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- Infection Control
- Medicines Management
- Sodexo
- Facilities
- Health and Safety Advisor

Approval and Review Process
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Local Path
Waste Management Manual
Filename
Waste Management Manual
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<tr>
<th>Policy categories for Trust's internal website (Bob)</th>
<th>Tags for Trust's internal website (Bob)</th>
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<td>Facilities</td>
<td>Waste, rubbish, clinical waste, toxic waste, recyclable, offensive waste, human tissue</td>
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INTRODUCTION

- North Devon Healthcare NHS Trust (NDHT) is keen to ensure the safe and sustainable management of wastes produced from healthcare activities on the North Devon District Hospital (NDDH) site and Community 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 HTM 07-01, Safe Management of Healthcare Waste.

- This Procedure should be read in conjunction with The Trust’s Waste Management Policy, which describes the Trust’s overall objectives for waste management, together with the management arrangements and accountabilities for delivering those objectives.

- The Trust’s Waste Management Policy and any other relevant policies are found on the Trust’s intranet site “Policies”.

OBJECTIVES

- 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 Procedure are as follows:
– To ensure arrangements are in place to allow the safe and legal segregation, storage, consignment and disposal of waste produced by the Trust, and

– To ensure that all relevant staff are aware of those arrangements by providing a clear description of procedures relevant to each department.
WASTE DESCRIPTIONS, PACKAGING AND DISPOSAL – SUMMARY TABLE

- 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 applied to the types of waste likely to be generated by the various wards/departments of the Trust. Further detail is provided on the individual waste streams in sections 4 – 20.
- The Waste Flowcharts follow on pages 23 and 24 which indicate waste segregation methods within the Trust.
## Waste Description, packaging and disposal – Summary Table

<table>
<thead>
<tr>
<th>EWC Code (European waste catalogue)</th>
<th>Description</th>
<th>Example</th>
<th>Container/ Packaging</th>
<th>Picture</th>
<th>Comments</th>
<th>Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 03 01 (non-hazardous)</td>
<td>Domestic or household waste, similar to the type of waste produced at home</td>
<td>Small amounts of food, spent flowers, plastic cups, packaging, cardboard cartons, paper hand towels, etc</td>
<td>Clear plastic bag or black plastic bag</td>
<td><img src="image" alt="Clear plastic bag" /></td>
<td>Place in local waste storage area</td>
<td>Landfill and/or recycling</td>
</tr>
<tr>
<td>20 01 02 (non-hazardous)</td>
<td>Domestic glass containers</td>
<td>Glass jars, bottles, containers, etc.</td>
<td>Cardboard box, or plastic box</td>
<td><img src="image" alt="Cardboard box" /></td>
<td>Rinse containers prior to disposal and place in cardboard box in local waste storage area <strong>Must not</strong> contain any medicine or chemical contaminated glass</td>
<td>Landfill and/or recycling</td>
</tr>
<tr>
<td></td>
<td>Broken domestic glass containers</td>
<td></td>
<td>Cardboard box</td>
<td><img src="image" alt="Cardboard box" /></td>
<td>Wrapped in newspaper and placed in cardboard box labelled as “Broken Glass”</td>
<td></td>
</tr>
<tr>
<td>20 01 01 (non-hazardous)</td>
<td>Cardboard</td>
<td>Cardboard boxes and packaging</td>
<td>N/A</td>
<td><img src="image" alt="Cardboard boxes" /></td>
<td>Flatten all boxes Place in local waste storage area, will be delivered to baling area</td>
<td>Recycling</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
<td>Container/ Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>20 03 99</td>
<td>Dry mixed recycling Non – confidential paper for recycling</td>
<td>Non-Confidential paper, plastic containers, metal food/drink cans, paper, etc.</td>
<td>Green plastic bag</td>
<td></td>
<td>Rinse food containers prior to recycling. <strong>Must not</strong> contain any medicine or chemical contaminated containers. Place in local waste storage area.</td>
<td>Recycling</td>
</tr>
<tr>
<td>08 03 17 (hazardous) OR 08 03 18 (non-hazardous)</td>
<td>IT consumables</td>
<td>Printer cartridges or toner cartridges</td>
<td>Original box</td>
<td></td>
<td><strong>NDDH:</strong> Staff to take original box to the Info Helpdesk  <strong>Community:</strong> Collected by porters and delivered to NDDH</td>
<td>Recycling</td>
</tr>
<tr>
<td>20 01 08</td>
<td>Food waste</td>
<td>Cooked and uncooked food returned to Catering areas</td>
<td>Buckets</td>
<td></td>
<td>Catering staff empty into waste disposal units/bio-digester</td>
<td>Recycling</td>
</tr>
<tr>
<td>20 01 01 (non-hazardous)</td>
<td>Confidential waste</td>
<td>Any papers containing staff or patient personal details, or potentially sensitive information about the organisation, such as; patient records, financial records, etc.</td>
<td>Blue Bags</td>
<td></td>
<td>Wards/departments have a cross shredder the paper waste may be shredded and then placed in blue recycling bags. NB: Single cut shredders should not be used.</td>
<td>Recycling – paper will be shredded centrally</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
<td>Container/Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>18 01 04 (non-hazardous)</td>
<td>Offensive waste - Non-infectious, disposable items that may cause offence due to smell, appearance or wetness Use the Waste Assessment Flowchart (appendix 3)</td>
<td>Items contaminated with blood or other body fluids from patients assessed to be non-infectious, e.g. Soiled dressings, swabs, incontinence pads/nappies (non-infectious), gloves, masks aprons, autoclaved waste from Pathology Department, nappy waste from baby changing facilities and sanitary waste from female toilets. Empty giving sets used for gastronomy or naso-gastric feeds. Empty breastfeeding sets/bottles.</td>
<td>Yellow bag with black stripe (tiger bag)</td>
<td></td>
<td>The following waste must NOT be placed in this waste stream infectious, anatomical, medicinal, chemical waste, domestic or recycling, IV bags, lines and tubing contaminated with medicines or that has had plain saline or glucose. No liquids/fluids should be disposed of in these bags. (see suction canisters). No Sharps, no empty blister packs, no confidential waste. Place tiger bag in local waste storage area</td>
<td>Deep landfill</td>
</tr>
<tr>
<td>18 01 03 (hazardous)</td>
<td>Infectious clinical waste – from patients known to have an infection Use the Waste Assessment Flowchart (appendix 3)</td>
<td>Items contaminated with blood or other body fluids from patients assessed to be infectious, e.g. Soiled dressings, swabs, incontinence pads/nappies, gloves, masks, aprons, empty catheter bags, suction tubing, etc. Everything else that needs to be discarded from an infectious room eg newspapers, magazines.</td>
<td>Orange plastic bag</td>
<td></td>
<td>The following waste should NOT be placed in this waste stream anatomical or medicinal, chemical waste, sharps, chemically contaminated waste, offensive, domestic or recycling waste. No liquids. Place in local waste storage area</td>
<td>Alternative treatment (or incineration)</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
<td>Container/ Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>18 01 03 and 18 01 03/06 (hazardous)</td>
<td>Infectious clinical waste that may be contaminated with chemicals</td>
<td>Infectious clinical waste from Theatres (18 01 03) Infectious clinical waste from Pathology Department, that may be contaminated with chemicals (18 01 03/06)</td>
<td>Yellow plastic bag</td>
<td><img src="image" alt="Yellow plastic bag" /></td>
<td>Pathology Department and Theatres Place in local waste storage area</td>
<td>Incineration only</td>
</tr>
<tr>
<td>18 01 02 and 18 01 03 (non-hazardous and/or hazardous)</td>
<td>Non-infectious/ infectious anatomical infectious waste</td>
<td>Non-infectious and/or infectious anatomical waste e.g. limbs, human tissue, placentas, blood test tubes and blood bags, etc.</td>
<td>Yellow, rigid, single use container with red lid (various sizes)</td>
<td><img src="image" alt="Yellow container" /></td>
<td>Pathology, Maternity and Theatres Place in local waste storage area</td>
<td>Incineration only</td>
</tr>
<tr>
<td>18 01 03 &amp; 18 01 09 (hazardous)</td>
<td>Sharps waste (contaminated with non-cytotoxic/static medicines)</td>
<td>Sharps, including those used for the administration of non-cytotoxic/static medicines and/or contrasts, including vials and ampoules from the injection process, needles, syringes, disposable scalpels, blades, scissors (unless contaminated with cytotoxic/static medicines (see purple lidded bins below)</td>
<td>Yellow sharps container with yellow lid</td>
<td><img src="image" alt="Yellow sharps container" /></td>
<td>The temporary closure should always be pulled across between uses of the container Dispose of container within 3 months of opening Place in local waste storage area</td>
<td>Incineration only</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
<td>Container/ Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>18 01 03 &amp; 18 01 09 (hazardous)</td>
<td>Infectious clinical waste contaminated with medicines (non-cytotoxic/static)</td>
<td>Drug destruction kits, Liquids, Oral syringes, All IV giving sets, Blood bags (empty or containing some blood), Enteral syringes (empty or with some medicine), Empty Blister Packs, Medicine pots, Oral/enteral syringes used for medicine, IV syringes without needles, Antibiotic ampoules – empty or with some content, Used tubes of medicated cream, Patient labelled information. Empty blood bags/partly used blood bags* - leave admin set in situ to prevent leakage.</td>
<td>22 litre yellow container with yellow lid – must be large aperture to allow safe disposal of larger items</td>
<td><img src="image" alt="Yellow container with purple lid" /></td>
<td>Dispose of container within 3 months of opening                                                                 Store with yellow sharps containers with yellow lid. Place in local waste storage area. * If transfusion reaction is suspected, please return the remains of the blood bag to the lab for investigation.</td>
<td>Incineration only</td>
</tr>
<tr>
<td>18 01 08 &amp; 18 01 03 (hazardous)</td>
<td>Sharps contaminated with cytotoxic/static medicines</td>
<td>Sharps used for the administration of cytotoxic/static medicines, including part used vials and ampoules, eg Chloramphenicol, Cetuximab, Azacitidine, Doxorubin, Epirubicin, Etoposide, Gemcitabine, Cyclophosphamide, Palbociclib, Rituximab, Vincristine, Methotrexate (refer to Appendix 7 of this procedure for the full list of cytotoxic/static medicines)</td>
<td>Yellow container with purple lid</td>
<td><img src="image" alt="Yellow container with purple lid" /></td>
<td>The temporary closure should always be pulled across between uses of the container Dispose of container within 3 months of opening Keep separate to orange bags and other waste streams Place in local waste storage area</td>
<td>Incineration only</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
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<td>Container/ Packaging</td>
<td>Picture</td>
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<tr>
<td>18 01 08 &amp; 18 01 03 (hazardous)</td>
<td>Infectious clinical waste contaminated with cytotoxic/static medicines</td>
<td>IV bags, lines, tubing, etc contaminated with cytotoxic/static medicines eg: Tamoxifen, Progesterone containing products, Oestrogen containing products, Methotrexate (refer to Appendix 7 of this procedure for the full list of cytotoxic/static medicines). Empty blood bags/partly used blood bags* - leave admin set in situ to prevent leakage.</td>
<td>22 litre yellow rigid, single use container with large aperture purple lid</td>
<td><img src="Image" alt="Image" /></td>
<td>Chemotherapy Unit only Dispose of container within 3 months of opening Store with yellow containers with purple lids Place in local waste storage area</td>
<td>Incineration only</td>
</tr>
<tr>
<td>18 01 09 (non-hazardous)</td>
<td>Non-cytotoxic/static medicines returned to Pharmacy</td>
<td>Unused and out of date non-cytotoxic/static medicines including tablets, liquid medicines, creams, skin patches, etc</td>
<td>Return to Pharmacy in Returns Box</td>
<td><img src="Image" alt="Image" /></td>
<td>Do not use for empty medicine containers</td>
<td>Incineration only</td>
</tr>
<tr>
<td>18 01 03 or 20 03 99 (hazardous or non-hazardous)</td>
<td>Mattresses</td>
<td>Mattresses from patient care which may or may not be infectious</td>
<td>Place in yellow mattress bag if infectious</td>
<td><img src="Image" alt="Image" /></td>
<td>Items must have a decontamination notice completed and attached, prior to collection by the Portering Team</td>
<td>Landfill or incineration</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
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</tr>
</tbody>
</table>
| 15 01 11 (hazardous) | Aerosols | Non-medicinal aerosols, e.g. deodorant, air freshener, etc | Clear plastic bag or cardboard box | ![Image](image) | NDDH: due to compactor Hotel Services to collect and deliver to Estates for disposal  
Community: Disposed of in the domestic waste stream | Specialist recovery or landfill |
| 20 03 07 (non-hazardous) | Bulky waste | Items such as chairs, tables, filing cabinets and other large non-hazardous furniture or equipment | N/A | ![Image](image) | Do not leave on corridors or in local waste storage areas – keep within ward/ department whilst awaiting collection – refer to “Warp-it” procedure (see section 1.16 of this procedure). | Reuse, recycling or landfill |
| 20 01 40 (non-hazardous) | Scrap metal | Items of redundant/broken metal furniture and equipment. | N/A | ![Image](image) | Do not leave on corridors or in local waste storage areas - keep within ward/ department whilst awaiting collection  
Dispose of into the scrap metal skip – refer to “Warp-it” procedure (see section 1.16 of this procedure). | Recycling |
<table>
<thead>
<tr>
<th>EWC Code (European waste catalogue)</th>
<th>Description</th>
<th>Example</th>
<th>Container/Packaging</th>
<th>Picture</th>
<th>Comments</th>
<th>Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various</td>
<td>Batteries – small, portable, or hand held</td>
<td>Ni-cad, mercury, alkaline batteries, etc (from general equipment used in wards and departments)</td>
<td>Recycling container</td>
<td><img src="image1" alt="Recycling container" /></td>
<td>Small, portable, or hand held batteries only. Sharps containers must not be used. Delivered to flammable store in estates</td>
<td>Recycling</td>
</tr>
<tr>
<td>Various</td>
<td>Batteries – large</td>
<td>Various batteries from vehicles and specialist electronic items and equipment (mainly from Estates and Medical Engineering)</td>
<td>Designated containers in waste compound</td>
<td><img src="image2" alt="Designated containers" /></td>
<td>Lead acid batteries should be stored in the Facilities Workshop Area prior to collection by specialist waste contractor</td>
<td>Specialist disposal</td>
</tr>
<tr>
<td>18 01 06 (assessment required *)</td>
<td>Chemicals</td>
<td>Chemicals with hazardous properties Including certain Pathology Department chemicals and fixer and developer from Dental</td>
<td>Various</td>
<td><img src="image3" alt="Chemicals" /></td>
<td>To be disposed of via specialist waste contractor Contact Facilities Department for advice</td>
<td>Special disposal see COSHH data sheet</td>
</tr>
<tr>
<td>18 01 07 (non-hazardous)</td>
<td>Chemicals</td>
<td>Chemicals with no hazardous properties</td>
<td>Various</td>
<td><img src="image4" alt="Chemicals" /></td>
<td>To be disposed of via specialist waste contractor Contact Facilities Department for advice</td>
<td>Special disposal see COSHH data sheet</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
<td>Example</td>
<td>Container/ Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>18 01 10 (hazardous)</td>
<td>Amalgam waste – consists of amalgam in any form and includes all materials contaminated with amalgam</td>
<td>Amalgam capsules, amalgam and teeth containing amalgam (from Dental Department and Theatres)</td>
<td>Rigid white receptacles</td>
<td><img src="image" alt="Amalgam Container" /></td>
<td>To be disposed of via suitably licensed permitted waste management facilities where the waste undergoes a mercury recovery process prior to final disposal</td>
<td>Specialist recovery</td>
</tr>
<tr>
<td>18 01 03 (hazardous)</td>
<td>Teeth – <strong>not</strong> containing amalgam</td>
<td>Extracted teeth not containing amalgam from dental departments, day surgery, theatres and maxillofacial department</td>
<td>Orange bag – if not sharp but infectious</td>
<td><img src="image" alt="Orange Bag" /></td>
<td>As per instructions for orange bags and yellow sharps containers</td>
<td>As per instructions for orange bags and yellow sharps containers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Offensive bags can be used for non-infectious waste subject to assessment</td>
<td><img src="image" alt="Offensive Bag" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yellow sharps container with yellow lid – if sharp</td>
<td><img src="image" alt="Yellow Sharps Container" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The temporary closure should always be pulled across between uses of the container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dispose of container within 3 months of opening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EWC Code</td>
<td>Description</td>
<td>Example</td>
<td>Container/Packaging</td>
<td>Picture</td>
<td>Comments</td>
<td>Disposal Method</td>
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</tr>
<tr>
<td>20 01 36</td>
<td>Mixed electric and electrical equipment (some items may be classed as hazardous)</td>
<td>Computers, medical equipment, printers, monitors, TVs, etc.</td>
<td>Facilities workshop area</td>
<td></td>
<td>Includes battery and mains operated items Do not leave on corridors or in local waste storage areas - keep within ward/department whilst awaiting collection. Items must have an Equipment Condemnation/Disposal Form attached, prior to collection by Portering Department – refer to “Warp-it” procedure (see section 1.16 of this procedure).</td>
<td>Specialist recovery</td>
</tr>
<tr>
<td>OR 20 01 35</td>
<td>(hazardous)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>Reuse</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 01 23</td>
<td>Discarded equipment containing chlorofluorocarbons (CFCs)</td>
<td>Fridges, freezers and other refrigeration equipment</td>
<td>Facilities workshop area</td>
<td></td>
<td>Do not leave on corridors, keep within ward/department whilst awaiting collection Items must have an Equipment Condemnation/Disposal Form attached, prior to collection by Portering Department</td>
<td>Specialist recovery collected by Mr Tipper or KJ Refrigeration</td>
</tr>
<tr>
<td>EWC Code</td>
<td>Description</td>
<td>Example</td>
<td>Container/ Packaging</td>
<td>Picture</td>
<td>Comments</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td>20 01 21</td>
<td>Fluorescent tubes</td>
<td>Fluorescent lighting tubes (from Estates &amp; Facilities Department)</td>
<td>Designated container in Facilities workshop area</td>
<td>-</td>
<td>Old fluorescent tubes should be removed by Edmundsons or Integral when new tubes are fitted</td>
<td>Specialist recovery or disposal</td>
</tr>
<tr>
<td>Various</td>
<td>Building and engineering wastes</td>
<td>Items such as construction and demolition waste, etc. (generated by work carried out by Facilities staff or appointed contractors)</td>
<td>N/A</td>
<td>-</td>
<td>Managed by Facilities Department or appointed contractors</td>
<td>Specialist recovery and/or disposal</td>
</tr>
<tr>
<td>17 06 01 and/or 17 06 05 (assessment required *)</td>
<td>Insulation material containing asbestos/construction material containing asbestos</td>
<td>Items consisting of or containing asbestos (generated by work carried out by Facilities staff or appointed contractors)</td>
<td>Waste contractors container</td>
<td>-</td>
<td>Managed by Facilities Department or appointed contractors</td>
<td>Specialist disposal</td>
</tr>
<tr>
<td>20 02 01</td>
<td>Garden waste</td>
<td>Garden waste for composting (from Estates &amp; Facilities Department)</td>
<td>Compost store</td>
<td>-</td>
<td>Managed by Facilities Grounds &amp; Gardens contract.</td>
<td>Composting</td>
</tr>
<tr>
<td>EWC Code (European waste catalogue)</td>
<td>Description</td>
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<td>Container/Packaging</td>
<td>Picture</td>
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</tr>
<tr>
<td>20 01 25</td>
<td>Edible oil and fat</td>
<td>Cooking oil segregated for recycling</td>
<td>Original containers</td>
<td></td>
<td>To be disposed of via specialist waste contractor by Catering</td>
<td>Recycling</td>
</tr>
</tbody>
</table>


Alternatively contact Linda Lewis, Sodexo for further advice or contact the Facilities Department for further advice.
# Waste Management Flowchart

## Clear Bag
- Recyclable “domestic” waste
  - eg cans, bottles, plastics
- Non-confidential paper

## Green Bag
- Confidential paper waste
- Patient handover sheets
- Patient ID bracelets

## Blue Bag
- No clinical waste
- No gloves
- No aprons
- No face masks

## Black Bag
- Domestic waste
- Empty detergent wipes packs
- Non-medicated creams, eg £45

## Yellow Tiger Stripe Bag
- No liquids
- No medicines
- No empty blister packs
- No sharps
- No confidential waste
- No domestic waste
- No infectious waste

## Orange Bag
- Non-infectious nappies
- Used empty breast feeding sets / bottles
- **EMPTY** catheter sets
- **EMPTY** giving sets used for gastronomy or nasogastric feeds
- Used aprons / gloves
- Used dressings

## Infectious Dressing / Nappies
- Everything else that needs to be discarded from an **INFECTIONOUS** room including newspapers, magazines, food etc

## Alternative Treatment
- **£435 per tonne**

## Large Aperture Yellow Lid
- Drug destruction kits
- Liquids
- Oral syringes
- All IV giving sets
- Blood bags (empty or containing some blood)
- Enteral syringes (empty or with some medicine)
- Empty Blister Packs

## Yellow Sharps
- Medicine pots
- Oral/enteral syringes used for medicine
- IV syringes without needles
- Antibiotic ampoules – empty or with some content
- Used tubes of medicated cream
- Patient labelled information

## Incineration
- **£600 per tonne**

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**If in doubt, segregate higher – follow red arrows**

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**£204 per tonne**

**£280 per tonne**

---

**£435 per tonne**

---

**£600 per tonne**

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**April 2019**
WASTE MANAGEMENT FLOWCHART

SPECIALIST AREAS

NB: mainly used in Theatres and Pathology

- No liquids
- No used, half used/broken glass ampoules
- No needles
- No IV syringes with needles
- No cannulas
- Infectious clinical waste from the above departments
- Chemically contaminated waste

NB: mainly used in Seamoor Unit and Sexual Health Clinics

- Sharps contaminated with cytotoxic/static medicines, eg: Chloramphenicol, Cetuximab, Azacitidine, Doxorubicin, Epirubicin, Etoposide, Gemcitabine, Cyclophosphamide, Palbociclib, Rituximab, Vincristine, Methotrexate (refer to Appendix 8 of the Waste Management Manual for the full list of cytotoxic/static medicines)
- Infectious clinical waste contaminated with cytotoxic/static medicines, eg: Tamoxifen, Progesterone containing products, Oestrogen containing products, Methotrexate (refer to Appendix 8 of the Waste Management Manual for the full list of cytotoxic/static medicines)

INCINERATION

£600 per tonne

NB: mainly used in Theatres, Pathology and Maternity

- Anatomical waste, eg limbs, human tissue
- Placentas
- Blood test tubes
- Blood bags from Pathology

APRIL 2019
### GENERAL WARDS/DEPARTMENTS – WASTE SEGREGATION AND HANDLING

#### 1.1 General Health & Safety

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

- **Handle all waste bags and containers with care to avoid injury or risk of infection to yourself or others.**
- **Handle waste bags by the neck only. Do not clasp bags to the body when moving/handling.**
- **Securely seal by swan necking (see appendix 5) and label/tag all tiger, orange and yellow clinical waste bags with the source of the waste.**
- **Only fill waste bags to 3/4 capacity to allow swan neck tying (see appendix 4) to take place safely.**
- **Check to ensure waste bags/containers are not split or leaking – if they are re-package the waste correctly.**

All tied/sealed clinical waste bags, closed and identified sharps containers and domestic/recycling waste bags must be taken to the designated local waste storage area.

Infectious (orange) waste bags should be placed in the designated contractors wheeled bins, with orange bag labels/signs.

Where yellow waste bags are used (Theatres and Pathology Department) they should be placed in the relevant wheeled bins.

**Different waste streams must be stored separately (i.e. different coloured bags/containers not touching or in separate wheeled bins)**
- **NDDH** - The wheeled bins will be emptied/exchanged on a regular basis by the Portering Team. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services Helpdesk on ext 5900.

- **Community Sites** – The wheeled bins will be emptied/exchanged on a regular basis by the waste contractor. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the on-site Hotel Services Co-ordinator/Supervisor.

- The open trolleys used for waste storage at ward/department level will be cleaned by the Hotel Services Team.

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Offensive (tiger) bags should be placed in the designated wheeled bins, with tiger labels/signs,

**Different waste streams must be stored separately (i.e. different coloured bags/containers not touching or in separate wheeled bins)**

---

Domestic waste (i.e. clear bags) should be transported in waste trolleys to the domestic waste compactor.

For community sites, domestic waste should be stored in black wheeled bins.

**Different waste streams must be stored separately (i.e. different coloured bags/containers not touching or in separate wheeled bins)**

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No waste should be stored on main corridors, along fire escape routes or blocking fire exits.

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Keep waste storage areas/containers secure at all times and accessible only to authorised persons. Each ward/department should be issued with their own bin key.
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.

Locate sharps containers safely and appropriately, preferably using the suppliers brackets (i.e. on trolleys, wall mounted, etc), avoiding placing them on the floor when in use.

The temporary closure should always be pulled across between uses of the container.

Nursing staff/Healthcare Assistants should label all sharps containers with the source of the waste, before placing out for collection/disposal.

Fill sharps containers only to the indicated fill line and then seal by pulling the final closure across, before placing in the designated wheeled bins.

**Under no circumstances should sharps containers be placed in the wheeled bins with orange or tiger bags**
1.2 **Offensive waste – final disposal is Landfill**

- Staff should use the Waste Assessment Flowchart poster (see page 23 and appendix 4) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Tiger bags (yellow with black stripe) should be used for offensive waste, but must not contain any domestic, medicine contaminated, chemical contaminated or anatomical waste.
- **Tiger bags should not contain IV bags, lines and tubing even if it is not contaminated with medicines.**
- **Tiger bags must not contain any liquid waste.**
- **Tiger bags must not contain confidential waste.**
- All tiger bags should be placed in the local waste storage area, in the designated contractor’s wheeled bins.
- All tiger bags must have an identification tag/label attached before placing in the designated contractor’s wheeled bins.
- It is extremely important that tiger bags are not mixed with any other waste stream during storage.

1.3 **Infectious waste – final disposal is heat disinfection plant**

- Staff should use the Waste Assessment Flowchart poster (see page 23 and appendix 4) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Orange bags should be used for clinical/infectious waste, but **must not** contain any domestic, medicine contaminated, chemical contaminated or anatomical waste.
- All orange bags should be placed in the local waste storage area, in the designated contractor’s wheeled bins.
- All orange bags must have an identification tag/label attached before placing in the designated contractor’s wheeled bins.
- It is extremely important that orange bags are not mixed with any other waste stream during storage.
- **In Theatres and Pathology Department where yellow bags are used for clinical/infectious waste – please see relevant sections for further information.**
1.4 Medicine contaminated waste/clinical waste not appropriate for offensive stream – final disposal is incineration

1.4.1 Non-cytotoxic/static medicine contaminated waste (e.g. IV bags, lines, tubing etc contaminated with medicines or not contaminated such as plain saline or glucose) (see page 22 Waste Management Flowchart)

Large aperture 22 litre yellow lid container

- **Large aperture, yellow lid containers** should be used for non cytotoxic/static medicine contaminated waste*.
- All IV bags, lines and tubing, even those contaminated with medicines should be disposed of in the large aperture yellow bins located in each bay or as per local procedures. Care should be taken to ensure no leakages, granules are available on Web Basket.
- Plain saline or glucose (no medicines added) may be discharged down the sink, prior to disposal of the bags, lines and tubing.
- Procedures for “non-cytotoxic/static sharps waste” in section 1.6.2 should be followed for the storage of this waste stream.
- *Staff should check the list provided by the Pharmacy Department to determine if the waste they are disposing of contains cytotoxic/static or non-cytotoxic/static medicines. It is recommended that a copy of this list is displayed in each ward and clinical department.* See Appendix 7.
- For further information on the use of cytotoxic medicines – please refer to the Cytotoxic Drug Policy and the Safe Handling of Chemotherapy Drugs Guidelines (available on the Trust intranet).

1.4.2 Cytotoxic/static medicine contaminated waste

- This type of waste is mostly produced in the Chemotherapy Unit – see section 1.6.3 or section 0 for further information.
1.5 **Suction containers – disposal route is either heat disinfection plant or landfill**
- Suction containers with solidifying gel should be used to ensure waste disposal compliance.
- Ensure that used suction liners are closed correctly before discarding to prevent leakages.
- Suction containers with solidifying gel should be disposed of as follows:
  - From infectious patients – into an orange bag – will go to Alternate Treatment.
  - From non-infectious patients – into a tiger stripe bag (yellow and black) – will go to Landfill.
- NB: Suction containers without solidifying gel must be placed into a VacSax disposal box, lined with a yellow plastic bag and stored in the local waste storage area. Contact helpdesk 5900 to arrange separate collection – will be sent for incineration.

1.6 **Sharps waste – all sharps waste is incinerated**

1.6.1 **General Information**
- *Staff should check the list provided by the Pharmacy Department to determine if the waste they are disposing of contains cytotoxic/static or non-cytotoxic/static medicines. It is recommended that a copy of this list is displayed in each ward and clinical department.* See Appendix 7.
- Nursing staff should monitor sharps container usage in each clinical area, to ensure that containers are full or nearly full within a 3 month timescale. All sharps containers must be replaced every 3 months as a minimum.
- For further information on the use of cytotoxic medicines – please refer to the Cytotoxic Drug Policy and the Safe Handling of Chemotherapy Drugs Guidelines (available on the Trust intranet).

1.6.2 **Sharps waste (Non-cytotoxic/static sharps )**

![Yellow lid sharps container](image)

- This waste stream includes; sharps, as well as those used for the administration of non-cytotoxic/static medicines* and/or contrasts, also vials and ampoules from the injection process.
- Yellow lid sharps containers should be used for this waste.
- Nursing staff should place sharps containers with yellow lids in the local waste storage area.
- It is extremely important that yellow lid sharps containers are not mixed with any other waste stream during storage. Where possible sharps containers should be stored in an upright position.
All sharps containers must have the permanent closure in place and the producer details completed on the label, before being placed in the local waste storage area, in the designated contractor’s wheeled bins.

NDDH - The wheeled bins will be emptied/exchanged on a regular basis by the Portering Team. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services helpdesk.

Community Sites – The wheeled bins will be emptied/exchanged on a regular basis by the waste contractor. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the on-site Hotel Services Co-ordinator/Supervisor.

### 1.6.3 Sharps waste (cytotoxic/static) – final disposal is incineration

- Purple lid sharps container

This waste stream includes; sharps used for the administration of cytotoxic/static medicines*, also vials and ampoules from the injection process. See Appendix 7.

- Purple lid sharps containers must be used for this waste.

- Nursing staff should place sharps containers with purple lids in the local waste storage area.

- It is extremely important that purple lid sharps containers are not mixed with any other waste stream during storage. Where possible sharps containers should be stored in an upright position.

- All sharps containers must have the permanent closure in place and the producer details completed on the label, before being placed in the local waste storage area.

- All full, sealed and labelled sharps containers should be placed in the local waste storage area prior to contacting the Hotel Services helpdesk (NDDH) or on-site Hotel Services Co-ordinator/Supervisor (Community Sites).
1.7 Medicine waste – final disposal is incineration

1.7.1 General

- Staff should check the list provided by the Pharmacy Department to determine if the medicines they are disposing of are cytotoxic/static or non-cytotoxic/static. It is recommended that a copy of this list is displayed in each ward and clinical department.*
- Medicine waste includes; loose tablets, blister packs, bottles of medicines, creams and skin patches. It also includes unused, part used and out of date medicines, as well as empty containers of liquid medicines and creams.
- For further information on the use of cytotoxic medicines – please refer to the Cytotoxic Drug Policy and the Safe Handling of Chemotherapy Drugs Guidelines (available on the Trust intranet).

1.7.2 Pharmacy returns

- Unused and out of date medicines should be returned to the Pharmacy Department, via the secure Pharmacy Returns boxes or bags.

1.7.3 Non-cytotoxic/static medicines (not returned to Pharmacy) should be disposed of in the yellow 22 litre container.

- Yellow 22 litre waste containers should be used for part used medicines and empty containers of liquid medicines and creams, that are non-cytotoxic/static.
- Under no circumstances should empty containers of liquid medicines be placed in the domestic glass stream.
- Blister packs, dropped tablets should be placed in these containers.

1.8 Empty/partly used Blood Bags* – disposal route incineration

- As a precaution all blood bags whether empty or over 5ml should go into large yellow aperture containers.
- Leave admin set in situ to prevent leakage.
- Bloods bags with more than 30ml of blood should be disposed of as anatomical waste.
- *If a transfusion reaction is suspected, please return the remains of the blood bag to the Pathology Lab for investigation.
1.8.1 Cytotoxic/static medicines (not returned to Pharmacy) – final disposal is incineration

Purple lid container

- **Purple lid containers** should be used for **part used** medicines and empty containers of liquid medicines and creams, that are **cytotoxic/static**. See Appendix 7.
- Each ward/department should have a purple lid container available as a contingency, in the event of cytotoxic/static medicine waste (and other contaminated items) being produced.
- It is extremely important that purple lid containers are not mixed with any other waste stream during storage. Where possible purple lid containers should be stored in an upright position.
- All purple lid containers must have the permanent closure in place and the producer details completed on the label, before being placed in the local storage area.
- All full, sealed and labelled purple lid containers should be placed in the local waste storage area prior to contacting the Hotel Services helpdesk (NDDH) or on-site Hotel Services Co-ordinator/Supervisor (Community Sites).

1.8.2 Controlled Drugs

- Controlled Drugs must be disposed of according to the relevant Trust Policy. For advice on the disposal of Controlled Drugs, contact the Pharmacy Department.

1.9 Feeds

- Where feeds have no medicine content to them, the liquid content should be disposed of to foul sewer and the tubing/packaging placed in the domestic 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.
- Where medicines have been added to the feeds these should be placed in the 22 litre yellow container.
- Empty giving sets for gastronomy or naso-gastric feeds should be put in the offensive waste stream.
- Care should be taken to ensure that no leakages occur during disposal.
- Granules are available on Web Basket, code available from procurement.

**IF IN DOUBT ALWAYS SEGREGATE TO A HIGHER WASTE STREAM**
1.10 Domestic waste (including glass) – final disposal is landfill

- All domestic waste bags should be placed in the local waste storage area, in the designated contractor’s wheeled bins. Please see section on recycling below.
- It is extremely important that domestic waste bags are not mixed with any other waste stream during storage.
- NDDH - The wheeled bins will be emptied/exchanged on a regular basis by the Portering Team and disposed of via the waste compactor. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services helpdesk ext no 5900.
- Community Sites – The wheeled bins will be emptied/exchanged on a regular basis by the waste contractor. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the on-site Hotel Services Co-ordinator/Supervisor.
- The open trolleys used for waste storage at ward/department level will be cleaned by the Hotel Services Team.

1.11 Recyclable waste – green bags and cardboard

- Recyclable waste should be segregated into the following streams:
  - Non confidential Paper (NB confidential waste in blue bags)
  - Plastic containers and bottles
  - Metal tins/cans
  - Newspapers/Magazines
  - Glass (not contaminated with chemicals or medicines)
  - Cardboard
- Each of the above recyclable waste streams should be disposed of into separate green bags, i.e. one bag per waste stream.
- All plastic containers and bottles and metal tins/cans rinsed, prior to disposal.
- All cardboard boxes should be flattened prior to disposal.
- All recyclable wastes (clear bags and large, cardboard boxes) should be placed in the local waste storage area. Wheeled bins may be provided for the storage of recyclable waste where feasible.
- It is extremely important that recyclable wastes are not mixed with any other waste streams during storage.
- Collections of waste will be provided on a regular basis by the Portering Team. However if the local storage area/wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services helpdesk (NDDH) or on-site Hotel Services Co-ordinator/Supervisor (Community Sites).
- NB: Community Sites that have a cross shredder can put confidential waste (shredded) into green bags.
1.12 Recyclable waste – IT consumables

- This waste stream includes printer and toner cartridges.
- IT consumables should be taken, in their original boxes as follows:
  - NDDH – Information Helpdesk on Level 2 by ward/department staff where they are moved periodically into the Recycling Pavilion by the Portering Team
  - Community Sites – Collected by the Porters and taken to the Recycling Pavilion at NDDH.

1.13 Food waste

- On the wards food waste should be disposed of into the buckets provided by Catering on the food trollies.
- Food waste in the buckets will be removed by Catering staff, for recovery in the Catering Department bio-digester (NDDH only).
- No packaging waste should be placed in the food waste buckets.

1.14 Confidential waste

![Blue confidential waste bags](image)

- All unshredded confidential waste paper waste should be placed in the blue confidential waste bags (available from Hotel Services).
- Bags of confidential waste should be stored in a secure area within the ward/department, until they are collected by the Hotel Services Team.
- It is important that the confidential waste bags are stored in an area where they do not present a fire hazard (for further advice contact the Trust Fire Officer).
- To arrange a collection of confidential waste and to order additional bags, contact:
  - NDDH – Hotel Services Helpdesk on a Monday or Wednesday
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
- Care must be taken to ensure that the bags are not over-filled and can be easily moved.
- If preferred, staff may shred confidential waste paper, but only if a cross-shredder is used. Shredded paper from the cross-shredder may be placed in the green recycling bags.
No confidential waste must be put in the domestic waste (black bags), recyclable non-confidential waste (green bags) or the offensive waste (tiger/yellow-back stripe bags). These end disposal routes are not secure.

1.15 Batteries

- Place spent portable batteries only in the Battery Back recycling 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 Back containers and advice should be sought from EBME.
- Once the battery container is nearly full, contact:
  - NDDH – Hotel Services Helpdesk on a Monday or Wednesday
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
- Each full Battery Back recycling container will be exchanged for an empty one.

Battery Back recycling container

1.16 Large, bulky waste items and non-medical electrical/electronic equipment

- For the removal of large, bulky waste items and non-medical electrical/electronic equipment, wards and departments should:
  - Register and add surplus item to Warp It [www.warp-it.co.uk/northdevonhealth](http://www.warp-it.co.uk/northdevonhealth)
  - NDDH – Contact Hotel Services Helpdesk/Facilities Co-ordinator to arrange disposal of broken equipment
  - Community Sites – Contact Hotel Services Co-ordinator/Supervisor to arrange disposal of broken equipment.
- Any items awaiting collection should be stored within the ward/department, until they are collected by the Hotel Services Team.
- Wards and departments disposing of large, bulky waste items and non-medical electrical/electronic equipment of any kind, or sending it for repair, should ensure that the equipment has been cleaned and/or decontaminated prior to removal. This should be carried out in accordance with the relevant Trust policy. A completed Equipment Disposal document must accompany the item (see appendix 2).
• Any items of equipment considered beyond repair must be reported to the Finance Department and removed from the Trust Asset Register. Guidance/confirmation should be sought from the ward/department manager, prior to disposal.

1.17 Medical equipment
• For the disposal or repair of items of medical equipment, EBME should be contacted for advice.
• Wards and departments disposing of medical equipment of any kind, or sending it for repair, should ensure that the equipment has been cleaned and/or decontaminated prior to removal to EBME. This should be carried out in accordance with the relevant Trust policy. A completed Equipment Disposal document must accompany the item (see appendix 2).
• Any items of equipment considered beyond repair must be reported to the Finance Department and removed from the Trust Asset Register. Guidance/confirmation should be sought from the ward/department manager, prior to disposal.

1.18 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 domestic waste streams, without risk assessments being undertaken or guidance sought from a suitably qualified person (i.e. chemist or specialist waste disposal contractor).
• 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 those chemicals detailed on the National Guidance for Healthcare Waste Water Discharges - Hospitals “Chemical List” under the green column (pages 46-58). See link: http://www.water.org.uk/publications/water-industry-guidance/national-guidance-wastewater-discharges-hospitals-april-2011
• Any waste chemicals awaiting collection must be stored in a secure area within the department producing this waste (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.
• Items displaying a flammable warning sign should be stored in a designated fire hazard room.
• For advice regarding the disposal of waste chemicals and to arrange a collection contact:
  o NDDH – Hotel Services Helpdesk
  o Community Sites – Hotel Services Co-ordinator/Supervisor.

1.19 Alcohol hand gels
• Any alcohol hand gels that do not contain siloxanes and where 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.
- For advice regarding the disposal of alcohol hand gels contact:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.

1.20 **Fluorescent tubes**

- Fluorescent tubes are removed from wards/departments by Estates staff for recovery via a specialist contractor.
- Mercury lamps (UV bulbs) produced by the Pathology Department are to be retained in a box adjacent to the microscope. When at least 3 lamps have accumulated, then contact the Facilities Helpdesk for collection and disposal.

1.21 **Mattresses**

- Wards must clean mattresses with detergent and water or detergent wipes after each patient use and at regular intervals for long stay patients, according to the Trust Decontamination Policy. This will include any instances where other staff are required to handle the mattress, such as the Portering Team and EBME.
- Should a mattress be contaminated with any bodily fluids then the ward must decontaminate the surfaces using the correct chlorine products according to Trust Decontamination Policy. These mattresses should be put in yellow ‘mattress’ bags.
- Intact static foam mattresses are disposed of via the Portering Team, who will move them to the allocated storage area.
- Damaged or otherwise compromised static foam mattresses will require disposal. Under these circumstances wards must inform:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
SPECIALIST DEPARTMENTS WASTE

THEATRES

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

1.22 Clinical/infectious waste – yellow bags
- Yellow bag waste should be placed in the Theatre waste storage area, in the designated contractor’s wheeled bins.
- All yellow bags must have an identification tag/label attached before placing in the designated contractor’s wheeled bins.
- The wheeled bins will be emptied/exchanged on a regular basis by the Portering Team. However if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services helpdesk.
- It is extremely important that yellow bags are not mixed with any other waste stream during storage.

1.23 Set up waste
- Set up waste is clean packaging, etc produced during the “set up” of theatres, prior to the patient entering the clinical area.
- This waste must be disposed of into domestic waste and/or recycling bags, as appropriate.

1.24 Suction containers
- Suction containers with solidifying gel should be used to ensure waste disposal compliance.
- Ensure that used suction liners are closed correctly before discarding to prevent leakages.
- Suction containers with solidifying gel should be disposed of as follows:
  o From infectious patients – into an orange bag
  o From non-infectious patients – into a tiger stripe bag (yellow and black)
- NB: Suction containers without solidifying gel must be placed into a VacSax disposal box, lined with a yellow plastic bag and stored in the local waste storage area. Contact helpdesk 5900 to arrange separate collection.
1.25 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 with red lids
- For traceability reasons all containers/bags used for anatomical waste disposal must be labelled with the theatre name/number and date.
- Theatre staff must move anatomical waste containers to the designated contractor’s wheeled bins located in the Waste Area on Level 0.
- 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 Hotel Services Team.

1.26 Teeth not containing amalgam

- As the disposal of teeth from dental premises is unlikely to cause offence, dental practitioners may treat this as non-anatomical infectious waste. It is common practice for non-amalgam teeth and spicules to be placed in the yellow-lidded sharps receptacle.
- Any teeth containing amalgam should be disposed of with other amalgam waste and sent for recovery via a specialist contractor (see below).
- However, if non sharp and non-infectious, teeth without amalgam can be placed in an offensive waste bag.
1.27 Amalgam

Amalgam waste container

- Amalgam waste consists of amalgam in any form and includes all other materials contaminated with amalgam. Amalgam waste should be placed in rigid white receptacles with a mercury suppressant.
- Waste amalgam, amalgam capsules and teeth containing amalgam should be placed in the containers provided by the waste contractor and stored safely and securely in the department. For NDDH – these pots are available from Theatre 6, Day Surgery Unit.
- The amalgam waste is collected by a specialist contractor. Amalgam waste should be sent to suitably licensed or permitted waste management facilities where the waste undergoes a mercury recovery process prior to final disposal (see also Defra’s “Guidance for dentists on waste dental amalgam”).
FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

1.28 Placentas

- Placentas for disposal should be placed into small, plastic bags and then into red lid anatomical waste containers.
- When the red lid anatomical waste container is full it should be sealed, labelled with the ward/department details and date and a collection requested from the Hotel Services Team.
- Red lid anatomical waste containers must be placed in the designated wheeled bin for this waste stream.
- Under no circumstances should red lid anatomical waste containers be mixed with any other waste streams.
- A collection must be requested from the Hotel Services Team for any placentas being sent to the Pathology Department.

1.29 Foetal tissue and remains

- Foetal tissue and remains will be managed in accordance with the relevant Trust policy.

1.30 Suction containers

- Suction containers with solidifying gel should be used to ensure waste disposal compliance.
- Ensure that used suction liners are closed correctly before discarding to prevent leakages.
- Suction containers with solidifying gel should be disposed of as follows:
  - From infectious patients – into an orange bag
  - From non-infectious patients – into a tiger stripe bag (yellow and black)
- NB: Suction containers without solidifying gel must be placed into a VacSax disposal box, lined with a yellow plastic bag and stored in the local waste storage area. Contact helpdesk 5900 to arrange separate collection.

1.31 Waste produced from home births

1.31.1 General

- Staff should use the Waste Assessment Flowchart poster (see appendix 3) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
- Generally only those patients with no complications or infections will be permitted to have a home birth. As a result of this the waste produced from the home birth, may be disposed of in the following way:
  - Placentas for disposal should be placed into a small, red lid container (2.5 litre).
  - All associated offensive waste produced from the home birth should be adequately packaged (not in yellow, orange or tiger bags) and permission requested from the householder to place the waste into their household domestic waste stream. It should be noted that by doing this, it must not cause the householders bin to overflow.
If the householder refuses permission or there is too much waste, tiger bags may be used and the waste should then be removed by the midwife for disposal at his/her base (as offensive waste). The small, red lid container should then be removed by the midwife for disposal at his/her base (as anatomical waste).

1.31.2 Sharps

- 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.

1.31.3 Transport of waste

- It is important to note that all clinical/infectious waste being transported in community staff vehicles, must be contained within UN approved rigid containers. **No loose clinical waste bags may be carried in vehicles.**
- UN approved rigid containers include sharps containers, anatomical bins, yellow rigid single use containers with yellow or red lids.
DIALYSIS

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

1.32 Waste generated by other trusts on Northern Devon Trust premises

- Trusts working on Northern Devon Healthcare NHS Trust premises need to follow the procedures described in section 20 “Waste from Third Parties and the General Public”.
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

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

1.34 Teeth
- Extracted teeth not containing amalgam should be disposed of into orange waste bags (if not sharp but infectious) or yellow lid sharps containers (if sharp), or an offensive waste bag, if non-infectious and non-sharp.
- Any teeth containing amalgam should be disposed of in the tooth/bridge pots and sent for recovery via a clinical waste contractor (see below).

1.35 Amalgam

![Amalgam waste container](image)

- Waste amalgam, amalgam capsules and teeth containing amalgam should be placed in the containers provided by the waste contractor and stored safely and securely in the department.
- When the amalgam waste container is nearly full, contact specialist contractor to arrange a collection.

1.36 Precious metals
- Teeth containing precious metals should be placed in containers provided by the clinical waste contractor.
- When the precious metals container is nearly full, contact the Hotel Services Team to arrange a collection.
1.37 Photographic slides

- Photographic slides containing patient information are to be disposed of annually, through the confidential waste stream.
- Contact the Hotel Services Team for further information.

1.38 Gypsum

- Gypsum waste (including old casts and from the gypsum traps on sinks) must be disposed of as offensive waste but separately to other offensive waste streams. A tiger bag should be used for this waste but it must be clearly labelled as “Gypsum Waste”.
- When required, contact the Hotel Services Team to arrange a collection. The Hotel Services Team will place gypsum waste in wheeled bins labelled with the appropriate “Gypsum Waste” tags for disposal.
- The waste must be properly described on the legal paperwork, as 18 01 04 – Gypsum Waste.
MEDICAL IMAGING/X-RAY

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

1.39 Barium

- Barium enemas are flushed down the Sluice sink.
- Empty barium containers must be disposed of in the large aperture yellow lid container.

1.40 Contrasts

Large aperture yellow lid container

- Items contaminated with contrasts (syringes, IV tubing etc) must be disposed of into large aperture yellow lid containers.
- Empty contrast bottles must be disposed of in the large aperture yellow lid containers.
A&E / FRACTURE CLINIC

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

1.41 Plaster casts - infectious

- Both gypsum and non-gypsum casts that are contaminated with body fluids from infectious patients should be disposed of as clinical/infectious waste, ie orange bag waste.

1.42 Plaster casts – non-infectious and gypsum

- Non-infectious gypsum casts should be disposed of as offensive waste but separately to other offensive waste streams (labelled as “Offensive Gypsum Waste”). A tiger bag should be used for this waste but it must be clearly labelled as “Gypsum Waste”.
- When required, contact the Hotel Services Team to arrange a collection. The Hotel Services Team will place gypsum waste in wheeled bins labelled with the appropriate “Gypsum Waste” tags for disposal.
- The waste must be properly described on the legal paperwork, as 18 01 04 – Gypsum Waste.
- Non-gypsum casts that are also non-infectious should be disposed of as general offensive waste. A tiger bag should be used for this waste but no additional labelling is required.
FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

1.43 General
- All offices, kitchens, toilets and non-laboratory areas within the Pathology Department should have domestic waste bins only, plus recycling bins in the kitchen area. Sanitary bins should be provided in female toilets as required.
- 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.
- Further information is provided in the Pathology Department Standard Operating Procedures.

1.44 Clinical/infectious waste – yellow bags
- Yellow bag waste should be placed in the Pathology Department waste storage area, in the designated contractor’s wheeled bins.
- All yellow bags must have an identification tag/label attached before placing in the designated contractor’s wheeled bins.
- The wheeled bins will be emptied/exchanged on a regular basis by the Portering Team. However, if the wheeled bin is full and a collection is not due, wards/departments can request an additional collection by contacting the Hotel Services helpdesk.
- It is extremely important that yellow bags are not mixed with any other waste stream during storage.

1.45 Autoclaves
- Under normal circumstances all autoclaved waste (CAT 3 waste) should be double bagged into orange bags for disposal via Alternative Treatment, however due to the data protection of patient information details remaining on the petri dishes, the Trust has made the decision to send this waste for incineration, therefore yellow bags should be used.
- In the event of the autoclave breaking down, all of the waste which would normally be autoclaved (i.e. plate cultures, specimen containers, etc) must be placed in heavy duty, yellow, plastic bags for disposal directly via incineration only.
- In the event of an autoclave breakdown check the pathology department’s Standard operating procedure – containment level 3 M-SOP-22. The Sodexo Operations Manager or the Facilities Contracts Co-ordinator must be informed, so that arrangements can be made for the disposal of this waste directly via incineration only.
1.46 Human tissue/anatomical waste – Histology and Mortuary

Yellow, rigid, single use container with red lid – 30 litre

- Any samples, specimens, biopsies of human tissue/anatomical waste must be disposed of separately to general clinical/infectious waste (i.e. not in yellow bags).
- All human tissue/anatomical waste should be carefully packaged in appropriate sized yellow, rigid, single use containers with red lids.
- Any human tissue/anatomical waste in a chemical preservative must be drained of the chemical at an extraction bench before being packaged in yellow, rigid, single use containers with red lids.
- Care should be taken not to overfill the containers and make them dangerous to lift or move.
- The Hotel Services Team should be contacted to collect anatomical waste and transport it to the Pathology waste storage area, where it should be placed in the designated anatomical waste wheeled bins.
- For further information refer to the Histology Department Standard Operating Procedures for the disposal of human tissue/anatomical waste.

1.47 Foetal tissue and remains

- Foetal tissue and remains will be managed in accordance with the relevant Trust policy.

1.48 Glass slides

- Glass slides should be placed in yellow lid sharps containers for disposal and a label attached to each container to indicate the contents.
- Care should be taken not to overfill the containers and make them dangerous to lift or move.
- The full containers must be placed in the Pathology waste storage area, with other sharps containers, in the designated contractor’s wheeled bins.
- It is extremely important that sharps containers are not mixed with any other waste stream during storage. Where possible sharps containers should be stored in an upright position.
- All sharps containers must have the permanent closure in place and the producer details completed on the label, before being placed in the local storage area.
Waste is removed regularly by the Hotel Services Team to the contractor’s designated wheeled bins, located on Level 0.

1.49 Blood products and blood sample tubes
- All blood sample tubes and blood transfusion bags should be disposed of into large aperture yellow container, with yellow lid.
- Empty blood bags should also be disposed of in the same way.
- Care should be taken not to overfill the containers and make them dangerous to lift or move.
- Waste is removed regularly by the Hotel Services Team to the contractor’s designated wheeled bins, located on Level 0.

1.50 Chemically contaminated clinical/infectious waste

Yellow, rigid, single use container with yellow lid – 30 litre/60 litre (additional labelling required)

- Any clinical/infectious waste that may also be contaminated with chemicals must not be disposed of in orange bags.
- Chemically contaminated clinical/infectious waste includes; reagent cassettes, wipes, gloves and other protective clothing that may be both potentially infectious and contaminated with chemicals. It does not include any anatomical waste, this should be dealt with as indicated in section 1.4.
- Chemically contaminated clinical/infectious waste must be disposed of into yellow, single use rigid containers with yellow lids, clearly labelled as “Chemical contaminated clinical/infectious waste – For Incineration Only”, and the label on the side of the container completed with producer details before being placed in the local storage area.

1.51 Chemicals and empty containers

1.51.1 General information
- 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 domestic waste streams, without risk assessments being undertaken or guidance sought from a suitably qualified person (i.e. chemist or specialist waste disposal contractor).

The only chemical containers that may be safely rinsed out are those chemicals detailed on the National Guidance for Healthcare Waste Water Discharges - Hospitals “Chemical List” under the green column (pages 46-58). See link: http://www.water.org.uk/publications/water-industry-guidance/national-guidance-wastewater-discharges-hospitals-april-2011

1.51.2 Empty containers

Where risk assessments and the “Chemical List” (as above) allow, staff should rinse any empty chemical containers and attach a “Rinsed” sticker. These containers are then suitable for either recycling or disposal into the domestic waste stream.
Where risk assessments and the “Chemical List” (as above) do not allow rinsing, containers should be disposed of as per section 11.9.4.

1.51.3 Chemical disposal – Genta

Certain chemicals are disposed of directly from the Pathology Department using a specialist chemical waste contractor (Genta). This includes; Xylene, alcohols, wax.
It is essential that COSHH data sheets are kept with these chemicals.
Regular collections are arranged with the specialist chemical waste contractor by the Pathology Department.
A hazardous waste consignment note must be completed by Pathology staff and the specialist chemical waste contractor for every movement of waste and records maintained for at least 3 years. The specialist chemical waste contractor will generally supply this paperwork and assist staff with its completion. See section 26 for further information about legal paperwork and record keeping.

1.51.4 Chemical disposal – Other

Where risk assessments do not allow rinsing and/or where there is residual hazardous chemical present, containers should be stored in the Pathology waste storage area, or if required a designated flammable store. Care should be taken to ensure that no incompatible products are stored together.
It is essential that COSHH data sheets are kept with these chemicals.
Arrangements must then be made for the appropriate collection and disposal of these chemicals with a specialist chemical waste contractor.
A hazardous waste consignment note must be completed by Pathology staff and the specialist chemical waste contractor for every movement of waste and records maintained for at least 3 years. The specialist chemical waste contractor will generally supply this paperwork and assist staff with its completion. See section 26 for further information about legal paperwork and record keeping.

1.52 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.
FOLLOW ANY RELEVANT LOCAL PROTOCOLS AND PROCEDURES FOR GENERAL WARDS AND DEPARTMENTS AND PROCEDURES BELOW FOR SPECIAL WASTE STREAMS

DUE TO THE QUANTITY OF MEDICINES IN THE PHARMACY DEPARTMENT, THEY CAN STILL USE BLUE CONTAINERS

1.53 General Information

- Medicine waste includes; loose tablets, blister packs, bottles of medicines, creams and skin patches. It also includes unused, part used and out of date medicines, as well as empty containers of liquid medicines and creams.
- The outer packaging (i.e. cardboard boxes) should be removed from all waste medicines 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. The tablets, including the foil blister packs must be disposed of together.
- Any liquid medicines must be disposed of in their bottles/containers.
- There is no need to keep liquid and solid medicines separate providing they are disposed of under limited quantities (under Carriage of Dangerous Goods legislation).
- The Pharmacy Department has produced a list of cytotoxic/static medicines and provides a copy of this list to wards/departments and the waste contractor. A copy of this list is included in the appendix. This list will be updated annually by the Pharmacy Department and re-issued to wards/departments and the waste contractor.
- Any patient’s own medicines that are no longer required should be dealt with in the following ways:
  - NDDH and Community Sites – Return to the Pharmacy Department in the Pharmacy Return boxes/bags

1.54 Pharmacy returns

- Medicine returns from wards and departments will be assessed by Pharmacy staff to determine suitability for reuse. Items unsuitable for reuse must be disposed of as indicated in the following sections.
1.55 Non-cytotoxic/static medicines

*Due to the quantity of medicines disposed of in Pharmacy, they can still use blue containers.*

- All non-hazardous medicine waste should be disposed of into blue medicine waste containers.
- Full blue medicine containers should be placed into the Pharmacy waste trolley.
- The Hotel Services Team will move the waste trolley into the waste storage area and segregate the waste appropriately into the designated contractor’s wheeled bins.

1.56 Cytotoxic/static medicines

- All cytotoxic/static medicine waste should be disposed of into purple lid containers (see Appendix 7 for full list)
- Full purple lid containers should be placed into the Pharmacy waste trolley.
- The Hotel Services Team will move the waste trolley into the waste storage area and segregate the waste appropriately into the designated contractor’s wheeled bins.

1.57 Non-pharmaceutically active IV fluids (i.e. saline and glucose)

- Non pharmaceutically active IV fluids including saline and glucose should be disposed of in a large aperture yellow lid container
- Care should be taken to ensure that no leakages occur during disposal.
1.58 Feeds
- Where feeds have no medicine content to them, the liquid content should be disposed of to sewer and the tubing/packaging placed in the domestic waste stream.
- Quantities of liquid feed should not be placed into the domestic or offensive waste streams as the disposal of liquids to landfill is not permitted.
- Where medicines have been added to the feeds the procedures in section 4.10 should be followed.
- Care should be taken to ensure that no leakages occur during disposal.

1.59 Disposal to sewer
- Only saline and glucose solutions with no medicines added (and are therefore considered to be non-pharmacologically active) may be disposed to sewer. No other medicine wastes must be disposed to sewer.

1.60 Controlled drugs
- All waste controlled drugs must be rendered irretrievable (i.e. by denaturing) prior to disposal.
- Controlled drugs may only be denatured using methods recommended by the Royal Pharmaceutical Society.
- Controlled drugs are destroyed on an approximate 3 monthly basis, by the Dispensary Manager (witnessed by the Drug Liaison Officer), as approved by the Accountable Officer.
- Denatured controlled drugs should be disposed of in the non-cytotoxic/static medicine waste stream.
- Under no circumstances must Controlled Drugs be flushed to sewer.
- The Trust has registered an Environmental Permitting Exemption with the Environment Agency to cover the waste activity of “De-naturing Controlled Drugs”. This Exemption is renewable every 3 years. The Exemption may be registered via the following link: https://www.gov.uk/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal
- Records of the Exemption should be kept by the Pharmacy Department and Hotel Services.

1.61 Third party and general public waste
- Pharmacy staff must follow procedures as described in section 20 “Waste from Third Parties and the General Public”.

1.62 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 domestic waste streams, without risk assessments being
undertaken or guidance sought from a suitably qualified person (i.e. chemist or specialist waste disposal contractor).

- 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.


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

- Items displaying a flammable warning sign should be stored in a designated fire hazard room.

- For advice regarding the disposal of waste chemicals and to arrange a collection contact:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
PODIATRY

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

1.63 Gypsum

- Gypsum waste casts from non–infectious patients should be disposed of as offensive waste but separately to other offensive waste streams (labelled as “Offensive Gypsum Waste”). A tiger bag should be used for this waste but it must be clearly labelled as “Gypsum Waste”. For infectious patients use orange bags.
- When required, contact the Hotel Services Team to arrange a collection. The Hotel Services Team will place gypsum waste in wheeled bins labelled with the appropriate “Gypsum Waste” tags for disposal.
- The waste must be properly described on the legal paperwork, as 18 01 04 – Gypsum Waste.

1.64 Chemicals (ie Phenol and Hydrochloric Acid)

- 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 domestic waste streams, without risk assessments being undertaken or guidance sought from a suitably qualified person (i.e. chemist or specialist waste disposal contractor).
- 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 those chemicals detailed on the National Guidance for Healthcare Waste Water Discharges - Hospitals “Chemical List” under the green column (pages 46-58). See link: http://www.water.org.uk/publications/water-industry-guidance/national-guidance-wastewater-discharges-hospitals-april-2011
- Any waste chemicals awaiting collection must be stored in a secure area within the department producing this waste (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.
- Items displaying a flammable warning sign should be stored in a designated fire hazard room.
- For advice regarding the disposal of waste chemicals and to arrange a collection contact:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
1.65 Waste generated in GP Practices

- NDHT staff working in GP Practices need to follow the procedures described in section 20, “Waste from Third Parties and the General Public”.

1.66 Waste generated in patients’ homes

- NDHT staff working in the home environment must follow the procedures described in section 20, “Community Healthcare Waste (Waste Generated in Patients’ Homes”). This includes guidance on transporting waste in staff owned vehicles.
CHEMOTHERAPY UNIT

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

1.67 Cytotoxic/static medicine contaminated waste (see Appendix 7 for full list)

22 litre yellow, rigid, single use container with purple lid

- 22 litre yellow, rigid single use containers with purple lids should be used for medicine contaminated waste involving cytotoxic/static medicines.
- Procedures for “cytotoxic/static sharps waste” in section 4.6.3 should be followed for the storage of this waste stream.
**ELECTRICAL BIOMECHANICAL ENGINEERING DEPARTMENT (EBME)**

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

### 1.68 General medical equipment

- Wards and departments discarding medical equipment of any kind should ensure that the equipment has been cleaned and/or decontaminated prior to removal to EBME. A completed Condemnation/Disposal Form must accompany the item (see appendix 2). This service may incur a disposal charge, please contact EBME/Facilities Department for more information.
- Any items of equipment considered beyond repair will be reported to the Finance Department using the Condemnation/Disposal Form and will be removed from the Trust’s Asset Register if appropriate.
- All removable hazardous components, e.g. batteries, will be removed from the equipment prior to disposal/recovery (see additional information below).
- The EBME Department and the Hotel Services Team should be contacted to remove items of equipment for disposal, the relevant party will arrange for disposal.
- Any item of usable, but redundant medical equipment will be reviewed by EBME to determine if the item can be re-used within the Trust or if it should be disposed of.

### 1.69 Batteries

- All spent, portable batteries replaced by EBME must be placed in the Battery Back recycling containers. Small portable devices with batteries should have the batteries changed by EBME staff.
- Batteries should be removed from redundant equipment, prior to disposal.

### 1.70 General medical equipment at community sites

- Broken medical equipment at Community Site is to be disposed of the designated waste contractor after the equipment has been condemned by EBME staff.
- A Hazardous Waste Consignment Note/Waste Transfer Note must be issued by the waste contractor when collecting the waste. This note is to be kept by the relevant manager for the unit on site for 3 years.
- For further advice regarding the disposal of medical equipment from Community Sites and to arrange a collection contact:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
FACILITIES AND MAINTENANCE DEPARTMENT (INCLUDING THE MAIN WASTE COMPOUND AT NDDH)

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

1.71 Domestic waste compactor – NDDH

- The compactor should only be used for bags of domestic waste and other loose items suitable for compaction.
- The compactor should be kept secure at all times to prevent unauthorised use and fly-tipping.
- The compactor should only be operated by Hotel Services staff who have received appropriate training.
- Arrangements will be made by the Hotel Services Operational Manager for a collection/exchange of the compactor when it is full or nearly full.
- The waste contractor provides a collection note each time a collection of the compactor occurs. The collection note must be signed by a member of the Hotel Services Team and a copy kept as a record.
- An annual waste transfer note is provided by the contractor for this waste stream. These records must be maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.

1.72 Cardboard baler

- The baler should only be used for the baling of cardboard for recycling.
- The baler should be kept secure at all times to prevent unauthorised use.
- The baler should only be operated by Hotel Services team who have received appropriate training.
- All baled cardboard should be stored in the designated area.
- Arrangements will be made by the Hotel Services Operation Manager for a collection of the cardboard bales where there are sufficient numbers.
- The waste contractor provides a collection note each time the cardboard bales are collected. The collection note must be signed by a member of the Facilities Department and a copy kept as a record.
- An annual waste transfer note is provided by the contractor for this waste stream. These records must be maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.
1.73 General skip/container

- The general skip/container should only be used for waste which cannot be compacted, for example broken furniture and other large, bulky items, as well as non-hazardous Estates & Facilities Department wastes such as air filters. This service may incur a disposal charge, please contact the Facilities Department for more information.
- None of the following waste items should be placed in the general skip/container – WEEE, liquids and oils, paints, aerosols, sodium lamps, fluorescent tubes, solvents and chemicals, mercury products, batteries, asbestos and plasterboard.
- The general skip/container should be kept secure at all times to prevent unauthorised use and fly-tipping.
- Arrangements will be made by the Facilities Department Helpdesk for a collection of the general skip/container when it is full or nearly full.
- The waste contractor provides a collection note each time a collection of bulky waste occurs. The collection note must be signed by a member of the Facilities Department and a copy kept as a record.
- An annual waste transfer note is provided by the contractor for this waste stream. These records must be maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.

1.74 Batteries

- All batteries should be removed from equipment, prior to disposal.
- All batteries brought or sent to the Facilities Department for recycling/disposal must be sorted and placed into the appropriate battery recycling containers, located in the Facilities Workshop Area.
- The battery containers must be kept secure at all times.
- Arrangements will be made by the Facilities Department for a collection of batteries, when the containers are nearly full.
- A waste consignment note must be completed by a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.
- All battery terminals should be insulated with tape.

1.75 Fluorescent tubes

- All fluorescent tubes for disposal must be stored in the specially designed containers in the Facilities Department Workshop. Tubes are collected by the electrical contractor who supplies them.
- Under no circumstances must tubes be placed on the ground (where they could smash and leak hazardous substances).
- The fluorescent tube containers must be kept secure at all times.
- Arrangements will be made by the Facilities Department for a collection of fluorescent tubes, when the containers are nearly full.
- A waste consignment note must be completed by a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.
1.76 Refrigeration equipment

- All refrigeration equipment must be brought to the Facilities Workshop Area for storage prior to disposal. A completed Condemnation/Disposal Form must accompany the item (see appendix 2). This service may incur a disposal charge, please contact the Facilities Department for more information.
- All refrigeration equipment in the Facilities Workshop Area must be stored securely.
- It is the responsibility of the wards/departments concerned to ensure that all WEEE items are removed from the Trust Asset Register (where relevant) and are suitably decontaminated (where relevant). This should be carried out in accordance with the relevant Trust policies.
- Arrangements will be made by the Facilities Department 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 a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.

1.77 Waste electrical and electronic equipment (WEEE)

- All waste electrical and electronic equipment must be brought to the Facilities Workshop Area for storage prior to disposal. A completed Condemnation/Disposal Form must accompany the item (see appendix 2). This service may incur a disposal charge, please contact the Facilities Department for more information.
- It is the responsibility of the wards/departments concerned to ensure that all WEEE items are removed from the Trust Asset Register (where relevant) and are suitably decontaminated (where relevant). This should be carried out in accordance with the relevant Trust policy.
- All items of WEEE should be stored separately to other waste streams and kept secure.
- Any removable hazardous components, e.g. batteries, should be removed prior to storage.
- 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 Facilities Department 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 must be completed by a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.
1.78 Chemicals (including paints and solvents)

- All chemicals (including non-water based paints and solvents used by Facilities staff) 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 domestic waste streams, without risk assessments being undertaken or guidance sought from a suitably qualified person (i.e. chemist or specialist waste disposal contractor).
- 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. A “Rinsed” sticker must be attached.
- Any waste chemicals awaiting collection must be stored in a secure area within the department producing this waste (preferably in a designated, chemical store). Care should be taken to ensure that no incompatible products are stored together.
- Items displaying a flammable warning sign should be stored in a designated fire hazard room.
- For advice regarding the disposal of waste chemicals and to arrange a collection contact:
  - NDDH – Hotel Services Helpdesk
  - Community Sites – Hotel Services Co-ordinator/Supervisor.
- A waste consignment note must be completed by a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.

1.79 Scrap metal

- All scrap metal items must be brought to the Facilities Workshop Area for storage prior to disposal.
- All scrap metal in the Facilities Workshop Area must be stored securely.
- Arrangements will be made by the Facilities Department for a collection of scrap metal, when the 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 a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.
1.80 Asbestos waste
- Asbestos waste is dealt with via a specialist waste contractor. This service is arranged by the Facilities Department.
- A waste consignment note must be completed by a member of the Facilities Department staff and the disposal contractor for every movement of waste and records maintained for at least 3 years.
- See section 26 for further information about legal paperwork and record keeping.

1.81 Construction waste
- There is no longer a legal requirement for Site Waste Management Plans to be in place for all construction projects over £300,000. However, it is recommended that all construction projects have a Site Waste Management Plan (SWMP) in place, before construction begins as a "best practice" measure. See the following link to the WRAP website where template SWMPs are available to download: [http://www.wrap.org.uk/content/site-waste-management-plans-1](http://www.wrap.org.uk/content/site-waste-management-plans-1)
- Site Waste Management Plans are aimed at reducing waste, reducing cost and complying with waste management legislation for waste produced during construction projects.

1.82 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.
- Contractors will be made responsible for the disposal of their own waste, produced as a result of works carried out on the Trust site.
- 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 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 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.

1.83 Garden waste
- Any garden waste produced will be taken away by the contracted gardeners.
- It remains the contractor’s responsibility to ensure the security of the waste produced whilst they are working on Trust properly.
IT DEPARTMENT

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

1.84 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.

1.85 Batteries
- All spent, portable batteries used by the IT Department must be placed in the Battery Back recycling containers. Portable batteries are small, can be hand-carried and are designed to be changed by IT staff.
- If the item of equipment requires an Engineer to change the battery then the battery is not suitable for the Battery Back 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.

1.86 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.
- Where relevant some items of IT equipment will be stored for reuse at a later date (e.g. printers, keyboards, mice, monitors, scanners, etc.).
- Any obsolete or condemned 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 waste contractor/IT Department and the component parts recycled.
- A waste consignment or transfer note must be completed by IT staff this and the disposal contractor for every movement of waste and records maintained for at least 3 years (waste consignment notes) or 3 years (waste transfer notes).
- See section 26 for further information about legal paperwork and record keeping.
- Destruction certificates are supplied by the waste contractor for each consignment of waste IT equipment.
CATERING DEPARTMENT

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

1.87 General
- Where feasible heavily contaminated food containers should be rinsed prior to disposal – this is to assist with the recycling process.

1.88 Food waste
- On the wards food waste should be disposed of into the buckets provided by Catering on the food trollies.
- No packaging waste should be placed in the buckets.
- Food waste in the buckets from NDDH wards/departments, as well as food waste produced within the Catering Department, will be placed in the Catering Department biodigester.
- The Catering Department has registered an Environmental Permitting Exemption with the Environment Agency to cover the waste activity of “Anaerobic digestion at premises not used for agriculture and burning resulting biogas”. This Exemption is renewable every 3 years. The Exemption may be registered via the following link:
- Records of the Exemption should be kept by the Catering Department and Facilities Department.

1.89 Cooking oil
- Under no circumstances must 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 26 for further information about legal paperwork and record keeping.

1.90 Cardboard
- All cardboard must be flattened and placed in a secure collection storage area, while awaiting collection by the Hotel Services Team where it will be baled centrally.
COMMUNITY HEALTHCARE WASTE

- Community healthcare may be provided in a variety of ways by different Healthcare Workers. In the context of this section, community healthcare is taken to mean care and/or support provided by any nurse, midwife or other healthcare worker to:
  - Patients in their own homes
  - Residents in Care Homes (i.e. homes that do not provide nursing care), and
  - People in their own homes, who are self-medicating.

- Any waste produced by the Healthcare Worker and left at the patient’s home is still the responsibility of the Healthcare Worker. Therefore the following procedures must be adhered to:
  - Staff should use the Waste Assessment Flowchart poster (see appendix 3) to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.
  - The Healthcare Worker must ensure they carry the appropriate means of packaging for the wastes likely to be produced.
  - Only small quantities of non-infectious waste can be disposed of in the householders waste, and permission must be sought from the householder. Any non-infectious waste disposed of into the householders waste must not cause their domestic waste bin to overflow before their next collection is due.
  - Non-infectious waste disposed of in the householder’s waste must not be packaged in yellow or orange clinical waste bags.
  - Large amounts of non-infectious waste will be collected from the patient’s home by the relevant Local Authority/waste contractor. A collection of this waste must be arranged by the Healthcare Worker with either the Local Authority or waste contractor. The Local Authority/waste contractor must be notified when collections are no longer required.
  - All infectious waste must be disposed of into orange bags, ensuring that the exterior of the bag is not contaminated. All orange bags must have an identification tag/label. A collection of this waste must be arranged by the Healthcare Worker with either the Local Authority or waste contractor. The Local Authority/waste contractor must be notified when collections are no longer required.
  - Wound vacuum drains/bags/canisters (containing free flowing liquid) should be treated as infectious waste and packaged in yellow, single use, rigid containers with yellow lids. All yellow containers must have an identification tag/label. A collection of this waste must be arranged by the Healthcare Worker with either the Local Authority or waste contractor. The Local Authority/waste contractor must be notified when collections are no longer required.
  - Larvae/maggots to be double bagged and placed in red lid anatomical waste containers and returned to the Healthcare Worker’s base for disposal.
  - Purple lid sharps containers to be used for the disposal of all sharps and any part used medicines containing cytotoxic/static medicines, produced by the Healthcare Worker. All sharps containers to be returned to the Healthcare Worker’s base for disposal.
  - Patient’s own medication to be returned by the patient, their carer or relative to their Community Pharmacy/GP.
- Waste produced by the Healthcare Worker and left in the patient home, must be left in a safe and secure location, whilst awaiting collection.
- An adequate description of the waste produced by the healthcare worker and requiring collection from the patient’s home, must be provided to the Local Authority/waste contractor collecting the waste. The description must allow the Local Authority to safely handle the waste and ensure it is properly described on any legal paperwork they may have to complete at a later date, as well as ensuring the waste is disposed of by a suitable method.

- Only sharps containers and anatomical waste containers (UN approved rigid containers) are to be transported back to the Healthcare Worker’s base for disposal.
- Ensure sharps containers have their temporary closure secured during transport.
- Waste being transported in Healthcare Worker’s vehicles must be transported in UN approved rigid containers only.
- All waste being transported back to the Healthcare Worker’s base for disposal must be kept secure at all times.

Patients discharged from Maternity
- A 1 litre sharps bin is often sent out with Cleaxane, these are already assembled and have the numbers of both Torridge and Barnstaple Councils on them. The women are advised to lock the lid and call the council for disposal as the bin should not be put in the general household waste.
WASTE FROM THIRD PARTIES AND THE GENERAL PUBLIC

1.91 Waste from third parties

- Where third party organisations are based on Northern Devon Healthcare NHS Trust (NDHT) sites and have their waste collected and disposed of via NDHT services no legal paperwork is required to transfer the waste between the 2 parties. However the third party must supply NDHT with a description of the wastes concerned. It is recommended that this information is provided on an annual basis.
- Third party organisations must register as Hazardous Waste Producers with the Environment Agency, if they produce 500 kg or more hazardous waste over a 12 month period, regardless of whether the Trust manages their waste or they make their own arrangements. Information relating to Hazardous Waste Producer registration should be supplied to NDHT.
- NDHT 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 NDHT sites. See the following link for further information: https://www.gov.uk/government/collections/waste-exemptions-storing-waste#non-waste-framework-directive-exemptions
- Information must also be supplied to the waste contractor to indicate that waste from the third party is included within the NDHT waste being sent to them.

1.92 Waste to third parties (if NDHT is third party on other sites)

- Where NDHT 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 NDHT must supply the third party with a description of the wastes concerned. It is recommended that this information is provided on an annual basis.
- NDHT facilities on third party sites, must register as Hazardous Waste Producers with the Environment Agency, if they produce 500 kg or more hazardous waste over a 12 month period, regardless of whether the third party manages their waste or they make their own arrangements. Information relating to Hazardous Waste Producer registration should 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. See the following link for further information: https://www.gov.uk/government/collections/waste-exemptions-storing-waste#non-waste-framework-directive-exemptions
- Information must also be supplied to the waste contractor to indicate that waste from the third party (i.e. NDHT) is included within the waste being sent to them.

1.93 Waste from the general public

- Waste brought to NDHT from the general public, must not be accepted by wards and departments, except by prior arrangement (i.e. if the patient has been supplied with a waste container by NDHT and been specifically instructed to return the full container to the Trust).
- Members of the general public should be instructed to take their sharps waste to either their own GP or local community Pharmacy. Medicine waste should 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.
WASTE HANDLING, MOVEMENT & COLLECTION

1.94 Domestic Team – handling and movement of waste

- The Domestic Team are mainly responsible for the emptying and cleaning of clinical infectious, offensive, domestic and recycling waste bins. This includes the tying and tagging of waste bags and removal to the relevant, local waste storage areas.
  - The Domestic Team will observe the following procedures and precautions when handling and moving waste:
    - The Domestic Team will regularly clean the ward/department waste bins and waste trolleys and keep the local waste storage areas clean and tidy.
    - The Domestic Team must ensure that adequate supplies of waste bags/labels/tags are available at all times (supplies of waste bags/labels/tags are provided by Hotel Services and individual wards/departments order their own stock).
    - Clinical infectious (orange bags), offensive (tiger bags), domestic (clear/black bags) and recycling (green bags) waste should be placed in the designated contractor’s wheeled bins in the local waste storage areas.
- The Domestic Team may be involved in the clear up/clean up of waste spillages, This should be carried out in accordance with the relevant Trust policy.

1.95 Portering Team – handling, movement and collection of waste

- The Portering Team 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 Portering Team will observe the following procedures and precautions when handling and moving waste:
  - The Portering Team must not remove any sharps containers, medicine waste containers purple lid containers, yellow, single use rigid containers, which have not been securely sealed and labelled by ward/department staff.
  - The Portering Team must not remove any clinical infectious (orange bags), offensive (tiger bags), domestic (clear/black bags) or recycling (green bags) waste bags which are split and/or leaking, until the contents have been re-bagged by ward/department staff.
- The Portering Team have access to 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, where the bins are loaded onto vehicles. This is particularly important when bins are moved on site in Trust vehicles.
- The Portering Team are responsible for ensuring that the main waste compounds are kept clean, tidy and secure at all times.
- The Portering Team must also ensure that the waste compactor is secured when not in use, to prevent unauthorised access.
- When the compactor is removed for emptying, the Portering Team 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, offensive, domestic and recycling waste streams, although ad hoc collections may be requested by some wards/departments.
- Additional collections will be made for special waste streams such as sharps, blue medicine waste containers, purple lid containers and anatomical waste.
- For confidential waste, 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 local waste storage areas.
## LOCATION OF EXTERNAL WASTE STORAGE AREAS

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Picture of Container</th>
<th>Storage/Disposal Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical/infectious – orange bags</strong></td>
<td><img src="image1" alt="Image" /></td>
<td>Local compounds and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins with orange tag and/or orange label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sharps waste – yellow/yellow lid containers &amp; 22 litre yellow containers</strong></td>
<td><img src="image2" alt="Image" /></td>
<td>Local compounds and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins with yellow tag and/or yellow label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicine waste containers – blue containers from Pharmacy Department</strong></td>
<td><img src="image3" alt="Image" /></td>
<td>Local compounds and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins with blue tag and/or blue label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infectious clinical waste from Theatres and Pathology Departments</strong></td>
<td><img src="image4" alt="Image" /></td>
<td>Local compounds (theatres, pathology) and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins in yellow bags with yellow tag/yellow label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cytotoxic/static waste – purple lid containers</strong></td>
<td><img src="image5" alt="Image" /></td>
<td>Local compounds (eg Seamoor Unit) and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins with purple tag and/or purple label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anatomical waste – yellow/red lid containers from Theatres, Pathology and Maternity Departments</strong></td>
<td><img src="image6" alt="Image" /></td>
<td>Local compounds (theatres, pathology and maternity) and main waste compound</td>
</tr>
<tr>
<td>(stored in yellow 770 litre wheeled bins with red tag and/or red label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste Type</td>
<td>Picture of Container</td>
<td>Storage/Disposal Area</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Chemical contaminated clinical/infectious waste – yellow, single use rigid containers with yellow lids (from Path Lab) (stored in yellow 770 litre wheeled bins with tag and/or label)</td>
<td><img src="image" alt="Chemical waste container" /> <img src="image" alt="Chemical waste yellow lid" /></td>
<td><strong>Local compounds and main waste compound</strong></td>
</tr>
<tr>
<td>Offensive waste – yellow/black stripe bags (stored in yellow 770 litre wheeled bins with tag and/or labels)</td>
<td><img src="image" alt="Offensive waste container" /> <img src="image" alt="Offensive waste bag" /></td>
<td><strong>Local compounds and main waste compound</strong></td>
</tr>
<tr>
<td>Gypsum waste – yellow/black stripe bags (stored in yellow 770 litre wheeled bins with tag and/or labels)</td>
<td><img src="image" alt="Gypsum waste container" /> <img src="image" alt="Gypsum waste bag" /></td>
<td><strong>Local compounds and main waste compound</strong></td>
</tr>
<tr>
<td>Domestic waste – black bags</td>
<td><img src="image" alt="Domestic waste bag" /></td>
<td><strong>Local compounds and main waste compound. Transferred to domestic waste compactor.</strong></td>
</tr>
<tr>
<td>Cardboard for recycling</td>
<td><img src="image" alt="Cardboard" /></td>
<td><strong>Local compounds and main waste compound. Transferred to cardboard baler.</strong></td>
</tr>
<tr>
<td>Bulky waste items, e.g. furniture</td>
<td>N/A</td>
<td><strong>Warp-it and then Facilities Workshop Area</strong></td>
</tr>
<tr>
<td>Waste Electrical/Electronic Equipment - WEEE</td>
<td>N/A</td>
<td><strong>Facilities Workshop Area</strong></td>
</tr>
<tr>
<td>Refrigeration equipment</td>
<td>N/A</td>
<td><strong>Facilities Workshop Area</strong></td>
</tr>
<tr>
<td>Fluorescent tubes</td>
<td>N/A</td>
<td><strong>Facilities Workshop Area</strong></td>
</tr>
<tr>
<td>Scrap metal</td>
<td>N/A</td>
<td><strong>Facilities Workshop Area</strong></td>
</tr>
<tr>
<td>Waste Type</td>
<td>Picture of Container</td>
<td>Storage/Disposal Area</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chemical waste</td>
<td>N/A</td>
<td>Stored by waste producer until collection arranged – then collected directly from producer’s department by contractor.</td>
</tr>
<tr>
<td>Batteries</td>
<td>N/A</td>
<td>Containers in Facilities Workshop Area</td>
</tr>
</tbody>
</table>
OPERATION OF WASTE HANDLING EQUIPMENT

- All relevant staff will receive training in the operation of waste handling equipment, including wheeled bins, trolleys, compactor and baler.
- 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.
HEALTH AND SAFETY

1.96 Incidents from waste management activities
- Waste management is a Trust wide risk.
- The responsibility for waste management is identified in the Waste Policy which can be found on BOB.
- Any reported (Datix) incidents associated with waste will be reviewed and action taken to eliminate where possible. Where it is not possible to eliminate, this will be managed and monitored going forward.

1.97 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 may go to the Occupational Health Department and/or Emergency Department, depending on the nature/type of injury sustained.
- As soon as possible an Accident/Incident Report Form should be completed, following NDHT Accident and Incident Procedures and relevant policy.
- The Trust’s Facilities and Health and Safety Departments will be informed via Datix (the incident reporting system), of any incident involving waste. The incident will then be allocated to a relevant manager to investigate and take actions to try and prevent recurrence.

1.98 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.

1.99 Waste 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, including:
  - Infection Prevention and Control Policy Cytotoxic Drugs Policy.
- 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 medicines and/or chemicals, the advice and assistance of specialist departments or persons may be required, e.g. Facilities Department, Pharmacy, Pathology Department Health and Safety Department.
- Any spillages of waste should be reported using the NDHT Incident and Accident Procedures and Policy.
- For further, more detailed information in relation to clinical/infectious spillages, please refer to relevant Trust policies.
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. This includes:
  - De-naturing of Controlled Drugs (registered by the Pharmacy Department)
  - Anaerobic digestion at premises not used for agriculture and burning resulting biogas

- In addition, the Trust must also comply with the conditions of a number of Non-Waste Framework Directive Exemptions (NWFD) that do not require registration with the Environment Agency. This includes:
  - Temporary storage at a place of production
  - Temporary storage at a place controlled by the producer
  - Temporary storage at a collection point.

- Further information on the NWFD Exemptions can be found at the following link: https://www.gov.uk/government/collections/waste-exemptions-storing-waste#non-waste-framework-directive-exemptions

- Records of the Exemptions are held by the Facilities Department, Pharmacy Manager (for the denaturing of Controlled Drugs Exemption) and Catering Manager (for anaerobic digestion Exemption).

- The Facilities Department is responsible for the regular checking and reviewing of Environmental Permitting Exemptions.
WASTE CONTRACTS AND LEGAL PAPERWORK

- Any waste removed from NDHT 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 Hotel Services Department (appendix 1)
- Full details of how to complete a consignment note are provided in appendix 6. For assistance completing waste consignment notes please contact the Hotel Services 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 3 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 Sodexo Hotel Services Co-ordinator. They must also ensure that adequate legal paperwork records are held on site for inspection at any time by either Trust staff, external auditors or the regulator.
- 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 Sodexo Hotel Services Co-ordinator and/or the relevant specialist departments.
WASTE MANAGEMENT TRAINING

- Waste Management Training will be provided for staff in the following ways:
  - For all staff involved in the handling of waste at induction, with refresher sessions provided on a two-yearly basis via the online training modules.
  - As required with the introduction of changes in legislation and new working routines.
  - Additional training will be provided as and when required and on request for wards and departments and any other staff involved in specific waste management duties.
  - Following a waste incident where the staff/department involved, has been identified.
  - Via information leaflets and posters, displayed in wards and departments.

- Training records will be kept for all staff attending/receiving any waste-related training.
- Staff should keep waste training information in their personal training learning portfolio records.
- Sodexo staff also have induction training, annual GREAT training, and refresher sessions on waste management. These records are held in the Sodexo offices.
AUDITING AND MONITORING

- All aspects of waste management across the NDHT site will be monitored and audited as a minimum once a year, with any issues of non-compliance or poor practice recorded and prioritised in action plans.
- Annual “Duty of Care” checks or audits will be carried out for all waste contractors employed by NDHT. This is the responsibility of the Facilities Department and relevant specialist departments.
- As part of the “Duty of Care” check with the clinical waste contractor a reconciliation of waste ready for collection at the acute and community sites will be carried out against that recorded as received by the Depot.
- As part of the “Duty of Care” checks, GPS tracking records will be requested indicating a sample of the journey from the Trust to the final disposal destination.
- Annual “Pre-Acceptance Audits” will be carried out for the Trust and the results provided to the clinical waste contractor. It should be noted that these audits are a legal requirement.
- The results/findings of all pre acceptance audits shall be reported to the Deputy Director of Facilities. The results will be issued to each head of department and outstanding actions must be rectified.
- The Infection Control Team will carry out infection control audits at least annually which include aspects of waste management.
- As part of the Trust auditing and monitoring duties (duty of care/pre-acceptance audits):
  - Clinical waste contractor collections (annual duty of care)
  - Ward/department storage areas – security and segregation (pre-acceptance)
  - External main waste compound areas – security and segregation (pre-acceptance)
  - Ward/department audits – general waste management. (pre-acceptance)
- Audits of legal paperwork will be carried out at least annually by the Sodexo Operations Manager.
- Training records will be monitored by the Learning & Development and/or individual departmental managers.
- Sodexo present their training record at the monthly contract meetings with the Trust.
- Sodexo present any waste issues at the monthly contract meetings with the Trust which is minuted.
## APPENDIX

### APPENDIX 1 – Sodexo Contact Details

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>PHONE</th>
<th>BLEEP</th>
<th>DIRECTORATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Manager</td>
<td>Sharron Ellis</td>
<td>01271 322496 (2496)</td>
<td></td>
<td>Sodexo</td>
</tr>
<tr>
<td>Operations Manager</td>
<td>Linda Lewis</td>
<td>01271 314055 (4055)</td>
<td>131</td>
<td>Sodexo</td>
</tr>
<tr>
<td>Portering Manager</td>
<td>Natalie Clark</td>
<td>012371 311701 (3701)</td>
<td>321</td>
<td>Sodexo</td>
</tr>
<tr>
<td>Sodexo Helpdesk/Chargehand Porter</td>
<td>Helpdesk</td>
<td>5900</td>
<td></td>
<td>Sodexo</td>
</tr>
<tr>
<td>Information Desk</td>
<td>Info Desk</td>
<td>3687</td>
<td></td>
<td>Sodexo</td>
</tr>
</tbody>
</table>
## Appendix 2 - Equipment Condemnation/Disposal Form

### Section A (To be completed by Originator)

<table>
<thead>
<tr>
<th>Asset Number/Bar Code</th>
<th>Serial No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Model No</td>
<td></td>
</tr>
<tr>
<td>Location (Ward/Dept)</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Disposal (Please tick one box):**

- Loss
- Stolen
- Transfer to other dept.
- Surplus to requirements
- Procurement For Sale
- Broken
- Not required

**Loss & Compensation Form completed by** ___________ **Date** ___________

**If Transferred to whom** ___________ **N.B. (not to EBME/Estates Dept or Procurement)**

**Signed (Budget Manager)** ___________ **Name** ___________ **Date** ___________

### Section B (To be completed by Estates/EBME Department)

<table>
<thead>
<tr>
<th>Has an insurance claim been raised?</th>
<th>Y/N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of asset cancelled/transferred to new Dept/Budget</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Disposal (Please tick one box):**

- Offered back to Procurement
- BER
- Condemned
- Replaced
- Historic WEEE
- New WEEE

**Signed** ___________ **Name** ___________ **Date** ___________

### Section C (To be completed by Procurement Department)

**Asset has been (Please tick one box):**

- Sold
- Transferred within Trust
- Scrapped
- 3rd World

**Proceeds of Sale** £ ___________ **Sales Form No.**__

**Transferred to** ___________

**Signed (Supplies Manager)** ___________ **Date** ___________

### Section D (To be completed by Finance Department)

**Asset Record updated** ___________ **Actioned in Quarter** ___________ **Financial Year** ___________

**Signed** ___________ **Name** ___________ **Date** ___________

---

When completing this form, please ensure all information is as detailed as possible.

For clarification on how to dispose of items please read the Redundant Equipment Procedure on Terknet.

Originator to complete Section A only. Top copy to be retained by Originator. 2nd and 3rd copies to be sent with the equipment.
APPENDIX 3 – WARP IT

Northern Devon Healthcare Trust uses an equipment/furniture/resource reuse and management system called Warp it.

Warp it makes it very easy for staff to claim or dispose of surplus items, the system also produces a monthly report of savings made by the Trust each month.

This system is all about saving you time and money and being smarter with our resources. In the current climate we need to think innovatively and do things a bit differently. Staff can procure 2nd hand for free instead of new!

**We are doing this to:**
- Stop the unnecessary purchase of new equipment
- Reduce waste and disposal costs
- Reduce procurement spend in your department
- Reduce reliance on storage areas
- Reduce waste

By matching donors to recipients we will reduce procurement costs and also waste disposal costs.

**What do we want you to do?**
If you have an item that is taking up space that you no longer need, put it on Warp It. Or if you are looking for an item check Warp It before you buy new! You can also use the system to dispose of items if not claimed within the specified timeframe.

**What items can be reused through Warp It?**
Mostly reusable furniture, electrical equipment, fixtures and fittings, office consumables (such as stationery and ink jet cartridges), lab equipment, supplies and medical equipment.

**How do I register?**
Visit our homepage here: [www.warp-it.co.uk/northdevonhealth](http://www.warp-it.co.uk/northdevonhealth)
Make sure you book mark it. Hit the big green button which says ‘register’ now. Once you register you will receive further instructions. You can browse items on Warp It by hitting the search button.

Learn how to add an item by clicking on this link: [How to add items quickly in succession.](#)
If you want to know more about the system in general please visit [www.getwarpit.com](http://www.getwarpit.com) where there are examples of how the system is working well in other organisations just like ours.

If you have any questions about the new scheme please get in touch with Charys Papayanni, [c.papayanni@nhs.net](mailto:c.papayanni@nhs.net).
Appendix 4 – Infectious vs non-infectious waste

**PLEASE FOLLOW THE FLOW CHART BELOW TO ENSURE THAT ALL INFECTED/NON-INFECTED WASTE IS SEGREGATED CORRECTLY**

**NO**

- **Is the patient known to be infectious?**
  - Does the patient history indicate they may be infectious, eg MRSA, Shingles, Pulmonary TB?

  **YES**

  - **Does the patient have any signs/symptoms that indicate they may be infectious** i.e. vomiting, diarrhoea, inflamed wound etc?

  **NO**

  - **Do you know/suspect the patient may be infectious for any other reasons** i.e. your clinical assessment, clinical judgement eg. history of MRSA?

  **NO**

  - **NON SHARP PHARMACEUTICAL** i.e. IV lines, bags, tubes, tablets/blisters packs, used, part used & out of date

  **YES**

  - **Items Contaminated with general pharmaceuticals**
    - Items used for the administration of general pharmaceuticals and/or contrasts, including part used vials and ampoules and medicinal skin patches

  **NON-INFECTED WASTE**
  - Incontinence pads
  - Gloves, aprons
  - tubes, flannels, wipes
  - Oxygen masks
  - Bandages, dressings
  - Plasters (see p.23)

  **INFECTED WASTE ONLY**
  - Items used for the administration of general pharmaceuticals (see p.23)
  - Do not put anatomical or pharmaceutical waste into this stream
  - No liquids (see p.23)
Appendix 5 – Swan-neck tying technique – confidential waste (unnumbered tags) and clinical waste bags (numbered tags)

*PLEASE REMEMBER TO LABEL THE BAGS*
Appendix 6 - Clinical/infectious waste consignment note completion guidance

Additional 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 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 is already indicated.

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. / waste transfer note for a minimum of 3 years.
Appendix 7 – Cytotoxic/static medicines list

The following is a list of medicines that due to their Cytotoxic or Cytostatic properties are deemed to be hazardous and must be disposed of via the purple route:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Actinomycin</td>
<td>Alitretinoin</td>
</tr>
<tr>
<td></td>
<td>Anastrozole</td>
<td>Azacitidine</td>
</tr>
<tr>
<td></td>
<td>Abiraterone</td>
<td>Adalimumab</td>
</tr>
<tr>
<td></td>
<td>Apremilast</td>
<td>Axitinib</td>
</tr>
<tr>
<td>B</td>
<td>Bacillus Calmette-Guerin Vaccine (BCG)</td>
<td>Bevacizumab</td>
</tr>
<tr>
<td></td>
<td>Bleomycin</td>
<td>Bortezomib</td>
</tr>
<tr>
<td></td>
<td>Busulfan</td>
<td>Baricitinib</td>
</tr>
<tr>
<td>C</td>
<td>Capecitabine</td>
<td>Carboplatin</td>
</tr>
<tr>
<td></td>
<td>Chlorambucil</td>
<td>Chloramphenicol <em>(used by most wards)</em></td>
</tr>
<tr>
<td></td>
<td>Ciclosporin</td>
<td>Cisplatin</td>
</tr>
<tr>
<td></td>
<td>Coal Tar containing products</td>
<td>Colchicine</td>
</tr>
<tr>
<td></td>
<td>Cytarabine</td>
<td>Cabazitaxel</td>
</tr>
<tr>
<td>D</td>
<td>Dacarbazine</td>
<td>Dactinomycin</td>
</tr>
<tr>
<td></td>
<td>Daratumumab</td>
<td>Dasatinib</td>
</tr>
<tr>
<td></td>
<td>Diethylstilbestrol</td>
<td>Dinoprostone</td>
</tr>
<tr>
<td></td>
<td>Docetaxel</td>
<td>Doxorubicin</td>
</tr>
<tr>
<td></td>
<td>Dabrafenib</td>
<td>Doxorubicin liposomal</td>
</tr>
<tr>
<td>E</td>
<td>Epirubicin</td>
<td>Ergometrine/Methylergometrine</td>
</tr>
<tr>
<td></td>
<td>Estrogen-Progestin Combinations</td>
<td>Estrogens, Conjugated</td>
</tr>
<tr>
<td></td>
<td>Estrone</td>
<td>Etoposide</td>
</tr>
<tr>
<td></td>
<td>Erlotinib</td>
<td>Enzalutamide</td>
</tr>
<tr>
<td></td>
<td>Everolimus</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Finasteride <em>(used by most wards)</em></td>
<td>Fludarabine</td>
</tr>
<tr>
<td></td>
<td>Flutamide</td>
<td>Fulvestrant</td>
</tr>
<tr>
<td>G</td>
<td>Ganciclovir</td>
<td>Ganiirel Acetate</td>
</tr>
<tr>
<td></td>
<td>Gonadotrophin, chorionic</td>
<td>Goserein (Zoladex)</td>
</tr>
<tr>
<td>H</td>
<td>Hydroxyurea</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Idarubicin</td>
<td>Idarucizumab</td>
</tr>
<tr>
<td></td>
<td>Imatinib Mesilate</td>
<td>Interferon Alfa-2b</td>
</tr>
<tr>
<td></td>
<td>Irinotecan HCl</td>
<td>Ixazomib</td>
</tr>
<tr>
<td>L</td>
<td>Leflunomide</td>
<td>Letrozole</td>
</tr>
<tr>
<td></td>
<td>Lymphoglobuline</td>
<td></td>
</tr>
<tr>
<td>Letter</td>
<td>Medicine A</td>
<td>Medicine B</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>M</td>
<td>Medroxyprogesterone</td>
<td>Megestrol</td>
</tr>
<tr>
<td></td>
<td>Mercaptopurine</td>
<td>Mesna</td>
</tr>
<tr>
<td></td>
<td>Methyltestosterone</td>
<td>Mifepristone</td>
</tr>
<tr>
<td></td>
<td>Mitoxantrone HCl</td>
<td>Mycophenolate Mofetil</td>
</tr>
<tr>
<td>N</td>
<td>Nafarelin</td>
<td>Natalizumab</td>
</tr>
<tr>
<td>O</td>
<td>Oestrogen containing products (see also Estrogen)</td>
<td>Oxaliplatin</td>
</tr>
<tr>
<td>P</td>
<td>Progesterone containing products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paclitaxel</td>
<td>Palbociclib</td>
</tr>
<tr>
<td></td>
<td>Pazopanib</td>
<td>Pemetrexed Disodium</td>
</tr>
<tr>
<td></td>
<td>Podophyllin</td>
<td>Podophyllum Resin</td>
</tr>
<tr>
<td></td>
<td>Procarbazine</td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>Raloxifene</td>
<td>Ribavirin</td>
</tr>
<tr>
<td></td>
<td>Rituximab</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Sirolimus</td>
<td>Streptozocin</td>
</tr>
<tr>
<td>T</td>
<td>Tacrolimus</td>
<td>Tamoxifen (<em>used by most wards</em>)</td>
</tr>
<tr>
<td></td>
<td>Thalidomide</td>
<td>Tioguanine</td>
</tr>
<tr>
<td></td>
<td>Trastuzumab</td>
<td>Treosulfan</td>
</tr>
<tr>
<td></td>
<td>Triptorelin</td>
<td>Trifluridine</td>
</tr>
<tr>
<td>U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Vaccines (Live)</td>
<td>Valganciclovir</td>
</tr>
<tr>
<td></td>
<td>Vincristine</td>
<td>Vinorelbine Tartrate</td>
</tr>
<tr>
<td>Z</td>
<td>Zidovudine</td>
<td></td>
</tr>
</tbody>
</table>

This list is intended as a guide and is not an exhaustive list. Please check the data sheets for further guidance if you are unsure as to the Cytotoxic and Cytostatic properties of any medicines or consult with a Pharmacist.