



# Waste Management Manual

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

**This procedural document supersedes: CORP/HSFS 17 (B) v.2 – Waste Management Manual**



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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 3	July 2023	<ul style="list-style-type: none"> <li>• Updated to reflect new APD format.</li> <li>• NHS Clinical Waste Strategy added to introduction.</li> <li>• New addition 12.4 Inhalers.</li> <li>• Waste produced from home visits.</li> <li>• Amended catering food waste section 16.2 with the introduction of a biodigester unit at DRI and BDGH.</li> <li>• Updated with the new waste contractor details.</li> </ul>	Hassan Ahmed
Version 2	5 October 2018	<ul style="list-style-type: none"> <li>• Waste Manual update following changes to the Waste Contract, Waste Contractor, Compliance, and new Legislation.</li> <li>• Information for the Bio-track waste tagging system and colour coding.</li> <li>• Condemnation and disposal Information,</li> <li>• Updated list of Cytostatic/Cytotoxic medications</li> <li>• Updated Consignment note details</li> <li>• Pathology section updated</li> <li>• Radioactive waste section updated</li> </ul>	D Hall / S Tyler
Version 1	20 August 2014	<ul style="list-style-type: none"> <li>• Introduction of separate Waste Management Manual - split off Procedures from Policy (Original Issue)</li> <li>• Update in accordance with Safe Management of Healthcare Waste V1 (2013) guidance</li> <li>• Update following Environment Agency audit and inspection.</li> </ul>	H Timms /D Hall

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## 1 INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is keen to ensure the safe and sustainable management of wastes produced from healthcare activities on the Doncaster Royal Infirmary, Bassetlaw, and Montagu hospital sites, through the following:

- Ensuring all waste streams are disposed of appropriately, according to legislation and good practice
- Reducing the amount of waste produced
- Making best use of the waste that is produced by maximising re-use, recycling, and where feasible composting
- Minimising the amount of waste disposed of to landfill
- Providing relevant training and information to staff, patients, and visitors
- Providing the necessary equipment and facilities to allow the safe and correct handling and storage of waste.

The Trust is working in partnership with a number of waste contractors to reduce the amount of domestic waste sent to landfill and increase the amount of waste recycled and/or composted.

Where feasible the Trust will also introduce measures to minimise and recycle waste including reducing the amounts clinical/infectious waste produced, by improving the segregation of clinical/infectious and domestic waste and the introduction of the offensive waste stream.

This document has been produced in line with the general recommendations made in the Safe Management of Healthcare Waste - (HTM 07-01, March 2023).

This Manual should be read in conjunction with The Trust's Waste Management Policy, CORP/HSFS 17 (A) which describes the Trust's overall objectives for waste management, together with the management arrangements and accountabilities for delivering those objectives.

The Trust is striving towards improving the effectiveness of its waste management systems in order to achieve the following: -

- 20% of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration
- 20% of waste segregated to be sent to alternative treatment
- 60% of waste segregated to be classified as offensive waste

The Trust's Waste Management Policy and any other relevant policies are found on the Trust's intranet site under "Documents" and then "Policies".

## 2 PURPOSE

The 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 fine the Trust an amount of up to £50,000. It is important to note that all staff have a legal Duty of Care requirement to ensure that they dispose of their waste in a safe and correct manner.

The Trust's Waste Management Policy contains objectives designed to ensure it complies with waste management legislation and that it manages waste in a cost-efficient way. The objectives of this Manual are as follows:

- to ensure arrangements are in place to ensure the safe and legal segregation, storage, consignment, and disposal of waste produced by the Trust.
- to ensure that all relevant staff are aware of those arrangements by providing a clear description of procedures relevant to each department.

## 3 DUTIES AND RESPONSIBILITIES

### 3.1 Waste Descriptions, Packaging and Disposal Methods

Waste management legislation sets out mandatory requirements for the description, packaging, and disposal of waste. Each type of waste is given a European Waste Catalogue (EWC) Code which must be used when describing the waste on all relevant documents. There are specific storage and disposal requirements required, which will depend on the EWC Code/waste description. It is essential that the Trust complies with these mandatory requirements.





The following tables showing the EWC codes, storage, packaging/colour coding and disposal methods that apply to the types of waste likely to be generated by the various wards/departments of the Trust.













## 4 PROCEDURE






### 4.1 General Wards and Departments – Types of Waste and Disposal Routes



Waste likely to be produced include: -






EWC Code (European waste catalogue)	Description	Example	Container/ Packaging	Picture	Comments	Disposal Method
20 03 01 (non-hazardous)	Mixed Recycling	Paper, newspapers, plastic cups, packaging, cardboard cartons, paper hand towels.	Clear plastic bag		Place in black 1100 litre wheeled waste bins	recycling/RDF
20 01 02 (non-hazardous)	Domestic glass containers	Glass jars, bottles, containers, etc.	Brown, waxed paper sack.		Rinse containers. Separate from other waste streams.	Landfill and/or recycling/RDF
20-01-08	Food Waste & contaminated food packaging.	Food, spent flowers, Contaminated food packaging.	Colour of bag to be Green.		Food waste and contaminated food packaging only	For recovery.
18 01 04 (non-hazardous) <b>Bio-track</b>  <a href="#">HL</a>	Offensive waste - <b>Non-infectious</b> , disposable items that may cause offence due to smell, appearance, or wetness.	Nappies, incontinence & sanitary waste, contaminated blood or body fluids from patients assessed to be <b>non-infectious</b> , empty IV bags <b>not</b>	Yellow bag with black stripe (tiger bag)		<b>Must not</b> Contain infectious, anatomical, or pharmaceutical or chemical waste.	Deep landfill or RDF/EfW




EWC Code	Description	Example	Container/ Packaging	Picture	Comments	Disposal Method
18 01 04 Gypsum <b>Bio-track</b> <a href="#">HG</a>	<b>Non-infectious</b> Gypsum waste	Dental casts, fracture clinic, theatre casts	Yellow bag with black stripe 'labelled' Gypsum		Gypsum waste must be separated from other Offensive hygiene waste	Deep landfill
18 01 03 (hazardous) <b>Bio-track</b> <a href="#">HT</a>	<b>Infectious</b> clinical waste – “Waste which may cause infection to any person coming into contact with it” or “waste which based on the risk of infection is classed as clinical”.	Infectious Soiled dressings, swabs, incontinence pads, gloves, aprons, etc contaminated with <b>Infectious</b> blood or body fluids, empty catheter bags, suction tubing.	Orange Clinical plastic bag (Ward use)		<b>Must not</b> contain anatomical, pharmaceutical, or chemical waste.	Alternative treatment / RDF (Or incineration) / EfW
18 01 03 (hazardous) <a href="#">HI</a>	<b>Infectious</b> clinical waste – “Waste which may cause infection to any person coming into contact with it” or “waste which based on the risk of infection is classed as clinical”.	Infectious waste, blood contaminated, glass slides, tissue blocks, Waste contaminated with Chemicals, human tissue, placentas, etc. .	Yellow Clinical Plastic bag. (Pathology)		Yellow bag waste will contain chemical & Pharmaceutical residue	Incineration / EfW
18 01 02/03 (non-hazardous and/or hazardous) <b>Bio-track</b> <a href="#">HA</a>	Non-infectious/infectious anatomical infectious waste	Non-infectious and/or infectious anatomical waste e.g., limbs, human tissue, placentas, etc.	Yellow, rigid, single use container, Bio Bin, or placenta bin (red lid).		Where yellow, rigid, single use containers are used they must be clearly labelled “Anatomical Waste	Incineration / EfW





					– For Incineration Only”	
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
18 01 03 & 18 01 09 (hazardous) <b>Bio-track</b>  <a href="#">HS</a>	Sharps contaminated with general pharmaceuticals (non-cytotoxic/static)	Sharps used for the administration of general pharmaceuticals and/or contrasts, including part used vials and ampoules and medicinal skin patches.	Yellow sharps container with yellow lid (single use) or reusable Sharpsmart container	 	Keep separate to orange bags and other waste streams  Please ensure they are Dated, Signed, and have Ward I.D.	Incineration / EfW
18 01 03 & 18 01 09 (hazardous) <b>Bio-track</b>  <a href="#">HS</a>	Infectious clinical waste contaminated with general pharmaceuticals ( <b>non-cytotoxic/static</b> ).	IV bags, lines, tubing, etc contaminated with general pharmaceuticals and/or contrasts.	Yellow sharps container with yellow lid – large aperture or yellow long bins, or yellow, single use, rigid containers.	  S32+ 	Store with other yellow sharps containers with yellow lids  Please ensure they are Dated, Signed, and have Ward I.D.	Incineration / EfW

18 01 08 & 18 01 03 (hazardous) <b>Bio-track</b>  <a href="#">HY</a>	Sharps and other potentially infectious items contaminated with cytotoxic/static pharmaceuticals	Needles, syringes, etc contaminated with cytotoxic/static pharmaceuticals	Yellow container with purple lid (cyto-bin)	  Ward areas	Keep separate to orange bags and other waste streams. Take to Secure Waste Compound	Incineration / EfW
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
18 01 08 & 18 01 03 (hazardous) <b>Bio-track</b>  <a href="#">HY</a>	Non-sharp potentially infectious items contaminated with cytotoxic/static pharmaceuticals	Protective clothing, IV bags and tubing, etc, contaminated with cytotoxic/static pharmaceuticals	Yellow plastic bag with purple stripe, or all Purple bags.	 Ward Areas	Keep separate to orange bags and other waste streams. Take to Secure Waste Compound	Incineration / EfW
18 01 08 (hazardous) <b>Bio-track</b>  <a href="#">HY</a>	Cytotoxic/static pharmaceuticals	Cytotoxic/static pharmaceuticals including tablets, medicines, etc	Yellow container with purple lid (cyto-bin)	 Pharmacy	Keep separate to orange bags and other waste streams. Take to Pharmacy for disposal	Incineration / EfW
18 01 09 (non-hazardous) <b>Bio-track</b>  <a href="#">HP</a>	General pharmaceuticals – Pharmacy Department only	Ward returns and general pharmaceuticals, tablets, medicines, vials, and ampoules etc. part used,	<b>Blue lid container for Pharmacy use only.</b>		Ward/department returns will be assessed by Pharmacy staff for reuse where feasible	Incineration / EfW






		unused and out of date.		Pharmacy		
18 01 09 (non-hazardous)	Used to return General pharmaceuticals – from wards/depts to the Pharmacy for Segregation	General pharmaceuticals including, tablets, medicines, vials and ampoules etc. part used, unused and out of date.	Return to Pharmacy in Returns Box.		Empty medicine bottles must be disposed of as pharmaceutical waste at the ward.	Re-use / Incineration / EfW
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
18 01 03 or 20 03 99 (Hazardous or non-hazardous)	Mattresses	Mattresses from patient care which may or may not be infectious	Mattress bag (if infectious)	N/A	Seek guidance from Infection Control Team and/or Tissue Viability Nurse. Items must have a decontamination notice completed and attached, prior to collection by Service Assistants	Landfill / RDF or incineration
20 03 07 (non-hazardous)	Bulky waste	Items such as chairs, tables, filing cabinets and other large non-hazardous furniture or equipment	N/A		Do not leave on corridors, keep within ward/department whilst awaiting collection.	Reuse, Recovery recycling / RDF or landfill
20 01 01 (non-hazardous)	Confidential waste	staff or patient personal details, or potentially sensitive	Blue bins, consoles, and		If ward/dept has a cross-shredder the paper waste may	Confidential waste paper will be




	NB Single cut shredders should not be used.	information; patient records, financial records, etc.	White Hessian bag – for un-shredded paper		be shredded and then placed in the domestic waste stream in clear bags.	shredded by the waste contractor. ON SITE
20 01 01 (non-hazardous)	Cardboard	Cardboard boxes and packaging	<u>ensure that boxes are flattened</u>		Place in waste storage areas –	Recycling
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
20 01 40 (non-hazardous)	Scrap metal	Items of redundant/broken metal furniture and equipment.			Dispose of into the Scrap Metal skip. <b>'No Electrical waste'</b>	Recycling
Various	Batteries – small, portable, or hand held	Ni-cad, mercury, alkaline batteries, etc (from general equipment used in wards and departments)	Recycling container		Small, portable, or hand-held batteries only. <b><u>Sharps containers must never be used.</u></b>	Recycling
Various	Batteries – large	Various batteries from vehicles and specialist electronic items and equipment (mainly from Estates and	Designated containers in waste compound		Lead acid batteries should be returned to the waste storage area and stored on the battery bund until collection is made.	Specialist disposal. <i>Contact Waste Management for advice.</i>

		Medical Engineering)				
18 01 06 (Assessment required *)	Chemicals	Chemicals with hazardous properties	Various		To be disposed of via specialist waste contractor. <i>Contact Health &amp; Safety or Waste Management for advice.</i>	Special disposals see COSHH data sheet
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
18 01 07 (non-hazardous)	Chemicals	Chemicals with no hazardous properties	Various		<i>Contact Health &amp; Safety or Waste Management for advice.</i>	Special disposals see COSHH data sheet Recycle
18 01 10 (hazardous)	Amalgam waste	Amalgam capsules, amalgam and teeth containing amalgam (from Dental Department)	Waste contractor's white containers		To be disposed of via specialist waste contractor	Specialist recovery
15 01 04 (non-hazardous)	Lead foils	Lead foils (from Dental Department)	Waste contractor's container		To be disposed of via specialist waste contractor	Special disposal / Recycling.

						
18 01 03 (hazardous) <b>Bio-track</b> <a href="#">HI</a>	Teeth – not containing amalgam	Extracted teeth from Dental Department and Theatres – not containing amalgam	Yellow sharps container with yellow lid		Patients are not permitted to take teeth home	Incineration  EfW
20 01 21 (hazardous)	Mercury	Mercury waste and items contaminated with mercury.		N/A	Specialist disposal. <i>Contact Health &amp; Safety or Waste Management for advice</i>	Special disposals see COSHH data sheet.
<b>EWC Code</b> (European waste catalogue)	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
20 01 36 (non-hazardous)	Mixed electric and electrical equipment (not containing hazardous components)	Computers, medical equipment, printers, etc.	Waste compound		Includes battery and mains operated items. Items must have an Equipment Condemnation/ Disposal Form attached, prior to collection by Service Assistants	Specialist recovery  recycling / recovery / re-use.
20 01 35 (hazardous)	Mixed electric and electrical equipment (containing hazardous components)	Monitors, TVs, etc	Waste compound		Items must have an Equipment Condemnation/ Disposal Form attached	Specialist recovery  Recycling / Recovery / Re-use





Various (non-hazardous)	Building and engineering wastes	Items such as construction and demolition waste, etc. (from Estates & Facilities Department)	Waste compound		Generated from work carried out by Estates staff or appointed contractors	Landfill / Recycling/ recovery / Re-use. RDF
17 06 01 and/or 17 06 05 (Assessment required *)	Insulation material containing asbestos/construction material containing asbestos	Items consisting of or containing asbestos (from Estates & Facilities Department).	Waste contractors container		Generated from work carried out by Estates staff or appointed contractors	Specialist disposal
<b>EWC Code</b>	<b>Description</b>	<b>Example</b>	<b>Container/ Packaging</b>	<b>Picture</b>	<b>Comments</b>	<b>Disposal Method</b>
20 01 23 (hazardous)	Discarded equipment containing chlorofluorocarbons (CFCs)	Fridges, freezers, and other refrigeration equipment.	Waste compound		Doors to be removed when stored in Estates yard	Specialist recovery / Recycling.
20 01 21 (hazardous)	Fluorescent tubes	Fluorescent lighting tubes (from Estates & Facilities Department)	Designated container in Estates yard		Kept in the secure Lamp container in the waste compound	Specialist recovery / Recycling.
20 02 01 (non-hazardous)	Garden waste	Garden waste for composting (from Estates & Facilities Department)	Gardeners skip.		This skip is for Garden waste only and not 'Builders Rubble'	Composting







20 01 08	Food waste	Cooked and uncooked food returned to Catering areas	Buckets in kitchens		Catering staff (Sodexo) empty into biodigester unit (DRI/BDGH) waste disposal unit (MMH)	To foul sewer Or collection by contractor (contingency).
20 01 25	Edible oil and fat	Cooking oil segregated for recycling			Collected in the original containers by contractors for recycling.	Recycling
08 03 17 (hazardous) OR 08 03 18 (non-hazardous)	IT consumables	Printer cartridges or toner cartridges	Please leave at the Printer Cartridge Recycle points		Check COSHH data sheet to determine if hazardous or not	Recycling

\* Where the EWC indicates “assessment required”, the waste is considered hazardous if the dangerous substances are present above threshold concentrations. Refer to “WM3: Hazardous Waste – Interpretation of the definition and classification of hazardous waste” (Environment Agency) document, which lists assessments for the various hazardous properties. See link: <https://www.gov.uk/government/publications/waste-classification-technical-guidance>. Alternatively contact the Waste Management Co-ordinator for further advice.

## 4.2 General Procedures - for all Staff Involved in the Collection/Disposal of Waste

All Trust staff must observe the following general procedures and precautions when handling waste.

<p>Handle all waste bags and containers with care to avoid injury or risk of infection to yourself or others.</p> <p>Handle waste bags by the neck only. Do not clasp bags to the body when moving/handling.</p>	
<p>Securely seal and for traceability reasons, label/tag with the source of the waste.</p>	
<p>Only fill waste bags to ¾ capacities to allow tying or sealing to take place safely.</p>	
<p>Check to ensure waste bags/containers are not split or leaking – if they are re-package the waste correctly.</p>	
<p>Clinical/infectious (orange) waste bags should be placed in the contractors yellow wheeled bins with the <b>orange tags/labels marked HT.</b></p> <p><b>No sharps containers should be mixed with orange bags in these wheeled containers – either a separate collection or a separate bin, will be provided for these items.</b></p>	
<p>Mixed Recycling (i.e., clear bags) should be in 'Clear Bags' stored in black wheeled bins.</p> <p><b>Different waste streams should be stored separately (i.e., bags/containers not touching, to avoid cross contamination).</b></p>	

<p>No waste should be stored on main corridors, along fire escape routes or blocking fire exits.</p>	
<p>Keep waste storage areas/containers secure at all times and accessible only to authorised persons. Relevant staff and departments have the necessary keys.</p>	
<p>Assemble sharps containers properly, ensuring that the lid is securely in place before using. For traceability reasons Indicate on label the person assembling the container and date of assembly.</p>	
<p>Locate sharps containers safely and appropriately, preferably using the suppliers brackets (i.e., on trolleys, wall mounted, etc). Do not locate sharps containers on the floor, where they can easily be tripped or kicked over.</p>	
<p>For traceability reasons label all sharps containers with the source of the waste, before placing out for collection/disposal.</p>	
<p>Fill sharps containers only to the indicated fill line and then seal by pulling the permanent closure across, before placing in the designated storage area.</p> <p><b>Under no circumstances should sharps containers be placed in the wheeled bins with orange bags.</b></p>	

For all Contacts Managers and Departments, (See Appendix 1)

#### 4.3 Clinical/Infectious Waste – Tagged HT Waste

The following procedures and precautions must be followed when handling clinical/infectious waste (orange bags):

- Staff should use the Waste Assessment Flowchart poster (See Appendix 5) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Orange bagged waste should be placed in the 770-litre yellow wheeled bins / Orange Tags/labels marked HT.
- All orange bags must have an identification tag/Orange label marked HT attached before placing in the yellow wheeled bins. The wheeled bins will be emptied / exchanged on a regular basis by the Service department.
- Under no circumstances should yellow or purple sharps containers be placed in these wheeled bins.
- The open waste room carts used for waste storage at ward/department level will be cleaned by Service Assistants.

*NB: All orange bags (clinical/infectious **HT** waste) may be disposed of via alternative treatment and must therefore not contain any anatomical, pharmaceutical, or chemical wastes.*

#### 4.4 Offensive Waste – Tagged **HL** Waste

The following procedures and precautions must be followed when handling offensive waste (yellow bags with black stripe – tiger bags):

- Staff should use the Waste Assessment Flowchart poster (See Appendix 5) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Tiger bags should be placed in the appropriate wheeled bins tagged HL.
- All tiger bags must have an identification tag/label attached before placing in the relevant wheeled bins.
- The wheeled bins will be emptied /exchanged on a regular basis by Service department.
- Under no circumstances should yellow or purple sharps containers be placed in the wheeled bins.
- In addition, the tiger bags must not be mixed with orange bags during storage.

*NB: All tiger bags (**HL** offensive waste) will be disposed of via deep landfill or used as a Refuse Derived Fuel (RDF) and must therefore not contain any infectious, anatomical or pharmaceutical waste, which must either be treated or incinerated.*

#### 4.5 Sharps Containers (yellow lids)

It should be noted that on some sites/wards/departments “disposable” single use sharps containers may still be in use, but most areas across the trust now use the reusable “Sharpsmart” containers. Staff should follow the guidelines below relevant to the type of containers currently in use.

The following procedures and precautions must be followed when handling single use disposable **sharps containers**:

- Sharps containers with yellow lids maybe contaminated with pharmaceuticals and therefore must not be disposed of with orange bags, destined for autoclave heat treatment or offensive or domestic waste.
- The lids must be closed, locked off
- The sharps container should be signed dated with ward I.D.
- All full, sealed, and labelled sharps containers should be placed in the ward/department designated storage area for separate collection by the Service department.

The following procedures and precautions must be followed when handling **Sharpsmart (SS)** containers:

- The lids of full SS containers must be closed and locked off.
- A tag/label to identify the source of the SS container must be attached
- The SS container must be signed and dated.
- All full SS containers awaiting collection should be stored in the ward/department SS store / waste room which must be secure
- Full SS containers will be removed by Service department and clean, empty
- Like for like replacements provided.



Disposable sharps container (single use)



Sharpsmart container (reusable)

#### 4.6 Pharmaceutical, Pharmaceutically Contaminated and Non-pharmaceutically Active IV Fluid Waste

The following procedures and precautions must be followed when handling **pharmaceutical waste**:

- Pharmaceutical waste includes both liquid and solid dose medicines, such as loose tablets, blister packs and bottles of medicine. It also includes unused, part used and out of date pharmaceuticals.
- Where appropriate, pharmaceutical waste medications should be returned to the Pharmacy Department, via the secure Pharmacy bags/boxes.
- Any opened, part used or empty vials or ampoules and dropped tablets may be disposed of into the 'Yellow Lidded Sharps Containers'.

The following procedures and precautions must be followed when handling **pharmaceutically contaminated waste** (e.g., IV, bags, tubing, contaminated with pharmaceuticals):

- Staff should use the Waste Assessment Flowchart poster (See Appendix 5) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Pharmaceutically contaminated waste may include items such as: IV bags and tubing – this waste must not be placed in orange bags, destined for autoclave, heat treatment.
- Large aperture, yellow sharps containers should be used for this type of waste. (Destine for Incineration).
- All full, sealed and labelled large aperture sharps containers should be placed in the ward/department designated storage area (along with other yellow lid sharps containers) for separate collection by Service department.

The following procedures and precautions must be followed when handling **non-pharmaceutically active intravenous (IV) fluids**: -

- Non-pharmaceutically active IV fluids include saline and glucose (without any pharmaceuticals added).
- The liquid content from non-pharmaceutically active IV fluid bags may be discharged to foul sewer and the empty packaging placed in the offensive waste stream.
- Quantities of IV fluids should not be placed into the domestic or offensive waste streams as the disposal of liquids to landfill is not permitted.
- Care should be taken to ensure that no leakages occur during disposal.

#### **4.7 Feeds**

The following procedures and precautions must be followed when handling patient **feeds (bags and tubing)**: -

- Where feeds have no pharmaceutical content to them, the liquid content should be disposed of to foul sewer and the tubing/packaging placed in the domestic/Food waste stream.
- Quantities of liquid feed should not be placed into the domestic waste stream as the disposal of liquids to landfill is not permitted.
- Care should be taken to ensure that no leakages occur during disposal.

#### **4.8 Cytotoxic/Static Waste (purple lids) 770 litre Bins should be Tagged = HY**

The following procedures and precautions must be followed when handling **cytotoxic/static waste**:

- This waste will only be produced in small quantities in general wards/ departments, when certain patients are receiving chemotherapy treatment outside the Oncology Unit.
- All items contaminated with cytotoxic pharmaceuticals should be placed in purple lidded, cytotoxic/static waste containers or the Purple lidded Sharp smart containers and the label on the container completed in full. Dispose of to the waste compound and Sharpsmart store.

- All full, sealed and labelled large aperture sharps containers should be placed in the ward/department designated storage area for separate collection by Service department.
- Under no circumstances should cytotoxic waste containers be placed in the wheeled bins with general clinical/infectious waste.
- All un used, out of date cytotoxic/static medications should be taken to the Pharmacy Department in the Pharmacy return box, unless alternative arrangements have been made with the Waste Management Co-ordinator.

*Please see the up-to-date list of Cytostatic/Cytotoxic Medications'  
And highlight the ones you use in your Ward/Department (See Appendix 6)*



**Cytotoxic Waste Container**



**Pharmacy Return Box**

#### 4.9 Mixed Recycling, Domestic Waste and Cardboard

The following procedures and precautions must be followed when handling **Mixed Recycling domestic waste and cardboard**:

- Mixed Recycling Clear waste bags should be placed in the black wheeled bins and kept separate to clinical/infectious waste at all times.
- Domestic glass containers (not contaminated with chemicals or medicines) should be rinsed and placed in brown, waxed paper sacks
- The open carts used for waste storage at ward/department level will be cleaned by the Service department.

All 1100 litre black wheeled domestic waste bins are cleaned on a regular basis by the waste contractor.

#### 4.10 Confidential Waste

The following procedures and precautions must be followed when handling **confidential waste**:

- All un-shredded confidential paper waste should be placed in the white Hessian /Plastic confidential waste bags, consoles, or locked bins.
- Bags of confidential waste should be stored in a secure area within the ward/department, until they are collected by Contractors.
- It is important that the confidential waste is located in an area where it will not present a fire hazard (for further advice contact the Trust Fire Officer).
- The Supplies Department should be contacted to arrange for a collection of confidential waste and for the provision of additional bags.



- Care must be taken to ensure that the bags, consoles, or bins are not over-filled and can be easily moved.
- For non-paper confidential waste disposal (i.e., x-rays, videos, CDs, DVDs) the Waste Management Co-ordinator should be contacted for advice.
- If preferred, staff may shred confidential waste paper, but only if a cross-cut shredder is used. Shredded paper from the cross-cut shredder may be placed in the Mixed Recycling waste stream.

#### **4.11 Recyclable Waste - General**

The following procedures and precautions must be followed when handling materials for recycling:

- Mixed Recycling waste includes plastic containers, metal drink/clean food cans, paper, should be placed into 'Clear waste bags' as the Trust's black 1100 wheeled bins for recycling.
- All cardboard boxes should be flattened prior to being placed in the storage area for recyclable wastes.
- IT consumables (such as printer and toner cartridges) should be left at the appropriate collection point at each site.

#### **IT printer and toner cartridges Collection points:**

**DRI** – Basement area East Ward Block, Women's and West block, renal area.

**BDGH** – Post room, Waste Compound.

**MMH** – General Office, printer area.

#### **4.12 Batteries**

The following procedures and precautions must be followed when handling **battery waste**.

#### **'Sharps Containers' should never be used for the collection of Batteries'**

- Place spent portable batteries only in the Battery containers located in each ward/department.
- Portable batteries are small, can be hand-carried and are designed to be changed by the user of the equipment.
- If the item of equipment requires an engineer to change the battery, then the battery is not suitable for the Battery containers, and you should seek advice from either the Estates & Facilities Department or Medical Technical Services for a collection.
- Once the Battery container is nearly full, contact the Facilities Service Department to arrange a collection.



## Battery Container

Please tape the terminals on all Batteries before disposal

#### 4.13 Large, Bulky Waste Items, Medical Equipment and Electrical/Electronic Equipment

The following procedures and precautions must be followed when handling large **bulky items, medical equipment, or electrical/electronic waste**:

**Please see condemnation and disposal of trust assets CORP/PROC 6**

How to disposal of Assets:

*Any Items that are safe and fit for 'RE-USE' should first be advertised via the Intranet, in the 'Buzz'*

*Trust magazine or on the 'Return Centre' e-bay type site*

[http://dbhmts/forms/Re-Turn-Asset\\_Form/Re\\_Turn\\_Asset.php](http://dbhmts/forms/Re-Turn-Asset_Form/Re_Turn_Asset.php) or the Trust magazine+

- ***A completed Condemnation/Disposal online request Form must be filled in via the electronic forms icon available on the desktop of all Trust computers, this must accompany the item.*** (See Appendix 2).
- Once the form is complete Wards and departments should contact the Facilities Services Department if they require large, bulky waste items (e.g., furniture and non-medical equipment) removing for disposal.
- Any items awaiting collection for disposal must be stored within the ward/department. (Not outside the Wards/Departments)
- For items of medical equipment, the Medical Technical Services (MTS) should be contacted for advice.
- Any items of equipment being sent to the MTS for disposal must first be de-contaminated by the ward/department if they are contaminated in any way with any body fluids. This should be done in accordance with the relevant Trust policy.
- Items with a value of over £5000 must be removed from the Trust Asset Register. Guidance/confirmation should be sought from the ward/department manager, prior to disposal.

#### 4.14 Waste Chemicals

The following procedures and precautions must be followed when handling **waste chemicals**:

- All chemicals used should be disposed of safely and properly, with advice sought from a suitably qualified person as and when required.
- **COSHH data sheets** should be consulted, and risk assessments undertaken to determine the hazardous properties of each chemical substance used and disposal recommendations.
- Under no circumstances should any chemicals or associated containers be disposed of into the clinical, offensive, or mixed Recycling, domestic waste

streams, without risk assessments being undertaken or guidance sought from a suitable qualified person.

- Users of chemicals should be aware that all chemical containers, unless completely empty (i.e., rinsed out) are generally contaminated and classified as the chemical they contain, unless determined otherwise by risk assessment.
- The only chemical containers that may be safely rinsed out are for those chemicals detailed on the National Guidance for Healthcare Waste Water Discharges (Aug 2014)- Hospitals “Chemical List” under the green column (pages 48-60).
- Any waste chemicals, paints and solvents awaiting collection must be stored in a secure area (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.
- Contact the Waste Management Co-ordinator or Health and Safety Advisor for advice relating to the disposal of waste chemicals.
- Contact the Waste Management Co-ordinator to arrange a collection of waste chemicals. Please ensure you have the Chemical data sheets (COSHH).

#### 4.15 Alcohol Hand Gels

The following procedures and precautions must be followed when handling waste **alcohol gels**.

- Any alcohol hand gels that do not contain siloxanes and whose COSHH data sheets do not prohibit discharge to the sewer, may be rinsed out (if the container has a removable dispenser cap) and the empty container recycled or placed into the domestic waste stream.
- Where alcohol hand gels have gone out of date (or the container or refill bag does not have a removable dispenser cap), and the container or refill bag still contains more than “residual” gel, specialist disposal may be required.
- Contact the Waste Management Co-ordinator for advice relating to the disposal of alcohol hand gels containing siloxanes and quantities of out-of-date hand gels.

#### 4.16 Fluorescent Tubes

The following procedures and precautions must be followed when handling waste **fluorescent tubes**.

- Fluorescent tubes are removed from wards/departments by Estates staff for recovery via a specialist contractor.
- Fluorescent tubes must be collected and disposed of separately from other electrical wastes.

#### 4.17 Mercury

The following procedures and precautions must be followed when handling **mercury waste**.

- Mercury containing equipment (e.g., thermometers and sphygmomanometers) is gradually being phased out by the Trust, but it is likely that some items are still in use.
- If a spillage of mercury occurs, a mercury spillage kit is available from the Medical Technical Services if the ward/department concerned does not have a kit. However, it is strongly recommended that any wards/departments still using mercury containing equipment obtain their own spillage kit which is stored within the ward/department.
- In the event of a spillage of mercury the procedures detailed in the kit should be followed and the Medical Technical Services contacted regarding the disposal of the used spillage kit. Further advice is available via the Waste Management Co-ordinator.
- The Medical Technical Services should be contacted regarding the appropriate disposal of mercury containing equipment such as sphygmomanometers.

## 5 THEATRES

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### 5.1 Set Up Waste

Set up waste is clean packaging, produced during the 'set up' of theatres, prior to the patient entering the clinical area.

This waste must be disposed of into Mixed Recycling. (Clear bag waste)

#### 5.2 Suction Containers

All suction containers used in the department must contain solidifying gel, and have cap fitted. Suction containers must be placed into a 'Vac Sax' used liner disposal box. Alternatively, if these are not available then use an orange bag. Please note: A maximum of 2 suction containers should be placed in each orange bag.

#### 5.3 Human Tissue, Limbs, and Organs

Where tissue, limbs or organs require disposal, they should be carefully packaged in appropriate sized yellow, rigid, single use containers (**clearly labelled "Anatomical Waste – For Incineration Only" – see example label below**). Alternatively, 1 litre Bio Bins or red lid anatomical bins, may also be used. This also includes blood (See Appendix 7)



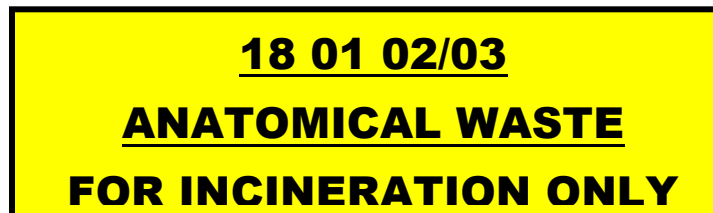
Yellow single use containers 30/60 litre



Bio Bin



Anatomical Bin



### Example Anatomical Waste Label

For traceability reasons all containers used for anatomical waste disposal must be labelled with the theatre name/number/site and date.

Anatomical waste containers should be placed in the 'Yellow wheeled bins for disposal and tagged with the label **HA**. In special circumstances the Services Department should be contacted to arrange a separate collection of this waste stream.

- Doncaster Royal Infirmary - A Yellow wheeled bin tagged **HA** is located next to theatres in the HSDU for the storage of anatomical waste.
- Bassetlaw Hospital – the anatomical bin tagged **HA** is kept in the secure side theatre corridor.
- Montagu Hospital - Yellow anatomical bin tagged **HA** is kept in the waste compound, and anatomical waste is collected /removed from theatres and taken to this bin. Under no circumstances should anatomically waste containers be placed in the wheeled bins used for clinical/infectious (orange) waste bags.

Anatomical waste will be collected by the waste contractor on a regular basis from the main waste compound.

Human tissue, limbs and organs being sent to the Pathology Department for testing, etc must be packaged according to Pathology Department standard operating procedures and a collection requested from the Facilities Services Department. (See Appendix 7)

## 5.4 Teeth and Amalgam

### Teeth:

Extracted teeth that do not contain amalgam should be disposed of into yellow lid sharps containers. Patients are not permitted to take extracted teeth home with them.

Any teeth containing amalgam should be disposed of with other amalgam waste and sent for recovery via a specialist contractor (see below).

### **Amalgam**

Waste amalgam, amalgam capsules and teeth containing amalgam should be placed in the containers provided by the waste contractor and stored securely until collected by the waste contractor.

## **6 OBSTETRICS/GYNAECOLOGY**

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### **6.1 Placentas**

Placentas for disposal should be placed into small, yellow, plastic bags and then into the red lid anatomical bin. Those should then be disposed of into the Yellow wheeled bin tagged **HA**.

When the red lid bin is full it should be sealed, labelled with the ward/department details and date and a collection requested from the Facilities Services Department. (See Appendix 7)

Under no circumstances should red lid bins be placed in the wheeled bin used for clinical/infectious (orange) waste bags.

#### **6.2 Pregnancy Loss Tissue**

All tissues from a pregnancy loss are sensitively disposed of by cremation unless the parents wish to make their own arrangements. Those tissues must not be disposed of as waste.

For disposal of blood (See Appendix 7)

Please see: <https://www.hta.gov.uk/> on the disposal of pregnancy remains.

Further details on the handling of these tissues are available in the Maternity Guidelines

#### **6.3 Suction Containers**

It is recommended that suction containers with solidifying gel are used, and seal cap fitted. Suction containers must be placed into a 'Vac Sax' used liner disposal box alternatively if these are not available then use an orange bag. Please note: A maximum of 2 suction containers should be placed in each orange bag.

#### **6.4 Waste Produced from Home Births**

Placentas for disposal should be placed into small, yellow, plastic bags and then into the red lid anatomical bins. (Usually, 5 to 10 litre bins in size).

The anatomical bin and all associated clinical waste produced from the home birth should be placed into a yellow, rigid, single use red lidded container, sealed, and labelled with the patient's NHS number.

The yellow, red lidded rigid, single use container should then be removed by the midwife for disposal at his/her base. (Use Econix Maternity packs as appropriate).

Any sharps used during the birth should be placed in the midwife's sharps container which will be removed by the midwife. Once the sharps container is full, it should be sealed, labelled with the midwife's name, and taken by the midwife for disposal at his/her base.

It is important to note that all clinical/infectious waste being transported in community staff vehicles, must be contained within UN approved rigid containers (this includes sharps containers, anatomical bins, yellow rigid single use containers and community nursing red containers). Loose waste bags (orange or yellow) are not appropriate.



**Anatomical Bin**



**Econix Placenta Box**



**Community nursing red container**



## 6.5 Waste Produced from Home Visits

When patients are treated at home by a community nurse or healthcare professional, any waste produced as a result is considered as healthcare waste. If the waste is non-hazardous, and is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with non-infectious dressings, personal hygiene products, nappies, and incontinence. When assessing whether the healthcare waste should be classed as infectious or not, consideration must be given to the medical history of the patient, where available, and any clinical signs and symptoms indicating a potential infectious risk. The assessment for infectious properties of the waste must be made at the time the waste is generated.

Classification may need to be reviewed and changed as additional information about the patient becomes available:

E.G., if a patient's condition changes to the extent they demonstrate symptoms of being infectious, the waste may need to be reclassified.

Table below provides a generic assessment that may be used to aid classification of the waste.

Containment	Proposed general classification	Examples	Exceptions
Urine, faeces, vomit and sputum	Offensive  (where risk assessment has indicated that no infection is present, and no other risk of infection exists)	Urine bags, incontinence pads, single-use bowls, nappies, non-infectious PPE (gloves, masks, etc).	Gastrointestinal and other infections that are readily transmissible in the community setting, such as verocytotoxigenic <i>Escherichia coli</i> (VTEC), campylobacter, salmonella, chickenpox/shingles Hepatitis B and C, HIV – only if blood is present
Blood, pus and wound exudates	Known infectious  (unless assessment indicates no infection present – if no infection, and no other risk of infection, then offensive)	Dressings from wounds, wound drains, delivery packs	Blood transfusion items Dressings contaminated with blood/wound exudates assessed not to be infectious Maternity sanitary waste where screening or knowledge has confirmed that no infection is present, and no other risk of infection exists

## 7 RENAL

### FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

#### 7.1 Tubing and Lines

As it is likely there is contamination of renal tubing, lines with pharmaceuticals, all of this waste must be disposed of into yellow bags/sharps containers – for incineration.

Care should be taken to ensure that all yellow bags/Sharps containers are adequately sealed to prevent any leakages, prior to disposal. Yellow bags/Sharps containers should be disposed of into the 770-litre yellow wheelie bin tagged as **H1** Incineration waste. (See Appendix 7)

#### 7.2 Empty Plastic Containers

Empty (Non-Hazardous) renal fluid plastic containers should be flushed out and placed in the domestic or into the recycling waste stream.

## 8 ORAL, MAXILLO FACIAL AND ORTHODONTICS DEPARTMENT

### FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS



### 8.1 Orthodontic Wires

Orthodontic wires should be disposed of as sharps waste, into the yellow lid sharps containers.

### 8.2 Teeth

Extracted teeth not containing amalgam should be disposed of into yellow lid sharps containers. Patients are not permitted to take extracted teeth home with them.

Any teeth containing amalgam should be disposed of with other amalgam waste and sent for recovery via a specialist contractor (see 9.3 below).

### 8.3 Amalgam

Waste amalgam, amalgam capsules and teeth containing amalgam should be placed in the containers provided by the waste contractor and stored securely until collected by the waste contractor.



**Dental waste containers (fixer and developer, amalgam, lead foils)**

A waste consignment note must be completed by Dental staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.

### 8.4 Precious Metals

Teeth containing precious metals should be placed in the containers provided by the waste contractor and stored securely until collected by the waste contractor.

A waste transfer note must be completed by Dental staff and the disposal contractor for every movement of waste and records maintained for at least 2 years. This is required for the disposal of Amalgam, Fixer and Developer.

### 8.5 Gypsum- Tagged HG Waste

Gypsum waste may be disposed of as offensive waste but separately to other offensive waste streams and must be labelled as **HG** Gypsum waste. In addition, the waste contractor must have approval from the destination disposal site. The waste must be properly described on the legal paperwork.

***This waste must be labelled as HG 'Gypsum waste' And disposed of into the 'labelled' Gypsum waste containers in each main waste compound area at all sites.***

## **9 MEDICAL IMAGING/RADIOACTIVE**

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### **9.1 Film Recovery**

Old x-ray film being sent for silver recovery should be packaged securely and safely according to the contractor's requirements.

A waste transfer note must be completed by Radiology staff and the disposal contractor for every movement of waste and records maintained for at least 2 years.

#### **9.2 Barium Enemas**

Under no circumstances should barium enemas be disposed of into sinks/WCs

#### **9.2 Radioactive/Radio-isotope Waste**

Information and advice relating to this waste stream is available in departmental procedures and/or from the Trust's Radiation Protection Supervisor

#### **9.3 Radioactive Waste**

All UK radioactive waste management policy and regulatory documents are based on the recommendations made by the International Commission on Radioactive Protection (ICRP). The most recent formal recommendations are provided in ICRP Publication 103. IICRP Publication 77 provides specific guidance on the disposal of radioactive waste and guidance specific to disposal of solid long-lived radioactive waste issued as Publication 81.

The Euratom Basic Safety Standards Directive 2013 provides for the implementation of the 2007 recommendations of ICRP within European Union. Many of the Directives provisions are implemented in both the Ionising Radiations Regulations 2017 (IRR9179) and the Environmental Permitting Regulations 2016 (EPR16).

Many of the Directives provisions are implemented by the appropriate Ionising Radiations Regulations and with respect to the control of radioactive waste have been implemented within the UK through EPR 16, Regulations amending the Radioactive Substances Act 1993 (RSA 93).

RSA 93 and EPR 16 provide for controls to be exercised over the keeping and use of radioactive materials and, in particular, on the accumulation and disposal of radioactive wastes. The discharges of radioactive waste to the environment are strictly controlled and site-specific authorisations are granted to the Trust. A Permit has been issued to the Trust under EPR 2016, and this allows for the accumulation and disposal of limited quantities of named radioactive substances. Permits specify the maximum amount of a radioactive material that can be disposed of during each year.

The Environment Agency is responsible for processing applications for Permits made by producers of radioactive waste and for reviewing those permits on a regular basis.

A site-specific Permit for the accumulation and disposal of radioactive waste has been issued by the Environment Agency is currently (Jun 13) in place for Doncaster Royal Infirmary. **The Permit number is EPR/NB3735DD** and a copy must be available on display in each area that is designated for the storage and disposal of radioactive waste.

The Bassetlaw, Montagu, and Retford hospitals, who may dispose of small quantities of radioactive materials, and are currently exempt from seeking a permit under EPR 2016. Exemption from requiring a permit for the keeping or use of radioactive material and the accumulation of radioactive waste is specified in schedule 23 EPR 2016. The maximum activity of different radioactive substances that can be held or disposed of under the exemptions is listed in schedule 23.

When a sealed source is being replaced and the old source is to be returned to the supplier, our standard rules permit, (number EPR/NP3590SG/V001) allows 14 days for the changeover to take place.

Two documents have been adopted by the Trust that apply directly to the management of radioactive waste materials within the Trust, namely:

The Statutory Compliance and reporting Requirements to the Environment Agency in respect of Permits issued under EPR 2016.

The Management System and Organisational Structure within Doncaster Royal Infirmary to ensure compliance with Permits issued under EPR 2016

**These documents can be obtained from the Department of Medical Physics and should be read by anybody who is required to have a detailed understanding of radioactive waste management.**

Separate detailed local procedures for radioactive waste management are kept and adopted by all departments/wards that handle, accumulate, and dispose of radioactive waste materials.

Radioactive waste that is awaiting disposal will be promptly transferred to and stored in specifically designed locked rooms on the Doncaster Royal Infirmary site. This central storage area is under the supervision and control of both the Medical Physics and Nuclear Medicines department. There is also a Local waste Storage facility in the Nuclear Medicine Department. This is used for the accumulation of short- lived solid radioactive waste materials prior agreed

with the Environment agency and the Radioactive Waste Adviser under the EPR 2016, as specified in the relevant systems of work.

In addition, your attention is drawn to the requirements of:

- (i) Regulation 5 of the Ionising Radiations Regulations 2017 (Regulation 5 requires the notification of work arising from the carrying out of a registrable practice under regulation 6 or a specific practice requiring consent under regulation 7.
- (ii) The Hazardous Waste Regulations 2005, (last amended 2016). Used when radioactive waste is exempt from the requirements of section 13 and 14 of RSA 93 and has one or more hazardous properties arising other than from its radioactive nature. Items exempt from the Radioactive Substances Act, although not necessarily hazardous waste, relevant items include some clocks and watches, illuminates', and smoke detectors
- (iii) The carriage of Dangerous Goods Regulations 2009 and the latest European directive ADR 2017 (for matters concerning Transport Regulations please refer to Dangerous Goods division, department of transport, 2<sup>nd</sup> floor, zone 24 London. SW1P 4DR.

Advice on all matters concerning the storage and disposal of radioactive waste may be obtained from the Trusts Radiation Protection Adviser under IRR 2017, who is also the Radioactive Waste Adviser under EPR 2016. This person is currently based in the Medical Physics Department and can be contacted on Ext: 644552 at Doncaster Royal Infirmary.

The use and disposal of radioactive substances is very tightly controlled. Any waste arising from work processes involving radioactivity sources must only be dealt with by staff fully trained in local Radioactive Waste Disposal Procedures.

- Use of Radioactive substances is restricted to certain areas within the hospital units and will not therefore be found in the clinical or household waste streams.
- Staff disposing of radioactive waste must refer to local procedures or seek advice from the Radiation Protection Adviser or from the Radiation Protection Supervisors who work in Nuclear Medicine.
- Radioactive waste found in unexpected locations must be reported to a radioactive waste Adviser immediately.

## **RADIOACTIVE WASTE**

***Contact appropriately trained staff for storage and disposal procedures.***

**General guidelines for the disposal of radioactive waste are given below:**

<b>Solid Waste</b>	<b>Method of Disposal</b>	<b>Comments</b>
Blunt instruments, paper tissues, swabs and gloves etc.	Red polythene bags, overprinted in black or white	Waste should be taken to the Radioactive Store Room B68

Sharps, Broken Glass etc.	<p>with the Radiation Warning Trefoil.</p> <p>Clinically Hazardous material should be sealed in an appropriate container and where necessary autoclaved before transport.</p> <p>Labelled container or Sharps bin</p>	<p>(Basement corridor) Access to this room is granted via the Radioactive waste Advisor. Bags and Containers must be labelled with the date of closure, the point of origin and the type of radioisotope contained.</p> <p>Containers/bags should contain either <b>short half-life</b> or <b>long half-life radionuclides</b>, not both.</p> <p>Different radionuclides must be accumulated in separate bins and <b>segregated</b> according to their half-life. (Longer-lived radioisotopes have a half-life that is greater than 8 days)</p>
<p><b>Liquid Waste</b></p> <p>In closed bottles</p>	<p>Disposal of liquids via designated toilet/Sluice in Nuclear medicine, or may be vials and syringes maybe placed in a sharps container for subsequent transfer as solid waste to specialist waste disposal contractors (See waste management coordinator)</p>	
<p><b>Spillage</b></p> <p>Spillage of unsealed liquids or result of incontinence etc.</p> <p>Notify and obtain advice from the Radioactive Waste Adviser and the staff who work in Nuclear Medicine Ext 644538</p>	<p>Seal off area with tape.</p> <p>Contaminated clothing or bed linen should be removed and placed in red polythene bag. Wear suitable clothing, i.e. a plastic apron, gloves etc. Mop up liquids with absorbent disposable material and place in red polythene bag.</p> <p>Broken glass, etc, should be placed in unused Sharps container and that placed in red polythene bag.</p>	<p>Waste should be taken to the Radioactive Store Room B68 (Basement corridor) Access to this room is granted via the Radioactive Waste Adviser.</p>

## 10 ED/FRACTURE CLINIC

### FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

#### 10.1 Gypsum (HG tag)

Gypsum waste may be disposed of as offensive waste but separately to other offensive waste streams (labelled and tagged as “Offensive Gypsum **HG** Waste”). In addition, the waste contractor must have approval from the destination disposal site. The waste must be properly described on the legal paperwork.

## 11 PATHOLOGY DEPARTMENT

### FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

#### 11.1 General

All offices, kitchens, toilets, and non-laboratory areas within the Pathology Department should have Mixed Recycling, domestic waste, or food bins only. Sanitary bins (offensive hygiene bags) should be provided in female toilets as required.

Mixed Recycling, Domestic waste bins should be provided adjacent to all hand wash sinks, for the disposal of wet, non-infectious paper hand towels and clean packaging waste, etc.

‘Yellow’ Clinical bags should be used for potentially infectious and/or infectious waste which is contaminated with anatomical tissue/fluid, chemicals, or pharmaceuticals.

Further information is provided in the Pathology Department Standard Operating Procedures.

#### 11.2 Autoclaves

Autoclaves are only in use at Doncaster Royal Infirmary.

Under normal circumstances all autoclaved waste should be double bagged into yellow bags with black stripes (Tiger bags) for disposal and tagged as **HL** Offensive Hygiene waste.

In the event of the autoclave breaking down all of the waste which would normally be autoclaved (i.e., microbiological cultures, specimen containers) must be placed in heavy duty, yellow Clinical plastic bags for disposal via incineration only.

A separate Yellow wheeled bin tagged as **HI** Waste, should be identified, and used for the containment of this waste (in the event of an autoclave breakdown the Waste Management

Co-ordinator must be informed, so that arrangements can be made for the disposal of this waste by incineration.

As no autoclaves are in use at Bassetlaw Hospital, a Yellow lidded 770 litre bin is stored in the waste storage room and should be used for the disposal of all waste which would normally be autoclaved. This should be tagged as **HI** waste for Incineration.

### 11.3 Human Tissue/Anatomical Waste- Histology and Mortuary

All samples, specimens, biopsies of human tissue/anatomical waste must be disposed of separately to general infectious waste (i.e., not in orange clinical bags).

Items which have been preserved in formalin should be drained of any chemical preservative and carefully packaged in appropriately sized yellow, rigid, single use containers (clearly labelled "**Anatomical Waste – For Incineration Only**" – see example label below).

Alternatively, 1 litre Bio Bins or red lid anatomical bins, may also be used.

10% Formalin is used as a preservative/fixative. It is commonly highly diluted with tap water (1:1000 dilution factors) and discharged to foul sewer. (National Guidance for Healthcare waste water discharges, August 2014))

General anatomical waste (not preserved in formalin) should be carefully packaged in appropriately sized yellow, rigid, single use containers (clearly labelled "**Anatomical Waste – For Incineration Only**" – see example label below). Alternatively, 1 litre Bio Bins or red lid anatomical bins, may also be used.

The Histopathology staff will dispose of the anatomical waste and transport it to the main pathology waste compound, where it should be placed in the Yellow wheeled bins tagged as **HA** Anatomical waste.

For further information refer to Histology Department Standard Operating Procedures for the disposal of human tissue/anatomical waste.



Yellow rigid single use containers



Bio Bin



Anatomical bin

**18 01 02/03**  
**ANATOMICAL WASTE**  
**FOR INCINERATION ONLY**

**Example Anatomical Waste Label (Histology/Mortuary) Tag bin as HA****Example Anatomical/Chemical Waste Label – Histology, Tag bin as HA****11.4 Glass Slides**

Slides and blocks should be placed in to yellow rigid single use containers, securely taped and placed into a yellow bag and disposed of as clinical waste. Those should be disposed of into the Yellow wheeled bins labelled **HI** waste.

Care should be taken not to overfill the containers due to weight limitations.

Histopathology staff will remove these bags of glass slide waste and transport it to the main Pathology waste compound, where it should be placed in the Yellow wheeled bins tagged as HI waste.

**11.5 Chemicals and Empty Containers**

All chemicals used should be disposed of safely and properly, with advice sought from a suitably qualified person as and when required.

COSHH data sheets should be consulted, and risk assessments undertaken to determine the hazardous properties of each chemical substance used and disposal recommendations.

Under no circumstances must any chemicals be disposed of to the sewer, unless supported by a relevant Discharge Consent (issued by the local Water Company) and appropriate risk assessments undertaken.

Under no circumstances should any chemicals or chemical containers be disposed of into the clinical, offensive, or domestic waste streams, without risk assessments being undertaken or guidance sought from a suitable qualified person within the Department, the Waste Management Co-ordinator, Health and Safety Advisor or specialist waste disposal contractor.

Chemical containers, unless completely empty (i.e., rinsed out) are generally contaminated and classified as the chemical they contain, unless determined otherwise by risk assessment.

The only chemical containers that may be safely rinsed out are for those chemicals details on the National Guidance for Healthcare Waste Discharges-Hospitals 'Chemical List' under the green column (pages 48 – 60). See link:



<https://www.dropbox.com/s6/mzywcrz3iza9pnv/Water%20UK%20National%20Guidance%20August%202014.pdf?dl=0>

Any waste chemicals awaiting collection must be stored in a secure area (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.

A waste consignment note must be completed by Pathology staff and the disposal contractor for every movement of waste and records maintained for at least 3 years – the chemical waste contractor will generally supply this paperwork and assist staff with its completion.

### 11.6 Disposal to Sewer

Under no circumstances should any hazardous chemicals be disposed of to sewer, unless supported by a relevant Discharge Consent (issued by the local Water Company). An audit and risk assessment of all liquids discharged to sewer should be undertaken by all laboratories.

For those machines discharging dilute substances to sewer, checks should be made of the above Discharge Consent.

An up-to-date copy of the Discharge Consent should be available within the Pathology Department.

## 12 PHARMACY

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

**This Section is related to disposal of Waste Pharmaceuticals within the Pharmacy Department:**

**(Please refer to Ref 65 Procedure for the disposal of Pharmaceutical Waste)**

### 12.1 General

The outer packaging (i.e., cardboard boxes) should be removed from all waste pharmaceuticals and placed in the confidential waste stream 'IF' containing patient details.

If no patient details are included, then the outer cardboard packaging may be recycled.

Solid dose medicines must not be "de-blistered" prior to disposal, as this constitutes waste treatment which is a licensable activity. The tablets, including the foil blister packs must be disposed of together.

Any liquid pharmaceuticals must be disposed of in their bottles/containers. Any solid dose medicines should be disposed of in their blister packs/tubes, etc and placed in the blue lidded pharmi bins, then into the Yellow wheeled bins tagged as [HP](#) in the Pharmacy Waste Store.

The Pharmacy Department has a separate waste storage area at DRI, located within the department and an external secure store at BDGH.

**For further Information please see, the 'Safe and Secure Handling of medicines policy, Part B' Controlled Drugs REF: PAT/MM 1 B**

## 12.2 Cytotoxic/Static Waste – (Tag as [HY](#) Waste)

All cytotoxic/static waste medicines should be placed in the appropriate bin in the Pharmacy Waste Store.

A list of the cytotoxic/static pharmaceuticals should be provided by the Pharmacy to the waste contractor on an annual basis. A copy should also be supplied to the Waste Management Coordinator.



[Purple](#) lidded Cytotoxic/static Waste Container    [Blue](#) Lidded Pharmaceutical Waste Container

*'Please see the most up to date list of Cytostatic/Cytotoxic Medications'  
And highlight the ones you use in your Ward/Department –See Pharmacy*

## 12.3 Feeds

Where feeds have no pharmaceutical content to them, the liquid content should be disposed of to the sewer and the tubing/packaging placed in the domestic waste stream.

Liquid feed should not be placed into the domestic or offensive waste streams as the disposal of liquids to landfill is not permitted.

Care should be taken to ensure that no leakages occur during disposal.

## 12.4 Inhalers

Inhalers contain active pharmaceutical ingredients (APIs) and should accordingly be disposed of alongside other medicinal waste by incineration through hospital/ community pharmacy disposal or sent to a permitted pharmaceutical aerosol recovery process. This prevents the potent greenhouse gas propellants used in metered dose inhalers (MDIs) from leaking into the atmosphere after disposal.

### 12.5 Disposal to the Sewer

Checks should be made of the Trust's Discharge Consent (issued by the local Water Company) prior to any pharmaceutical waste being disposed of to the sewer/sink, etc.

This is not applicable to saline and glucose solutions, which are considered to be non-pharmaceutically active and may be disposed of to the sewer.

### 12.6 Disposal of Empty Containers

Any empty containers/primary packaging which have contained cytotoxic/static pharmaceuticals should be disposed of into the cytotoxic waste stream.

Any empty containers/primary packaging which have contained general (non-cytotoxic/static) should be disposed of into the general pharmaceutical waste stream.

### 12.7 Controlled Drugs

All waste-controlled drugs must be rendered irretrievable (i.e., by denaturing) prior to disposal.

Controlled drugs may only be denatured using special controlled drugs destruction kits (or the activity is classed as waste treatment, which requires an Environmental Permit).

Controlled drugs are denatured in a manner approved by CD Accountable Officer. Controlled Drugs are destroyed by Pharmacy staff and witnessed by an appropriate person authorised by the Controlled Drugs Accountable Officer.

Denatured controlled drugs should be disposed of in the general pharmaceutical waste stream.

Under no circumstances must controlled drugs be flushed to sewer.

### 12.8 Third Party and General Public Waste

See section 18 for information.

## 13 MEDICAL TECHNICAL SERVICES (MTS)

**FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

### **13.1 General Medical Equipment**

Wards/departments discarding medical equipment of any kind should ensure that the equipment has been cleaned and/or decontaminated prior to removal to MTS. This should be done in accordance with the relevant Trust policy. A completed Condemnation/Disposal Form must accompany the item (See Appendix 2).

Any items of equipment considered beyond repair will be removed from the Trust's Asset Register (where the value of the item is in excess of £5, 000 including VAT) prior to disposal, by MTS. This should be done in accordance with the relevant Trust policy.

All removable hazardous components, i.e., batteries and terminal ends taped), should be removed from the equipment prior to disposal/recovery (see additional information below).

The MTS should be contacted to remove items of equipment for disposal. (Dependant on the equipment and size assistance may be required when collecting.) Disposal of equipment via the manufacturer will require appropriate documentation (i.e., waste transfer/consignment notes before they take the equipment away).

Any items of usable, but redundant medical equipment will be sold by MTS via an appropriate third party. Such items of equipment must have all removable hazardous components, i.e., batteries, removed from the equipment prior to being resold and where feasible should also include user documentation and manuals.

### **13.2 Mercury Containing/Contaminated Equipment**

Redundant and/or broken mercury containing/contaminated equipment may be scrapped by the ward/department or MTS.

Wards/departments must hand deliver any redundant and/or broken mercury containing equipment, to MTS.

Where possible MTS will remove the mercury containing part or any leaking mercury and store it in an appropriate container in the department's fume cupboard. If necessary, a mercury spillage kit will be used.

Mercury waste will be collected from MTS by a suitable disposal contractor for safe and appropriate disposal.

Arrangements will be made by MTS for a collection of mercury waste, as and when required.

A waste consignment note must be completed by MTS staff and the disposal contractor for every movement of waste and records maintained for at least 3 years. See section 22 for details.

### 13.3 Batteries

All spent, portable batteries used by the MTS must be placed in the battery recycling container. Portable batteries are small, can be hand-carried and are designed to be changed by the user of the equipment.

If the item of equipment requires an Engineer to change the battery, then the battery is not suitable for the recycling containers. In these circumstances the equipment/battery supplier should be contacted for recycling/disposal advice.

All batteries should be removed from redundant medical equipment, prior to disposal.

**Please tape the terminals of all redundant batteries**

## 14 ESTATES

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### 14.1 General Skip/Container (Gardeners Skip)

The open skip/container should only be used for waste which cannot be compacted, for example broken furniture and other large, bulky items that are bio - degradable.

The open skip/container should be kept secure at all times to prevent unauthorised use by Contractors and fly-tipping by unknowns, and for Health and Safety reasons.

Arrangements will be made by the Waste Management Coordinator for a collection/ exchange of the skip/container when it is full or nearly full.

The waste contractor provides a collection note each time a collection of the skip/container occurs. The collection note must be signed by a member of the Estates & Facilities Department and a copy kept as a record. (Please forward to the waste management coordinator).

An annual waste transfer note is provided by the contractor for this waste stream. These records must be maintained for at least 2 years.

#### 14.2 Batteries

All batteries should be removed from equipment, prior to disposal.

All batteries brought or sent to the Estates & Facilities Department for disposal must be sorted and placed into the appropriate battery recycling containers, located in the general waste compound.

The battery containers must be kept secure at all times.

Arrangements will be made by the Service Department for a collection of batteries at ward level when the containers are nearly full.

A waste consignment note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 3 years. (See Appendix 3)

**Please tape the terminals of all redundant batteries**

### **14.3 Fluorescent Tubes**

All fluorescent tubes for disposal must be stored in the specially designed tube containers in the general waste compound or placed in the designated storage area – under no circumstances must tubes be placed on the ground (where they could smash and leak hazardous substances).

The fluorescent tube containers/storage areas must be kept secure at all times.

Arrangements will be made by the Estates department or Waste Management Co-ordinator for a collection of fluorescent tubes when the containers are nearly full.

A waste consignment note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 3 years. See section 22 and see Appendix 3 for details. (Please forward to the waste management coordinator.)

It should be noted that the contractor used will ensure the recovery of certain components from the tubes.

### **14.4 Refrigeration Equipment**

All refrigeration equipment must be brought to the general waste compound for storage prior to disposal.

All refrigeration equipment in the general waste compound must be stored securely.

Arrangements will be made by the Waste Management Co-ordinator for a collection of refrigeration equipment by a specialist waste contractor when there are a sufficient number for removal.

It should be noted that the contractor used will arrange for the de-oiling/de-gassing of all items and recovery where possible.

A waste consignment note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 3 years. See section 22 for details. (Please forward to the waste management coordinator).

## **14.5 Waste Electrical and Electronic Equipment (WEEE)**

All waste electrical and electronic equipment must be brought to the general waste compound for storage prior to disposal.

It is the responsibility of various wards/departments to ensure that all WEEE items are removed from the Trust Asset Register (where relevant) and are suitably decontaminated (where relevant). This should be done in accordance with the relevant Trust policy.

All items of WEEE should be stored separately to other waste streams and kept secure. Various areas for the different types of WEEE are provided within the general waste compound and should be used accordingly.

Any removable hazardous components, e.g., batteries, should be removed prior to storage. Any metal if easily removable should be removed and disposed of into the Scrap metal skip.

Certain types of WEEE may have non-removable components and will have to be disposed of as hazardous waste, for example TVs, screens etc with cathode ray tubes. If required advice should be sought, from either the manufacturer or waste contractor in relation to specific items.

Arrangements will be made by the Waste Management Co-ordinator for a collection of WEEE, when there is a sufficient amount for removal.

It should be noted that the contractor used will arrange for the recovery/recycling of items and their components where possible.

A waste consignment note, or transfer note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 3 years or 2 years. See section 22 and see Appendix 3 for details. (Please forward to the waste management coordinator).

## **14.6 Chemicals, Paints and Solvents**

Chemicals, non-water-based paints, and solvents used by Estates staff should be disposed of safely and properly, with advice sought from a suitably qualified person as and when required.

Under no circumstances must any chemicals, paints or solvents be disposed of to sewer, unless supported by a relevant Discharge Consent (issued by the local Water Company) and appropriate risk assessments undertaken.

COSHH data sheets should be consulted to determine the hazardous properties of each chemical substance used and disposal recommendations. (Please forward copies of the COSHH Data sheets for Chemicals used in wards/depts to the Waste Management Coordinator and H & S Advisor).

Under no circumstances should any chemicals, paints or solvents or associated containers be disposed of into the clinical, offensive, or domestic waste streams, without risk assessments being undertaken or guidance sought from a suitable qualified person. (Please forward copies of all risk assessments for those waste types to the Waste Management Coordinator and H & S Advisor).

Chemical, paint, and solvent containers, unless completely empty (i.e., rinsed out) are generally contaminated and classified as the chemical they contain, unless determined otherwise by risk assessment.

Any waste chemicals, paints and solvents awaiting collection must be stored in a secure area (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.

Contact the Waste Management Coordinator or Health and Safety Advisor for advice relating to the disposal of waste chemicals.

A waste consignment note must be completed by Estates & Facilities staff and the disposal contractor for every movement of waste and records maintained for at least 3 years – the chemical waste contractor will generally supply this paperwork and assist staff with its completion.

#### **14.7 Scrap Metal**

##### **(DRI & Montagu skip – Boiler house compound, BDGH- Rear pharmacy road compound)**

All scrap metal items must be brought to the general waste compound for storage prior to disposal.

All scrap metal in the general waste compound must be stored securely. This skip is **not** for Electrical waste.

Arrangements will be made by the Waste Management Coordinator for a collection of scrap metal when the scrap metal compound is nearly full.

It should be noted that the contractor used will arrange for the recovery of scrap metal, where possible.

A waste transfer note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 2 years. See section 22 and for details.

#### **14.8 Asbestos Waste**

Asbestos waste is dealt with via a specialist waste contractor. This service is arranged by the Estates & Facilities Department.



A waste consignment note must be completed by Estates staff and the disposal contractor for every movement of waste and records maintained for at least 3 years. See section 22 and see Appendix 3 for details.

## 14.9 Construction Waste

### Site Waste Management Plans Regulations 2008

All construction projects of £500, 000 or less must have a Site Waste Management Plan (SWMP) in place, before construction begins.

#### Updating a site waste management plan for a project of **£500,000 or less.**

If the project has an estimated cost of £500,000 or less, whenever waste is removed from the site the principal contractor must record on the site management plan.

- A) The Identity of the person removing the waste.
- B) The types of waste removed.
- C) The site that the waste is being taken to.

Within three months of the work being completed the principal contractor must add to the plan:

- A) Confirmation that the plan has been monitored on a regular basis to ensure that work is progressing according to the plan and that the plan was updated in accordance with this Regulation.
- B) An explanation of any deviation from the plan.

#### Updating a site waste management plan for a project worth **more than £500,000**

If the project has an estimated cost greater than £500,000 the principal contractor must update the site waste management plan in accordance with this regulation.

When any waste is removed the principal contractor must record on the plan:

- A) The Identity of the person removing the waste,
- B) The waste Carrier registration number of the carrier,
- C) A copy of or a written description of the waste required by section 34 of the Environmental Protection Act 1990
- D) The site the waste is being taken to and whether the operator of that site holds a permit under the Environmental Permitting (England and Wales) Regulations 2007 or is registered under those Regulations as a waste operation exempt from the need for such a permit.

**As often as necessary to ensure that the plan accurately reflects the progress of the project, and in any event not less than every six months, the principal contractor must:**

- A) Review the plan

- B) Record the types and quantities of waste that have been produced.
- C) Record the types and quantities of waste that have been
  - Re-used whether on or off site,
  - Recycled on or off site.
  - Sent to another form of recovery either on or off site.
  - Sent to landfill
  - Otherwise disposed of
- D) Update the plan to reflect the progress of the project.

**Within three months of the work being completed the principal contractor must add to the plan –**

- A) Confirmation that the plan has been monitored on a regular basis to ensure that work is progressing according to the plan and that the plan was updated in accordance with this regulation.
- B) A comparison of the estimated quantities of each type against the actual quantities of each waste type:
- C) An explanation of any deviation from the plan
- D) An estimate of the cost savings that have been achieved by completing and implementing the plan.

**Failure to comply with this regulation is an offence.**

The Estates and Facilities Capital Procedures and process documentation will contain a section which captures and references the requirements of the site waste management plans regulations 2008.

- Pre –commencement and construction check list
- Commissioning Check list and schedule
- Construction Phase Health & Safety Plan
- Health & Safety File.

#### **14.10 Contractors Waste**

Arrangements should be made in all contractual documents agreed with third parties carrying out works on the Trust site for the disposal of waste.

Where feasible contractors should be made responsible for the disposal of their own waste.

It is essential that all contractors use reputable, fully licensed/permitted disposal companies and that the appropriate legal paperwork (such as waste transfer/consignment notes) are provided.

It is recommended that the Trust (Estates & Facilities Department) receives a copy of any such legal paperwork.

All contractors must agree a suitable, safe, and secure location for any waste containers (e.g., skips, FELs etc) with the Estates & Facilities Department.

It remains the contractor's responsibility to ensure the security of the waste containers whilst they are located on Trust property, and it is therefore suggested that all waste containers are lockable or can be made secure in some way.

Under no circumstances must contractors be allowed to dispose of waste items in the Trust's clinical or domestic waste bins.

#### **14.11 Garden Waste**

Any garden waste produced will either be reused on site as mulch/compost or placed in the compost area.

### **15 IT DEPARTMENT**

#### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR NON-CLINICAL DEPARTMENTS/ADMINISTRATION AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### **15.1 General**

For specific guidance for the disposal of IT equipment - reference should be made to the IT Equipment Disposal Policy which is available to download from the Trust Intranet.

#### **15.2 Batteries**

All spent, portable batteries used by the IT Department must be placed in the battery recycling container. Portable batteries are small, can be hand-carried and are designed to be changed by the user of the equipment.

If the item of equipment requires an Engineer to change the battery, then the battery is not suitable for the recycling containers. In these circumstances the equipment/battery supplier should be contacted for recycling/disposal advice.

**All batteries should be removed from redundant IT equipment, prior to disposal and the terminals taped.**

#### **15.3 IT Equipment**

IT equipment that has been classed as obsolete or is condemned by the IT Department is securely stored in the Department's waste store until there is sufficient quantity for a collection by the waste contractor.

All IT equipment is sent for recovery via a reputable Waste Electrical and Electronic Equipment (WEEE) contractor.

The hard drives of all computers are destroyed by the IT Dept and the component parts recycled.

A waste consignment or transfer note must be completed by IT staff / waste disposal team and the WEEE disposal contractor for every movement of waste, and records maintained for at least 3 years (waste consignment notes) or 2 years (waste transfer notes). See section 22 and see Appendix 3 for details. Destruction certificates are supplied by the waste contractor for each consignment of waste IT equipment.

## **16 CATERING DEPARTMENT**

### **FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS**

#### **16.1 General**

The waste management procedures for the Catering Department should be read in conjunction with the Sodexo Catering Policies & Procedures.

Where feasible heavily contaminated food containers should be rinsed prior to disposal – this is to assist with the recycling process, then disposal into the ‘Green bags’.

#### **16.2 Food Waste**

Food waste should not be placed into the Mixed Recycling (clear bag) or domestic waste stream.

There are 2 types of food waste streams within the Catering Department: -

- Doncaster Royal Infirmary and Bassetlaw Hospital - Biodigester units are now in place, which converts the food waste into grey water and carbon dioxide. This is a more environmentally friendly process.
- Montagu Hospital – A waste disposal unit is in place, as this is a smaller site, and the food waste is minimal.

#### **16.3 Cooking Oil**

Under no circumstances should used cooking oil be disposed of via the sink/sewer or into clear domestic waste bags.

Waste cooking oil must be poured back in to the original container and placed in the external waste store, ready for collection by the waste oil contractor.

In the event of a spillage of cooking oil, the spillage must be dealt with immediately using the appropriate spillage kit.

A waste transfer note must be completed by Catering staff and the disposal contractor for every movement of waste and records maintained for at least 2 years. See section 22 and Appendix 3 for details.

## **17 WASTE FROM THIRD PARTIES AND THE GENERAL PUBLIC**

### **17.1 Waste from Third Parties**

Where third party organisations are based on DBTH sites and have their waste collected and disposed of via DBTH services no legal paperwork is required to transfer the waste between the 2 parties. However, the third party must supply DBTH with a description of the wastes concerned. It is recommended that this information is provided on an annual basis.

Information relating to all Hazardous Waste produced by the Third party should be supplied to DBTH.

DBTH must comply with the conditions of the Non-Waste Framework Directive – Temporary storage of waste at the place of production in relation to managing the waste of third-party organisations based on DBTH sites. [http://www.environment-agency.gov.uk/static/documents/Business/NWFD\\_1.pdf](http://www.environment-agency.gov.uk/static/documents/Business/NWFD_1.pdf)

Information must also be supplied to the waste contractor to indicate that waste from the third party is included within the DBTH waste being sent to them.

### **17.2 Waste to Third Parties (If DBTH is Third Party on Other sites)**

Where DBTH is the third party on another Trust/organisation's site and have their waste collected and disposed of by this Trust/organisation, no legal paperwork is required to transfer the waste between the 2 parties. However, DBTH must supply the third party with a description of the wastes concerned. It is recommended that this information is provided on an annual basis.

Regardless of whether the third party manages their waste, or they make their own arrangements. Information relating to Hazardous Waste Produced should always be supplied to the third party.

The third party must comply with the conditions of the Non-Waste Framework Directive – Temporary storage of waste at the place of production in relation to managing the waste of third-party organisations based on their sites.

Information must also be supplied to the waste contractor to indicate that waste from the third party (i.e., DBTH) is included within the waste being sent to them.

### 17.3 Waste from the General Public

Waste brought to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts from the general public **must not be accepted by wards and departments.**

Members of the general public should be instructed to take their sharps waste to either their own GP or local community Pharmacy. Pharmaceutical waste should also be taken to their local community Pharmacy.

Patients producing waste in their own homes should be instructed to contact their Local Authority or healthcare worker for advice relating to waste collection and disposal.

## 18 WASTE HANDLING

The following paragraphs describe the procedures and precautions that must be followed by the Service department and Trust staff when moving waste from the departments that generate it to the hospital's main waste compounds.









### **BIO – TRACK WASTE IDENTIFICATION TAGS**

To identify the correct waste stream for the various types of healthcare waste a colour coded tagging system has been put into use, this replaces the colour coded bin lids that we had in place with the last waste contractor.

Each tag identifies the correct waste type, the EWC (European Waste Catalogue) number and waste disposal route, for example Incineration, Alternative treatment etc.

All Trust staff should familiarise themselves with the new tags to ensure they dispose of waste into the correct waste streams.

## BIOTRACK TAGGING GUIDE

HT		<p><b>ORANGE BAG CLINICAL</b></p> <p>Infectious or potentially infectious soft Clinical waste contaminated with blood/body fluids e.g. dressings, swabs, wipes, gloves, gowns, masks, aprons, and empty blood bags</p>
HA		<p><b>ANATOMICAL WASTE</b></p> <p>18-01-03 Incineration only Anatomical waste. Full blood bags, Placentae,</p>
HS		<p><b>SINGLE USE SHARPS WASTE</b></p> <p>Hypodermic needles, syringes and syringe barrels including contaminated with medicines (not cytostatic and cytotoxic). Used vials, sharp instruments including teeth without amalgam.</p>
HY		<p><b>CYTOTOXIC &amp; CYTOSTATIC</b></p> <p>Sharps, Syringe barrels, medicine vials, ampoules contaminated with cytostatic, cytotoxic medicines only e.g. Chemotherapy drugs, Depo-Provera, Chloramphenicol</p>
HP		<p><b>PHARMACEUTICAL (Pharmacy use only)</b></p> <p>Out of date stock, ward or patient returns (not cytostatic, cytotoxic) in inner blister packaging, remove outer packaging.</p>
HI		<p><b>YELLOW BAG CLINICAL</b></p> <p>infectious or potentially infectious clinical waste contaminated with chemicals or pharmaceutical/medicinal wastes e.g. IV giving sets dressings, iodine dressings, swabs</p>
HL		<p><b>OFFENSIVE BAG (Tiger bag)</b></p> <p>Non-Infectious healthcare waste, such as gloves, nappies, and other items which are not contaminated with Infectious body fluids, medicines or amalgam.</p>
D		<p><b>DAMAGED BIN - Do not use</b></p> <p>Intended to mark out any damaged bins to be repaired when they are returned to the contractor.</p>



### 18.1 Service Department – Handling and Movement of Waste

The Service department are responsible for the emptying of clinical/infectious/offensive and domestic waste bins, the tying and tagging of bags and removal to the relevant waste storage areas. The Service department will observe the following procedures and precautions when handling and moving waste.

- The Service department will regularly clean the ward/department pedal bins and waste carts and keep the waste storage areas clean and tidy.
- The Service department must ensure that adequate supplies of waste bags/labels/tags are available at all times. (Supplies of waste bags/labels/tags are provided by Services and individual wards/departments who order their own stock, this may change.)
- Orange bagged waste should be placed in the contractor's yellow wheeled bins tagged as HT.
- For traceability reasons all orange bags must have a tie wrap, with ward I.D. identification attached before placing in the 770-litre yellow wheeled bins tagged as HT Waste.
- The Service department may be involved in the clean-up of waste spillages, as detailed in Health & Safety, risk assessment this should be done in accordance with the relevant Trust policy.

### 18.2 Service Department – Collection of Waste

The Service department are responsible for the collection of various waste streams from wards/ departments and the transportation of these wastes to the locations as detailed below. The Service department will observe the following procedures and precautions when handling and moving waste.

- The Service department must not remove any sharps containers or cytotoxic/static bins which have not been securely sealed and labelled by ward/department staff.
- The Service department must not remove any clinical/infectious (orange) or domestic waste bags which are split and/or leaking, until the contents have been re-bagged by ward/department staff.
- The Service department have access to 770 litre wheeled bin keys and must ensure that all bins being transported are first locked.
- The brakes must be applied to all bins sited internally or externally, as well as during transportation for lockable swivel wheels.
- The Service department are responsible for ensuring that the main waste compounds are kept clean, tidy and secure at all times.
- The Service department must also ensure that the waste compactor is secured when not in use, to prevent unauthorised access or use.
- When the compactor is removed for emptying, The Service department should clear the waste compound of any loose waste/litter, etc.



- Waste collections will be carried out on a regular, scheduled basis for clinical/infectious and domestic waste streams, although ad hoc collections may be requested by some wards/departments.
- Additional collections may be made for special waste streams such as sharps, pharmaceutical, cytotoxic/cytostatic, and anatomical waste.
- For bulky wastes, WEEE etc collections are generally made on an ad hoc request basis by wards/departments and should be completed as soon as practically possible.
- The above duties should be carried out in accordance with the relevant Trust policies.

**Any bagged waste/sharps containers not tagged/labelled/signed will NOT be collected or removed from the ward/department area**

### **18.3 Service Department – Sharpsmart (SS) Containers**

Although the Sharpsmart delivery/collection work routine may vary slightly across the Trust basically they will be the same.

Each Ward/Department will carry a stock of 3-4 spare sharp smart containers, which may vary in size/type depending on the usage.

The work routine for Sharpsmart containers is as follows:

1. PPE is required for the removal of all wastes. – (and must be worn)
2. SS containers should only be collected if they are tagged /labelled and have been locked off ready for collection.
3. Service Assistants will collect the empty SS containers from the SS store, and deliver them to the relevant ward/dept.
4. At the ward/dept the Service department will collect and replace the full SS containers with like for like containers if they are correctly tagged and labelled and return them to the SS storage area.
5. All full SS containers should be collected and replaced into the full/dirty stainless-steel transporter in the SS store.
6. Mark the SS sheet with the numbers of dirty SS containers collected and clean delivered (*this will assist the collection staff with the number of containers required for the next ward/dept visit*)
7. Move on to the next ward/dept and repeat steps 1 to 7.

8. Please report to Service Supervisor if we are running low on the stock of SS containers.



**Sharpsmart Transporter**

## 19 LOCATION OF EXTERNAL WASTE STORAGE AREAS

### Doncaster Royal Infirmary:

Waste Type	Storage/Disposal Area
<b>Clinical/infectious – orange bags</b> Stored /collected in yellow 770 litres wheeled bins. <b>Tagged as HT waste</b>	Main waste compound, Gate 5 EWB - Basement (East / West) Theatres / HSDU - Basement Renal - External Compound X-Ray - Basement Stub Corridor - Basement West Ward Block - Basement Women’s Block - Basement
<b>Single use Sharps waste –</b> stored/collected in yellow 770 litre wheeled bins <b>Tagged as HS waste</b>  <i>Includes other pharmaceutically contaminated waste such as IV bags, lines, etc.</i>	Main waste compound, Gate 5 EWB – Basement (East / West) Theatres / HSDU - Basement Renal - External Compound Stub Corridor - Basement West Ward Block - Basement Women’s Block - Basement
Waste Type	Storage/Disposal Area
<b>Pharmaceutical bins – yellow containers</b> collected in yellow 770 litre wheeled bins <b>Tagged as HP waste</b>  <i>waste only</i>	Main waste compound, Gate 5 EWB – Basement (east / West) Theatres / HSDU - Basement Renal - External Compound Pharmacy – Internal Store

	Stub Corridor - Basement West Ward Block - Basement Women's Block – Basement
<b>Cytotoxic/static waste – purple lid containers</b>  (Collected in yellow 770 litre wheeled bins)  <i>Cytotoxic/static pharmaceuticals and items contaminated with cytotoxic/static pharmaceuticals.</i>  <b>Tagged as HY waste</b>	Main waste compound, Gate 5 Pharmacy - Internal storage area Chatfield - external storage area
<b>Anatomical waste – yellow, red lid containers, Bio Bins and yellow, rigid, single use containers</b>  collected in yellow 770 litre wheeled bins  <b>Tagged as HA waste</b>	Main waste compound, Gate 5 EWB – Basement (East / West) HSDU - Basement Theatres / HSDU - Basement Renal - External Compound X-Ray - Basement Stub Corridor - Basement West Ward Block - Basement Women's Block - Basement South Block - Ext storage area
<b>Infectious waste for incineration – yellow bags</b> collected in yellow 770 litre wheeled bins <b>Tagged as HI waste</b>	Main waste compound, Gate 5 EWB – Basement (East / West) HSDU - Basement Theatres / HSDU - Basement Renal - External Compound X-Ray - Basement Stub Corridor – Basement
<b>Waste Type</b>	<b>Storage/Disposal Area</b>
<b>Offensive waste – yellow/black stripe bags</b> collected in yellow 770 litre wheeled bins <b>Tagged as HL waste</b>	Main waste compound, EWB – Basement, West Ward Block – Basement, Women's Block – Basement
<b>Gypsum waste – yellow/black stripe bags</b> collected in yellow 360 litre wheeled bins <b>(Labelled as Gypsum waste) Tagged as HG</b>	Main waste compound, Fracture Clinic
<b>Domestic waste &amp; Mixed Recycling</b> (Clear bags)	Main waste Compound, Gate 5 EWB (both sides) - Basement HSDU - Basement
<b>Domestic waste &amp; Mixed Recycling</b> (Clear bags)	Renal - External Compound X-Ray - Basement

	Stub Corridor - Basement West Block - Basement Women's Block - Basement South Block - Ext storage area D Block - Ext storage area
<b>Cardboard for recycling</b>	As Domestic waste areas
<b>Garden Waste (25yrd skip)</b>	Gardeners compound
<b>Bulky waste items, e.g., furniture</b>	Main waste compound, Gate 5
<b>Waste Electrical/Electronic Equipment - WEEE</b>	Main waste compound, Gate 5 Boiler house yard
<b>Refrigeration equipment</b>	Main waste compound, Gate 5
<b>Fluorescent tubes</b>	Boiler house yard
<b>Scrap metal</b>	Boiler house yard
<b>Oil / Chemical waste</b>  <b>(Collected in yellow 770 litre wheeled bins)</b>	Main waste compound, Gate 5 Boiler house yard Pathology waste compound
<b>Batteries (120 litre bin)</b>	Main waste compound, Gate 5
<b>Confidential (white bags)</b>	Directly from ward/dept.

**Bassetlaw Hospital:**

<b>Waste Type</b>	<b>Storage/Disposal Area</b>
<b>Clinical/infectious</b> – orange bagged waste collected in yellow 770 litre wheeled bins <b>Tagged as HT waste</b>	Main waste compound Theatre's - Side corridor Pathology
<b>Single use Sharps waste – yellow containers</b> (Collected in yellow 770 litre wheeled bins) <i>other pharmaceutically contaminated waste such as IV bags, lines, etc.</i> <b>Tagged as HS</b>	Main waste compound Theatre's - Side corridor
<b>Pharmaceutical bins – yellow Bins</b> (Collected in yellow 770 litre wheeled bins <u>separate to wheeled bins used for sharps bins containers</u> ) <b>Tagged as HP waste</b>	Main waste compound Theatre's - Side corridor Pharmacy internal store
<b>Cytotoxic/static waste – purple lid containers</b> (stored/collected in yellow/purple lid 770 litre wheeled bins) <i>Cytotoxic/static pharmaceuticals and items Tagged as HY waste</i>	Main waste compound Pharmacy Internal Store

<b>Anatomical waste</b> – yellow/red lid containers, Bio Bins and yellow, rigid, single use containers (Yellow 770 litre wheeled bins) <b>Tagged HA</b>	Main waste compound Theatre's - Side corridor Pathology
<b>Infectious waste for incineration – yellow bags</b> (Collected in yellow 770 litre wheeled bins) <b>Tagged as HI waste</b>	Main waste compound Theatre's - Side corridor Pathology
<b>Offensive waste – yellow/black stripe bags</b> (Collected in yellow 770 litre wheeled bins) <b>Tagged as HL waste</b>	Main waste compound
<b>Gypsum waste – yellow/black stripe bags</b> collected in yellow 360 litre wheeled bins (labelled as Gypsum waste) <b>Tagged as HG waste</b>	Main waste compound, Fracture Clinic
<b>Domestic waste and Mixed Recycling</b> (Clear bags)	Main waste compound /compactor
<b>Cardboard</b> for recycling	Main waste compound
<b>Bulky waste items</b> , e.g., furniture	Main waste compound /compactor
<b>Waste Electrical/Electronic Equipment - WEEE</b>	Main waste compound (secure fenced area)
<b>Refrigeration equipment</b>	Main waste compound (secure fenced area)
<b>Fluorescent tubes</b>	Main waste compound (internal store)
<b>Oil / Chemical waste</b> (Collected in yellow 770 litre)	Main waste compound (internal store) Pathology department
<b>Scrap metal</b> (30-yard enclosed skip)	Pharmacy delivery road.
<b>Batteries</b> (120 litre bin)	Main waste compound (secure area)
<b>Confidential</b> (white bags)	Directly from ward/dept.

**Montagu Hospital:**

<b>Waste Type</b>	<b>Storage/Disposal Area</b>
<b>Clinical/infectious</b> – orange bagged waste Collected in yellow 770 litre wheeled bins <b>Tagged as HT waste</b>	Main clinical waste compound Theatre's
<b>Single use Sharps waste – yellow/yellow lid containers</b> Collected in yellow 770 litre wheeled bins	Main clinical waste compound Sharp smart store

<i>Includes other pharmaceutically contaminated Tagged as HS waste</i>	
<b>Pharmaceutical contaminated waste</b> Collected in yellow 770 litre wheeled bins <u>separate to 770 litre wheeled bins used for sharps containers</u> waste only <b>Tagged as HI waste</b>	Main clinical waste compound  Sharp smart store
<b>Cytotoxic/static waste – purple lid containers</b> Collected in yellow 770 litre wheeled bins <i>Cytotoxic/static pharmaceuticals and items contaminated with cytotoxic/static pharmaceuticals</i> <b>Tagged as HY waste</b>	Main clinical waste compound  Pharmacy store - Internal
<b>Anatomical waste</b> Collected in yellow 770 litre wheeled bins <b>Tagged at HA waste</b>	Main clinical waste compound
<b>Offensive waste – yellow/black stripe bags</b> (Collected in yellow 770 litre wheeled bins) <b>Tagged as HL waste</b>	Main clinical waste compound
<b>Gypsum waste – yellow/black stripe bags (must be labelled as Gypsum waste)</b> (Collected in yellow 360 litre wheeled bins) <b>Tagged as HG waste</b>	Main clinical waste compound, Minor Injuries – Plaster Room
<b>Domestic waste and Mixed Recycling</b> (Clear bags)	Skip / compactor in general waste compound
<b>Cardboard</b> for recycling	Skip / compactor in general waste compound
<b>Bulky waste items</b> , e.g., furniture	Skip / compactor in general waste compound
<b>Waste Electrical/electronic Equipment - WEEE</b>	General waste compound Secure area
<b>Refrigeration equipment</b>	General waste compound Secure area
<b>Oil / Chemical waste</b>	Boiler house
<b>Fluorescent tubes</b>	Container in general waste compound
<b>Scrap metal</b>	Skip in general waste compound
<b>Batteries</b> (120 litre bin)	Mortuary waste store
<b>Confidential</b> (White bags)	Directly from ward/dept.

## 20 TRAINING/SUPPORT

### 20.1 Operation of Waste Handling Equipment

All relevant staff will receive training in the operation of all waste handling equipment, including wheeled bins, trolleys, and compactor.

Waste handling equipment must not be used by untrained or unauthorised staff.

When not in use, all waste handling equipment (compactor) must be kept secure.

All relevant staff will receive training in the manual handling of waste and waste containers.

Training records should be maintained for all staff involved in the operation of waste handling equipment.

### 20.2 Health & Safety – Risk assessments for Waste Management Activities

All managers (or other designated competent persons) must carry out Risk Assessments to identify and assess the risks to their staff (as well as patients and the general public) from any waste related duties and activities (including waste handling, collection, storage, movement, and disposal). This should be done in accordance with the relevant Trust policy.

These risks should be eliminated where possible and managed and monitored effectively, with Risk Assessments reviewed on a regular basis.

The frequency for the completion of Risk Assessments will be determined by the Health and Safety Department and relevant manager.

Risk Assessments will also be completed after any reported incident involving waste.

Risk Assessments should only be undertaken by those staff who have received appropriate training. For further information contact the Health and Safety Department.

### 20.3 Accident and Incident Reporting

If an accident occurs involving any waste items, the incident should be reported to the relevant manager/supervisor immediately.

If an injury has occurred, the employee should go to the Occupational Health Department.

If the injury has occurred out of hours or is an emergency, the employee should go to the nearest A & E Department for medical attention.

As soon as possible an Accident/Incident Report Form (Datix) should be completed following Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts internal procedures. This should be done in accordance with the relevant Trust policy.

The Trust's Estates & Facilities Department and Health and Safety Department will be informed via the incident reporting system, of any incident involving waste and will take any necessary measures to investigate the cause of the incident in order to guard against a recurrence.

#### **20.4 Personal Protection**

It is the responsibility of all managers to ensure their staff are issued/supplied with appropriate protective clothing, to complete their waste related duties.

Managers should also periodically monitor staff to ensure they are wearing appropriate items of protective clothing.

Risk Assessments will indicate the level of protective clothing required depending on the waste duties carried out, and may include disposable gloves and aprons, heavy duty or sharps proof gloves, overalls/uniform, safety shoes, masks, and eye protection. This should be in accordance with the relevant Trust policy.

It is the responsibility of all employees to ensure that protective clothing is worn, as required by their manager and any Risk Assessments, practices and/or procedures.

Staff handling clinical/infectious waste should be offered immunisation, including hepatitis B and tetanus. The above duties should be carried out in accordance with the relevant Trust Policies.

#### **20.5 Water Spillages**

All spillages must be regarded as potentially hazardous and dealt with immediately.

Under no circumstances shall patients or members of general public be allowed to assist or be involved in any way in the clearing or cleaning up of spillages.

When dealing with spillages, appropriate protective clothing should be worn, and relevant Trust Policies should be followed.

Where required another member of staff shall assist in keeping the spillage area safe, until the area can be barricaded off.

It is essential that waste produced from dealing with any spillage is packaged and disposed of appropriately.

In the event of spillages of particularly hazardous wastes such as pharmaceuticals and/or chemicals, the advice and assistance of specialist departments or persons may be required,



e.g., Estates & Facilities Department, Pharmacy, Pathology Department Health, and Safety Department.

Any spillages of waste should be reported using the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts internal procedures.

For further, more detailed information in relation to clinical/infectious spillages, please refer to relevant Trust policies.

## **20.6 Waste Management Training**

Waste Management Training will be provided for staff in the following way.

- For all staff involved in the handling of waste at induction, with refresher sessions provided on an annual basis.
- As required with the introduction of changes in legislation and new working routines.
- Additional training will be provided on an annual basis and on request for wards and departments and any other staff involved in specific waste management duties.
- Via information leaflets and posters, displayed in wards and departments.
- E-Learning through the Trust website for Sharpsmart, and other waste streams such as Hazardous Clinical, Domestic, Recycling etc.

Training records will be kept for all staff attending/receiving any waste related training.

Staff are encouraged to keep waste training in their personal training and learning portfolio.

## **21 ENVIRONMENTAL PERMITTING EXEMPTIONS**

The Trust has registered a number of Environmental Permitting Exemptions with the Environment Agency for low-risk waste activities occurring on site. In addition, the Trust must also comply with the conditions of a number of Non-Waste Framework Directive Exemptions that do not require registration with the Environment Agency.

Documentation relating to the Environmental Permitting Exemptions is held by the Estates & Facilities Department.

The Estates & Facilities Department is responsible for the regular checking and reviewing of Environmental Permitting Exemptions and Policies.

## 22 WASTE CONTRACTS AND LEGAL PAPERWORK

Any waste removed from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust sites for disposal must be accompanied by the relevant legal paperwork, i.e., waste transfer note for non-hazardous waste or consignment note for hazardous waste.

Information to be completed on a waste transfer note includes name and address of site of production, name and address of transfer/disposal site, waste carrier details, waste description (including 6-digit EWC code), signature of Trust representative and waste carrier. For assistance completing waste transfer notes please contact the Estates & Facilities Department.

Full details of how to complete a consignment note are provided see Appendix 4. For assistance completing waste consignment notes please contact the Estates & Facilities Department.

All consignment notes must be completed in full by relevant, authorised Trust personnel for sections A, B and D.

Regular checks will be made with regard to the accurate completion of this paperwork, as part of the auditing process.

Records must be kept of all waste transfer notes for 2 years and consignment notes for 3 years.

The Trust will maintain a Site Register for any hazardous wastes produced. This will include copies of consignments notes, copies of any rejection notes, consignee returns for each hazardous waste stream. It is recommended that the contractor's contact/licence/permit details are kept with the Site Register information.

All specialist departments producing/completing waste consignment notes for the disposal of hazardous waste, must send a copy of each consignment note to the Waste Management Co Ordinator at Estates & Facilities Department (BDGH).

Regular reviews will be completed of all waste contracts, with regard to the changing needs of the sites, legislative compliance, sustainable waste management and value for money. This process will be undertaken by either the Estates & Facilities Department and/or the relevant specialist departments.

## 23 AUDITING AND MONITORING

All aspects of waste management across the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust sites are regularly audited and monitored. Any issues of non-compliance or poor practice are recorded and prioritised in action plans by the Waste Management Coordinator.

Annual “Duty of Care” checks or audits will be carried out for all waste contractors employed by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This is the responsibility of the Estates & Facilities Department and relevant specialist departments.

Annual “Pre-Acceptance Audits” will be carried out for each of the Trust sites and the results provided to the clinical waste contractor.

Sharpsmart Bin Audits are completed monthly, by Sharpsmart, for all areas using the re-usable sharps containers. Results are disseminated by the Waste Management Coordinator.

All areas using disposable sharps containers are audited annually. The Infection Control Team will carry out annual ICNA audits which include aspects of waste management.

The following auditing and monitoring will carry out the following as a minimum annually: -

- Clinical waste contractor collections.
- Ward/department storage areas – security.
- External main waste compound areas – security.
- Ward/department audits.
- Sharps Audits – Sharpsmart.

The results/findings of all audits shall be reported to the Head of Compliance, as well as the individual wards/departments concerned.

Audits of legal paperwork will be carried out on a regular basis by the Estates & Facilities Department.

All departments producing and completing their own waste consignment notes must send a copy of each completed note to the Waste Management Coordinator, Estates & Facilities Department at Bassetlaw Hospital.

Training records will be monitored by the Training Department and/or individual departmental managers.

The Waste Management Co-ordinator would like to encourage staff to report and record waste comments, complaints, suggestions, incidents of non-conformances and breaches of the Waste Management Policy and Waste Management Manual on the Feedback Form see Appendix 2 of the Waste Management Policy. The form is also available on the Trust intranet site.

## 24 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
<b>Waste Contractor Duty of Care Audit</b>	Waste Management Co-ordinator /Head of Compliance.	Annual	A cradle to grave audit of waste collected to its final disposal point,

This 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.			full inspection of the waste contractors documentation and legal paperwork. Any shortfalls to be followed up by the Waste Management Coordinator, Head of Compliance & 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, Hotel Services	Annual	To audit waste management practices, routines, and disposal practices to ensure any non-compliant practices are identified. Any issues found in the audit to be followed up by the Waste management.
<b>Ward/Department Audits</b> To ensure all wastes produced are disposed of compliantly into the correct waste stream.	Waste Management Co-ordinator. Infection Control Service department	Annual	To inspect all waste practices 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.
<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	Waste Management Co-ordinator, 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 waste management.
<b>Any major non-compliance or issues of concern are passed to the Head of Compliance</b>			

## 25 DEFINITIONS

Clinical Waste is defined under the Controlled Waste Regulations (1992) as:

- (a) 'Any waste which consists wholly or partly of human tissue, blood or other bodily fluids, excretion, drugs or other medicine products, swabs or dressings or syringes,

needles or other sharp instruments being waste which unless rendered safe may prove hazardous to any person coming into contact with it' and: -

- (b) 'Any other waste arising from medical, nursing, dental, medicine or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion being waste which may cause infection to any person coming into contact with it''.

## 26 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 8)

## 27 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

**CORP/HSFS 1** - Health and Safety Policy **plus H&SRAF** -Health and Safety Risk Assessment

**CORP/HSFS 2** - Health and Safety at Work - Medical Surveillance

**CORP/HSFS 4** - Manual Handling Policy

**CORP PROC 6 v2** – Condemnation and disposal of trust assets

**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

## 28 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/>

## 29 REFERENCES

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

Clinical waste Environmental Permitting Regulations (EPR 5.07)

Control of Substances Hazardous to Health Regulations (COSHH)

Controlled waste Regulations.

Hazardous Waste Regulations (England and Wales)

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

<https://www.gov.uk/government/publications/waste-classification-technical-guidance>

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

National Guidance for Healthcare water discharges (August 2014)

Waste Electrical and Electric Equipment Regulations. (WEEE.)

WM3 Technical Guidance on the Classification and Assessment of waste.

**HTM 07 - 01** Safe Management of Healthcare Waste 2023, Department of Health.

## APPENDIX 1 – CONTACT DETAILS

	PHONE	BASE	DIRECTORATE
Waste Management Lead	07854 990 434	DRI	Estates
Head of Compliance	644103	DRI	
Deputy Director of Estates and Facilities	644104	DRI	Facilities
Medical Equipment library	642135	DRI	Estates
Pathology	642870	DRI	Pathology
Pharmacy	572467	BDGH	Pharmacy
Pharmacy	644334	DRI	Pharmacy
Procurement/Supplies	642380	DRI	Finance
Procurement/Supplies	572952	BDGH	Finance
Fire Safety Advisor	644126	DRI	Estates
Security	64266	DRI	Estates
Estates Helpdesk	643555	DRI	Estates
Estates Reception	572820	BDGH	Estates
Service Department	644451	DRI	Facilities
Service Department	07599 112 356	MMH	Facilities
Service Department	07976 416 589	BDGH	Facilities
Transport Department/Team	572424 644592	BDGH DRI	Estates
Infection and Prevention Control	572357	Bassetlaw	Infection Control

## APPENDIX 2 – EQUIPMENT CONDEMNATION/DISPOSAL FORM HOW TO DISPOSE OF ASSETS

The procedure for disposing of any Trust assets must follow the process detailed below. In order to reduce paperwork, the procedure has been adapted to use intranet electronic forms.

### Step 1.

Access the 'disposal request' on line form via the electronic forms icon available on the desktop of all Trust owned computers.

Complete the form as fully as possible. For items that have or likely to have a replacement value greater than £5,000 then your relevant manager should agree and be named in the authorisation section.

### Disposal request

Please use this on-line form when requesting disposal of any trust assets. Trust assets can only be disposed of once this form has been completed and the unique reference number can be provided.

Further information and guidance can be found in the Policy on condemnation and disposal of Trusts assets.

<p><b>Owner/User details</b></p> <p><input type="checkbox"/> DRI <input type="checkbox"/> BDGH <input type="checkbox"/> MMH <input type="checkbox"/> Retfd</p> <p>Care Group</p> <p>Please select <span style="border: 1px solid black; padding: 2px;">▼</span></p> <p>Ward/Department</p> <p>Please enter location of the asset <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></p> <p><b>Asset Details</b></p> <p>Asset Type - Please select</p> <p><input type="checkbox"/> Medical Device</p> <p><input type="checkbox"/> Computer asset</p> <p><input type="checkbox"/> Furniture/Fittings</p> <p><input type="checkbox"/> Estates assets</p> <p><input type="checkbox"/> Consumables</p>	<p><b>Description of asset/s</b></p> <p><span style="border: 1px solid black; padding: 2px;">i.e. Wooden desk</span></p> <p>Quantity <span style="border: 1px solid black; padding: 2px;">0</span></p> <p>Reference No/ Barcode/ Serial No</p> <p><span style="border: 1px solid black; padding: 2px;">0</span></p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> No longer suitable for purpose</p> <p><input type="checkbox"/> Unsafe</p> <p><input type="checkbox"/> No longer required</p> <p><input type="checkbox"/> Other ( Please Specify in comments)</p> <p>Disposal status</p> <p>Re-usable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>	<p><b>Authorisation</b></p> <p>Before submitting this form for asset disposal please be certain that you are authorised to dispose of this asset.</p> <p>Please ensure that any local inventories are updated accordingly.</p> <p>Please make sure assets are clean and safe to dispose of. Assets should be identified with the reference number you will receive when this form is submitted.</p> <p><b>Authorised budget holder*</b></p> <p><span style="border: 1px solid black; padding: 2px;">name of authorised budget holder</span></p> <p>(*Business manager approval required for assets with a replacement value greater than £5,000)</p> <p><span style="border: 1px solid black; padding: 2px;">type your name here</span></p> <p>Ext No <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Email <span style="border: 1px solid black; padding: 2px;"></span></p> <p><span style="border: 1px solid black; padding: 2px;">[Grid Icon]</span></p> <p><span style="border: 1px solid black; padding: 2px; background-color: #ccc;">Submit</span> <span style="border: 1px solid black; padding: 2px; background-color: #ccc; color: red;">Reset</span></p>
<p>Comments</p> <p><span style="border: 1px solid black; height: 40px; width: 100%;"></span></p>		

Please use this on line form when requesting disposal of any Trust assets. Trust assets can only be disposed of once this form has been completed and the unique reference number can be provided.

Further information and guidance can be found in the Policy on condemnation and disposal of Trust assets. Corp/PROC 6 V.3



## Step 2

Submit the form, depending on the asset type the form will be automatically copied to the relevant officer

## Step 3

Once submitted you will receive a reference number (example as below), write down this number or print off and attach this to the asset being disposed of. Make sure that the asset is clean and safe to be disposed of. Empty draws and cabinets where applicable and wherever possible provide keys to the locks.

EXAMPLE	EXAMPLE
<p>Thank you, your form has been submitted.</p> <p>Please note the reference number and record it on a tag then attach on items that require to be moved.</p> <p>If the item can be reused, please tele-track to equipment store DRI</p> <p>No assets should be moved without this reference number attached.</p> <p>Thank you for your assistance.</p> <p><b>Fn ****2</b></p>	

For medical equipment please ensure all accessories and cables are available and where possible operating instructions, this makes re-sale a more attractive option.

## STEP 4

In most cases assets will be movable, in this case a request can be made stating the disposal request form number, to have the item collected.

- Medical Devices – to Medical Technical Services
- IT assets – to IT Services.
- Furniture and fittings – dependant on condition, either the equipment store (DRI, old Laundry) Or appropriate waste stream, scrap metal skip, electrical items to the secure W.E.E.E compounds.

If in any doubt contact the relevant disposals officer for advice or the waste management lead

**PLEASE NOTE: items that do not have a valid reference number will not be collected.**

**Return Centre** - [http://dbhmts/forms/Re-Turn-Asset\\_Form/Re\\_Turn\\_Asset.php](http://dbhmts/forms/Re-Turn-Asset_Form/Re_Turn_Asset.php)

**APPENDIX 3 – CLINICAL, INFECTIOUS CONSIGNMENT NOTE**

Check the premises code is correct

Ensure the Trust site address is shown here

Check the waste type that are being disposed of.

Consignment note number.

Enter kg of waste being disposed of.

Enter the number of bins being disposed of.

Check the driver has completed his details

Once you have checked all information is correct enter your details here as the Trust representative

Section E to be completed at final place of destruction for the waste.

Waste Management Authority (WMA) Form 1000 (Rev. 01/01/00) - Clinical, Infectious Consignment Note

Customer Reference: [ ] Document Reference Number: [ ]

**A** 1. Premises Code: [ ] 2. The work place to be visited: [ ]

**B** 1. To be completed by the waste producer 2. To be completed by the carrier

Bin No.	Waste / Source	Wt (kg)	Wt (lb)	1000 mg (1g) or more of the waste with organisms	Spores	Colony Forming Units	Other	Wt (kg)	Wt (lb)
01	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
02	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
03	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
04	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
05	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
06	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
07	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
08	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
09	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5
10	INFECTIOUS WASTE	12.00	26.5	1000000000	1000	1000000000		12.00	26.5

The information below is to be completed for each 1000 mg (1g) or more:

Bin No.	Wt (kg)	Wt (lb)	Spores	Colony Forming Units	Other
01	12.00	26.5	1000000000	1000000000	
02	12.00	26.5	1000000000	1000000000	
03	12.00	26.5	1000000000	1000000000	
04	12.00	26.5	1000000000	1000000000	
05	12.00	26.5	1000000000	1000000000	
06	12.00	26.5	1000000000	1000000000	
07	12.00	26.5	1000000000	1000000000	
08	12.00	26.5	1000000000	1000000000	
09	12.00	26.5	1000000000	1000000000	
10	12.00	26.5	1000000000	1000000000	

**C** 1. Name of the waste producer: [ ] 2. Address: [ ] 3. Telephone: [ ] 4. Fax: [ ] 5. Email: [ ] 6. Signature: [ ] 7. Date: [ ]

**D** 1. Name of the carrier: [ ] 2. Address: [ ] 3. Telephone: [ ] 4. Fax: [ ] 5. Email: [ ] 6. Signature: [ ] 7. Date: [ ]

**E** 1. Date: [ ] 2. Time: [ ] 3. Location: [ ] 4. Signature: [ ] 5. Date: [ ]

PRODUCER ON COLLECTION - WHITE    CARRIER - YELLOW    DISPOSAL - PINK

## APPENDIX 4 – GUIDANCE ON COMPLETION OF CONSIGNMENT NOTES

### PART/SECTION A – PRODUCERS DETAILS

**Consignment note code/number** – this is a sequential number which is relevant to each individual note and will normally, already be completed.

**The waste described below is to be removed from** – the Trust details i.e. name, contact details etc must be entered here in full.

**Premises code** – this is a site-specific code consisting of 3 letters and 3 numbers (contact the Estates & Facilities Department if you do not have this code).

**The waste will be taken to** – the name, address, contact details of the disposal or transfer site must be entered here in full.

**The waste producer was** – this part is not usually relevant.

### PART/SECTION B – DESCRIPTION OF THE WASTE

**The process giving rise to the waste** – this should indicate “hospital healthcare” or similar and will normally, already be completed.

**SIC for the process giving rise to the waste** – this is the Standard Industry Code and will normally, already be completed as 85.11.1 for hospitals.

**Waste details** – this section will include the various descriptions of the waste streams being consigned, along with their EWC codes, components, concentration, physical form, hazard code, quantity and number of containers. Most of this information will already be completed by the waste contractor, except the quantity and number of containers, which you will need to fill in, once you have counted the number of each different type of container.

*NB: It is only acceptable for the waste description/details to be completed by the waste carrier/contractor, if the Trust has already provided information on the waste, i.e., a formal written description.*

**The information given below is to be completed for each EWC code identified** – this information is relevant to the carriage and packaging of the wastes and will normally, already be completed.

### PART/SECTION C – CARRIERS CERTIFICATE

All of this section must be completed by the waste carrier/contractor, in full, including the date and time.

### PART/SECTION D – CONSIGNOR’S CERTIFICATE

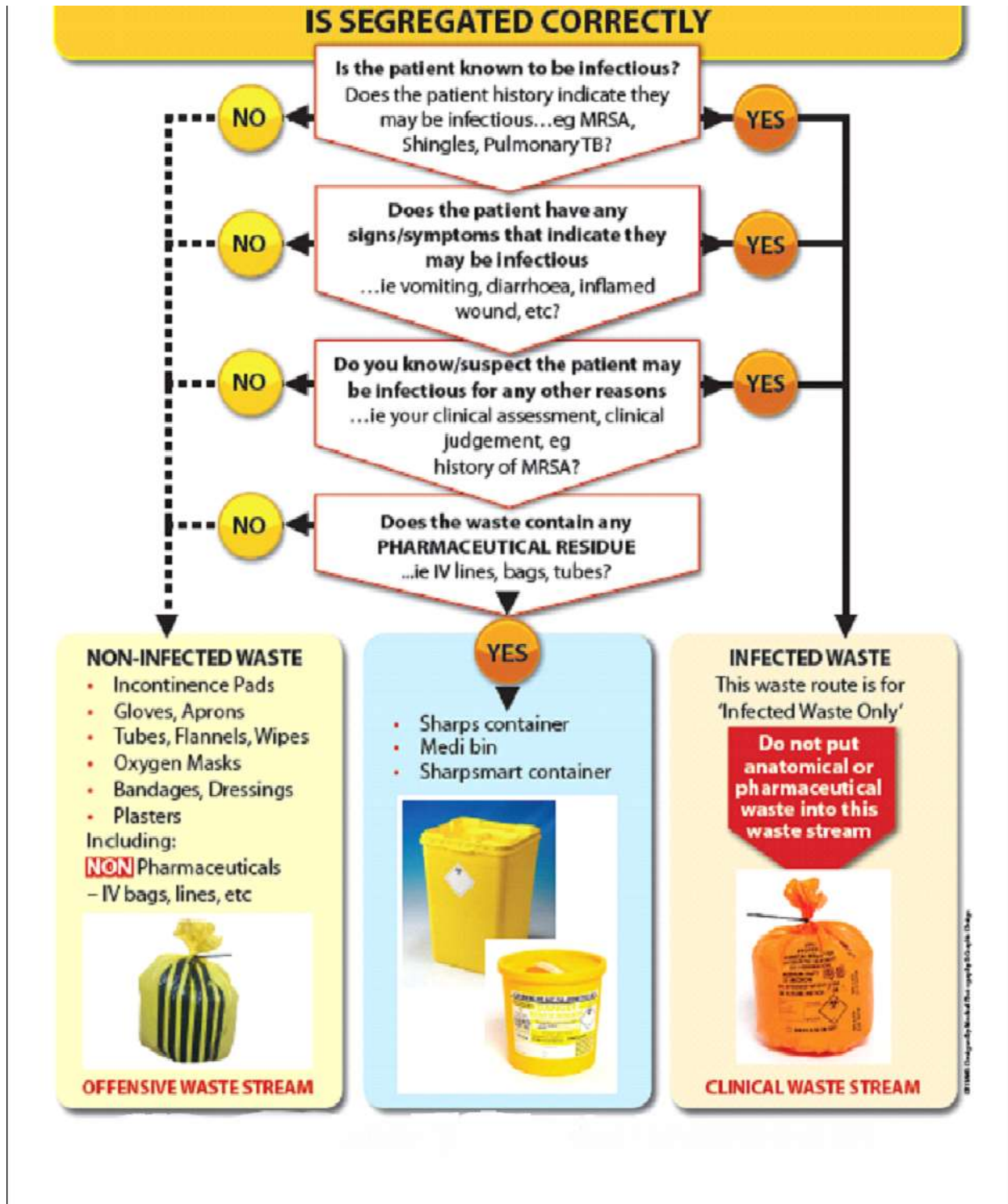
All of this section must be completed by the Trust representative, in full, including the date and time. This section must be completed **after** section C.

**PART/SECTION E – CONSIGNEE’S CERTIFICATE**

This section will only be completed once the waste has been received at the disposal site, by the waste contractor.

**NB: The Trust must keep the top copy of the waste consignment note for a minimum of 3 years.**

## APPENDIX 5 – WASTE ASSESSMENT FLOWCHART



Waste management Lead-

[Hassan.ahmed15@nhs.net](mailto:Hassan.ahmed15@nhs.net) 07854 990434

## APPENDIX 6 – WASTE DISPOSAL SERVICES - EXAMPLE LIST OF CYTOSTATIC AND CYTOTOXIC DRUGS

**Below is a List of Cytotoxic and Cytostatic drugs bought by the Trust  
since 11-04-2017 (highlight the ones, you use.)**

The list for each practice will depend on the medicines they use and may include medicines not listed here.

Some of those are dangerous goods and may need further restrictions for transportation.


Any un-used formulations from the preparation of cytotoxic and cytostatic drugs must be disposed of in the designated cytotoxic/cytostatic waste receptacle (Yellow tub/purple lid) or appropriate receptacles in line with transport/carriage regulations.

The drugs below are drugs that fall into the cytotoxic/cytostatic category and should always be disposed of in this manner.



This list is not exhaustive and may not include all very new, unlicensed, or trial medicines.

**Waste or unwanted Medicines are generated on the wards in two ways: -**

### Medicines no longer required by your patients

<ul style="list-style-type: none"> <li>No longer prescribed the medication</li> </ul>	 Returns Drugs Box
<ul style="list-style-type: none"> <li>Patient discharged or Medication has expired.</li> </ul>	
<ul style="list-style-type: none"> <li>These are unwanted medicines</li> </ul>	
<p><b>This must be stored securely on the ward before they are returned to Pharmacy in the locked medicine transit box for recycling or disposal</b></p>	

### Waste medicines generated as part of preparing a dose for a patient.

<ul style="list-style-type: none"> <li>Example: A patient refuses to take a medicine</li> </ul>	  
<ul style="list-style-type: none"> <li>Part of an ampoule or vial used in preparing a dose, infusion lines</li> </ul>	
<ul style="list-style-type: none"> <li>Gloves, Aprons, PPE etc, contaminated with cytostatic/toxic</li> </ul>	
<p><b>Waste cytostatic/toxic from this route should be disposed of into the 770 Litre Yellow Containers tagged as <u>HY</u> in the Main Waste Compound.</b></p>	

Medicines bought in by the Trust since 11/04/2017 which when waste, may be considered cytotoxic or cytostatic and therefore hazardous waste



**IF YOU USE ANY OF THOSE MEDICINES, PLEASE HIGHLIGHT THEM ON  
THE LIST AND DISPOSE OF THEM INTO THE PURPLE LIDDED  
CYTOTOXIC/CYTOSTATIC CONTAINER**

<p>CHLORAMPHENICOL            ABACAVIR 600mg + LAMIVUDINE            EFAVIRENZ            EMTRICITABINE            EVOTAZ(ATAZANAVIR 300mg +COBICISTAT            LAMIVUDINE            NEVIRAPINE            RALTEGRAVIR            REZOLSIA (DARUNAVIR 800mg +COBICISTAT            RILPIVIRINE            TENOFOVIR DISOPROXIL            TRUVADA            VALGANCICLOVIR            RIBAVIRIN            ELLESTE-DUET            ELLESTE-DUET CONTI            ESTRADIOL (EVOREL)            EVOREL CONTI PATCH            KLIOVANCE            PREMARIN            RALOXIFENE            TIBOLONE            MEDROXYPROGESTERONE            NORETHISTERONE            DUTASTERIDE            FINASTERIDE            TESTOSTERONE (TESTOGEL)            TESTOSTERONE (TOSTRAN)            DINOPROSTONE (PROPESS)            DINOPROSTONE (PROSTIN E2)            OXYTOCIN            SYNTOMETRINE            MIFEPRISTONE            ETHINYLESTRADIOL            DESOGESTREL            DROSPIRENONE            NORGESTIMATE            EVRA            LOESTRIN 20            MICROGYNON 30 ED            NUVARING            DESOGESTREL            DESOGESTREL (CERAZETTE)            NORIDAY            ETONOGESTREL (NEXPLANON) Subdermal            MEDROXYPROGESTERONE            ULIPRISTAL ACETATE            BUSULFAN            CHLORAMBUCIL            CYCLOPHOSPHAMIDE            ** PRELABEL**(DBH) MITOMYCIN WITH MITO IN            DEVICE KIT            MERCAPTOPYRINE            METHOTREXATE (Intramuscular)            DASATINIB            HYDROXYCARBAMIDE</p>	<p>IBRUTINIB (IMBRUVICA)            IDELALISIB (ZYDELIG)            IMATINIB            NILOTINIB            RUXOLITINIB            AZATHIOPRINE            MYCOPHENOLATE MOFETIL            MYCOPHENOLATE MOFETIL (CELLCEPT*)            MYCOPHENOLATE MOFETIL (MYFENAX)            MYCOPHENOLIC ACID (MYFORTIC)            CICLOSPORIN (NEORAL)            TACROLIMUS (ADOPORT)            TACROLIMUS (PROGRAF)            RITUXIMAB (MABTHERA)            BCG Intra-Vesical            DIMETHYL FUMARATE (Skilarence)            IMMUCYST DILUENT            LENALIDOMIDE            THALIDOMIDE            MEDROXYPROGESTERONE            MEGESTEROL ACETATE            TRIPTORELIN (DECAPEPTYL SR)            ANASTROZOLE            EXEMESTANE            FULVESTRANT            LETROZOLE            TAMOXIFEN            TAMOXIFEN (Sugar-free)            BICALUTAMIDE            CYPROTERONE ACETATE            DEGARELIX            GOSERELIN ACETATE            GOSERELIN LA            LEUPRORELIN (PROSTAP SR DCS)            LEUPRORELIN ACETATE (PROSTAP 3 DCS)            OCTREOTIDE            OCTREOTIDE (MULTIDOSE)            OCTREOTIDE ACETATE (SANDOSTATIN LAR)            COLCHICINE            CHLORAMPHENICOL            CHLORAMPHENICOL (Minims) (Preservative Free)            DITHRANOL in LASSARS PASTE            PODOPHYLLOTOXIN            ABACAVIR            ABACAVIR 600mg + LAMIVUDINE 300mg            ATRIPLA            EFAVIRENZ            KALETRA 200/50            LAMIVUDINE            RALTEGRAVIR            TENOFOVIR DISOPROXIL            TRUVADA            ZIDOVUDINE            GANCICLOVIR            VALGANCICLOVIR            RIBAVIRIN</p>
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<p> ELLESTE-DUET  ELLESTE-DUET CONTI  ELLESTE-SOLO  ESTRADIOL (ELLESTE SOLO MX)  ESTRADIOL (EVOREL)  ESTRADIOL (OESTROGEL)  ESTRADIOL VALERATE (PROGYNOVA)  EVOREL CONTI PATCH  EVOREL SEQUI PATCH  FEMSEVEN  FEMSEVEN CONTI  KLIOVANCE  PREMARIN  PREMPAK C  RALOXIFENE  TIBOLONE  MEDROXYPROGESTERONE  NORETHISTERONE  PROGESTERONE  DUTASTERIDE  FINASTERIDE  TESTOSTERONE (TESTOGEL)  TESTOSTERONE (TOSTRAN)  TESTOSTERONE UNDECANOATE (NEBIDO)  CHORIONIC GONADOTROPHIN (PREGNYL)  DINOPROSTONE (PROPESS)  DINOPROSTONE (PROSTIN E2)  OXYTOCIN  SYNOMETRINE  MIFEPRISTONE  ETHINYLESTRADIOL  DESOGESTREL  NORIDAY  ETONOGESTREL (NEXPLANON) Subdermal  MEDROXYPROGESTERONE  ULIPRISTAL ACETATE  CALCIUM FOLINATE  DESOGESTREL  NORIDAY  ETONOGESTREL (NEXPLANON) Subdermal  MEDROXYPROGESTERONE  ULIPRISTAL ACETATE  CALCIUM FOLINATE  MESNA  CYCLOPHOSPHAMIDE  IFOSFAMIDE  MELPHALAN  ** PRELABEL ** (DBH) MITOMYCIN 40mg WITH MITO IN  DEVICE KIT  EPIRUBICIN Solution  MITOMYCIN C  MITOMYCIN C (DO NOT BOOK OUT TO IBH)  FLUDARABINE  MERCAPTOPYRINE  METHOTREXATE (Intramuscular)  CISPLATIN  DASATINIB  GEFITINIB (IRESSA) (SPA)  GEFITINIB (IRESSA) (THIRD CYCLE ONLY)  HYDROXYCARBAMIDE  IMATINIB </p>	<p> NILOTINIB  NINTEDANIB (VARGATEF)  SUNITINIB  TRETINOIN  VENETOCLAX  AZATHIOPRINE  MYCOPHENOLATE MOFETIL (CELLCEPT*)  MYCOPHENOLATE MOFETIL (MYFENAX)  MYCOPHENOLIC ACID (MYFORTIC)  CICLOSPORIN (NEORAL)  SIROLIMUS  TACROLIMUS  TACROLIMUS (ADOPORT)  TACROLIMUS (ADVAGRAF)  TACROLIMUS (PROGRAF)  RITUXIMAB (MABTHERA)  RITUXIMAB (Truxima)  BCG Intra-Vesical  IMMUCYST DILUENT  INTERFERON ALFA-2A (ROFERON-A) (Syringe)  LENALIDOMIDE  PEGINTERFERON ALFA-2b (Pen)  THALIDOMIDE  MEDROXYPROGESTERONE  MEGESTEROL ACETATE  TRIPTORELIN (DECAPEPTYL SR)  ANASTROZOLE  EXEMESTANE  FULVESTRANT  LETROZOLE  TAMOXIFEN  TAMOXIFEN (Sugar-free)  BICALUTAMIDE  CYPROTERONE ACETATE  DEGARELIX  GOSERELIN ACETATE  GOSERELIN LA  LEUPRORELIN (PROSTAP SR DCS) LEUPRORELIN  ACETATE (PROSTAP 3 DCS)  LANREOTIDE AUTOGEL  OCTREOTIDE  OCTREOTIDE (MULTIDOSE)  LEFLUNOMIDE  SECUKINUMAB (Pen)  COLCHICINE  GANCICLOVIR  COAL TAR POMADE (LGI FORMULA)  DITHRANOL  DITHRANOL in LASSARS PASTE  TACROLIMUS  TACROLIMUS 0.03% in ORABASE  MESNA  BENDAMUSTINE HYDROCHLORIDE  CYCLOPHOSPHAMIDE  CYCLOPHOSPHAMIDE (Pre-filled Syringe)  IFOSFAMIDE  BLEOMYCIN  BLEOMYCIN 19500 Units in SODIUM CHLORIDE  DAUNORUBICIN  DOXORUBICIN (Pre-filled Syringe)  DOXORUBICIN SOLUTION </p>
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<p>EPIRUBICIN (Pre-filled Syringe)  EPIRUBICIN Solution  IDARUBICIN  MITOMYCIN  MITOXANTRONE(10ML)  AZACITIDINE  AZACITIDINE (Pre-filled Syringe)  CLADRIBINE (LITAK)  CLOFARABINE  CYTARABINE  CYTARABINE (Pre-filled Syringe)  FLUDARABINE  FLUOROURACIL (Pre-filled Syringe)  FLUOROURACIL (Vial)  FLUOROURACIL  GEMCITABINE (Powder)  GEMCITABINE (Solution)  GEMCITABINE in Sodium Chloride  METHOTREXATE  PEMETREXED  ETOPOSIDE  ETOPOSIDE in SODIUM CHLORIDE  VINBLASTINE  VINBLASTINE in SODIUM CHLORIDE  VINCRISTINE  VINCRISTINE 1mg in NaCl  VINORELBINE  BORTEZOMIB  BORTEZOMIB (Pre-filled Syringe)  BRENTUXIMAB VEDOTIN  CARBOPLATIN  CARBOPLATIN in GLUCOSE  CARFILZOMIB  CETUXIMAB  CISPLATIN  CLINICAL TRIAL IBRUTINIB (FLAIR trial only)  DACARBAZINE  DARATUMUMAB  DOCETAXEL  DOCETAXEL in SODIUM CHLORIDE  ERIBULIN  IRINOTECAN  IRINOTECAN in SODIUM CHLORIDE  MIDOSTAURIN (PKC412)  OXALIPLATIN  OXALIPLATIN in GLUCOSE  PACLITAXEL  PACLITAXEL ALBUMIN  PALBOCICLIB (IBRANCE) (FOC)  PANITUMUMAB  PENTOSTATIN  PERTUZUMAB  PERTUZUMAB in SODIUM CHLORIDE  TRASTUZUMAB  TRASTUZUMAB EMTANSINE  RITUXIMAB (MABTHERA)  OBINUTUZUMAB  OFATUMUMAB  RITUXIMAB (MABTHERA)  RITUXIMAB (MABTHERA) in NaCl  RITUXIMAB (Truxima)  PODOPHYLLOTOXIN</p>	<p>ABACAVIR  ABACAVIR 600mg + LAMIVUDINE  ATAZANAVIR  ATRIPLA  EFAVIRENZ  EMTRICITABINE  ETRAVIRINE  EVOTAZ (ATAZANAVIR + COBICISTAT  GENVOYA  KALETRA 200/50  LAMIVUDINE  ETRAVIRINE  EVOTAZ (ATAZANAVIR + COBICISTAT  GENVOYA  KALETRA 200/50  LAMIVUDINE  MARAVIROC  ODEFSEY  RALTEGRAVIR  REZOLSTA (DARUNAVIR + COBICISTAT  RILPIVIRINE  TENOFOVIR DISOPROXIL  TRUVADA  ZIDOVUDINE  VALGANCICLOVIR  RIBAVIRIN  ESTRADIOL (EVOREL)  ETHINYLESTRADIOL  PREMARIN  MEDROXYPROGESTERONE  NORETHISTERONE  PROGESTERONE  DUTASTERIDE  FINASTERIDE  TESTOSTERONE (TESTOGEL)  TESTOSTERONE (TOSTRAN)  TESTOSTERONE ENANTATE  TESTOSTERONE UNDECANOATE (NEBIDO)  ETHINYLESTRADIOL  DROSPIRENONE  L CYCLOPHOSPHAMIDE  MELPHALAN  CAPECITABINE  FLUDARABINE  LONSURF (TRIFLURIDINE+ TIPIRACIL  MERCAPTOPYRINE  ETOPOSIDE  VINORELBINE  AFATINIB  AXITINIB  CABOZANTINIB  DASATINIB  ERLOTINIB  OESTRIN 30  MESNA  CHLORAMBUCIL  EVEROLIMUS (AFINITOR)  GEFITINIB (IRESSA) (SPA)  GEFITINIB (IRESSA) (THIRD CYCLE ONLY)  HYDROXYCARBAMIDE  IBRUTINIB (IMBRUVICA)  IBRUTINIB (IMBRUVICA) (WM only)</p>
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IMATINIB IXAZOMIB NILOTINIB PALBOCICLIB (IBRANCE) PANOBINOSTAT PAZOPANIB (VOTRIENT) RUXOLITINIB SUNITINIB TRETINOIN AZATHIOPRINE MYCOPHENOLATE MOFETIL MYCOPHENOLATE MOFETIL (CELLCEPT*) MYCOPHENOLATE MOFETIL (MYFENAX) MYCOPHENOLIC ACID (MYFORTIC) CICLOSPORIN (NEORAL) SIROLIMUS TACROLIMUS (ADOPORT) TACROLIMUS (ADVAGRAF) TACROLIMUS (PROGRAF) DIMETHYL FUMARATE (Skilarence) INTERFERON ALFA-2A (ROFERON-A) (Syringe) INTERFERON ALFA-2B (INTRON A) (Multidose) LENALIDOMIDE	PEGINTERFERON ALFA-2a (Pen) POMALIDOMIDE THALIDOMIDE MEDROXYPROGESTERONE TRIPTORELIN (DECAPEPTYL SR) TRIPTORELIN (GONAPEPTYL DEPOT) ANASTROZOLE EXEMESTANE LETROZOLE TAMOXIFEN ABIRATERONE ACETATE BICALUTAMIDE ENZALUTAMIDE (XTANDI) LANREOTIDE AUTOGEL OCTREOTIDE OCTREOTIDE (MULTIDOSE) LEFLUNOMIDE SECUKINUMAB (Pen) COLCHICINE GANCICLOVIR DITHRANOL TACROLIMUS TACROLIMUS in ORABASE
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**Under no circumstances  
should the above wastes be disposed of into the  
all 'Yellow' sharps containers**



**PLEASE USE THE PURPLE LIDDED CONTAINER**

For further information please see,  
the 'Safe and Secure Handling of medicines policy, Part B' Controlled Drugs REF: PAT/MM 1 B

## APPENDIX 7 – DISPOSAL OF TRANSFUSED BLOOD AND BLOOD PRODUCTS

The **Chatsfield Suite, Theatres, ED, MDU & the Blood Bank laboratory** area are to dispose of transfused bags and tubing via anatomical waste route.



(Yellow bin Red lid)

**All Anatomical bins must also be labelled as 'Blood bag' waste**

### Ward areas

Empty transfused blood and blood product bags and tubing are to be disposed of via the Offensive hygiene waste (**Yellow bag with Black Stripe**)

Snip or allow bag to drain naturally into the sluice then put empty bag and tubing into the Offensive waste bag which is 'Yellow bag with black stripes'.



(Yellow bag/Black stripe)

### Emergency situations on wards

If 10 to 20 products ( red cell, platelets, plasma, Cryoprecipitate) are transfused in an emergency situation then all bags to be disposed of in the Anatomical waste



(Yellow bin Red lid)

**All Anatomical bins must also be labelled as 'Blood bag' waste**

## APPENDIX 8 - 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 Manual	Estates and Facilities	Hassan Ahmed	Existing	26 April 23
<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 Healthcare 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>• <b>If yes, please describe current or planned activities to address the impact</b> [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</b> – tick (✓) outcome box				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*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.				
<b>Date for next review: April 2026</b>				
<b>Checked by: Sean Tyler</b>			<b>Date: 26 April 23</b>	