with the **Waste Manager** to implement the waste hierarchy, and provide support where necessary on new waste management projects.
- Report any issues of non-compliance related to waste management back to the **Waste Manager** or **Waste Management Group** as required.
- Manage the main underpass waste compound, ensuring the area remains safe and operational.
- Act as a point of contact for the portering team to report back issues relating to waste management.

5.10 Portering staff

Portering staff are responsible for:

- Collecting and basic segregation of clinical and domestic waste (black bags, clear recycling bags, cardboard, WEEE etc.) in all internal areas.
- Operating the Trust's waste compactor after receiving the necessary training.
- Operating the Trust's cardboard balers after receiving the necessary training.
- Transporting recycling bins from underpass waste compound to main recycling collection point (near Post Grad building), and collecting recycling bags from blue Borough wheelie bins back to main underpass waste compound.
- Transporting clinical waste from Forest Holme Hospice back to main underpass waste compound.

5.11 Domestic Contract staff

Domestic Contract staff are responsible for:

- Emptying clinical and domestic waste bins across the Trust.
- Ensuring the correct bags are placed in all bins (as per signage on top of bin provided by Estates or as directed by staff).
- Transporting full bags to waste cupboards, ready to be collected by portering staff.

5.12 Trust contractors

Trust contractors are responsible for ensuring all wastes they produce whilst on site are managed and disposed of in accordance with this policy. Contractors who transport waste must be suitably licensed waste carriers with evidence provided (waste carriers licences). Paperwork for any waste streams leaving the Trust must comply with Section 8 of this policy.

6. WASTE MANAGEMENT GROUP

The **Waste Management Group** is tasked with producing recommendations and policies to ensure all waste streams are managed in an environmentally sustainable and cost-effective manner, in line with applicable legislation, and current best practice when appropriate. The Group is formed of a cross-section of relevant departments. The Group meets quarterly and reports to the **Risk Management and Safety Group**. Please refer to the Group **Terms of Reference** available in **Appendix B** for more details.

7. DEFINITION OF WASTE

Under the Waste Framework Directive (European Directive (WFD) 2006/12/EC), waste is “Any substance or object the holder discards, intends to discard or is required to discard”.

7.1 Controlled Waste

Controlled Waste is waste that is subject to legislative control in either its handling or its disposal under the Controlled Waste Regulations 1992. The types of wastes covered include all domestic, commercial and industrial waste. All waste produced by the Trust is classed as controlled commercial waste.

7.2 Hazardous Waste

Hazardous waste is waste that poses substantial or potential threats to public health or the environment, i.e. chemicals, or other substances displaying COSHH symbols. Waste is legally classified as hazardous if it is covered under the Hazardous Waste Regulations 2005.

7.3 Radioactive Waste

Radioactive waste typically comprises a number of radioisotopes: unstable configurations of elements that decay, emitting ionizing radiation which can be harmful to humans and the environment.

7.4 Confidential Waste

Confidential information can be defined as;

- Any material that contains information of a personal nature - that can identify a living individual or relates to an individual under the 1998 Data Protection Act e.g. patient names, details of medical condition & treatment, staff personal details.
- Any information classed as 'Business Sensitive' e.g. financial data.

If there is any doubt regarding whether the information contained is 'confidential', disposal as confidential waste is advisable therefore reducing any potential risk.

7.5 Clinical wastes

The following healthcare wastes have specific disposal requirements which are detailed in **Appendix A – Healthcare Wastes**:

- Anatomical wastes (WDS 104),
- Sharps wastes (WDS 105, 106 and 107),
- Medicines wastes (WDS 108 and 109),
- Controlled drugs (WDS 110),
- Plaster/gypsum (WDS 111),
- Mattresses (WDS 112)

General definition of clinical waste:

Wastes **not listed above** and **known or suspected to be contaminated with body fluids** (blood, urine, sputum, vomit, faeces) **are classed as either infectious clinical (orange bag) or non-infectious offensive (tiger stripe bag) waste.**

Wastes that have not come into contact with blood or body fluid are neither infectious nor offensive, and are thus classed as domestic waste. As a result packaging (including sterile items packaging), paper towels from hand washing, bed rolls not contaminated with body fluids, and other domestic type wastes must not be disposed of in the infectious (orange bags) or offensive (tiger stripe bags) clinical waste streams. These wastes must be disposed of in domestic waste bins (black bags). The only exception is that **all waste** which is generated within a room being occupied by a **known infectious patient** must be treated as infectious waste (orange bag).

Definition of “known or suspected infectious patient”

For the purpose of this policy a patient is **known or suspected to be infectious** if the answer is YES for ANY of the following questions:

- Is the patient being barrier nursed for a known or suspected infection
- Is the patient suspected to have an infection?

Infectious clinical waste (orange bag)

Wastes contaminated with body fluids **from a patient known or suspected to be infectious** is classed as infectious waste (orange bags). All other waste which has come into contact with an infectious patient must be disposed of via orange bags. Some areas may be using yellow bags which are another classification of clinical waste (for example waste which contains Category A pathogens and must be incinerated). **See WDS 101 and 102.**

Non-infectious offensive waste (tiger stripe bags)

Waste contaminated with body fluids **but from a non-infectious patient** is classed as offensive waste (waste causing offence). Such wastes are not hazardous and can be disposed of in tiger stripe bags (yellow with black stripes). **See WDS 103.**

8. DUTY OF CARE

As a producer of waste the Trust has a legal 'Duty of Care' to make sure its waste is handled safely and only passed to people authorised to receive it.

For any waste removed from Trust premises, the designated waste contractor will have to supply a Waste Transfer Note (WTN) for controlled waste, and a Hazardous Waste Consignment Note (HWCN) for hazardous waste.

No waste may leave the Trust without a Waste Transfer Note or Hazardous Waste Consignment Note.

Waste Transfer Notes (Controlled waste)

Before any waste leaves the Trust a Waste Transfer Note (WTN) must be produced. The form must be signed by a member of staff and given to the waste carrier when they come to collect the waste. For regular collections an annual waste transfer note can be set up in advance of the first collection. Waste transfer notes must be retained for two years following the disposal of the waste.

Hazardous Waste Consignment Notes (Hazardous waste)

Before any hazardous waste is removed from the Trust a Hazardous Waste Consignment Note must be completed ensuring all relevant information is put onto the form. This form cannot be completed annually but must be completed for each collection. Waste consignment notes must be retained for three years following the disposal of the waste.

Duty of Care Audits

It is the Trust's responsibility to make sure its contractors are registered waste carriers and are taking the waste to legitimate sites. As a result the Trust has a legal responsibility to conduct Duty of Care audits to ensure the facilities receiving the waste handle and treat our waste in a safe, compliant and sustainable manner.

Pre-Acceptance Audits

Facilities authorised to incinerate or treat clinical wastes are required to assess and have access to detailed information on the composition of the waste from the producer before they receive it. As a result the Trust has a legal obligation to produce and provide its clinical waste contractor detailed and thorough clinical waste annual pre-acceptance audits in line with the requirements of the Environment Agency.

9. WASTE GENERATED BY THE TRUST

The Trust produces a wide variety of waste streams. These can be broadly classed as Healthcare and Non-healthcare wastes.

Please refer to Appendix A – Waste Data Sheets (WDS) for a detailed break-down of all waste streams and associated transport/disposal procedures.

9.1 Healthcare Wastes (Appendix A – PART A)

This category covers all the wastes specifically produced in a healthcare environment, such as clinical waste, offensive waste, anatomical waste, sharps wastes, etc.

9.2 Non-Healthcare Wastes (Domestic waste) (Appendix A – PART B)

This category covers all the wastes which could typically be produced in a domestic / household setting such as general (black bag) waste, dry mixed recycling, bulky items, etc.

9.3 Non-Healthcare Hazardous Wastes (Appendix A – PART C)

This category covers wastes not specific to a healthcare setting but which have a particular property making them hazardous such as asbestos, Waste Electrical and Electronic Equipment, chemicals, etc.

10. WASTE GENERATED IN THE COMMUNITY

Waste generated by community teams in patients homes

Trust staff generating waste in patients' homes should follow their local procedures for management and disposal of waste in line with this policy, and Carriage of Dangerous Goods regulations. Typically any hazardous waste generated during treatment of patients within the community should be brought back to the Trust and disposed of within the correct waste stream (see Appendix A).

Biological specimens taken within the community and brought back to the hospital (such as those taken by community midwives) are subject to a triple layer system of storage during transit. For example, specimens should be sealed within a leak-proof tube/bottle, placed within a zip lock plastic bag with some absorbent material inside (cotton wool, paper towels), then placed into a rigid outer container marked with the UN3373 diamond symbol and the relevant wording (in this example: "BIOLOGICAL SUBSTANCE CATEGORY B").

11. SEGREGATION OF WASTE

11.1 Waste segregation policy

- All wastes produced at the Trust are segregated in accordance with the **Waste Data Sheets (WDS)** supplied in **Appendix A**.
- **Waste segregation in line with this policy is MANDATORY.**

11.2 Domestic waste segregation – Recycling scheme

- Estates are gradually phasing in the provision of recycling bins throughout the Trust.
- Many blue Borough wheelie bins for recycling already exist around the Trust, and staff are encouraged to use these for mixed recycling. If you are unsure what can be classed as mixed recycling please contact the Waste Manager.
- When recycling facilities are deployed to an area, different communication channels will be used to make staff aware of the new segregation procedure. Every effort will be made to adapt to local circumstances but there is no requirements for Estates to formerly consult with the area staff prior to roll-out.

12. TRANSPORT OF WASTE

12.1 Internal transport

- Healthcare and Non-healthcare wastes should not be mixed for transport.
- Waste bins/trolleys must be periodically cleaned and drained to prevent infestation.
- Trolleys and carts must be disinfected when spillages occur before reuse. A spill kit is kept with Porters for this use.

12.2 External transport

The only scenarios when waste may be carried in vehicles or out-of-site by Trust staff are:

- Estates, Transport or Portering staff transporting waste between Trust premises (subject to review); or
- Trust staff generating waste at patients homes and carrying the waste back to site.

13. STORAGE OF WASTE

13.1 Waste bins

- Any departments requiring new waste bins must first contact the **Waste Manager** within Estates.
- Clinical waste bins must be pedal operated, fire proof, easy to clean and disinfect to prevent risk of infection, odour and offence. They must be in a good state of repair (pedal and lid working properly etc) and carry the right colour-coding.

13.2 Purchasing of waste containers and bags

- All waste containers (e.g. sharps bins) and bags in clinical/non-clinical areas are purchased and supplied through the domestic contractor. Recessed and soft closing lids are used as standard.
- Confidential waste bags and numbered tags must be requested on ext 8056 and collected from the FM Helpdesk on F Block lower-ground floor.

13.3 Internal storage

- Healthcare (Clinical) and Non-healthcare (Domestic) wastes must not be mixed in storage areas.
- Waste must not accumulate in corridors, lobbies, wards or other unsuitable places.
- Waste must not obstruct access routes, fire escape routes or fire doors.
- Waste items must not be placed in areas that are likely to cause a tripping hazard.
- Waste containers, waste cupboards and waste bins must be kept shut and locked when not in use to prevent unauthorised access. Staff should ask their local manager for the door codes to gain access to these areas. If locks are faulty or you have forgotten the code please contact the Estates Helpdesk.
- Clinical waste bins shall be sited away from food preparation, general storage and routes used by the public.
- Access to clinical waste storage shall be for authorised personnel only.

13.4 External storage

- Waste must not be stored loose in any external areas.
- Waste wheelie bins or any other containers must be kept shut and locked when not in use to prevent unauthorised access or access by vermin.
- Access to clinical waste storage shall be for authorised personnel only.

13.5 COSHH

- COSHH is the law which requires employers to control substances that are hazardous to health. This includes the use of chemicals for various processes within the Trust.
- COSHH items are recorded using the Trust's Syopol database which can be found on the Health & Safety page on the staff intranet, or by [clicking here](#).
- It is the responsibility of each individual department to record and control any substances which fall under the requirements of COSHH.
- Material Safety Data Sheets (MSDS) must be kept for each COSHH item. These can also be requested from the supplier. An MSDS is required for each item prior to disposal.

- COSHH substances also have special storage requirements (e.g. flammables, and corrosives), and must be kept in a special approved container to minimise risk (e.g. a flammable cupboard, or integrally bunded cabinet).

13.6 Spills

- It is the responsibility of all staff within a work area, to be aware of any procedure regarding any 'Spillage' of substance in their area of work, if applicable. To know where the spill kit is located and what course of action is required to clean up the spillage.
- Further guidance on blood or other body fluids spills can be gained from the Infection Control team.
- Further guidance on chemicals can be found in the *COSHH Policy* available on the intranet.
- Any materials used in the containment and absorption of spills should be treated for disposal as the material spilled. For instance contaminated materials used to clean cytotoxic/cytostatic medicines spills should be disposed as cytotoxic/cytostatic waste. Same applies to chemicals.

14. DISPOSAL TO DRAINS AND SEWERS

Non-pharmaceutically active medications can be discharged to the drain in small quantities (less than 1 litre), such as glucose solution, saline solution, liquid nutritional feeds and supplements, Hartmann's. No other chemicals or hazardous liquid products should be put down the drain, unless they are exempt under the 'National Guidelines for Healthcare Waste Water Discharges 2014'. Hand wash basins must be kept exclusively for this purpose and no other excess products should be discharged into them as this is known to cause proliferation of bacteria and has been linked to outbreaks of hospital infection.

15. TRAINING AND AWARENESS-RAISING

This Policy does not have a mandatory training requirement but the following non mandatory training will be available:

- Waste Management guidance and an online quiz will be available on the intranet by clicking [here](#). Staff are encouraged to read the brief guidance pages and undertake the multiple choice test which should take less than 15 minutes in total.
- If an area displays poor compliance with waste segregation, the clinical leader will be contacted and all staff working within that area must view the guidance and take the test.
- Waste Management booklets will be developed and available to all staff from the Waste Manager by contacting steven.fall@poole.nhs.uk or for new starters via the mandatory training days.
- Waste management awareness will be actively promoted through a number of communication channels.

16. GOVERNANCE AND IMPLEMENTATION

The Waste Management Group is responsible for monitoring implementation of this policy, and the Waste Manager shall communicate it through relevant channels to all Trust staff.

17. DISSEMINATION

Staff using the Trust's intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.

It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

18. MONITORING / KEY PERFORMANCE INDICATORS

For the successful implementation of this policy, the following key performance indicators will be measured:

- ERIC (Estates Return Information Collection) data annually
- Bi-monthly waste reporting through the Estates Performance group – this includes tonnage and cost data for each waste stream compared against previous year data

19. REFERENCES

- (HTM 07/01) Safe Management of Healthcare Waste – Department of Health, 2013.
- Hazardous Waste Regulations 2005
- Health & Safety at Work Act 1974
- The Environmental Protection Act 1990
- The Environmental Permitting Regulations 2010
- The Waste Management (Miscellaneous Provisions) Regulations 1997.
- Environmental Protection (Duty of Care) Regulations 1991.
- Environmental Protection (Prescribed Processes and Substances) Regulations 1991
- Controlled Waste Regulations 1992 as amended 1993.
- Environmental Act 1995
- Control of Pollution (Amendment) Act 1989
- Controlled Waste (Registration of carriers and seizure of vehicles) Regulations 1991
- Transport of Infectious Substances Revision 2 March 2006
- Landfill Tax Regulations 1996 as amended 1996 & 1998.
- Waste Minimisation Act 1998
- Carriage of Dangerous Goods Regulations
- Waste Electrical & Electronic Equipment (WEEE) Regulations.
- HTM 07/05 - The Treatment, recovery, recycling and safe disposal of WEEE

Appendix 1

CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

To be completed and attached to any document when submitted to the appropriate committee for consideration and approval.

		✓ as appropriate
1.	Title/Cover	
	Is the title clear and unambiguous?	✓
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?	✓
2.	Summary Points	
	Have the summary points of the document been included?	✓
3.	Document Details and History	
	Have all sections of the document detail/history been completed?	✓
4.	Table of Contents	
	Has the table of contents been completed and checked?	✓
5.	Relevance	
	Has the audience been identified and clearly stated?	✓
6.	Purpose	
	Are the reasons for the development of the document stated?	✓
7.	Definition	
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?	✓
8.	Development Process	
	Is the development method described in brief?	✓
	Are people involved in the development identified?	✓
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	✓
9.	Associated Documents	
	Have all associated documents to the document been listed?	✓
10.	References	
	Have all references that support the document been listed in full?	✓
11.	Glossary	
	Has the need for a glossary been identified and included within the document?	✓
12.	Consultation	
	Do you have evidence of who has been consulted?	✓
13.	Training	
	Have training needs been identified and documented?	✓
14.	Content	
	Is the objective of the document clear?	✓
	Is the target population clear and unambiguous?	✓

		✓ as appropriate
	Are the intended outcomes described?	✓
	Are the statements clear and unambiguous?	✓
15.	Approval	
	Does the document identify which committee/group will approve it?	✓
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	✓
16.	Dissemination and Implementation	
	Is there an outline/plan to identify how this will be done?	✓
	Does the plan include the necessary training/support to ensure compliance?	✓
17.	Equality Impact Assessment	
	Has an Equality Impact Assessment been completed and included in the document?	✓
18.	Review and Revision Arrangements Including Version Control	
	Is the review date identified?	✓
	Is the frequency of review identified? If so, is it acceptable?	✓
	Are details of how the review will take place identified?	✓
	Does the document identify where it will be held and how version control will be addressed?	✓
19.	Archiving	
	Have archiving arrangements for superseded documents been addressed?	✓
	Has the process for retrieving archived versions of the document been identified and included within?	✓
20.	Process to Monitor Compliance and Effectiveness	
	Are there measurable standards or KPI's to support the monitoring of compliance with and effectiveness of the document?	✓
	Is there a plan to review or audit compliance within the document?	✓
21.	Format and Style	
	Does the document follow the correct style and format of the Document Control Procedure?	✓
22.	Overall Responsibility for the Document	
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	✓

Appendix 2

EQUALITY IMPACT ASSESSMENT

Date of assessment:	08/12/2016
Care Group or Directorate:	Strategy
Author:	Steven Fall
Position:	Estates Officer
Assessment Area: (i.e. procedure/service/function)	Policy
Purpose:	Implementation of new Trust Waste Policy to comply with all relevant legislation.
Objectives:	Compliance with waste management legislation. Optimisation of Trust's waste streams to achieve financial savings where possible.
Intended outcomes:	Compliant and efficient waste management across all areas of the Trust.

What is the overall impact on those affected by the policy/function/service?

Ethnic Groups	Gender groups	Religious Groups	Disabled Persons	Other
High/Medium/ Low	High/Medium/ Low	High/Medium /Low	High/Medium /Low	High/Medium/ Low
Low	Low	Low	Low	Low

Available information:

Assessment of overall impact:
There will be minimal impact to the above identified groups.

Consultation:
The Waste Management Group and other relevant departmental managers have been consulted.

Actions: None identified

APPENDIX A - WASTE DATA SHEETS (WDS)

For ease of use, the Waste Management Policy is divided into Waste Data Sheets (WDS) for all waste streams generated by the Trust.

WDS are indexed below, headings give the following details:

WDS	Waste Stream	Colour	EW Code	Haz	Description
WDS reference number	Heading description of the waste stream	Colour-coding of containers	European Waste Catalogue code (* if hazardous)	Y: Hazardous N: Non-hazardous LB: Landfill ban	More detailed description of waste stream

Each WDS gives the following details for each waste stream when applicable:

EW code	European Waste Catalogue code
Definition	Definition of the waste materials
Examples	Relevant examples
Container(s)	Details of waste container(s) / packaging to be used including colour coding.
Handling	(If required) Requirements for handling the waste stream.
Internal Storage	Details of correct storage for the waste
Internal Transport	Details of transport arrangements for the waste to storage before disposal.
Final Disposal	Details of disposal route / treatment process for waste stream.

INDEX:

PART A – HEALTHCARE WASTES

WDS	Waste Stream
101	Clinical waste - Yellow stream
102	Clinical waste - Orange stream
103	Offensive waste - Tiger stream
104	Anatomical waste
105	Sharps - Orange lidded
106	Sharps - Yellow lidded
107	Sharps - Purple lidded
108	Medicines waste - Pharmacy returns
109	Medicines waste - Purple stream
110	Controlled Drugs
111	Plaster / Gypsum
112	Infectious mattresses

PART B – NON-HEALTHCARE – NON-HAZARDOUS WASTES



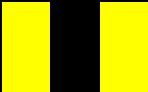

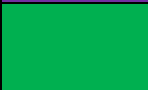




WDS	Waste Stream
201	General Waste
202	Dry Mixed Recycling
203	Cardboard

204	Confidential paper
205	Metals
206	Furniture - Bulky items
207	Catering oil

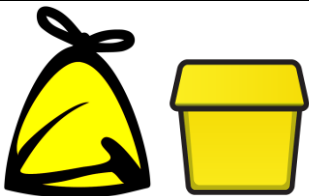
PART C – NON-HEALTHCARE – HAZARDOUS WASTES

WDS	Waste Stream
301	Asbestos
302	Plasterboard - plaster
303	Oils / oil contaminated waste
304	Paints
305	Chemicals / gas cylinders
306	Printer toners and inkjet cartridges
WEEE (Waste Electrical & Electronic Equipment)	
307	WEEE - Domestic type
308	WEEE - IT Equipment
309	WEEE - Medical Equipment
310	Batteries
311	Lamps & Bulbs

PART A – Healthcare Wastes


PART A - HEALTHCARE WASTES					
WDS	Waste Stream	Colour	EWC Code	Haz	Description
101	Clinical waste - Yellow stream		18 01 03*	Y	Infectious clinical waste for incineration only
102	Clinical waste - Orange stream		18 01 03*	Y	Infectious clinical waste suitable for alternative treatment
103	Offensive waste - Tiger stream		18 01 04	N	Clinical waste not identified as infectious
104	Anatomical waste		18 01 03*	Y	Anatomical waste
105	Sharps - Orange lidded	Sharps	18 01 03	Y	Non-Medicinally Contaminated Sharps
106	Sharps - Yellow lidded	Sharps	18 01 03* / 18 01 09	Y	Medicinally Contaminated Sharps
107	Sharps - Purple lidded	Sharps	18 01 03* / 18 01 08*	Y	Cytotoxic and cytostatic contaminated Sharps
108	Medicines waste - Pharmacy returns				Medicines waste suitable for transport to Pharmacy
109	Medicines waste - Purple stream		18 01 08*	Y	Cytotoxic and cytostatic medicines / contaminated waste
110	Controlled Drugs				Controlled Drugs denaturing kits
111	Plaster / Gypsum		18 01 04	N	Non-infectious gypsum (plaster) wastes
112	Infectious mattresses		18 01 03*	Y	Mattresses classed as infectious clinical waste

WDS 101 – Infectious clinical waste – Yellow stream


EWC	18 01 03*
Definition	<p>Waste known or believed to be contaminated with body fluids (blood, urine, sputum, vomit, faeces) from a patient known or suspected to be infectious with category A pathogens.</p> <p>Any category A pathogen outbreak must immediately be reported to the Infection Control Doctor/ Consultant microbiologist and the relevant Infection Control policies and procedures followed. The Infection Control team will liaise with the ward/department clinical manager and staff to deploy appropriate waste disposal procedures.</p> <p>OR</p> <p>Infectious clinical waste (category A or B pathogens) with any of the following additional property:</p> <ul style="list-style-type: none"> ▪ Containing anatomical waste (recognisable body parts and placenta); or ▪ Chemically contaminated samples and diagnostic kits; or ▪ Medicinally-contaminated infectious waste. <p>OR Large volumes of liquid infectious clinical waste (category A or B pathogens) (E.g. suction bags).</p> <p>Due to the very high costs associated with the disposal of the yellow stream, it is Trust policy to use the orange stream (WDS102) whenever possible.</p>
Examples	Diagnostic specimens, reagents or test vials and kits containing chemicals, suction bags, and any waste which has come into contact with a patient known to have a category A infection.
Containers	 <p>Yellow bags / Yellow rigid containers</p>
Handling	All bags tied using swan neck method. Containers should be sealed shut and locked (ensuring that temporary closures are securely sealed).
Internal storage	<p>Disposal cupboards – place loose</p> <p>External bins – place in the bin dedicated for clinical waste bags</p>
Internal transport	Portering staff
Final disposal	Incineration only

WDS 102 – Infectious clinical waste – Orange stream

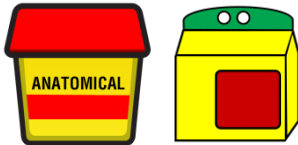
EWC	18 01 03*
Definition	Waste known or believed to be contaminated with body fluids (blood, urine, sputum, vomit, faeces) from a patient known or suspected to be infectious with category B pathogens. See WDS 101 for category A pathogens.
Examples	ALL waste from an infectious source (i.e. patients being isolated/treated for an infection): this includes all clinical and non-clinical waste items (newspapers etc. which come from an infectious isolation room).


Containers	 <p>Orange bags</p>
Handling	All bags tied using swan neck method.
Internal storage	Disposal cupboards – place loose External bins – place in the bin dedicated for clinical waste bags
Internal transport	Portering staff
Final disposal	Suitable for Alternative Treatment (Autoclave)


WDS 103 – Offensive (non-infectious clinical) waste – Tiger stream

EWC code	18 01 04
Definition	Wastes contaminated with body fluids but not from an infectious source . Items which have not been identified as infectious but are recognisable as healthcare waste or may cause offense due to their nature.
Examples	Incontinence/sanitary/nappy waste, catheter bags, protective clothing (gloves, aprons, gowns), dressings, swabs, non-medicated IV bags/giving sets Any material listed above and soiled with body fluids should not be contaminated with infectious waste or with medicines.
Containers	 <p>Tiger stripe bags (yellow with black stripes)</p>
Internal storage	Disposal cupboards – place loose External bins – place in the bin dedicated for clinical waste bags
Internal transport	Portering staff
Final disposal	Suitable for deep landfill

WDS 104 – Anatomical waste


EWC	18 01 03*
Definition	Body parts or other recognisable anatomical items
Examples	Placenta. Recognisable human tissues. Limbs. Bones.
Containers	 <p>Red-lidded containers</p>
Internal storage	Important: Ensure anatomical waste containers are very clearly recognisable. Red-lidded containers should never be placed in clinical waste bags Disposal cupboards – place loose External bins – place in the bin dedicated for sharps/rigid containers
Internal transport	Portering staff
Final disposal	Incineration

WDS 105 – SHARPS – Orange-lidded	
EWC	18 01 03*
Definition	<p><u>Non-Medicinally</u> Contaminated Sharps</p> <p>Sharps are items that could cause cuts or punctures.</p> <p>Due to the difficulty to segregate non-medicinally contaminated sharps, it is Trust policy to use yellow-lidded sharps bins as standard.</p>
Examples	Plastic single use instruments and phlebotomy sharps.
Containers	 <p>Orange-lidded sharps bins</p>
Handling	<p>All sharps bins should be disposed of when the fill line is reached. Seal and label with your name, ward/department name and date. DO NOT OVERFILL.</p> <p>If any sharps are protruding through the container or opening, do not attempt to push the items inside.</p> <p>At no time should sharps wastes be contaminated with domestic, medicinal waste, tubes, swabs, anatomical or electronic waste.</p>
Internal storage	<p>Sharps containers should never be placed in clinical waste bags</p> <p>Disposal cupboards – place loose</p> <p>External bins – place in the bin dedicated for sharps/rigid containers</p>
Internal transport	Portering staff
Final disposal	Incineration

WDS 106 – SHARPS – Yellow-lidded	
EWC	18 01 03* / 18 01 09
Definition	<p>Medicinally Contaminated Sharps</p> <p>Sharps are items that could cause cuts or punctures.</p>
Examples	Needles, syringes with needles, scalpels, infusion sharps, glass ampoules, guide wires, blades, air inlets, intravenous cannula, single use instruments (scissors, clip removers)
Containers	 <p>Yellow-lidded sharps bins</p>
Handling	<p>All sharps bins should be disposed of when the fill line is reached. Seal and label with your name, ward/department name and date. DO NOT OVERFILL.</p> <p>If any sharps are protruding through the container or opening, do not attempt to push the items inside.</p> <p>At no time should sharps wastes be contaminated with domestic waste, tubes,</p>


	swabs, anatomical or electronic waste.
Internal storage	Sharps containers should never be placed in clinical waste bags Disposal cupboards – place loose External bins – place in the bin dedicated for sharps/rigid containers
Internal transport	Portering staff
Final disposal	Incineration

WDS 107 – SHARPS – Purple-lidded

EWC	18 01 03* / 18 01 08*
Definition	Sharps waste contaminated with cytotoxic and/or cytostatic medicines Sharps are items that could cause cuts or puncture. Cytotoxic and/or cytostatic medicines: products displaying toxic, carcinogenic, toxic for reproduction or mutagenic properties (e.g. cancer and hormone therapy drugs, live vaccines). A list of cytotoxic / cytostatic medicines is available from the Pharmacy department.
Examples	Needles, syringes with needles, scalpels, infusion sharps, glass ampoules, guide wires, blades, air inlets, intravenous cannula, single use instruments (scissors, clip removers, laryngoscopes) ...
Containers	 Purple-lidded sharps bins
Handling	All sharps bins should be disposed of when the fill line is reached. Seal and label with your name, ward/department name and date. DO NOT OVERFILL. If any sharps are protruding through the container or opening, do not attempt to push the items inside. At no time should sharps wastes be contaminated with domestic, medicinal waste, tubes, anatomical or electronic waste.
Internal storage	Sharps containers should never be placed in clinical waste bags Disposal cupboards – place loose External bins – place in the bin dedicated for sharps/rigid containers
Internal Transport	Portering staff
Disposal	Incineration


WDS 108 – Medicines waste – Pharmacy returns

EWC	
Definition	Medicines suitable for transport All medicines suitable for transport, e.g. blister packs. Leave medicines in their original packaging. Excludes: loose tablets, patches, liquids.
Internal storage	Sluice ready for collection by Pharmacy
Internal transport	Pharmacists
Final disposal	Re-use when appropriate, Incineration


WDS 109 – Medicines waste – Purple stream (Cyto)	
EWC	18 01 08*
Definition	<p>Cytotoxic and cytostatic medicines / medicines contaminated waste.</p> <p>Cytotoxic and/or cytostatic medicines: products displaying toxic, carcinogenic, toxic for reproduction or mutagenic properties (e.g. cancer and hormone therapy drugs, live vaccines).</p> <p>An indicative list of cytotoxic and cytostatic medicines is available from the Pharmacy department.</p>
Examples	Absorbing materials used to contain a cytotoxic medicines spill.
Containers	 <p>Purple-lidded container / Purple bag</p>
Internal storage	<p>Purple-lidded containers should never be placed in clinical waste bags</p> <p>Disposal cupboards – place loose</p> <p>External bins – place in the bin dedicated for sharps/rigid containers</p>
Internal transport	Portering staff
Final disposal	Incineration

WDS 110 – Controlled Drugs	
EWC	
Definition	<p>Controlled Drugs are any drug identified within the Misuse of drugs regulations 2012 and Misuse of drugs (safe custody) regulations 2007.</p> <p>Ward staff should bleep Pharmacy when they have Controlled Drugs for disposal, the ward pharmacist will then return these to the Controlled Drugs room in Dispensary for destruction.</p>
Examples	Part-used CD vial
Internal storage	Sluice ready for collection by Pharmacy
Internal transport	Pharmacists
Final disposal	Incineration

WDS 111 – Plaster / Gypsum waste (Non-infectious)	
EWC	18 01 04
Definition	<p>Gypsum and plaster wastes are not permitted in mixed landfill with general domestic waste as it generates hydrogen sulphide gas.</p> <p>The vast majority of plaster casts and models are not infectious and should not be placed in the orange waste stream. There are only a small number of areas which generate gypsum waste and these should be supplied with a cardboard box with a yellow and black stripe lid, and marked as 'gypsum'.</p>
Examples	Plaster casts, back slabs and related materials (chiropodists/podiatrists) and plaster study models in dental.

Containers	 <p>Gypsum cardboard container</p>
Internal storage	<p>Disposal cupboards – place loose</p> <p>External bins – boxes are placed into the gypsum 770L bin in the main underpass waste compound (this is set aside from the other bins)</p>
Internal transport	Portering staff
Final disposal	Recycling or incineration



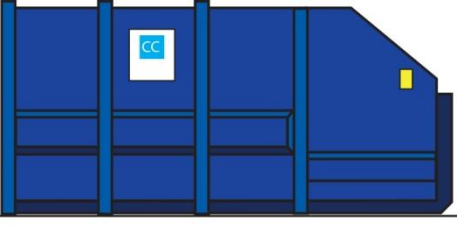
WDS 112 – Infectious mattresses

EWC	18 01 03*
Definition	All mattresses which have been in contact with patients will be disposed of as clinical infectious waste. An orange mattress disposal bag will need to be used (Powergate item code: GVMBO).
Containers	 <p>Mattresses orange bags</p>
Internal storage	Not suitable for internal storage, Portering to bring direct to the underpass waste compound and place within its own 770L bin.
Internal transport	Portering staff
Final disposal	Incineration

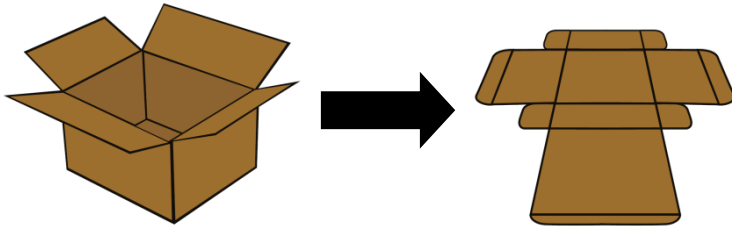
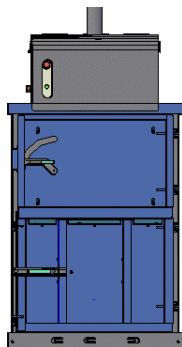
PART B - Non-Healthcare – Non-hazardous Wastes

WDS	Waste Stream	Colour	EWC Code	Haz
201	General Waste		20 03 01	N
202	Dry Mixed Recycling		20 03 01	N
203	Cardboard		20 01 01	N
204	Confidential paper		20 01 01	N
	Other confidential media			
205	Metals		20 01 40	N
206	Furniture - Bulky items		20 03 01	N
207	Catering oil		20 01 25	N

WDS 201 – General Waste


EWC	20 03 01
Definition	Non-recyclable domestic wastes. Domestic waste is defined as waste items commonly produced in a private household.
Examples	Hand towels, food, polystyrene, foil, packaging, flowers, any other non-recyclable household waste items.
Containers	 <p>Black bags</p>
Internal storage	<p>General waste cannot be left loose in corridors, public areas or other unsuitable places & must not obstruct access routes or form a potential fire hazard.</p> <p>Disposal cupboards – place loose</p> <p>External bins – BLACK LIDDED General waste bins or Waste compactor</p> <div>  <p>OR</p>  </div>
Internal transport	Portering staff
Final disposal	Landfill

WDS 202 – Dry Mixed Recycling	
EWC	20 03 01
Definition	Dry mixed recycling (domestic waste which can be recycled).
Examples	Tins / cans, glass, plastic bottles / containers, paper, card, magazines.
Containers	 <p>Clear bags</p>
Internal storage	<p>Wheelie bins – place loose External bins – BLUE BOROUGH Recycling bins</p>  <p>OR</p>
Internal transport	Portering staff
Final disposal	Recycling (materials recovery)

WDS 203 – Cardboard	
EWC	20 01 01
Definition	Corrugated cardboard
Examples	Cardboard boxes
Containers	 <p>Flattened</p>
Internal storage	<p><u>Always flatten cardboard prior to disposal</u> Put any packaging foam, polystyrene, and plastic in black bags Disposal cupboards – place loose External bins – Cardboard baler in underpass</p> 
Internal transport	Porters (disposal cupboard) – collected and taken to the cardboard baler for

	recycling.
Final disposal	Recycling (materials recovery)

WDS 204 – Confidential paper / other confidential media

EWC	20 01 01
Definition	Documents containing Personal Confidential Data or business sensitive information. No need to remove staples or small paper clips. Any other non-paper items have to be removed prior to disposal (e.g. plastic binding).
Examples	Patients case files, procurement documents, meeting minutes, empty medicines boxes with patient details etc.
Containers	 <p>Confidential waste bags</p>
Internal storage	Place in the confidential waste bags (replacement bags and tags can be requested and collected from the FM Helpdesk on F Block Lower-ground floor).
Internal transport	Confidential waste contractor
Final disposal	Shredding
Other confidential media (non-paper)	<p>Other confidential media: Either destroy before disposal in black bag (e.g. cut CD in 2). If not suitable, for small quantities send back to Information Governance Do not mix with confidential paper</p> <ul style="list-style-type: none"> • CDs / DVDs • Video tapes, Dictaphone tapes • Name badges • Memory sticks • Microfiche • X-rays • Fax ribbons • (Any other items that may contain identifiable information)

WDS 205 – Metals

EWC	20 01 40
Definition	All scrap metal items
Examples	Trolleys, chairs, bed frames, Estates related scrap (from plantrooms/machinery and equipment) etc.
Containers	Loose
Internal storage	Scrap should not be stored in waste cupboards/plantrooms. Once an item is generated a call should be made to the FM Helpdesk on ext 8056 to remove it to the underpass waste compound for collection by an authorised contractor.
Internal transport	Estates/Portering staff (upon receiving notification through the FM Helpdesk)
Final disposal	Recycling (materials recovery)

WDS 206 – Furniture / Bulky items

EWC	20 03 99
Definition	All items too big for disposal in internal cupboards or external waste bins

Examples	Desks, chairs, cupboards etc...
Containers	Loose
Internal storage	A call should be made to the FM Helpdesk on ext 8056 to remove it to the underpass waste compound for collection by an authorised contractor.
Internal transport	Estates/Portering staff (upon receiving notification through the FM Helpdesk)
Final disposal	Re-use when possible. Recycling (materials recovery). Landfill.

WDS 207 – Catering oil

EWC	20 01 25
Definition	Kitchen oil (Catering Department)
Containers	Suitable leak-proof containers.
Internal storage	All containers to be securely stored to prevent any risks of spills.
Internal transport	Catering staff
Final disposal	Recycling (materials recovery).

PART C - Non-Healthcare – Hazardous Wastes

WDS	Waste Stream	Colour	EWC Code	Haz
301	Asbestos		17 06 05*	Y
302	Plasterboard - plaster		17 08 02	LB
303	Oils / oil contaminated waste		Misc	Y
304	Paints		08 01 11* - 08 01 12	Y
305	Chemicals / gas cylinders		Misc	Y
306	Printer toners and inkjet cartridges		08 03 17*	Y
WEEE (Waste Electrical & Electronic Equipment)				
307	WEEE - Domestic type		Misc	Y
308	WEEE - IT Equipment		Misc	Y
309	WEEE - Medical Equipment		Misc	Y
310	Batteries		20 01 33*	Y
311	Lamps & Bulbs		20 01 21*	Y

WDS 301 - Asbestos

EWC	17 06 01* - 17 06 05*
Definition	Asbestos is the term used for fibrous forms of several naturally occurring silicate minerals used in many construction materials for fireproofing, thermal insulation, electrical insulation, sound insulation, decorative plaster, gaskets and friction products.
Responsibilities	For all asbestos waste removed from Trust premises, Hazardous Waste Consignment Notes and consignee returns are kept online within the Records for Buildings system and at Estates for 3 years. It is the responsibility of the relevant project manager at Estates to ensure the documentation above is obtained from contractors.
Containers	Specialist containers will be used for the removal of asbestos in line with the latest environmental and Health & Safety guidance.
Internal storage	Contact Estates if you come across any asbestos products. Do not handle asbestos or suspected asbestos, as this must be done by specially trained personnel under controlled conditions. Staff finding asbestos or suspected asbestos are to vacate the area, cordon off, and immediately contact Estates.
Storage	Secure storage areas for asbestos will be arranged by the responsible project manager at Estates.
Transport	Specialised contractors will be arranged for safe transport
Final disposal	It is the responsibility of the project manager with support from the Waste Manager to ensure asbestos waste is collected and transported by a licensed and authorised contractor, and appropriately disposed at a permitted facility.

WDS 302 – Plasterboard – plaster – gypsum

EWC	17 08 02
Definition	Any materials containing plaster/gypsum
Examples	Materials from maintenance/refurbishments works, including plasterboard off-cuts and waste, plaster materials for demolition and construction.
Containers	Heavy duty grab bag
Internal storage	As above
Internal transport	Estates Maintenance staff to transport to the Plaster container at the Estates Recycling Yard
Final disposal	Recycling or separate landfill cell







WDS 303 – Oils / oils contaminated waste

EWC	Misc
Definition	Any oils or items contaminated with oil
Examples	Waste engine oil, oily rags, absorbents (i.e. crystals) etc.
Containers	Original container or suitable leak proof container.
Internal storage	Special care must take taken to ensure all risks of spills have been mitigated and adequate bunding has been put in place (i.e. use of a secondary container, bund or drip tray to catch any accidental leaks or spills).
Internal transport	Estates Maintenance staff to transport to the Estates Recycling Yard and store undercover.
Final disposal	Treatment

WDS 304 – Paints

EWC	08 01 11* - 08 01 12
Definition	<ul style="list-style-type: none"> 08 01 11* waste paint and varnish containing organic solvents or other dangerous substances 08 01 12 waste paint and varnish other than those mentioned in 08 01 11
Examples	Paint tins (solvent base or water based) with remaining contents.
Containers	In original containers
Internal storage	Paint tins should be taken to the relevant disposal point as described below, and not stored in cupboards/plantrooms
Internal transport	Estates Maintenance staff to transport empty tins (acceptable with some residue) to the bulk container at the back of Estates stores (D Block)
Final disposal	Treatment.

WDS 305 – Chemicals / gas cylinders

EWC	Misc
Definition	<p>Chemicals, including amongst others</p> <ul style="list-style-type: none"> ✓ Household chemicals ✓ Solvents ✓ Acids and alkalis ✓ Aerosol containers containing residues of hazardous substances ✓ Mercury thermometers ✓ Alcohol gels ✓ Pesticides ✓ Solvent paints ✓ Antifreeze <p>If in doubt refer to your COSHH file.</p> <p>Aerosols with the following symbols are disposed of as chemicals (even if empty):</p> <div style="display: flex; justify-content: space-around; align-items: center;">       </div> <p>Gas cylinders</p> <ul style="list-style-type: none"> 16 05 04* gases in pressure containers (including halons) containing dangerous substances 16 05 05 gases in pressure containers other than those mentioned in 16 05 04
Examples	Oil drum, part full chemical container, mercury thermometer
Containers	Loose
Internal storage	Must be stored in accordance with related COSHH requirements (check safety data sheets for each chemical)
Internal transport	Estates. Contact the waste manager at steven.fall@poole.nhs.uk with all details of the product, quantities/volumes and your location for advice on disposal
Final disposal	Treatment/incineration

WDS 306 – Toners and cartridges

EWC	08 03 17*
Definition	All printer toners and cartridges. Please note fax machine ribbons are classed as confidential waste and should be returned to Information Governance for destruction.
Containers	Please place used toner cartridges into their boxes and bring back to the main print

	room in A block lower-ground (turn left before the double doors which lead to the restaurant ramp).
Internal storage	Recycling boxes outside the post room (please deliver them to the post room hatch and inform a member of staff).
Internal transport	All staff
Final disposal	Recycling at a specialised facility

Waste Electrical and Electronic Equipements (WEEE)

WDS 307 – WEEE – Domestic type

WDS 308 – WEEE - IT and Telecommunications Equipment

WDS 309 – WEEE – Medical Equipment

WDS 310 – Batteries

WDS 311 – Lamps & Bulbs

WDS 307 – WEEE – Domestic type

EWC	Misc
Definition	<p>All items with an electrical or electronic aspect (including if running on batteries). With the exception of IT & Telecommunications equipment (see WDS 308) and some medical equipment (see WDS 309).</p> <ul style="list-style-type: none"> Mixed items 16 02 14 Fridges 16 02 11* TVs / Monitors 16 02 13*
Examples	<p>Large items: Television sets, fridges/freezers, etc.</p> <p>Small items: Microwaves, kettles, fans, cabling, etc.</p>
Containers	WEEE cages in underpass waste compound
Internal storage	<p>Contact Helpdesk for disposal – ext 8056</p> <p>Always make disposal arrangements in advance. Do not place items in corridors/disposal cupboards/external locations.</p>
Internal transport	<p>Portering/Estates staff</p> <p>Transported to the WEEE cages/store in the underpass compound</p>
Final disposal	Recycling (materials recovery).

WDS 308 – WEEE – IT and Telecommunications Equipment


EWC	Misc
Definition	<p>All IT equipment items with an electrical or electronic aspect (including if running on batteries).</p> <ul style="list-style-type: none"> Mixed items 16 02 14 Printers / faxes 16 02 14 Comms items 16 02 14 Computers 16 02 14 Monitors 16 02 13* Cables 17 04 11
Responsibilities	The IT department is responsible for all data erasing prior to disposal.
Examples	Computers, monitors, hard drives, fax machines, telephones, keyboards, cabling etc.
Containers	Underpass WEEE store
Internal storage	<p>Contact the IT helpdesk for disposal – ext 2347</p> <p>Always make disposal arrangements in advance. Do not place items in</p>

	corridors/disposal cupboards/external locations.
Internal transport	IT staff
Final disposal	Recycling (materials recovery).

WDS 309 – WEEE – Medical Equipment

EWC	Misc
Definition	<p>All medical equipment items with an electrical or electronic aspect (including if running on batteries).</p> <ul style="list-style-type: none"> Mixed items 16 02 14
Responsibilities	<p>The Medical Equipment, Cleaning & Decontamination (MECDU) unit is responsible for ensuring equipment is fully decontaminated prior to disposal or resale to/re-use by a third party.</p> <p>The Clinical Engineering department is responsible for ensuring compliance prior to disposal of medical electrical devices.</p> <p>Pacemakers and Implantable Cardioverter Defibrillators (ICDs) ALL pacemakers removed from patients are returned to the manufacturer by the department undertaking the procedure.</p>
Examples	Dialysis machine, Patient Monitors, Infusion Devices, Electric Profiling Beds, Patient Movement Alarms, Defibrillators, ECG Machines, Incubators, Pressure Relieving Mattresses, Dental Equipment, etc.
Internal storage	<p>Contact the Clinical Engineering department about disposal – ext 2244</p> <p>Always make disposal arrangements in advance. Do not place items in corridors/disposal cupboards/external locations.</p>
Internal transport	Consult with the Clinical Engineering department prior to disposal.
Final disposal	Recycling (materials recovery).

WDS 310 - Batteries

EWC	20 01 33*
Definition	All waste batteries, including alkali-manganese, zinc-carbon, nickel-metal hydride and nickel-cadmium batteries
Containers	 <p>Containers for battery recycling are located in a large number of areas across the Trust, and can be requested from the Waste Manager or the Helpdesk on ext 8056</p>
Internal storage	Only use issued containers for storing batteries. Do NOT use sharps bins. Batteries should be kept dry at all time. If storing specialised batteries, do not mix with domestic batteries
Internal transport	Estates – call Helpdesk on ext 8056 with your location for a container exchange
Final disposal	Recycling at a specialised facility.

WDS 311 – Lamps & Bulbs

EWC	20 01 21*
Definition	All lamps and bulbs
Examples	Incandescent bulbs, fluorescent tubes, low-energy bulbs, etc...

Containers	In packaging of new tube/bulb for internal transport.
Internal storage	Estates Stores yard – tube coffin (key available from Estates storeman)
Internal transport	Estates Maintenance staff to transport to the Estates Stores yard.
Final disposal	Recycling at a specialised facility.

APPENDIX B

WASTE MANAGEMENT GROUP – TERMS OF REFERENCE

MAIN PURPOSE

The Waste Management Group is tasked with producing recommendations and policies to ensure all waste streams arising from the Trust activities are managed in an environmentally sustainable and cost-effective manner, in line with applicable legislation, and current best practice when appropriate.

MEMBERSHIP

Associate Director of Estates – George Atkinson - Chair
Estates Officer (Energy & Waste) – Steven Fall – Waste Manager
Assistant Director of Nursing – Denise Richards
Portering Manager – Steven Lee
Compliance Manager – Norman Gillespie
ISS Manager – David Gregory
Theatres Manager – Vivian Stevens
Commercial Category Manager – Paul Roberts
Catering Manager – Kevin Bailey
Estates Maintenance Manager – Mark Hardwicke
Health and Safety & Fire Risk Manager – Gary Grindrod
Maternity Clinical Risk Lead – Jill Chatten

If they cannot attend meetings, members are kindly asked to arrange for deputies from their area to attend on their behalf. Quorum is reached when 5 members/deputies or more are present. The Group may invite other managers and staff of the Trust, and invite staff from partner organisations to attend meetings as necessary.

DELEGATED AUTHORITY and REPORTING ARRANGEMENTS

The Waste Management Group will operate as a sub-group of the Risk Management & Safety Group.

The Group Chair or a deputy will report on the Group's work at Risk Management Committee meetings.

FREQUENCY OF MEETINGS

The Waste Management Group usually meets every quarter.

DUTIES

- For members of the Group to be trained and knowledgeable on waste management best practice in a healthcare environment (including legislative requirements and Department of Health Guidelines).
- To review current waste management practices and procedures for the Trust.
- To make recommendations to ensure compliance with waste legislation applicable to the Trust.
- To keep up-to-date on upcoming waste legislation and what actions are required to ensure compliance.
- To make recommendations for the implementation of Department of Health Guidelines for waste management when appropriate.
- To be responsible for the development of Waste Management policies for the Trust.
- To formulate proposals for the implementation of Waste Management policies, including staff training.
- To track and monitor Key Performance Indicators for waste management.
- To ensure that the broader financial and operational consequences of waste management decisions are taken into account.
- It is the duty of the group to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan Committee), namely: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

APPENDIX C

WASTE FLOW CHART

