



Waste Management Policy

This procedural document supersedes: CORP/HSFS 17 (A) v.5–Waste Management Policy

Please read this policy in conjunction with: -

CORP/HSFS 17 (B) - Waste Management Manual



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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):	Alex Crickmar – Acting Director of Finance
Author/reviewer: (this version)	Hassan Ahmed - Waste Management Lead
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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.

Version	Date Issued	Brief Summary of Changes	Author
Version 6	January 2023	<ul style="list-style-type: none"> • Reformatted policy into the new APD template. • Change of line management for Waste Management Lead. • Amended Appendix 1 – contact details. 	Hassan Ahmed
Version 5	5 October 2018	<ul style="list-style-type: none"> • Policy updates due to new waste management contractor and waste disposal options. 	Dave Hall Sean Tyler
Version 4	13 August 2014	<ul style="list-style-type: none"> • Complete re-write of Waste Management Policy due to introduction of Waste Management Manual Procedure Document – CORP/HSFS 17 (B) • Update in accordance with Health Technical Memorandum 07-01 Version 2 May 2012 • Proposed Waste Contract 2013 – 2016 • Equality Impact Assessment – Initial Screening 	Howard Timms Dave Hall
Version 3	January 2009	<ul style="list-style-type: none"> • Complete re-write of Waste Policy due to recent changes in Waste Management Legislation and NHS Guidance. 	Dave Hall
Version 2	December 2006	<ul style="list-style-type: none"> • Complete re-write of Waste policy due to recent changes in Waste Management Legislation (Hazardous Waste Regulations 2005) and NHS Guidance. 	Dave Hall

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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 is provided in the references)
- 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 Facilities

- 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 Lead.
- 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 Lead

- 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.

3.6 Nurse Directors, General Managers, Matrons, Ward Managers, 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 Lead 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

- 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

- 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 DBTH sites, and in the home environment where treatment is provided by Trust 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 DBTH sites and by Trust 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 Facilities 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 is 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). The paperwork must be posted/ scanned and emailed to the estates and facilities office at Doncaster Royal Infirmary and marked for the attention of the waste management lead (Hassan Ahmed).

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 Facilities 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 Waste Feedback/Issues

The Waste Management Lead 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 ([See Appendix 2](#)).

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.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Waste Contractor Duty of Care Audit Assessing and documenting the cradle to grave process which contractors use to dispose of wastes.	Waste Management Lead.	Annual	A cradle to grave audit of waste collected to its final disposal point, full inspection of the waste contractor's documentation, legal paperwork, permits insurances etc.
Pre-Acceptance Audit 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.	Waste Management Lead., Head of Facilities, Waste contractor, Infection control, Health & Safety, Facilities Services Department	Annual	To inspect and audit each Trust sites waste management routines and disposal practices to ensure any non-compliant practices are identified. To provide contractor's with a summary of wastes being produced and associated packages. Any issues found in the audit to be followed up and rectified by the Facilities Waste Management Lead.
Ward/Department Audits To ensure all wastes produced are disposed of compliantly into the correct waste stream.	Waste Management Lead.	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 Facilities Waste Management Lead.
Sharpsmart Sharps Bin Audit. All sharps containers are inspected to ensure that they are correctly closed off when full. A selection of the containers is opened at the Sharpsmart disposal site to inspect the waste segregation	Waste Management Lead, Waste Contractor	Monthly	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 Facilities Waste Management Lead.
Any major non-compliance or issues of concern are passed to the Head of Compliance			

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 36 A - Water Safety Plan: Governance Policy
 CORP/HSFS 36 B - DBTH Water Safety Plan Operations and Procedures Manual (WSP/Tech)
 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

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

11 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

Title	Contact No.	Site	Directorate
Waste Management Lead	644079	DRI	Estates & Facilities
Head of Facilities	644103	DRI	Estates & Facilities
Deputy Director of Estates and Facilities	644104	DRI	Estates & Facilities
Head of Operational Estates	644134	DRI	Estates & Facilities
Medical Engineering	642135	DRI	Estates & Facilities
Medical Engineering	572369	BDGH	Estates & Facilities
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	644126	DRI	Estates & Facilities
Local Security Management Specialist (LSMS)	644128	DRI	Estates & Facilities
Health and Safety Advisor	642060	DRI	Estates & Facilities
Head of Operational Estates	572833	BDGH	Estates & Facilities
Estates Helpdesk	643555	DRI	Estates & Facilities
Estates Reception	572828	BDGH	Estates & Facilities
Service Department Service Co-ordinator	644447 644450	DRI	Estates & Facilities
Service Department	01709-649091	MMH	Estates & Facilities
Service Department	572902/572928	BDGH	Estates & Facilities
Transport Manager	572826	BDGH	Estates & Facilities
Infection Prevention & Control	644489	DRI	Infection Control

APPENDIX 2 – WASTE FEEDBACK FORM

For direct feedback please contact

Waste Management Lead

Your Name:

Job Title:

Ward / Dept:

Ext:

E-Mail:

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

Comment

Complaint

Compliment

Suggestion

Question

Feedback

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Waste Management Policy	Estates and Facilities	Hassan Ahmed	Existing	15 August 2022
1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? Trust Wide Staff, to ensure compliance with both environmental and waste legislation.				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Specific objectives to comply with Health Technical Memorandum 07-01 Safe Management of Health Care Waste.				
4) What factors contribute or detract from achieving intended outcomes? – Trust Staff Awareness				
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? Details: [see Equality Impact Assessment Guidance] - No				
• If yes, please describe current or planned activities to address the impact [e.g., Monitoring, consultation] – N/A				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
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			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<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>				
Date for next review: November 2025				
Checked by: Sean Tyler – Head of Compliance			Date: 15 August 2022	