



# Waste Management Policy

Please read this policy in conjunction with the Waste Management Manual – CORP/HSFS 17 (B)

**This procedural document supersedes: CORP/HSFS 17 (A) v.4 – Waste Management Policy**



## Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Kirsty Edmondson Jones – Director of Estates and Facilities
Author/reviewer: (this version)	Mr D Hall – Waste Management Co-ordinator Mr S Tyler- Head of Compliance
Date written/revised:	August 2018
Approved by:	Waste Management Group/Health and Safety Committee
Date of approval:	18 September 2018
Date issued:	5 October 2018
Next review date:	August 2021
Target audience:	Trust-wide

## Amendment Form

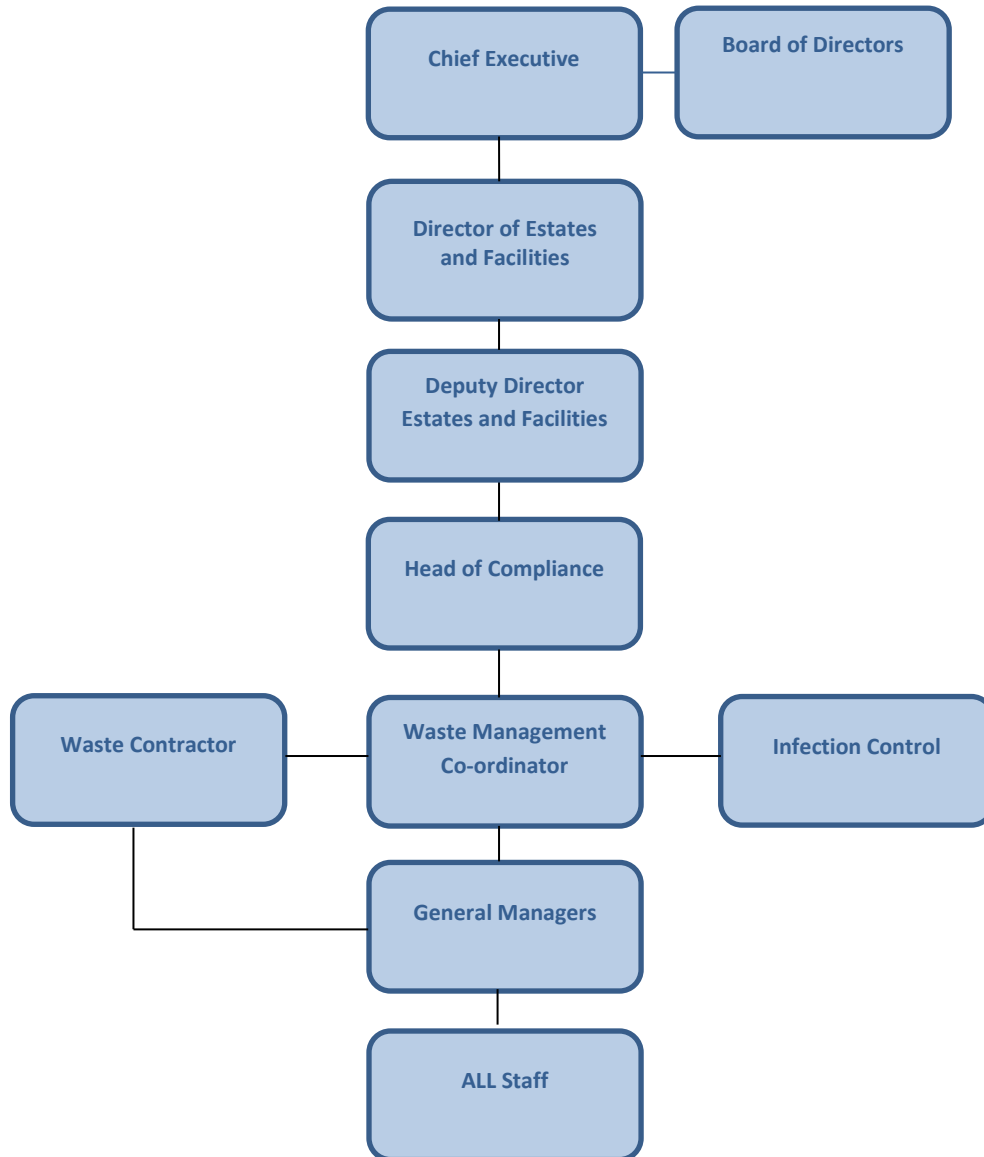
Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Changes</b>	<b>Author</b>
CORP/HSFS 17 (A) v.5	5 October 2018	<ul style="list-style-type: none"> <li>Policy update due to new Waste management Contractor and waste disposal options.</li> </ul>	D Hall /S Tyler
CORP/HSFS 17 (A) v.4	13 August 2014	<ul style="list-style-type: none"> <li>Complete re-write of Waste Management Policy due to introduction of Waste Management Manual Procedure Document – CORP/HSFS 17 (B) v.1</li> <li>Update in accordance with Health Technical Memorandum 07-01 Version 2 May 2012</li> <li>Proposed Waste Contract 2013 – 2016</li> <li>Equality Impact Assessment – Initial Screening</li> </ul>	H Timms / D Hall
CORP/HSFS 17 v.3	Jan 2009	Complete re-write of Waste policy due to recent changes in Waste Management Legislation and NHS Guidance.	Dave Hall
Version 2	Dec 2006	<ul style="list-style-type: none"> <li>Complete re-write of Waste policy due to recent changes in Waste Management Legislation (Hazardous Waste Regulations 2005) and NHS Guidance.</li> </ul>	Dave Hall

## Contents

	<b>Page No.</b>
1 INTRODUCTION .....	5
2 PURPOSE.....	5
3 DUTIES AND RESPONSIBILITIES .....	5
3.1 Chief Executive .....	5
3.2 Director of Estates and Facilities .....	6
3.3 Deputy Director of Estates and Facilities .....	6
3.4 Head of Compliance .....	6
3.5 Waste Management Co-ordinator .....	6
3.6 Nurse Directors, General Managers, Matrons, Ward Managers, Heads of Department ..	6
3.7 Infection Control Team .....	7
3.8 All Staff .....	7
3.9 Waste Management Group .....	7
3.10 Waste Contractors .....	8
4 PROCEDURE .....	8
4.1 Segregation of Waste .....	8
4.2 Packaging of Waste .....	8
4.3 Waste Handling .....	8
4.4 Waste Storage .....	8
4.5 Operation of Waste Handling Equipment .....	9
4.6 Health and Safety .....	9
4.7 Waste Contracts, Contractors and Legal paperwork .....	9
4.8 Waste Disposal .....	10
4.9 Waste Reduction, Reuse and Recycling .....	10
5 TRAINING/SUPPORT .....	10
5.1 Feedback .....	10
6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT .....	11
7 DEFINITIONS .....	12
8 EQUALITY IMPACT ASSESSMENT .....	12
9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS .....	12
10 REFERENCES .....	13
APPENDIX 1 – CONTACTS .....	14
APPENDIX 2 – WASTE FEEDBACK FORM .....	15
APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING .....	16

## WASTE MANAGEMENT - STRUCTURE



## 1 INTRODUCTION

This document contains summarised guidelines for the identification, segregation, collection, storage and transport of waste produced by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). Further, more detailed information is provided in the Trust Waste Management Manual – CORP/HSFS 17 (B).

This document applies to the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and all Trust staff (including contractors employed by the Trust). It forms part of the organisation's overall health and safety policy. For completeness this document should be read in conjunction with the Trust Waste Management Manual – CORP/HSFS 17 (B), a copy of which can be found on the Trust's intranet.

## 2 PURPOSE

The Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is required to comply with both environmental and waste legislation. If the Trust does not comply with legislation the Environment Agency could prosecute the Trust and impose a fine of up to £50, 000. It is important to note that all staff has a legal Duty of Care requirement to ensure that they dispose of their waste in a safe correct manner.

The main objectives of this policy are to:

- Ensure compliance with all relevant waste and environmental legislation  
(a list of the key regulations are provided in the appendix)
- Protect the health and safety of all Trust employees, patients and visitors
- Protect the environment as far as is possible with regard to Trust activities, policies and procedures.
- Manage waste in a cost effective and efficient way
- Follow the basic guidance as recommended in Safe Management of Healthcare Waste (SMHCW) March 2013

## 3 DUTIES AND RESPONSIBILITIES

### 3.1 Chief Executive

The Chief Executive is accountable for ensuring compliance with the statutory requirements relating to waste management and the environment:

- The responsibility for implementing all aspects of the Waste Management Policy and Manual is devolved to relevant managers and supervisors.
- The Chief Executive will ensure that the requirements specified within the Waste Management Policy and Manual associated procedures are adequately resourced and implemented.

### **3.2 Director of Estates and Facilities**

The Director of Estates and Facilities is the Executive Director responsible for waste management and will ensure consideration of such in the business of the Board.

### **3.3 Deputy Director of Estates and Facilities**

The Deputy Director of Estates and Facilities is nominated by the Director of Estates and Facilities as a lead for Estates and Facilities across the Trust.

### **3.4 Head of Compliance**

The Head of Compliance Services:

- Will report directly to the Deputy Director of Estates and Facilities with regard to Trust wide waste management activities.
- Is responsible for managing the Waste Management Coordinator.
- Will deal with strategic issues relating to waste management, including regular updating of the Waste Management Policy and Manual and monitoring of the Waste Contract.

### **3.5 Waste Management Co-ordinator**

The Waste Management Co-ordinator:

- Is responsible for ensuring that the day to day operational issues surrounding waste disposal within the Trust are conducted in line with the Waste Management Policy and Manual.
- Will audit and monitor all waste management activities and ensure compliance with all legislative, statutory or mandatory requirements, as well as implementing the Waste Management Policy and Manual.
- Will chair the Trust's Waste Management Group.
- Will ensure all necessary training is provided to ensure the safe handling and disposal of all waste generated within the Trust.
- Will liaise directly with the various wards, departments and deal with waste comments, complaints, suggestions, incidents, non-conformances and breaches of the Waste Policy and Waste Manual. (See item 16 Feedback).

### **3.6 Nurse Directors, General Managers, Matrons, Ward Managers, Heads of Department**

The Nursing Directors, General Managers, Matrons, Ward Managers and Heads of Department:

- Are responsible for ensuring that their staffs comply with the requirements of the Waste Management Policy and Manual.

- Must ensure all staff in their area of responsibility are adequately trained to deal with waste (including spillages) generated by their activities.
- Must ensure an adequate level of local resources are available to meet procedural requirements.
- Must ensure the Waste Management Coordinator is made aware of any problem areas and that action is taken to resolve non-compliances.
- Ensure local arrangements are in place to comply with any Duty of Care obligations, local storage requirements and staff handling arrangements.

### **3.7 Infection Control Team**

The Infection Control Team:

- Will assist in the implementation of the Waste Management Policy and Manual, with regard to infection control related issues.
- Will provide information and advice and support the training of Trust staff in aspects of waste management relevant to good infection control.
- Will assist in ensuring that the criteria laid out in The Health Act – Code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI) (2008) Last updated 24 July 2015 are complied with, in relation to waste.
- Will be consulted in relation to the planning, design, construction, refurbishment and commissioning of waste areas to ensure infection control protocols are complied with.

### **3.8 All Staff**

All staff:

- Are responsible for following the procedures laid down in this Policy and the Waste Management Manual - CORP/HSFS 17 (B) and complying with their legal Duty of Care, with regard to waste.
- Will be expected to attend any relevant waste management training.
- Will be subject to disciplinary procedures and in extreme cases liable to prosecution for non-compliance with regard to this Policy and the Waste Management Manual CORP/HSFS 17 (B) (which are based on national legislation and guidance).

**NB: The Duty of Care with regard to waste applies to all staff that produce, handle and dispose of waste.**

### **3.9 Waste Management Group**

The Waste Management Group provides a forum for discussing any issues relating to the management of waste within the Trust, as well as approving the Waste Management Policy and Manual.

### **3.10 Waste Contractors**

Licensed/permitted contractors are responsible for removing waste and waste containers for storage locations at each site, to licensed/permitted waste disposal, recovery or treatment sites as required. They are also responsible for the provision of relevant legal paperwork and supplying the Trust with Consignee Returns for hazardous waste.

## **4 PROCEDURE**

### **4.1 Segregation of Waste**

- In order to comply with legislation and ensure the protection of both human health and the environment, the various categories of waste produced at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust sites, and in the home environment where treatment is provided by DBTH healthcare workers, should be kept separate and segregated at all times.
- Segregation is applicable during storage, collection, transport and final disposal.
- Procedures for the correct segregation of the various waste streams are detailed in the Waste Management Manual - CORP/HSFS 17 (B).
- For Radioactive Waste please see CORP/HSFS 21 - Ionising and Non-Ionising Radiations Safety Policy.

### **4.2 Packaging of Waste**

- All waste produced at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust sites and by DBTH healthcare workers treating patients in the home environment, should be packaged appropriately according to legislative requirements, recommended guidance and risk assessment.
- All waste streams will also be identified with regard to the point of production or source of the waste.
- Procedures for the correct packaging and labelling of the various waste streams are detailed in the Waste Management Manual - CORP/HSFS 17 (B).

### **4.3 Waste Handling**

- All waste must be handled carefully and safely by all staff to avoid injury or risk of infection to themselves or others and to protect the environment.
- Staff must follow practical procedures for waste handling, as indicated in the Waste Management Manual - CORP/HSFS 17 (B).

### **4.4 Waste Storage**

- All waste must be stored segregated, safely, and securely both inside and outside DBTH premises.



- Waste awaiting collection from contractors, should be stored in lockable containers or secure areas at all times.
- Waste produced in the home environment by DBTH healthcare workers, must be stored safely and securely until it is collected by the waste contractor or Local Authority, or compliantly brought back to the site for disposal by the Trust waste contractor.
- All waste should be stored according to the requirements of the Waste Management Manual - CORP/HSFS 17 (B).

#### **4.5 Operation of Waste Handling Equipment**

- Waste handling equipment (such as wheeled bins, trolleys, waste compactors, balers, shredders, etc.) shall only be used by authorised and fully trained staff.
- When not in use, all waste handling equipment should be kept secure to prevent access/use by unauthorised persons.
- Further information on the operation of waste handling equipment is provided in the Waste Management Manual - CORP/HSFS 17 (B).

#### **4.6 Health and Safety**

- All staff that comes into contact with waste must carry out Risk Assessments to identify and assess the risks to themselves and others from any waste related duties and activities (including waste handling, collection, storage, movement and disposal).
- All accidents and incidents involving waste items should be recorded and reported using the DBTH Incident Reporting System.
- All staff should be issued with and wear appropriate protective clothing and equipment, when undertaking waste related duties, to ensure waste is dealt with in a safe manner. Staff handling clinical and hazardous waste should be offered immunisation, including hepatitis B and tetanus.
- All waste spillages must be regarded as potentially hazardous and dealt with immediately. Full details of procedures for dealing with waste spillages are provided in the Waste Management Manual - CORP/HSFS 17 (B) and additional information is available in the Infection Control Policy and guidance.

#### **4.7 Waste Contracts, Contractors and Legal paperwork**

- The Estates Department is responsible for the various contractors for waste collection and disposal across all DBTH premises.
- Any waste removed from DBTH premises sites for treatment/recovery/ disposal must be accompanied by the relevant legal paperwork (waste transfer notes – non-hazardous waste, waste consignment notes – hazardous waste). Further information on paperwork requirements are provided in the Waste Management Manual - CORP/HSFS 17 (B).

- Designated staff at DBTH premises will be required to regularly complete legal paperwork for waste movements. Copies of all legal paperwork will need to be kept for 2 years (waste transfer notes) or 3 years (waste consignment notes).

#### **4.8 Waste Disposal**

- Waste produced by DBTH may be disposed of in a variety of ways including; reuse, recycling, landfill, incineration or alternative treatment.
- It is essential that the appropriate disposal method is utilised for each waste stream to ensure compliance with relevant legislation and to protect human health and the environment.
- The Estates Department at DBTH is responsible for the contractual arrangements for waste disposal from the Trust premises.

#### **4.9 Waste Reduction, Reuse and Recycling**

- DBTH will seek, wherever possible, to reduce the amount of waste produced across all of its premises.
- Where reduction is not an option, DBTH will aim to introduce reuse and recycling schemes, to minimise the amount of waste requiring final disposal.

### **5 TRAINING/SUPPORT**

- Training will be provided for all DBTH staff involved in the handling of waste on an annual basis.
- Training will also be provided as required with the introduction of changes in legislation and new working routines.
- Additional training is also available for those staff involved in specific waste management duties.
- Training records will be kept for all staff attending/receiving any waste related training.
- Staff are encouraged to keep waste training information in their personal training and learning portfolio.
- Further information on training is provided in the Waste Management Manual - CORP/HSFS 17 (B).

#### **5.1 Feedback**

- The Waste Management Coordinator would like to encourage staff to report and record waste comments, complaints, suggestions, incidents, non-conformances and breaches of the Waste Policy and Waste Manual on the Feedback form Appendix 2. The form is also located on the Trust Intranet site.
- Dave Hall, Waste Management Coordinator can be contacted direct at Bassetlaw Hospital on 01909 572830 or by E Mail – Dave.hall2@nhs.net

## 6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

All aspects of waste management across the DBTH premises should be regularly audited and monitored, with any issues of non-compliance or poor practice recorded and prioritised in action plans.

<b>What is being Monitored</b>	<b>Who will carry out the Monitoring</b>	<b>How often</b>	<b>How Reviewed/ Where Reported to</b>
<b>Waste Contractor Duty of Care Audit</b> which involves following the contractors vehicle from the waste pick up point to its final destination, then a full inspection of the waste contractors disposal site and vehicle used for transporting any waste.	Waste Management Co-ordinator /Head of Compliance.	Annual	A cradle to grave audit of waste collected to its final disposal point, full inspection of the waste contractors documentation and legal paperwork. Any shortfalls to be followed up by the Waste Management Coordinator & Waste Contractor.
<b>Waste Contract Pre Acceptance Audit</b> This audit involves looking at all waste management practices being carried out across each Trust site's at all wards and departments to ensure that any waste being collected is segregated correctly to avoid prosecution. All consignment notes should be completed fully.	Waste Management Co-ordinator, Head of compliance, Waste contractor, Infection control, Health & Safety, Facilities Services dept.	Annual	To inspect and audit each Trust sites waste management routines and disposal practices to ensure any non-compliant practices are identified. Any issues found in the audit to be followed up and rectified by the Waste management coordinator.
<b>Ward/Department Audits</b> To ensure all wastes produced are disposed of compliantly into the correct waste stream.	Waste Management Co-ordinator.	Annual	Inspect all waste bins making sure all waste is segregated correctly and disposed of into the correctly labelled bins. Any follow up to be carried out by the waste management coordinator.

<p><b>Sharp Smart Sharps Bin Audit.</b> All sharps containers are inspected to ensure that they are correctly closed off when full. A selection of the containers are opened at the Sharpsmart disposal site to inspect the waste segregation</p>	<p>Waste Management Co-ordinator, Waste Contractor</p>	<p>Monthly</p>	<p>A monthly audit smart report is passed to the Trust by Sharpsmart, so that we can see any areas of concern or follow up by the waste management coordinator.</p>
<p><b>Any major non-compliance or issues of concern are passed to the Head of Compliance</b></p>			

## 7 DEFINITIONS

- (EIA) - Equality Impact Assessment
- (EfW)- Energy from Waste
- (RDF) – Refuse Derived Fuel
- (CD)- Controlled Drug
- (COSHH) – Control of Substances Hazardous to Health
- (W.E.E.E) - Waste Electronic, Electrical Equipment Regulations.
- (SWMP) – Site Waste Management Plan)

## 8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

## 9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/HSFS 17 (B)** - Waste Management Manual
- CORP/HSFS 1-** Health and Safety Policy **plus H&SRAF** -Health and Safety Risk Assessment Form
- CORP/HSFS 2** - Health and Safety at Work - Medical Surveillance
- CORP/HSFS 4** - Manual Handling Policy
- CORP/HSFS 7** - Control of Substances Hazardous to Health (COSHH) Guidance
- CORP/HSFS 10 (A)** – Asbestos Policy

**PAT/PA 19** – Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)

**CORP/HSFS 18** – Water Management Policy

**CORP/HSFS 21** – Ionising and Non-Ionising Radiations Safety Policy

**CORP/HSFS 30** - Management of Contractors Policy and Procedures

**PAT/PA 28** – Privacy and Dignity Policy

**CORP/EMP 4** - Fair Treatment for All Policy

**CORP/EMP 27** – Equality Analysis Policy

## 10 REFERENCES

**HTM 07 - 01** Safe Management of Healthcare Waste 2013, Department of Health.

National Guidance for Healthcare water discharges (August 2014)

Clinical waste Environmental Permitting Regulations (EPR 5.07)

WM3 Technical Guidance on the Classification and Assessment of waste.

Carriage of Dangerous goods and the use of Transportable pressure Equipment Regulations.

Controlled Waste Regulations 1992.

Control of Substances Hazardous to Health Regulations (COSHH)

Hazardous Waste Regulations (England and Wales)

Health and Safety Executive (HSE) Health and Safety at work Act.

Waste Electrical and Electric Equipment Regulations. (W.E.E.E.)

**This list is not exhaustive further reference to Legislation and Guidance can be found in the Waste Management Manual CORP/HSFS 17 (B)**

## APPENDIX 1 – CONTACTS

### Contacts

TITLE	PHONE	BLEEP	BASE	DIRECTORATE
Waste Management Coordinator	572830		BDGH	Estates
Head of Compliance	644103		DRI	
Deputy Director of Estates and Facilities	644104		DRI	Facilities
Head of Operational Estates	644134			
Medical Engineering	642135		DRI	Estates
Medical Engineering	572369		BDGH	Estates
Pathology	642856		DRI	Pathology
Radiation Protection	644552		DRI	Pathology
Pharmacy Manager	572473		BDGH	Pharmacy
Pharmacy Services	644330		DRI	Pharmacy
Procurement/Supplies	642379		DRI	Finance
Procurement/Supplies	642373		DRI	Finance
Fire Safety Advisor	572772		DRI	Estates
Local Security Manger	644128		DRI	Estates
Health and Safety Advisor	642060			
Head of Operational Estates	572833		BDGH	Estates
Estates Helpdesk	643555		DRI	Estates
Estates Reception	572828		BDGH	Estates
Service department Service Co-ordinator	644447 644450		DRI	Facilities
Service department	01709-649091		Mont	Facilities
Service department	57-2902/2928 572928		BDGH	Facilities
Transport Manager	572826		BDGH	Estates
Infection Control	644489		DRI	Infection Control

**Additional contacts can be accessed via the Intranet on-line Telephone Directory.**

## APPENDIX 2 – WASTE FEEDBACK FORM

**For Direct Feedback Please Contact**

**Dave Hall – Waste Management Co-ordinator on 01909 572830 BDGH**

**Your Name:**

**Job Title:**

**Ward / Dept:**

**Ext:**

**E-Mail:**

**Would you describe your feedback as** *(tick where appropriate)*

**Comment**

**Complaint**

**Compliment**

**Suggestion**

**Question**

**Your Feedback:**

**Please return your completed forms to [Dave.hall2@nhs.net](mailto:Dave.hall2@nhs.net)  
Or Post to Dave Hall 'Estates Department' BDGH**

### APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING				
Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Waste Management Policy	Estates and Facilities	Mr S Tyler & Mr D Hall	Existing Updated	15-08-2018
<b>1) Who is responsible for this policy?</b> Name of Care Group/Directorate: Estates and Facilities				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? Trust Wide Staff. To Ensure Compliance with both Environmental and Waste Legislation				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: Specific objectives to comply with Health Technical Memorandum 07-01 Safe Management of Health Care Waste				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – Trust Staff Awareness				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No <ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
<b>Date for next review: August 2021</b>				
<b>Checked by: Howard Timms</b>		<b>Date: 16-08-2018</b>		