




WASTE MANAGEMENT POLICY

Policy number and category	R&S30	Risk & Safety
Version number and date	5	April 2021
Ratifying committee or executive director	Infection Prevention Partnership Committee Clinical Governance Committee	
Date ratified	September 2021	
Next anticipated review	September 2024	
Executive director	Executive Director Quality and Safety (Chief Nurse) – Healthcare / Clinical Waste Executive Director of Finance – Domestic / Other hazardous and non-hazardous (non-healthcare waste)	
Policy lead	Natalie Willetts / Filipe Leitao– Healthcare / Clinical Waste Neil Cross – Domestic / Other hazardous (non-healthcare waste)	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT

- BSMHFT has a duty to segregate, store, transport and dispose of the waste produced in a way that complies with legislation.
- There is a wide range of legislation that applies to how waste is segregated, stored, and transported together with legislation that relates to specific waste types such as electrical waste. Non-compliance leaves the Trust at risk of prosecution.
- All waste produced within BSMHFT by staff, patients and visitors, and waste contracted to be disposed of on behalf of outside organisations, will be handled and disposed of in accordance with this policy. ALL staff and contractors must be made aware of, and understand, their responsibilities to ensure compliance with this policy

POLICY REQUIREMENT

- All waste produced by BSMHFT or within BSMHFT premises by staff, visitors, service users or by contractors, will be managed in compliance with legislation and supporting guidance and, where practicable, in line with the waste hierarchy

CONTENTS

1. Introduction	3
2. Policy	4
3. Procedure	5
4. Responsibilities	5
5. Development and Consultation Process	7
6. Reference Documents	8
7. Bibliography	8
8. Glossary	8
9. Audit and Assurance	8
10. Appendices.....	9

1. Introduction

This is a joint Policy between the Trust and Summerhill Services Ltd (SSL). The Trust will have overall responsibility for clinical (hazardous and non-hazardous) healthcare waste, whilst SSL will have delegated responsibility for Domestic and other hazardous/non-hazardous waste (i.e. electrical / chemicals, paints etc) on behalf of the Trust.

The Policy should be read in conjunction with and is supported by the guidance document as at appendix 2.

1.1 Rationale

The Waste (England & Wales) (amendment) Regulations 2012 places a 'Duty of Care' on the Trust as a producer or holder of waste. These Regulations place the responsibility on both the organisation and its staff to dispose of waste in accordance with the requirements which are that:

- waste is segregated and stored correctly i.e. it must be properly contained;
- waste is only collected by registered waste carriers (unless being moved by the Trust's own vehicles);
- all collections are covered by a transfer note or specific consignment note that includes a written description of the waste to enable anyone handling it to do so safely and appropriately;
- records of waste transfers and consignment are kept for at least three years; and
- waste is only taken to an authorised facility with the necessary Environmental permit(s).

In addition to these Regulations, the Trust must also comply with other waste management legislation such as the Hazardous Waste (England & Wales) Regulations 2009, the List of Wastes Regulations 2005, the Landfill Directive - Pretreatment of Waste Regulation 2007 and the Waste Electrical and Electronic Equipment (WEEE) Regulations 2013. Non-compliance with legislation leaves the Trust at risk of prosecution.

This policy identifies and follows legislative requirements and, where possible, also follows the best practice guidance set out within HTM 07-01 – Safe Management of Healthcare Waste.

1.2 Business Scope

This Policy applies to ALL waste produced and to ALL staff working for the Trust either directly or via any form of alternate contract. The Policy also applies to ALL visitors, carers, Service Users and any other persons not already mentioned who by nature of their work or care are on BSMHFT sites (irrespective of tenure). ALL

staff and contractors must be made aware of, and understand their responsibilities to ensure compliance with this policy.

This policy does not apply directly to BSMHFT staff working within HMP Birmingham.

This Policy also applies to all contractors (howsoever contracted) who work for or within BSMHFT premises and / or provide services to BSMHFT. Contractors are expected to manage waste at all times safely, effectively and compliantly and to manage and dispose waste as per nature of contract

1.3 Principles

The revised EU Waste Framework Directive sets out 5 steps for dealing with waste, ranked according to environmental impact. This is commonly known as the 'waste hierarchy'. The waste hierarchy has been transposed into UK law through the Waste (England and Wales) (amendment) Regulations 2012. These Regulations require businesses to take all reasonable measures to prevent waste and apply the waste hierarchy when transferring waste.

Add responsibility contractors - Expectations

The Waste Hierarchy



The Policy reflects the Government's objectives of treating waste as a resource and reducing waste at source by maximising the re-use and recycling of waste and minimising the quantity of waste to landfill. Improper waste management can have unwanted environmental and financial impacts.

2. Policy

All waste produced by BSMHFT or within BSMHFT premises by staff, visitors, service users or by contractors, will be managed in compliance with legislation and supporting guidance and, where practicable, in line with the waste hierarchy.

See the Waste Management Guidance document for further information, direction and advice

3. Procedure

Waste of all types must be segregated, stored, transported and disposed of compliantly. This Policy is supported by the accompanying Waste Management Guidance appendices which describe (although not exhaustive) many of the types of waste managed by the Trust and how such waste should be managed and disposed of. The 'owner' of the waste with specialist knowledge of the waste is ultimately responsible for that item of waste and must ensure that it is managed compliantly and in line with the procedure set out in the Guidance.

Governance and Audit of waste

The Executive Director of Quality and Safety (Chief Nurse) will be the Director with responsibility for the Clinical/Healthcare waste produced by the Trust on behalf of the board. The Executive Director of Finance will be the Director with responsibility for the Domestic waste and Other Hazardous / Miscellaneous Waste produced by the Trust on behalf of the Board.

Both ensuring that a compliant policy (with supporting guidance) is in place so as to enable ALL staff within BSMHFT to take personal and professional responsibility for the safe and compliant management and disposal of waste.

To support Governance and Assurance in the management of ALL waste generated by BSMHFT staff at all levels within the organisation have a personal and professional responsibility to ensure that waste is managed in line with this policy and the supporting Waste Management Guidance appendices.

4. Responsibilities

The following tables break down both normal operating responsibilities and also additional monitoring and controls that will help to ensure that waste management maintains its importance within the healthcare environment. All staff must be aware of their responsibilities.

Post(s)	Responsibilities
All Staff	Personal responsibility for waste ensuring that waste is segregated, stored and disposed of safely and compliantly. Recognising need to accept own Health and Safety responsibility / dynamic Risk Assessment as necessary.
Contractors	Responsible for ensuring that all waste associated with their contracted service / works is managed in a safe and compliant manner. To also ensure that all specialist waste is managed and controlled in accordance with regulations, paperwork retained, and necessary H & S measures

	<p>implemented again to maintain a safe and compliant environment</p> <p>Finally, unless otherwise agreed all contractors should keep their waste separate to that generated by the Trust in its normal functionality and should contract and dispose of it via their own approved contactors.</p>
Team Managers / Ward Managers or equivalent	<p>Responsible for all waste produced within their ward environment / team. Taking lead responsibility for the safe and compliant segregation, transportation, storage and disposal of waste (including Risk Assessments).</p> <p>Responsible for ensuring that ALL staff within their team / ward or equivalent are effectively and adequately trained and resourced to execute their duties. This includes temporary / bank staff.</p>
Service, Clinical and Corporate Directors	<p>Senior Management responsibility for all waste produced by or within their teams / premises. Responsible for ensuring that Team / Ward Managers perform what is expected of them</p>
Policy Leads (x2) Clinical and non-Clinical	<p>Ensuring the Policy is compliant with regulations and HTM guidance. Expert point of contact for advice</p>
Director(s) (Executive or equivalent)	<p>Board level lead responsible for Assurance, Compliance and Governance</p>

Monitoring and Audit of waste - In order to ensure and record compliance with waste management requirements the following control measures must be completed:

Type of Monitoring / Audit	Responsible Persons
Ward / Team based monitoring	<p>Ward Managers / Team managers (or their nominated representative) will be responsible for monitoring the correct segregation, storage and handling of all waste within their domain / remit. Such monitoring should be completed at least quarterly and recorded with actions taken to rectify and where necessary report any issues</p>
Senior Clinical/ Nursing Management or equivalent	<p>Ultimately responsible for waste generated by their teams. Must ensure that local control measures are in place in their teams to control waste.</p>
Infection Prevention Control	<p>Will 'audit' clinical waste from an compliance and infection control perspective as part of routine monitoring and report accordingly</p>

SSL	Will be responsible for tendering and appointing the externally led Pre-Acceptance Audits, controlling this mandatory process in line with legislative requirements.
SSL	Will be responsible for arranging and ensuring Duty of Care inspections are undertaken in line with mandatory requirements

5. Development and Consultation Process

Consultation summary		
Date policy issued for consultation	April 2021	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Infection Prevention Partnership Committee	21.07.2021	
Clinical Governance Committee	03.08.2021 TBC	
Where received	Summary of feedback	Actions / Response
Health and Safety Committee		
Infection Prevention Partnership Committee		
Head of Governance	Policy Framework and Discussion	Policy framework agreed
Infection Control Management and Link Workers	Policy discussed and shared as part of development and consultation	Training delivered at Link Workers
External Specialists	Consultation, Specialist knowledge. Supported development of this Policy and supporting guidance	Policy and guidance document drafted for review prior to consultation

6. Reference Documents

External documents:

- The Waste (Circular Economy) (Amendment) Regulations 2020
- The Waste (England & Wales) (amendment) Regulations 2012;
- Hazardous Waste (England & Wales) Regulations 2009;
- List of Wastes Regulations 2005;
- Landfill Directive - Pre-treatment of Waste Regulation 2007;
- Waste Electrical and Electronic Equipment (WEEE) Regulations 2013;
- HTM 07-01 – Safe Management of Healthcare Waste;
- The Control of Substances Hazardous to Health (COSHH); and
- Health and Safety at Work Regulations.

Internal documents:

- Department of Health (2010) The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance
- Trust Infection and Prevention and Control Overarching Policy (*reference IC01*)
- Trust Cleaning Policy (*reference IC01X*)
- Trust Decontamination Policy (*reference IC01B*)

7. Bibliography

None.

8. Glossary

None.

9. Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
External Duty of Care Audits	SSL to appoint. BSMHFT to lead	Specialist contractors	Annual	IPPC / RMC

Segregation of clinical waste	Infection Prevention and Control Team SSL to appoint. BSMHFT to lead	Inspections Pre-Acceptance	TBC Annual by site based on volume	IPPC IPPC / RMC
Sharps disposal	Infection Prevention and Control Team	Sharps Audit in conjunction with specialist contractors	Annual	IPPC

10. Appendices

Appendix 1 – Equality Impact Assessment

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Waste Management Policy				
Person Completing this proposal	N Cross	Role or title	Corporate Property and Sustainability Manager		
Division	SSL	Service Area	Corporate / Facilities Management		
Date Started	1 June 2021	Date completed	10 th June 2021		
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.					
To renew the already approved Waste Policy					
Who will benefit from the proposal?					
The Trust needs a policy to ensure compliance with regulation					
Impacts on different Personal Protected Characteristics – Helpful Questions:					
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>			
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>			
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>			
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>			
		<i>Protect and promote human rights?</i>			
Please click in the relevant impact box or leave blank if you feel there is no particular impact.					
Personal Characteristic	Protected	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age		Y			Waste policy is in line with regulation and EU approved bins
Including children and people over 65					
Is it easy for someone of any age to find out about your service or access your proposal?					
Are you able to justify the legal or lawful reasons when your service excludes certain age groups					

Disability	Y			Waste policy is in line with regulation and EU approved bins
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	Y			Waste policy is in line with regulation and EU approved bins
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	Y			Waste policy is in line with regulation and EU approved bins
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	Y			Waste policy is in line with regulation and EU approved bins
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	Y			Waste policy is in line with regulation and EU approved bins
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	Y			Waste policy is in line with regulation and EU approved bins
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	Y			Waste policy is in line with regulation and EU approved bins
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment	Y			Waste policy is in line with regulation and EU approved bins
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	Y			Waste policy is in line with regulation and EU approved bins
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				Y
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
Should a negative impact be identified then this would need to be understood and solution scoped to remove / mitigate				

How will any impact or planned actions be monitored and reviewed?
The impact an implementation of the policy will be monitored and controlled by IPCT / Nursing for Clinical Waste and SSL for general / WEEE waste
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
The Policy is based on regulatory compliance and operational need. If there are any equality issues identified then these will be investigated and mitigation sought
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

WASTE MANAGEMENT GUIDANCE

Healthcare / Clinical Waste

June 2021

**Lead(s) – Associate Director of Nursing,
Infection Prevention and Control Team**

Contents

1. Introduction and Context
2. Instructions for the Disposal of Waste
 - 2.1 Healthcare / Clinical
3. Legal requirements and guidance
 - 3.1 Health & Safety
 - 3.2 Duty of Care and other waste legislation
 - 3.3 Audit and assurance
 - 3.4 Staff training
 - 3.5 Clinical waste segregation chart for display in clinical areas
4. Frequently asked questions
5. Contacts

Part 1. Introduction and context

Purpose of this guidance

The purpose of this document is to provide staff with guidance on the safe management and disposal of waste produced by the Trust and ensure that waste is managed in line with the Waste Policy. The Trust produces a range of waste as a result of its activities including healthcare waste from the treatment of patients.

This guidance should be read in conjunction with the Waste Policy (RS30). In summary, the policy states that *'All waste produced by BSMHFT, either directly by staff or by contractors, will be managed in compliance with legislation and, where practicable, in line with the waste hierarchy'*.

The Trust is committed to reducing the impact of its activities on the environment. Waste should be managed in line with the Waste Hierarchy wherever possible. The Hierarchy sets out the preferred options for waste in order of preference, i.e. the further up the hierarchy waste is managed, the less its environmental impact. They are:

- Reduce;
- Re-use;
- Recycle;
- Recover (Energy from waste); and
- Disposal (Landfill).

The correct and timely segregation of waste is crucial to effective waste management and increasing recycling. For example, legislation prevents the mixing of non-hazardous and hazardous waste and careful segregation of non-hazardous waste increases recycling and minimises landfill in line with the Waste Hierarchy.

BSMHFT is required by NHS Improvement to report annually on sustainability indicators. The reduction of waste and increasing recycling is a key objective of this Policy in addition to providing an assurance framework including governance, compliance and financial accountability. It is the responsibility of all staff and budget holders to ensure that waste is prioritised and managed in line with this policy.

All staff and contractors to BSMHFT are responsible for managing waste in line with legislation and the Trust's Waste Policy. This guidance is aimed at supporting this requirement.

Part 2 - Instructions for the disposal of Clinical / Healthcare waste

This section sets out the appropriate disposal route of common wastes produced by the Trust in regard to Clinical (healthcare) waste(s) generated by the treatment of patients;

If sites/staff have other non-healthcare waste (hazardous or non-hazardous) that is not specifically mentioned in the policy or in either of these two appendices then they must contact Summerhill Services Ltd who will provide advice on the correct disposal route for the item.

It is the Trust that consigns its Clinical / Healthcare waste to the approved contractor(s). It is the Trust who are therefore ultimately responsible for this waste. Waste consigned to a contractor will be done so at each site where the waste is collected from and a consignment note will be provided by the contractor to support the 'handing over' of waste from the Trust representative to the representative of the contractor.

This consignment note must be completed in full by both parties and must be retained at point (site) of consignment for a period of not less than 3 years.

The approved contractors will be tendered / appointed by SSL on behalf of the Trust to support the Trust in the disposal of its Clinical / Healthcare waste.

2.1 Healthcare (Clinical) Waste

Type of waste	Control measures	Method of disposal
<p>Sharps that are medicinally contaminated (other than cytostatic or cytotoxic medicines)</p> <p>- including contaminated broken glass, ampoules, cartridges, needles and syringes, blood filters, giving set ends etc.</p>	<p>Yellow Sharps box with Yellow lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Sharps containing cytotoxic or cytostatic medicines must not be placed in yellow lidded sharps boxes.</p>	<p>Seal container when two-thirds full and label, marking clearly with ward/department, hospital and sealing date.</p> <p>Hazardous waste incineration Unless proven to be free of medicinal contamination then Suitable for permitted Alternative Technology treatment followed by landfill.</p>
<p>Sharps that are not medicinally contaminated</p> <p>- needles from bloods, razors, acupuncture needles etc.</p>	<p>Yellow Sharps box with Orange lid, to comply with British Standard BS7320, and approved by Infection Control.</p>	<p>Seal container when two-thirds full and label, marking clearly with ward/department, hospital and sealing date.</p> <p>Suitably authorised incineration or permitted alternative treatment facility</p>
<p>Sharps contaminated with cytotoxic or cytostatic medicines</p>	<p>Yellow Sharps box with Purple lid, to comply with British Standard BS7320, and approved by Infection Control.</p>	<p>Seal container when two-thirds full and label, marking clearly with ward/department, hospital and sealing date.</p> <p>Hazardous Waste Incineration</p>
<p>Rejected medication – other non-sharps that are medicinally contaminated</p> <p>- including bottles containing medicinal residues</p>	<p>All blue box or Yellow Sharps box with Blue lid, to comply with British Standard BS7320, and approved by Infection Control.</p> <p>Items contain medicinal residue must not be rinsed out prior to disposal.</p>	<p>Seal container when two-thirds full and label, marking clearly with ward/department, hospital and sealing date.</p> <p>Hazardous Waste Incineration for disposal via specialist licensed facility</p>

Type of waste	Control measures	Method of disposal
<p>Unused and Unwanted medication that is within date can be returned to Pharmacy for potential re-use within the Trust. Any such items / medication are not classified as waste (waste being an item / product that is no longer required) and should be returned in line with Medicines Policy / Procedures.</p>		
<p>Non Sharp - Infectious waste contaminated with medicines</p> <p>- including dressings contaminated with medicines, disposable medical equipment, diagnostic specimens from infectious or potentially infectious patients, reagent or test vials and kits containing hazardous chemicals.</p>	<p>Yellow plastic bag, to comply with the appropriate NHS performance specification. To be coloured yellow to British Standard BS381C.</p> <p>These bags are only available by special request.</p>	<p>Seal bag when three-quarters full Ensure bag is secured using a swan neck and cable tie, marking clearly with ward / department, hospital and sealing date.</p> <p>Hazardous Waste Incineration</p>
<p>Non Sharp - Infectious waste not contaminated with chemicals or medicines</p> <p>- including dressings, swabs, disposable medical equipment, used blood spill kits etc.</p>	<p>Orange plastic bag, to comply with the appropriate NHS performance specification. To be coloured orange to British Standard BS381C.</p>	<p>Seal bag when three-quarters full Ensure bag is secured using a swan neck and cable tie, marking clearly with ward / department, hospital and sealing date.</p> <p>Suitably authorised incineration or permitted alternative treatment facility</p>
<p>Offensive Waste</p> <p>- including waste which is not considered to be or likely to be infectious but could cause offence for example, PPE (non-infected), nappies (non-infected), sanitary products etc.</p>	<p>Yellow and Black plastic bag, to comply with the appropriate NHS performance specification.</p> <p>To be coloured yellow and black to British Standard BS381C.</p>	<p>Seal bag when three-quarters full Ensure bag is secured using a swan neck and cable tie, marking clearly with ward / department, hospital and sealing date.</p> <p>Deep Landfill or over treat via Suitably authorised incineration or permitted alternative treatment facility</p>

Type of waste	Control measures	Method of disposal
<p>Mattresses / Pillows Mattress and pillows that are contaminated or likely to be contaminated with bodily fluids should be disposed of as clinical / healthcare waste</p>	<p>Those that are considered to present an infection risk must be treated as clinical waste and disposed via UN3291 approved orange bags or mattress bags through the approved clinical waste contractor. Please note that in some cases, mattress bags may be yellow.</p>	<p>Ensure mattress bag is secured using a cable tie, marking clearly with ward / department, hospital and sealing date</p> <p>To be collected and disposed of via Suitably authorised incineration or permitted alternative treatment facility</p>
<p>Alcohol Gel</p>	<p>Alcohol Gel must be disposed of as per its COSHH requirement as potentially hazardous waste. Prior to collection such bottles should be stored in a safe, controlled environment</p>	<p><u>Empty</u> bottles can be disposed of in the general waste stream. Empty bottles should be rinsed with warm water to remove any gel residue on the side of the container before disposal.</p> <p><u>Full</u> bottles should be disposed of as potentially Hazardous waste in line with COSHH instructions and as / if necessary, via an approved contractor at a licensed site. The appropriate EWC code is 14-06-03.</p>
<p>Thermometers containing mercury</p>	<p>Mercury thermometers used in a clinical environment require specialist disposal due to their hazardous nature. Mercury thermometers must not be disposed of with other clinical waste.</p>	<p>Special consignment will be required and will be coordinated by Estates and Facilities.</p>

Part 3: Legal requirements and guidance

This section sets out additional guidance for staff on key aspects of waste management. This includes:

- Health & Safety
- The Duty of Care for waste;
- Auditing and assurance;
- Staff training; and
- The clinical waste segregation chart for display in clinical areas.

3.1 Health & Safety

Every member of staff working for or within the Trust has a personal duty of care to manage and support the Health and Safety of themselves and others. Within a Healthcare organisation the highest risk waste is normally that waste associated directly with the healthcare provided (normally known as clinical waste).

The following represent a non-exhaustive list of Health and Safety related matters and responsibilities:-

- Team Managers / Ward managers (and equivalent) are responsible for ensuring that staff have adequate and up to training in tasks associated with any relevant aspect of waste management
- Team Managers / Ward manager (and equivalent) must ensure that necessary risk assessments are undertaken and maintained for tasks performed by team members associated with waste management.
- Clinical staff are responsible for ensuring that the orange or equivalent bags clinical waste bags are labelled and tied with a swan neck and cable tie prior to their removal from site.
- Clinical staff are responsible for ensuring that internal clinical waste bins (of all sizes located within the hospital / healthcare demise) are cleaned routinely and ad-hoc as necessary so as to maximise infection control measures.
- Housekeepers and Porters (or other non-clinical staff) must not move or remove clinical waste of any kind that has not been correctly labelled and sealed by clinical staff.
- PPE and equipment risk assessed for the task must be provided and worn/used and disposed of correctly and in line with this policy / guidance. PPE is classed as either general waste, non infectious healthcare waste or infectious healthcare waste as determined by the healthcare professional dependent upon its use.
- All waste bags and sharps bins located throughout Trust sites must be held off the ground within robust and suitable waste bins.
- Sharps bins must be kept at waist height in a secure room.
- Any / All untoward incidents must be reported to line management and as necessary the Trust Eclipse system
- Spillages must be dealt with in a timely and efficient manner in line with Trust guidance;
 - Cleared by the member of staff that causes/finds the spillage;
 - Cleaned using the correct method; and
 - Treated in line with the Trust Decontamination Policy if it involves any form of body fluid.

- In the event that an incorrect waste container has been used for the disposal of ANY clinical waste item, this must be reported immediately to the Policy lead or their representative for Clinical / Healthcare waste where advice will be given on how to correctly dispose of that container. Do not attempt to remove the item and transfer it to the correct container.
- Any un-bagged, loose waste found within a clinical bin must be removed by a member of the clinical staff that has received training in waste management after assessing the risks and using the appropriate PPE. The waste should then be placed within the appropriately coloured bag and the bin decontaminated to ensure no cross-contamination waste can occur.

COSHH - The Control of Substances Hazardous to Health (COSHH) and the Management of Health and Safety at Work Regulations, in line with the health and safety at work legislation, specifically requires those dealing with potentially infectious substances (including waste) to assess risk to themselves, the public and staff that may come into contact with them.

Each Substance has a COSHH / Data sheet that will determine its associated correct method of disposal – Further advice will be available on request from Estates and Facilities.

For further information please refer to the Health and Safety policy and/or speak to colleagues in Risk Management.

RIDDOR - All waste must be handled in a safe and appropriate manner and in line with RIDDOR guidance. Should any incidences (or near misses) arise from the handling, disposal or collection of waste then these must be reported to the Risk Management Team without delay.

3.2 Duty of Care and other waste legislation

The *Waste (England & Wales) (amendment) Regulations 2012* places a 'Duty of Care' on the Trust as a producer and holder of waste. The Regulations place responsibility on both the organisation and staff to dispose of waste in accordance with the requirements which are that:

- Clinical / Healthcare waste is correctly and compliantly segregated at point of use;
- waste is stored correctly i.e. it must be properly contained;
- waste is only collected by registered waste carriers (unless being moved by the Trust's own vehicles);
- all collections are covered by a transfer note or Hazardous Waste consignment note that includes a written description of the waste to enable anyone handling it to do so safely and appropriately;

- records of waste transfers and consignments are kept for at least three years at the same site (in a file) as the waste was transferred / consigned from; and
- waste is only taken to an authorised facility with the necessary Environmental permit (ignorance of the disposal site is not a defence if waste is found flytipped).

In addition to these Regulations, the Trust must also comply with other waste management legislation such as the *Hazardous Waste (England & Wales) Regulations 2009*, the *List of Wastes Regulations 2005*, the *Landfill Directive - Pre-treatment of Waste Regulation 2007* and the *Waste Electrical and Electronic Equipment (WEEE) (amendment) Regulations 2015*. Non-compliance with legislation leaves the Trust at risk of prosecution.

3.3 Audit and assurance

External

The Clinical / Healthcare waste produced by the Trust is treated at specialist waste treatment facilities that are permitted and regulated by the Environment Agency. The Agency requires that these sites obtain detailed information about the composition of the waste they receive from their customers. Because of the nature of the waste, it is not possible to check that incoming waste is acceptable under the conditions of their permit when it arrives at the site therefore waste producers are required to undertake pre-acceptance audits of waste at their site to provide evidence that it is suitable for treatment.

Summerhill Services Ltd (SSL) will engage external specialists at the cost of and on behalf of the Trust to ensure that the Trust meets its statutory pre-acceptance audit requirements. In order to meet these pre-acceptance requirements, it will be necessary to undertake site visits to inspect waste management practices.

This process will be managed by SSL on behalf of the Trust but BSMHFT must support and accompany on the visits taking ownership of issues / findings and recommendations.

SSL will also lead on the Duty of Care audits with the main waste contractors to ensure that the Trust's interests are protected by these contractors with compliant 'cradle to grave' waste management. The audits will encompass as a minimum site visits as necessary, a review of consignment paperwork and a review of contractors permits and licences

An annual Sharps audit will be undertaken by the Trust engaging independent experts that will audit all in patient units testing for effective sharps manage / segregation and disposal. A full report will be issued with recommendations that will help underpin ongoing quality improvements

Internal

Ward Managers/Team managers (or their nominated representative) will be responsible for monitoring the correct segregation, storage and handling of all Clinical and Healthcare waste within their domain / remit. Such monitoring will be completed at least quarterly and recorded with actions taken to rectify and where necessary report any issues

Ward Managers/Team managers are required to report / correct areas where improvements are identified, provide additional training as necessary and then re-assess.

Infection Control inspections will include Clinical / Healthcare waste management as being integral to the inspection. Reports and actions will be issued that will as identified need to be addressed by those responsible.

3.4 Staff training

The success of the policy depends upon its implementation by staff. HTM-07-01 states that training must be provided to ensure that all staff understand and are following the policy. Clinical/Healthcare Waste management should be included as a standing item on the agenda in appropriate meetings to allow staff to raise any questions or concerns and to enable management to share findings of monitoring / audits and support the implementation of any recommendations.

Staff (including contractors) have a responsibility to ensure that all waste produced by our Trust (in the areas in which they work) is disposed of in a safe and compliant manner. It is the responsibility of each member of staff to ensure that they understand the requirements of this policy and how this must be applied to their day to day activities. If an individual requires training or advice on any aspect of waste management they must make their team managers aware of the need. Team managers are responsible for ensuring that their staff receive and attend such training and/or seek additional training or advice as necessary to safely and compliantly discharge their duties.

Basic waste infection control and health and safety training is provided to ALL new employees to the Trust through the induction process which all new employees undertake.

The Infection Prevention and Control Link Workers receive regular training and updates in regards to of waste; including training from external agencies to include the preferred sharps bin supplier and also the clinical waste contractor. The link workers then take the information they have been given back to their wards/areas to ensure each is up and date and refreshed on waste training.

SSL representatives will, as invited to do so, support clinical teams by attending briefings / meetings to help to jointly disseminate this policy and to support continuous







improvements in waste management and in particular the safe handling and correct segregation of waste.

3.5. Clinical waste segregation chart for display in clinical areas.

The Trust has produced a chart to show how Clinical / Healthcare waste should be segregated and the receptacles that should be used for common waste arising from the treatment of patients. This is presented in overleaf.



Are you managing clinical waste correctly?

Yellow	Orange	Orange	Blue	Purple	Yellow with a black stripe
 <p>Sharps 18-01-09 as contaminated with medicinal properties Fully or partially discharged sharps contaminated with medicinal properties / residues NOT for use with Sharps containing cytotoxic or cytostatic medicines.</p>	 <p>Sharps NOT containing medicinal products. Code 18-01-03 These Sharps boxes should be used for sharps NOT containing any medicinal residue of any kind. They should be used for Blood Clinics or acupuncture etc..</p>	 <p>Bagged Clinical Waste Coded 18-01-03 For NON sharp waste that is likely to be or is infected. This includes mattress's (special bags are available)</p>	 <p>Prescription only Medication NOT SHARPS. Code 18-01-09 Bottles containing medicinal residues, spat out or dropped medication etc.</p>	 <p>Sharps contaminated with cytostatic or cytotoxic medicines. Code 18-01-03 and 18-01-08</p>	 <p>Bagged Clinical Waste (Tiger Bag) Code 18-01-04 For NON sharp NON infectious clinical waste. i.e. Colostomy Bags, Incontinence Waste, Plaster casts.</p>

In all cases, the healthcare professional is responsible for the segregation and disposal of the waste they produce

4. Frequently asked questions

What do I do if there is loose waste in the bottom of a bin?

Loose waste should never be placed directly into a bin without a liner except in patient bedrooms and en-suites where bin liners are not permitted. If you find loose waste in a bin, you must take immediate action to ensure it is removed and managed appropriately.

If the waste is domestic waste, it can be removed, with gloves if necessary, and placed in the nearest lined bin. If the bin requires cleaning, contact a member of the local team.

If the waste is, or is suspected to be, clinical waste, it must be handled as if it was a spillage.

In all cases, the ward manager or equivalent Team manager must be informed of the incident.

How do I handle a spillage of clinical waste?

Refer to Trust policy and procedure in regard to infection prevention and control and decontamination

What should I do if I have disposed on an item in the wrong container?

If waste is placed in the incorrect container, the container must be sealed and labelled and the relevant Clinical Policy / Infection Control lead contacted for advice. The container must be re-labelled to clearly show the waste it contains.

How do I report a problem?

If you identify a problem or witness an incident relating to the segregation, handling or storage of waste please contact the Ward manager or your Team manager in the first instance.

Problems associated with Clinical / Healthcare waste can then be escalated to Clinical/Infection Control Policy leads to help address common problems and give advice.

Who should I ask if I need help or advice?

If you require any advice or guidance on Clinical/Waste management issues, please contact the Clinical/Infection Prevention and Control Policy lead(s)

How should I dispose of Glass medicine bottles

The appropriate disposal route for glass bottles that have contained medicine depend on whether or not the contents are prescription only medicine (POM).

Glass bottles that contain POMs must be returned to the Pharmacy or placed in the blue lidded clinical pharmaceutical waste bin. Empty bottles that contain any residue should also be placed in this bin. Blue bins should be marked with the EWC code 18-01-09.

Glass bottles that contain or have contained medicine that is not prescription only should be placed in the orange plastic tubs for non-clinical waste collection.

5. Contacts

At the time of writing this guidance note the contacts for Clinical / Healthcare Waste Management are as follows: -

Policy Lead(s)	Natalie Willets – Deputy Director of Nursing	natalie.willetts1@nhs.net
	Lead Nurse – Infection Prevention and Control	filipe.leitao@nhs.net

WASTE MANAGEMENT GUIDANCE

Domestic and Commercial Waste Waste Electrical, Electronic Equipment Miscellaneous Waste

June 2021

Lead(s) – Summerhill Services Ltd (on behalf of BSMHFT)

Contents

1. Introduction and Context
2. Instructions for the Disposal of Waste
 - 2.1 Domestic and Commercial Waste
 - 2.2 Waste Electrical, Electronic Equipment
3. Legal requirements and guidance
 - 3.1 Health & Safety
 - 3.2 Duty of Care and other waste legislation
 - 3.3 Audit and assurance
 - 3.4 Staff training
4. Frequently asked questions
5. Contacts

Part 1. Introduction and context

Purpose of this guidance

The purpose of this document is to provide staff with guidance on the safe management and disposal of 'other' waste produced by the Trust and ensure that waste is managed in line with the Waste Policy. The Trust produces a range of wastes a result of its activities including commercial waste from offices and administration and domestic type waste (including food waste) from patients, staff and visitors.

This guidance should be read in conjunction with the Waste Policy (RS30). In summary, the policy states that *'All waste produced by BSMHFT, either directly by staff or by contractors, will be managed in compliance with legislation and, where practicable, in line with the waste hierarchy'*.

The Trust is committed to reducing the impact of its activities on the environment. Waste should be managed in line with the Waste Hierarchy wherever possible. The Hierarchy sets out the preferred options for waste in order of preference, i.e. the further up the hierarchy waste is managed, the less its environmental impact. They are:

- Reduce;
- Re-use;
- Recycled:
- Recovery (Energy from waste); and
- Disposal (Landfill).

The correct and timely segregation of waste is crucial to effective waste management and increasing recycling. For example, legislation prevents the mixing of non-hazardous and hazardous waste and careful segregation of non-hazardous waste increases recycling and minimises landfill in line with the Waste Hierarchy.

BSMHFT is required by Monitor to report annually on sustainability indicators. The reduction of waste and increasing recycling is a key objective of this Policy in addition to providing an assurance framework including governance, compliance and financial accountability. It is the responsibility of all staff and budget holders to ensure that waste is prioritised and managed in line with this policy.

All staff and contractors to BSMHFT are responsible for managing waste in line with legislation and the Trust's Waste Policy. This guidance is aimed at supporting this requirement.

Part 2 - Instructions for the disposal of waste

This section sets out the appropriate disposal route of common wastes produced by the Trust. There are separate tables showing how wastes of the following types should be managed:

- Domestic and commercial type waste generated by staff, patients and visitors.
 - Waste electrical and electronic equipment (WEEE) and other hazardous waste.
- and
- Miscellaneous waste.

If sites have other waste (hazardous or non-hazardous) that is not specifically mentioned in this policy they must contact Summerhill Services Ltd (Estates and Facilities) who will provide advice on the correct disposal route for the item.

2.1 Waste electrical and electronic equipment

Type of waste	Control measures	Method of disposal
Waste electrical and electronic equipment Waste Electrical, Electronic equipment Including TV's, fridges, batteries, fluorescent tubes etc	Stored on site in suitable storage container (secure and sealed – watertight) Estates and facilities to provide guidance	Disposed of via approved contractor at licensed site.
ICT Telecommunications IM & T to hold and use applicable EWC codes (refer to footnote)	To be stored for re-use / recycling on site or other storage / skip as required IM & T to provide guidance	Re-use or recycle where possible. Disposal as last resort in line with Waste Electrical, Electronic Equipment regulations (see BSMHFT waste Management Strategy for more details).

2.2 Domestic and Commercial waste

Type of waste	Control measures	Method of disposal
Confidential paper	To be bagged or placed into designated confidential waste receptacles provided by the approved contractor	Shredding to required standard by approved contractor Removed from site by approved contractor
Office paper (not confidential)	To be recycled via appropriate bag or container (site specific) Where no recycling facility - Black Plastic bag.	To be collected by approved contractor from designated receptacles.
Domestic waste -household type waste that cannot be recycled and/or waste for co-mingled recycling.	Black plastic bag, to comply with the appropriate NHS performance specification and of 30 microns.	To be collected by approved contractor from designated receptacles.
Recyclable waste - including paper, cardboard, plastics, tin cans (not sharp) etc.	Clear bag or other locally/site specific approved system	To be collected by approved contractor from designated receptacles. Then to either be taken direct for recycling or to Materials Recycling Facility for treatment
Green Waste - including plant and grass cuttings generated from grounds and gardens	To be stored on site in a suitable bag / container (green or brown)	To either biodegrade on site or be disposed of via an approved composting facility/outlet.
Equipment and Furniture	To be stored for re-use/recycling on site or other storage/skip as required Estates and facilities to provide guidance	If the item(s) are broken, the site should arrange collection and disposal ensuring that the furniture is decontaminated (see Decontamination Policy) prior to its collection.

Type of waste	Control measures	Method of disposal
	<p>Any equipment that has been used in a clinical environment must be decontaminated in line with the Trust Decontamination Policy prior to re-use or safe disposal. See Decontamination Policy</p>	<p>If the item(s) are functional but surplus to requirements, the site should seek to have them re-used elsewhere within the Trust again after thorough cleaning as per Decontamination Policy.</p> <p>Electrical or electronic equipment must be disposed of in line with WEEE regulations. If it can be reused, it must be cleaned if used in a clinical area and treated in line with Electrical and Biomedical Equipment (EBME) requirements</p>
<p>Food / Catering Waste</p>	<p>The first and main control being to reduce food waste at source!</p> <p>Surplus and unwanted food needs to be managed in a way so as to protect the Health and Safety of all but also to ensure that Infection Control risks are mitigated whenever possible</p>	<p>Food waste disposal varies across Trust sites from local food disposal units to dedicated food waste bins and collections services through to minimal food waste via normal black bag domestic waste route.</p> <p>NB – Workstream to be developed to consider further options for food waste disposal</p>
<p>Chemicals / Oils This could include both hazardous and non-hazardous chemicals / paints / thinners / oils / cleaning chemicals (detergents) etc. - from a variety of activities</p>	<p>Refer to COSHH assessments and/or manufacturers data sheet on products for guidance.</p> <p>Stored in a safe, controlled environment with necessary measures such as ‘bunds’ and spill kits in place</p>	<p>By authorised disposal company. Hazardous waste consignment notes or Waste transfer notes are required</p>
<p>Metal</p>	<p>Non Hazardous Metal waste (filing cabinets, chairs etc) will be disposed of via the designated metal recycling skip currently located at Ardenleigh.</p>	<p>The transportation of metal waste to Ardenleigh should be arranged by each individual site through Trust or Amey porters. Recycled by waste contractors.</p>
<p>Sharps (Non Clinical) To include large pieces</p>	<p>To be stored safely and wherever possible within</p>	<p>To be disposed of via licenced and approved contractor</p>

Type of waste	Control measures	Method of disposal
of glass / metals through to 'Stanley knife' blades etc	approved rigid containers. To be locked and secure within controlled areas. Persons handling such waste being responsible for dynamic risk assessments	
Broken crockery, glass bottle, broken glass and other non-clinical sharp items	To be placed in the all-orange tubs located at Trust sites in non-clinical areas such as kitchens etc.	Disposed of a Domestic waste via licences and approved contractor
Ink Cartridges/Toner Cartridges	Stored on site in dedicated boxes available managed service provider	Recycled by approved contractor at licensed / exempt site.
Sanitary Waste (non clinical) – Better known as female hygiene waste	To be placed into the appropriate female hygiene waste receptacle (located with female and shared use facilities)	Collected and disposed of by approved contractor as per service specific SLA
Chemicals / Oils This could include both hazardous and non-hazardous chemicals / paints /thinners / oils / cleaning chemicals (detergents) etc. - from a variety of activities	Refer to COSHH assessments and/or manufacturers data sheet on products for guidance. Stored in a safe, controlled environment with necessary measures such as 'bunds' and spill kits in place	By authorised disposal company. Hazardous waste consignment notes or Waste transfer notes are required
Aerosol cans All aerosol cans should be treated as hazardous waste whether they contain liquid or not. They are pressurised containers and are likely to contain residual amounts of flammable liquid and/or gas or have other hazardous characteristics that make them harmful / dangerous to the environment.	Waste aerosols produced by staff or given to staff for disposal must be placed in a separate container for collection and disposal as hazardous waste. Aerosols placed in general waste bins by patients should not be removed. The appropriate EWC code for aerosol cans is 16-05-04. Disposed of via approved contractor at licensed site.	

Type of waste	Control measures	Method of disposal
<p>Household Batteries Stored on site in green lidded 'Battery Back' bins. (See Estates and Facilities for details).</p> <p>Domestic batteries produced by staff or given to staff for disposal must not be placed in general waste bins but should be placed in the battery recycling containers provided. Batteries placed in general waste bins by patients should not be removed.</p>		<p>Disposed of via approved contractor at licensed site.</p> <p>The appropriate EWC code for domestic batteries is 20-01-33.</p>
<p>Industrial batteries</p>	<p>Stored securely onsite in controlled area</p>	<p>Disposed of via approved contractor at licensed site.</p>
<p>Lighters Empty cigarette lighters without any liquid residue can be disposed of in the general waste stream. Lighters that contain lighter fluid should be treated as hazardous waste and those produced by staff or given to staff for disposal must be placed in a separate container for disposal. Lighters placed in general waste bins by patients should not be removed.</p>		<p>The appropriate EWC code for lighters is 14-06-03.</p> <p>Disposed of via approved contractor at licensed site.</p>
<p>Electronic cigarettes</p>	<p>Collected from patients and stored onsite in designated containers within controlled area</p>	<p>Small containers decanted into larger containers at site (for large sites) and via porters for smaller sites and then disposed of as WEEE waste via approved contractor at a licensed site.</p>

Part 3: Legal requirements and guidance

This section sets out additional guidance for staff on key aspects of waste management. This includes:

- Health & Safety
- The Duty of Care for waste;
- Auditing and assurance;
- Staff training; and

3.1 Health & Safety

Every member of staff working for or within the Trust has a personal duty of care to manage and support the Health and Safety of themselves and others. Within a Healthcare organisation the highest risk waste is normally that waste associated directly with the healthcare provided (normally known as clinical waste).

The following represent a non-exhaustive list of Health and Safety related matters and responsibilities:-

- Team Managers/Ward managers (and equivalent) are responsible for ensuring that staff have adequate and up to training in tasks associated with any relevant aspect of waste management
- Team Managers/Ward manager (and equivalent) must ensure that necessary risk assessments are undertaken and maintained for tasks performed by team members associated with waste management.
- PPE and equipment risk assessed for the task must be provided and worn / used
- All waste bags and sharps bins located throughout Trust sites must be held off the ground within robust and suitable waste bins.
- Any/All untoward incidents must be reported to line management and as necessary the Trust Eclipse system
- Spillages must be dealt with in a timely and efficient manner in line with Trust guidance;
 - Cleared by the member of staff that causes/finds the spillage;
 - Cleaned using the correct method in line with the Trust cleaning policy or equivalent; and
 - Treated in line with the Trust Decontamination Policy if it involves any form of body fluid.

COSHH

The Control of Substances Hazardous to Health (COSHH) and the Management of Health and Safety at Work Regulations, in line with the health and safety at work legislation, specifically requires those dealing with potentially infectious substances (including waste) to assess risk to themselves, the public and staff that may come into contact with them.

Each Substance has a COSHH / Data sheet that will determine its associated correct method of disposal – Further advice will be available on request from Estates and Facilities

For further information please refer to the Health and Safety policy and/or speak to colleagues in Risk Management.

RIDDOR

All waste must be handled in a safe and appropriate manner and in line with RIDDOR guidance. Should any incidences (or near misses) arise from the handling, disposal or collection of waste then these must be reported to the Risk Management Team without delay.

3.2 Duty of Care and other waste legislation

The *Waste (England & Wales) (amendment) Regulations 2012* places a 'Duty of Care' on the Trust as a producer and holder of waste. The Regulations place responsibility on both the organisation and staff to dispose of waste in accordance with the requirements which are that:

- waste is stored correctly i.e. it must be properly contained;
- waste is only collected by registered waste carriers (unless being moved by the Trust's own vehicles);
- all collections are covered by a transfer note or Hazardous Waste consignment note that includes a written description of the waste to enable anyone handling it to do so safely and appropriately;
- records of waste transfers and consignments are kept for at least three years at the same site (in a file) as the waste was transferred / consigned from; and
- Waste is only taken to an authorised facility with the necessary Environmental permit (ignorance of the disposal site is not a defence if waste is found flytipped)

In addition to these Regulations, the Trust must also comply with other waste management legislation such as the *Hazardous Waste (England & Wales) Regulations 2009*, the *List of Wastes Regulations 2005*, the *Landfill Directive - Pre-treatment of Waste Regulation 2007* and the *Waste Electrical and Electronic Equipment (WEEE) (amendment) Regulations 2015*. Non-compliance with legislation leaves the Trust at risk of prosecution.

3.3 Audit and assurance

External

The hazardous waste (non-clinical such as WEEE) produced by the Trust is treated at specialist waste treatment facilities that are permitted and regulated by the Environment Agency. The Agency requires that these sites obtain detailed information about the composition of the waste they receive from their customers.

Estates and Facilities will engage external specialists to ensure that the Trust meets its statutory pre-acceptance audit requirements. In order to meet these pre-acceptance requirements it may be necessary to undertake site visits to inspect waste management practices. This process will be managed by Estates and Facilities with the support of the clinical teams being inspected

Estates and Facilities will also lead on the Duty of Care audits with the main waste contractors to ensure that the Trust's interests are protected by these contractors with compliant 'cradle to grave' waste management. The audits will encompass as a minimum site visits as necessary, a review of consignment paperwork and a review of contractors permits and licences

Internal

Ward Managers / Team managers (or their nominated representative) will be responsible for managing the correct segregation, storage and handling of all waste within their domain / remit. Ward Managers / Team managers are required to manage / correct issues where improvements are identified and provide additional training as necessary. Where necessary and by exception unresolved issues should be upwardly reported

Infection Control inspections will include waste management as being integral to the inspection. Reports and actions will be issued that will as identified need to be addressed by those responsible.

3.4 Staff training

The success of the policy depends upon its implementation by staff. HTM-07-01 states that training must be provided to ensure that all staff understand and are following the policy. Waste management should be included as a standing item on the agenda in appropriate meetings to allow staff to raise any questions or concerns and to enable management to share findings of monitoring / audits and support the implementation of any recommendations.

Staff (including contractors) have a responsibility to ensure that all waste produced by our Trust (in the areas in which they work) is disposed of in a safe and compliant manner. It is the responsibility of each member of staff to ensure that they understand the requirements of this policy and how this must be applied to their day to day activities. If an individual requires training or advice on any aspect of waste management they must make their team managers aware of the need. Team managers are responsible for ensuring that their staff receive and attend such training and/or seek additional training or advice as necessary to safely and compliantly discharge their duties.

Training is provided to ALL new employees to the Trust thorough the induction process which all new employees undertake.

The Infection Prevention and Control Link Workers receive regular updates of waste training; including training from external agencies to include our preferred sharps bin supplier and also our clinical waste contractor. The link workers then take the information they have been given back to their wards/areas to ensure each is up and date and refreshed on waste training.

Estates and Facilities will teams by attending briefings/meetings under invitation to help to disseminate this policy and to support continuous improvements in waste management and in particular safe handling and correct segregation.

4. Frequently asked questions

What do I do if there is loose waste in the bottom of a bin?

Loose waste should never be placed directly into a bin without a liner except in patient bedrooms and en-suites where bin liners are not permitted. If you find lose waste in a bin, you must take immediate action to ensure it is removed and managed appropriately.

If the waste is domestic waste, it can be removed, with gloves if necessary, and placed in the nearest lined bin. If the bin requires cleaning, contact a member of the domestic staff.

In all cases, the ward manager or equivalent Team manager must be informed of the incident.

How do I report a problem?

If you identify a problem or witness an incident relating to the segregation, handling or storage of waste please contact the Ward manager or your Team manager in the first instance.

Problems can also be reported to SSL / Estates and Facilities who will also be able to help address common problems and give advice.

Who should I ask if I need help or advice?

If you require any advice or guidance on waste management issues, please contact SSL/Estates & Facilities.

5. Contacts

At the time of writing this guidance note the contacts for Waste Management are as follows:-

These contacts apply to most Trust sites. There will be exceptions such as Landlord operated buildings which have been excluded from this generic contact sheet.

Policy Lead	Neil Cross Summerhill Services Ltd - Estates and Facilities	neil.cross@nhs.net	0121 301 1334 07985 883498
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