## Strategy for the Safe Handling and Disposal of Waste

<table>
<thead>
<tr>
<th>Author</th>
<th>Hotel Services Manager</th>
<th>Equality impact</th>
<th>(L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Date</td>
<td>February 1999</td>
<td>Equality assessment done ✓</td>
<td>Initial screening: Yes</td>
</tr>
<tr>
<td>This Revision</td>
<td>December 2005</td>
<td>Review Body</td>
<td>Environment &amp; Waste Group</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>December 2008</td>
<td>Policy Number</td>
<td>CS11</td>
</tr>
<tr>
<td>Approved by</td>
<td>Management Board</td>
<td>Classification</td>
<td>Corporate Strategy</td>
</tr>
<tr>
<td>Date of Approval</td>
<td>February 2006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CONTENTS PAGE:

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>3. Reporting Procedures</td>
<td>6</td>
</tr>
<tr>
<td>4. Legal Requirements and Guidance</td>
<td>6</td>
</tr>
<tr>
<td>5. Waste Categorisation</td>
<td>8</td>
</tr>
<tr>
<td>6. Handling Requirements</td>
<td>9</td>
</tr>
<tr>
<td>7. Documentation</td>
<td>9</td>
</tr>
<tr>
<td>7.1 Transfer notes</td>
<td>10</td>
</tr>
<tr>
<td>7.2 Consignment notes</td>
<td>10</td>
</tr>
<tr>
<td>7.3 Licences Site as Hazardous Waste Site</td>
<td>11</td>
</tr>
<tr>
<td>7.4 Duty of Care Visits</td>
<td>11</td>
</tr>
<tr>
<td>7.5 Waste Management Exemption Licence</td>
<td>11</td>
</tr>
<tr>
<td>8. Accidents and Incident Reporting</td>
<td>11</td>
</tr>
<tr>
<td>9. Risk Assessment</td>
<td>12</td>
</tr>
<tr>
<td>10. Waste Reduction and Recycling</td>
<td>12</td>
</tr>
</tbody>
</table>

**PART 2: GUIDELINES FOR SAFE DISPOSAL OF WASTE**

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Means of Segregation</td>
<td>13</td>
</tr>
<tr>
<td>2. Specification for Containers and Enclosures to be Used</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Storage</td>
<td>16</td>
</tr>
<tr>
<td>4. Transport</td>
<td>17</td>
</tr>
<tr>
<td>5. Handling and Disposal</td>
<td>18</td>
</tr>
<tr>
<td>a) Clinical Waste</td>
<td>18</td>
</tr>
<tr>
<td>b) Placenta</td>
<td>18</td>
</tr>
<tr>
<td>c) Limbs and Anatomical Waste</td>
<td>18</td>
</tr>
<tr>
<td>d) Clinical Waste from Isolation Rooms</td>
<td>19</td>
</tr>
<tr>
<td>e) Hazardous Waste from Isolation Rooms</td>
<td>19</td>
</tr>
<tr>
<td>f) Laboratory Waste - Breakdown of Autoclaves</td>
<td>19</td>
</tr>
<tr>
<td>g) Sharps</td>
<td>21</td>
</tr>
<tr>
<td>h) Cytotoxic/Cytostatic</td>
<td>21</td>
</tr>
<tr>
<td>i) Pharmaceutical</td>
<td>21</td>
</tr>
<tr>
<td>j) Aerosol Cans</td>
<td>21</td>
</tr>
<tr>
<td>k) Batteries</td>
<td>22</td>
</tr>
</tbody>
</table>
I) Fluorescent Tubes
m) Oils
n) Paints and Solvents
o) Electrical Equipment
p) Soot
q) Mercury and Amalgam
r) Asbestos
s) Furniture
t) Construction & Demolition Waste
u) Glass and Aluminium
v) Confidential Waste
w) Food Waste
x) Packaging
y) Ground Waste

6. Final Disposal

7. Hazardous Waste External Contractors

8. Training Needs

9. Personal Protective Equipment

APPENDIX

I Pharmacy Dept Waste Disposal
II Action Following Accidental Spillages
III Safe Use, Handling, Disposal of Sharps
   Form 1: Sharps/Body Fluid Contamination Risk Assessment Form
   Form 2: Patient Consent Form (For use after sharps injury)
IV Discharge to Sewers
V Disposal of Waste Pathology Dept
VI Disposal of Hazardous Waste in the Community Health Service
VII Disposal of Hazardous Waste - Ambulance Services

SUMMARY GUIDE TO WASTE DISPOSAL

ORGANISATIONAL CHART
1. Introduction

The Facilities Directorate of Ceredigion and Mid Wales NHS Trust is responsible for waste management on behalf of the Trust.

Waste management must be viewed as a priority throughout NHS Trusts: internal standards are established through the Welsh Risk Management Standards, Standards for Better Health and the NHS Environmental Assessment Tool (NEAT), and guidance documentation must also be considered. The health and safety of our employees, patients and visitors must also remain a primary consideration.

Waste must be managed, handled and disposed of in a manner that ensures:
1. Risks to health, safety and the environment are controlled.
2. All applicable legislation is complied with.
3. The most viable disposal options are selected.

This Strategy is designed to enable delivery of the following specific waste management aims:

- To ensure that waste is segregated in an effective manner that meets the requirements of legislation.
- To minimise all waste arisings.
- To ensure the safety of staff, patients and visitors.
- To ensure protection of the environment.
- To ensure protection against scavenging, infestation and human interference.
- To meet the requirements of other Trust policies, NHS guidance, standards and legislation.

The document therefore sets out the position and management arrangements within the Trust that will ensure effective waste management throughout. This includes the establishment of clear responsibilities, and documenting performance requirements in key areas, and particularly in relation to the segregation, storage, handling, transportation and disposal of waste.

High standards of waste management will not be achieved without thorough training for all relevant staff.
Definitions

Waste: “any substance or object which the holder discards or intends or is required to discard”.

An accepted definition of the legal status of clinical waste is:

a) Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs, or other pharmaceutical products, swabs or dressings or syringes, needles or other sharp instruments being waste which unless rendered safe may prove to be hazardous to any persons coming into contact with it.

b) Any other waste arising from medical, nursing, dental and veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or blood from transfusion, being waste which may cause infection to any persons coming into contact with it.

- Soiled surgical dressings, swabs and all other contaminated waste from treatment areas
- Materials other than linen from case of infectious disease
- All human tissues (whether infected or not), animal carcasses and tissues from laboratories, and all related swabs and dressings
- Discarded syringes, needles, cartridges, broken glass and any other sharp instruments
- Laboratory and post mortem room waste
- Certain pharmaceutical waste, e.g. controlled drugs
- Used disposable bed-pan liners, urine containers, incontinence pads and stoma bags

2. Responsibilities

The Chief Executive has appointed the Director of Facilities as the officer with overall responsibility for waste management for the Trust. All those with day to day responsibility for the production and disposal of waste as described in this policy shall be accountable to the Director of Facilities for such purpose. While all staff who generate waste have primary responsibility to work within the terms of this policy the general management functions will be as follows:

- Director of Facilities has direct responsibility for the management of Hazardous waste from the point of central collection (compound) to the final point of disposal.

- Hotel Services Manager is responsible for segregation, storage, internal transport and handling of hazardous and domestic waste prior to collection for disposal. He/she is also responsible for the management of contracts for the collection and disposal and recycling of domestic waste.
All Trust staff have a duty of care to ensure waste is disposed of in a safe manner, adhering to segregation procedures as laid down in the Ceredigion & Mid Wales NHS Trust Waste Strategy.

3. Reporting Procedures

Ceredigion & Mid Wales NHS Trust has established an Environmental & Waste Group who meet on a quarterly basis. The group will review any environmental or waste incidents and promote green transport, recycling and effective waste disposal measures throughout the Trust.

The Environment & Waste Group will meet quarterly:

- To monitor the Trust’s impact on the environment and compliance with legislation, regulations and codes of practice.
- To discuss and agree improvement measures in relation to impact on the environment and to promote sustainable development where possible
- Monitor the segregation, handling, transport and disposal of waste so as to minimise the risks to the health and safety of staff, patients, the public and the environment.
- To discuss and agree aims to increase the amount of waste which is capable of being recycled
- Review any environmental incident reports arising via the SAFECODE reporting system

The Environmental and Waste Group will report to the Risk Management Committee.

4. Legal Requirements and Guidance

The following legislation has been identified as being applicable to waste management within the Trust:

Acts of Parliament

- **Environmental Protection Act 1990 – Part II**
  The Environmental Protection Act saw the introduction of the “Duty of Care” on waste. This requires that as a waste producer, the Trust must ensure that waste is not illegally disposed of, does not escape from a person’s control, and is only transferred, with a transfer note, to an authorised person. Typically, a person will be authorised to receive waste if they are the holder of a Waste Carrier’s Licence, and / or a Waste Management Licence. The Trust may also choose to undertake “Duty of care” visits, where the disposal route of the waste is tracked, and visits are made to disposal facilities.
• **Health and Safety At Work Etc. Act 1974**
This Act is the major piece of health and safety legislation in Great Britain. The Act introduced a comprehensive and integrated system to deal with workplace health and safety and the protection of the public from work activities.

The Act places general duties on employers, employees, self – employed, manufacturers, designers and importers of work equipment and materials. Responsibilities are placed to produce solutions to health and safety problems, which are subject to the test of reasonable practicability.

Various regulations are made under the Act, which have the same scope, many of these evolving from European Directives, which enables the potential to achieve clear and uniform standards.

**Statutory Instruments**
- Controlled Waste Regulations 1992
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- Environmental Protection (Duty of Care) Regulations 1991
- Landfill (England and Wales) Regulations 2002
- Hazardous Waste (England and Wales) Regulations 2005
- List of Wastes (England and Wales) Regulations 2005
- The Control of Substances Hazardous to Health Regulations 2003 (as amended)
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992 (as amended)
- The Personal Protective Equipment at Work Regulations 1992 (as amended)
- The Provision and Use of Work Equipment Regulations 1998 (as amended)
- Waste Management Licensing Regulations 1994
- Radioactive Substances Act 1993

The Trust will assess its compliance with this legislation through regular review and monitoring by the Environmental Management Committee.

**Guidance**
Guidance material includes:
- Safe Disposal of Healthcare Waste: A Public Consultation (DoH)
5. **WASTE CATEGORISATION**

As a minimum, the Trust will ensure that waste is segregated in compliance with legislative requirements.

**European Waste Catalogue (EWC)**

Waste in Europe is categorised using the European Waste Catalogue (EWC). This has been transposed into English law through the List of Wastes (England and Wales) Regulations 2005. The aim of the EWC is to provide a precise and uniform European-wide definition of hazardous waste and to ensure the correct management and regulation of such waste. The EWC is intended to be a catalogue of all wastes, grouped according to generic industry, process or waste type.

Under the List of Wastes (England) Regulations 2005 each type of waste is provided with a specific six digit waste code which should be used on Hazardous Waste Consignment Notes. Codes should be used to describe each fraction of waste present in a single load, for example, a Waste Transfer Note (which accompanies a movement of controlled waste) should reference each of the relevant codes for paper, glass and plastics in a collection of ‘domestic’ waste. The EWC also specifies which wastes are potentially hazardous by denoting the European Waste Code with an asterix (*). Such wastes are further characterised by ‘Actual’ hazardous wastes and ‘Mirror’ entries which only become hazardous when certain criteria are met.

The Hotel Services Manager should be contacted on occasions where the correct classification of the waste is unknown. Wastes within the EWC that are not classed as Hazardous Wastes are defined as a Controlled Waste.

Previously healthcare waste was classified according to the Controlled Waste Regulations 1992 definition of clinical waste and the guidance provided by the Health Services Advisory Committee (HSAC). The classification of clinical waste in groups A-E is now defunct.

This strategy aims to provide Trust personnel with the classification of waste generated by the Trust. To assist the Trust to comply with the List of Wastes (England and Wales) Regulations the Appendix 1 lists the groups of waste as they appear in the EWC (European Waste Code).

**Waste Streams produced by the Trust:**
- Domestic
- Clinical/Infectious/Sharps
- Confidential Waste
- Cardboard
- Aluminium cans
- Glass
- Kitchen waste/ Kitchen Oil
Fluorescent tubes
Fridges
Electrical equipment
Mattresses
Pharmaceutical
Cytotoxic/Cytostatic
Organic Laboratory Waste
Waste fuel oil
Dental amalgam
Xylene (histopathology)
Batteries

6. HANDLING REQUIREMENTS

When handling waste a manual handling assessment should be undertaken in accordance with Ceredigion and Mid Wales NHS Trust’s Policy for Handling Patients and Loads.

The assessment will consider the following areas:
- The need to undertake manual handling
- The task
- The working environment
- Individual capability
- Any other factors

The assessments will identify manageable weights, specific personal protective equipment to wear such as gloves and/or safety shoes, lifting aides etc, which will culminate in a documented safe system of work for each identified type of waste load.

The Department in co-operation with the Back Care Team will ensure that all members of staff receive training on likely hazards and safe working practices prior to commencement of the activity.

7. DOCUMENTATION

Under section 34 of the Environmental Protection Act, the Trust is required to fulfil its Duty of Care on Waste. Evidence must be available to demonstrate that waste is not illegally disposed of, is handled by an authorised person and is transferred with a Waste Transfer Note.

For each of the waste streams described earlier in this document, the following documentation must be retained:

- For non hazardous waste a Waste Transfer Note between Trust and appointed disposal contractor
- For hazardous waste a Consignment Note between Trust and appointed disposal contractor
• Copies of **Waste Carrier’s Licences** for all contractors moving the waste until its final resting point. (N.B. Waste Carrier’s licences expire every three years).
• Copies of **Waste Management Licences** for each site receiving the waste until and including its final resting point.

Where licences cannot be provided, contractors are required to provide appropriate exemption certificates (i.e. transfer stations).

To assist future internal and external audits, including those by the Environment Agency, the Trust will maintain this documentation centrally in the ‘Waste File’. It is the responsibility of the Assistant Hotel Services Manager.

### 7.1 Transfer Notes

Transfer notes must:
• Give a description of the waste
• State the quantity of the waste
• Give a description of the containment of the waste
• State the time and place of the transfer
• State the name and address of the persons transferring and receiving the waste
• State whether the person taking the waste is a waste collection authority, holder of a waste management license, a person exempt from such a license or a registered waste carrier.
• Give the 6-digit European Waste Catalogue (EWC) code for the waste.

Where the waste type, quantity, source and destination are the same (known as repeat movements) a single waste transfer note may be written to cover all movements within a 12-month period.

Transfer Notes should be retained for a minimum of 2 years.

### 7.2 Consignment Notes

Consignment Notes must be completed in respect of movements of Hazardous Wastes e.g. 180103.

The Consignment Note must travel with the waste consignment to final disposal.

Consignment Notes should be kept for a minimum of three years.
7.3 Licence Sites as Hazardous Waste Sites

Under the Hazardous Waste Regulations 2005, healthcare sites producing in excess of 200kg of Hazardous Waste must notify the premises to the Environment Agency. The 200kg does not include waste produced by maintenance contractors who collect waste that they produce in the course of their business from premises at which they are visiting.

The Trust has registered Bronglais, Aberaeron, Cardigan and Tregaron Hospitals as hazardous waste producing sites. It is the responsibility of the Hotel Services Manager to ensure annual re-registration.

7.4 Duty of Care Visits

Duty of Care visits may be made by the Trust in order to inspect the disposal of Trust waste. The visits may be announced or unannounced, and will typically commence with an employee of the Trust following the waste vehicle to confirm that it is taken to the designated disposal point. Further inspections of the disposal facilities may then also be carried out. Contractors carriers and waste management licences are also validated as part of the audit. In order to demonstrate that the Trust has undertaken such visits, a record of the visit should be prepared and retained. The record should detail the date of the visit, the site(s) visited and practices seen. Any concerns arising from these visits should be immediately reported to the Hotel Services Manager.

Further to the above visits the Trust is able to contact the Environment Agency at any time, to ensure that contractors’ carriers and waste management licences are valid.

7.5 Waste Management Exemption Licence

Under the Waste Management Licensing Regulations 1994, organisations carrying out a waste management transfer are required to hold a waste management licence.

8. ACCIDENTS AND INCIDENTS

In the event of any incident or accident (e.g. spillage of waste), the health and safety of patients, staff and visitors in the area of the spill must remain a primary consideration.

Guidance on major incidents, accidents or spillages is provided in the Trust Emergency Plan.

The responsible person should assess the risks arising from the incident and identify appropriate action to be taken. The following summary points are important:
1. Staff dealing with the spillage should wear protective clothing that is appropriate.
2. Depending on the nature of the spillage, the appropriate type, and strength of disinfectant should be used (see Appendix II)
3. All waste must be disposed of as clinical waste
4. Sharps must not be picked up by hand, but should be placed in a sharps box using appropriate remote handling equipment
5. In the event of a Needlestick injury, or accidental splashing of blood and body fluids – see the summary of the Needlestick Policy (Appendix III). The full policy is available in the Infection Control Manual which is available in all clinical areas and departments.
6. ALL accidents and incidents must be reported via the Trust Incident Reporting system.
7. After removal and disposal of Personal Protective Equipment hands must be washed thoroughly.

9. **RISK ASSESSMENT**

Managers are responsible for carrying out risk assessments for their areas (please see Risk Management Strategy). Directorate risk registers will be maintained. The identified risks will be fed quarterly, into the Corporate Risk Register which is managed by the Director of Nursing & Patient Services.

A Risk Assessment Form and Guidance is available on the Trusts’ intranet site (Health & Safety Page).

10. **WASTE REDUCTION AND RECYCLING**

Ceredigion and Mid Wales NHS Trust recognises the cost, both financial and to the environment, of producing and disposing of waste. It is the responsibility of the Hotel Services Manager to monitor and assess waste production figures throughout the Trust. Monthly arisings of clinical, general and hazardous waste should be monitored. On an annual basis the quantities of waste produced should be evaluated and any anomalies investigated.

It is the role of the Hotel Services Manager in conjunction with the Environment and Waste Group to introduce a Waste Reduction Strategy and to evaluate the potential for recycling different waste streams throughout the Trust. The Chief Executive is responsible for agreeing waste reduction targets as specified in the Strategy. Applicable waste streams include: cardboard, glass, plastic, metal, printer cartridges, fluorescent tubes etc.

The Trust will establish a Waste Minimisation Group to implement reduction initiatives locally.

A record of waste arisings will be recorded in the Estates Department and will be incorporated in the annual review.
PART 2

GUIDELINES FOR SAFE DISPOSAL OF WASTE

1. Means of Segregation

Wastes which will be disposed of in a particular manner will be segregated into easily recognisable colour coded containers:

The following table shows the colour coding to be used.

<table>
<thead>
<tr>
<th>COLOUR OF CONTAINER</th>
<th>TYPE OF WASTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Hazardous waste only</td>
</tr>
<tr>
<td>Clear</td>
<td>Waste for autoclaving or equivalent treatment before ultimate disposal</td>
</tr>
<tr>
<td>Black</td>
<td>Normal household waste</td>
</tr>
<tr>
<td>Brown</td>
<td>Paper for shredding/pulping (confidential)</td>
</tr>
<tr>
<td>Grey</td>
<td>Glass and aerosols (excluding any pharmaceutical waste containers)</td>
</tr>
</tbody>
</table>

**Note:** Under no circumstances are containers to be used for any other purpose than those listed above.


The segregation monitoring procedure is as follows:

a) Porters checking that the bags are sealed appropriately with coded ties before removal from collection points.

b) Deviation from the correct procedures to be reported to the Infection Control Nurse or other appropriate person, who will investigate the circumstances. An incident report should be completed with further action being taken following investigation.
TAGGING OF WASTE:

Prior to collection by the registered contractor, Hotel Services or Pharmacy staff affix a coloured tag to the clinical waste bins to denote the type of clinical waste contained within the bins.

<table>
<thead>
<tr>
<th>COLOUR OF TAG</th>
<th>TYPE OF WASTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>Anatomical / Special Waste</td>
</tr>
<tr>
<td>Green</td>
<td>Sharps</td>
</tr>
<tr>
<td>Purple</td>
<td>Cytotoxic / Cystostatic</td>
</tr>
<tr>
<td>Red</td>
<td>Medicines</td>
</tr>
</tbody>
</table>

2. SPECIFICATION OF CONTAINERS AND ENCLOSURES TO BE USED

Waste Containers

Adequate supplies of appropriate containers are provided where hazardous waste arises. All hazardous waste containers will be capable of containing the waste without spillage or puncture, especially during transport and handling. Containers intended for incineration should not be made from polyvinyl chloride (PVC). Any waste with a high fluid content will be placed in leak proof containers.

Sharps

Sharps have been known to pierce the sides and bottom of containers and they should therefore be stored in containers complying with British Standard 7320 or its equivalent. The British Standard specifies that sharps containers must:

a) be puncture resistant and leak proof, even if they topple over or are dropped.

b) be capable of being handled and moved while in use with minimal danger of the contents spilling or falling out.

c) be provided with a handle(s) that is not any part of any closure device. The position of the handle must not interfere with the normal use of the container.

d) be provided with an aperture which, in normal use, will inhibit removal of contents but will ensure that it is possible to place items intended for disposal into sharps container using one hand, without contaminating the outside of the container.

e) have a closure device attached for sealing when 3/4 full or ready for disposal.
f) have a horizontal line to indicate when container is 3/4 full and marked with the words "Warning - Do Not Fill Above The Line".

g) be made of materials which can be incinerated.

h) be yellow.

i) be clearly marked with the words "Danger", "Contaminated Sharps Only".

j) Containers should be sealed when 3/4 full and appropriately labelled to identify the source of origin.

**Clinical Waste Sacks**

Clinical waste sacks will conform to the appropriate NHS performance specification or equivalent. They will:

a) be of a maximum nominal capacity which conforms to the NHS National Contract or equivalent.

b) meet the performance specification set out by the NHS Supplies authority or be of equivalent standard.

c) match the chosen container or fitting in use.

d) be coloured opaque yellow.

e) be tied when ¾ full using the employers identification tag

Sacks used in medical laboratories, theatre and delivery rooms, will be coded MVN200.

For infectious disease and isolation rooms double bagging will be carried out using two bags coded MVN100. For other purposes single code MVN100 bags will be used.

Sacks for autoclaving waste will be made of suitable material. An indicator will be added to show whether they have been subjected to this treatment, e.g. autoclave tape.

**Placenta Boxes and Medi Bins**

Placenta should be stored in containers complying with British Standard 7320 or its equivalent. The British Standard specifies that containers must:

a) be puncture resistant and leak proof, even if they topple over or are dropped.

b) be capable of being handled and moved while in use with minimal danger of the contents spilling or falling out.
c) be provided with a handle(s) that is not any part of any closure device. The position of the handle must not interfere with the normal use of the container.

d) be provided with an aperture which, in normal use, will inhibit removal of contents but will ensure that it is possible to place items intended for disposal into sharps container using one hand, without contaminating the outside of the container.

e) have a closure device attached for sealing when 3/4 full or ready for disposal.

f) have a horizontal line to indicate when container is 3/4 full and marked with the words "Warning - Do Not Fill Above The Line".

g) be made of materials which can be incinerated.

h) be yellow.

i) be clearly marked with the words "Danger", “Hazardous Waste Only”.

j) Medibins must also have an ID tag attached.

Containers should be sealed when 3/4 full and the labels completed to identify the source of origin.

3. **STORAGE**

Hazardous waste may need to be stored before transport for disposal at other sites in dedicated compounds. Hazardous Waste dedicated compounds are situated at:

- Aberaeron Hospital
- Bronglais General Hospital
- Cardigan Hospital
- Tregaron Hospital
- North Road Clinic
- Lampeter Clinic (locked bin – bolted down)
- Cardigan Health Centre (locked bin – bolted down)

Under no circumstances will hazardous waste arising from sources other than the Trust's operations be accepted at these collection points. Domestic hazardous waste is the responsibility of the Local Authority.

Ambulance personnel may deposit yellow bagged clinical waste at the A & E Dept at Bronglais Hospital only. Such bags will be tied with an identifier seal which will conform to the Trust Policy. Ambulance personnel will observe the Trust Policy in the use of containers for clinical waste.
Placenta boxes from home births must be returned to the nearest hospital site (Cardigan, Tregaron, Aberaeron or Bronlais) and stored in the designated freezers to await collection from the external contractor for final disposal.

Where practicable, cupboards will be provided at strategic locations throughout the premises specifically for the purpose of housing yellow clinical waste bins. The cupboards will be locked shut at all times and the bins inside will also be locked in the closed position.

The security of the cupboards and bins is the responsibility of the ward or department manager whose clinical waste is stored therein. Subject to the availability of space within cupboards, infected linen (red bags) may also be stored ready for collection but the bins may not be used for any other purpose.

Where cupboard space is not available red bags for infected linen will not be deposited in corridors and public areas but will remain in secure storage within the ward or department for collection by designated Portering Staff.

It will be the responsibility of the Hotel Services Manager to ensure that bins and infected linen bags are regularly cleared from cupboards to maintain an adequate level of storage space at source.

Separate storage for pharmaceuticals, with a higher degree of security to prevent unauthorised access is required. The chief pharmacist will be responsible for such security.

Washing facilities must be available at the compound storage site for employees. Protective equipment and materials for dealing with spillages must be provided at the storage facility.

4. **TRANSPORT**

**Internal Transport**

As far as possible dedicated wheeled containers are used to transport the waste to the storage area. They will be designed and constructed so that they can be easily cleaned and drained, do not offer harbourage for insects or vermin and so that particles of waste cannot become trapped on edges or crevices. They will allow waste to be easily loaded, secured and unloaded and should contain any leakage from damaged containers. The contractor is responsible for the cleaning of the containers.

**Transport Off-site by external Contractors**

The issue of transport of hazardous waste off site for eventual disposal is dealt with specifically in the environmental legislation. Close liaison between producers and contractor is essential. The Director of Facilities has responsibility for this process.

The Director of Facilities will have a safe system in operation to monitor:
1. Drivers and other handlers to ensure they are aware of and ADR trained in the nature and risks of the waste being transported.

2. that such operatives are familiar with the procedures to be taken in the event of spillage or accidents, and that written instructions, safety equipment and protective clothing are provided on the vehicle.

5. HANDLING AND DISPOSAL

a) CLINICAL WASTES

These will be placed in yellow waste sacks in sack holders or other appropriate containers at the point of generation. The sacks will be replaced when ¾ full. Contents should not be transferred loose from container to container. The sacks will be sealed with a purpose made coded plastic tie. Sacks will not be closed by stapling as puncturing the sack may significantly weaken it and would not provide a secure closure

When ¾ full yellow bags will be secured and transferred from ward/department located flip top containers to the storage cupboard location provided. The ward/department manager is responsible for this process. Sharps containers and Cytotoxic/Cytostatic waste containers will be treated in a similar manner.

*Note: Identification tape is not strong enough or secure enough to provide an adequate seal.*

b) PLACENTA

Placentae are placed in small clinical waste bag, and then into a placenta box. The boxes are returned with the patient to the Maternity Ward to await collection.

Placenta boxes from home births must be stored in designated lockable freezers at Cardigan, Tregaron and Aberaeron Hospitals to await collection from the licenced carrier.

Placenta boxes at the Bronlais site will be stored in the Mortuary fridge to await collection by the licenced carrier.

c) LIMBS OR ANATOMICAL WASTE FOR DISPOSAL

Place the limb/anatomical waste in a yellow hazardous waste bag and seal with the coded plastic tie.

Place the bagged limb/anatomical waste into a medibin container provided and seal the lid. Label the container "limb (or anatomical waste) for disposal". Ensure that the coded plastic tie is attached to the container.

The theatre porter must take the medibin down to the porters lodge,
where the duty porter will accompany the theatre porter to the mortuary to store the medibin. The medibin will be stored on the floor of the fridges.

The mortuary technician will blue tag the medibin on the external contractors’ collection day and put the medibin out for collection.

d) **CLINICAL WASTE FROM ISOLATION ROOMS**

All clinical waste materials from isolation rooms must be placed in a clinical waste bag marked clinical waste for final disposal. When the bag is ¾ full it must be tied securely and then placed into a second clinical waste bag outside the room, and sealed securely with the coded tie.

The bag must then be placed in the clinical waste container, which must always be locked.

e) **HAZARDOUS WASTE FROM ISOLATION ROOMS**

With certain infections e.g. tuberculosis (TB) Creutzfeldt Jacob Disease (CJD) once the waste bag has been double bagged and sealed securely with the coded tie, the porters must be contacted, and requested to remove the waste immediately.

These bags must not be in contact with any other waste bags, but moved directly to the compound, and placed in the blue tagged container to await collection.

Handling of laundry is dealt with in the Trust’s Infection Control Manual.

f) **LABORATORY WASTE**

See Appendix VI (Disposal of Waste – Pathology)

**Breakdown of Autoclaves**

_In the event of an autoclave breakdown the other Bacteriology department autoclave will be capable of coping with the extra workload._

_In the unlikely event of both autoclaves being out of order simultaneously, laboratory waste will be stored in the autoclave suite until one autoclave can be repaired. Formalin treated tissue specimens will be placed in yellow hazardous waste bags and sent for final disposal._

g) **SHARPS** (including broken glass ampoules or vials containing drugs)

*(For full Safe Use, handling and Disposal Sharps Policy See Appendix III)*

The United Kingdom Department of Health confirms that all employers have a legal obligation to ensure that all employees are appropriately trained and proficient in the procedure necessary for working safely.
Whoever uses a sharp, must dispose of it safely – the procedure has not been completed until the sharps have been disposed of safely.

**Safe disposal of Sharps**

- Always ensure sharps container is properly assembled, and conveniently placed before treatment starts.
- Never place sharp containers where children or unauthorised people can interfere with them.
- Place all disposable sharps in the sharps container immediately after use.
- Dispose of needles and syringes as one unit.
- Do not mix sharps with other waste.
- Do not pass needles (sheathed or unsheathed) to anyone else.
- If you must change or re-sheath needles, you must use a protective device.
- Glass slide, glass drug ampoules, razors, intravenous cannulae and giving sets must be discarded in the sharps box.
- Do not re-use the needle holder of vacuum blood collection systems, they are disposable and must be disposed after each patient in the sharps box.
- Always clear up immediately after treatment – treatment is not complete until used sharps are disposed.
- Lock sharps container when ¾ full, identify source by completing the attached label on the container, then place in the designated clinical waste cupboard.
- Colleagues not disposing of sharps correctly should be alerted for everyone’s sake, including theirs.

When a needlestick injury occurs, bleeding should be encouraged, and the site washed under running water. The injured member of staff should immediately report the incident to their line manager, and then attend the Accident and Emergency Department and inform the Occupational Health Manager as per Needlestick Policy in the Infection Control Manual.

The incident should also be reported using the Incident Report Forms.

**Use of Sharps Boxes**

- Sharps boxes must be correctly assembled and used according to manufacturer’s instruction. They must be situated in locations which excludes injury to patients visitors and staff. Sharps boxes should preferably be wall-mounted.
- The person in charge of ward / department is responsible for ensuring safe handling and disposal of sharps within their own area.
- Sharps containers should be closed securely when ¾ full, sharps containers must never be overfilled since used sharps protruding from overloaded containers constitute a significant hazard to those who have to handle them.
• The sharps box must be identified at source so that any offending sharps boxes can be traced back to the ward / department
• Non-compliance with the safe disposal of sharps policy will result in injury and distress to another healthcare worker.

h) CYTOTOXIC/CYTOSTATIC WASTE

Used sharps including syringes with needles still attached, intravenous giving sets, should be discarded together with ampoules, vials and other solid waste directly into a sharps box.

Designated Cytotoxic/Cytostatic waste boxes should be used, which are lined with absorbent material.

All other materials used in Cytotoxic/Cytostatic preparation and administration i.e. tray liners, paper gowns, aprons, sleeve protectors, and gloves should be placed in the designated yellow cytotoxic/cytostatic bags (MVN023), and sealed securely with sleek adhesive tape. The bag should then be labelled with the adhesive Cytotoxic/Cytostatic waste labels, which are white with red lettering and available from Meurig Ward.

Both the sharp boxes and the yellow polythene bags should be kept on the ward in a secure area prior to disposal. Contact the porters to request collection from ward.

i) PHARMACEUTICAL

These wastes will be returned to the hospital pharmacy via locked boxes. All solid dose medicinal products, small volume injectables, vaccines and sera will be disposed of by a registered contractor (except where the manufacturers’ advice differs). The liquid pharmaceutical waste returned will be disposed of via the sewerage system as agreed by "Dwr Cymru". All containers will be well rinsed prior to subsequent disposal. All organic solvents will be disposed of via a registered company. For more detailed procedures see Appendix 1.

j) AEROSOL CANS

Aerosols or other pressurised containers will be placed in separately identified containers specifically for these items. Empty aerosols will be placed in the grey bags for subsequent disposal in a land fill site. Partly used or expired pharmaceutical aerosols must be returned to pharmacy. They will be disposed of either in a registered land fill site or by incineration in an incinerator registered to incinerate aerosols. This process will be arranged by the Chief Pharmacist.
k) **BATTERIES**

Batteries are classified as hazardous waste and must be disposed of in a safe manner, and not be included in the household waste (black bag), or clinical waste (yellow bag) stream. For safe disposal please ensure:

1. All used batteries are kept separate from other waste. Do not throw batteries into waste containers.
2. The batteries should be taken to the Estates Department (Workshop) in a robust container.
3. Facilities Directorate will ensure that the batteries are taken from site by a registered carrier for disposal.

l) **FLUORESCENT TUBES**

Fluorescent tubes are classified as hazardous waste and must be disposed of in a safe manner, and not be included in the waste stream. Portering or Maintenance Staff will replace the tubes from light fittings. The used tubes will be stored in a designated secured box within the waste compound to await collection by a licensed contractor.

m) **OILS**

Kitchen oils are stored in appropriate drums, stored in the kitchen area and collected by an approved contractor for safe disposal.

Engineering Oils: Waste oil is decanted into appropriate containers and stored in bunds to prevent leakage. Waste oil is removed from site by an approved contractor for safe disposal.

n) **PAINTS OR SOLVENTS**

Used containers of paints or solvents are segregated and stored in the main waste compound in a metal bin for collection by an approved contractor for safe disposal.

o) **ELECTRICAL EQUIPMENT (Non Medical)**

Under the *Waste Electrical and Electronic Equipment (WEEE) Directive – UK Regulations*, all electrical equipment is now classed as hazardous waste and must therefore be disposed of accordingly. No electrical equipment must be disposed of via the general waste stream, but must be segregated and removed from site by a registered contractor.
The definition of electrical equipment is any item of equipment that uses electricity to function, for example:

- radios
- televisions
- toasters
- mobile phones
- microwaves
- cookers
- fridges
- freezers, etc.

a) If you have any electrical equipment that has been condemned, contact the porters on extension 5729 who will arrange for its disposal in line with the new regulations.

b) Please ensure that the item is marked “condemned - for disposal” to allow the porters to easily identify the item.

**Medical Equipment:**

Please note, that medical equipment should still be decontaminated and disposed of via the EBME department as per Trust protocol.

**IT equipment**

All IT equipment must be decommissioned by the IT Department to preserve confidentiality, therefore any IT equipment (computers, VDU’s, printers, hand held units, laptops etc), must be sent to IT department who will arrange for their appropriate disposal.

p) **SOOT**

Soot is removed from site as and when required by a registered contractor.

q) **MERCURY AND AMALGAM**

Mercury spillage kits are held in the Biochemistry Department. In the event of a mercury spillage, immediately contact Biochemistry and a biomedical scientist will clear it up, appropriately store the mercury and liaise with Facilities Dept to have it removed by a registered contractor.

Out of hours, contact the on-call member of staff, biochemistry.

Dental amalgam is stored in the Dental Clinic at North Road Hospital to await collection from a registered contractor.

r) **ASBESTOS**

A full asbestos survey has been carried out for all Trust premises. Should asbestos need to be removed or disturbed during building alterations, a registered external contractor will be used for safe removal and disposal under secure conditions.
s) **FURNITURE**
Any items of furniture should be decontaminated (see Decontamination Policy) if necessary, marked “redundant furniture for disposal” and stored in a safe manner. Contact the portering services who will collect the item, and store it in the main waste compound to await collection by the appropriate contractor.

t) **CONSTRUCTION & DEMOLITION WASTE**
Any construction or demolition waste will be removed from site by the contractor involved. Facilities Directorate will ensure that the appropriate licences or documentation are current.

u) **GLASS, ALUMINIUM CANS**
Glass can be segregated at department/ward level. Portering staff will collect on request and store in the main compound. Once a suitable amount has been collected, the portering staff will dispose of the items in the dedicated containers within the town.

Aluminium cans recycling containers are situated around the site, and visitors, staff and patients are encouraged to use these receptacles to dispose of their used cans. A licensed contractor regular visits the site to empty the containers.

v) **CONFIDENTIAL WASTE**
Segregation should occur at ward or department level, and confidential waste should be placed in brown sacks and tied securely. The sack should be stored in a secure area within your department until collection. Contact the portering staff to arrange for removal of the sacks from your area.

Confidential waste is taken to a licensed contractor where the shredding is witnessed by portering staff and the appropriate paperwork completed and retained.

Please note:
- Brown bags should only be used when disposing of confidential waste. The Trust incurs additional costs for the disposal of this waste.
- Please do not use brown bags for disposing of magazines, catalogues etc which can go in black bag waste or segregated for recycling (see xix)
- Any cans, bottles etc placed in these sacks would cause damage to the shredding machinery and the Trust would incur the cost of the repair.
- If the bags are too heavy, the porters will not remove them, and will place a sticker onto the bag asking that the user reduce the contents. Try to reduce the weight by separating the contents into two or more brown bags.
w) **FOOD WASTE**
Food waste (with the exception of oil) is either disposed of via the waste disposal unit, or the household waste stream or via and taken for landfill.

x) **PACKAGING**
Cardboard boxes should be broken down as much as possible and placed with the household waste stream for collection by portering staff. Cardboard is stored within the main compound and removed for recycling by a licensed contractor. No other packaging can be included in this waste stream (i.e. plastic or polystyrene packing is black bag waste).

y) **GROUNDS WASTE**

The Trust has a contract with the University College of Wales for grounds maintenance. The Contractors are responsible for the removal any grounds waste as it arises.

Grounds waste from the peripheral hospitals is returned to BGH and the maintenance staff will remove it to the Ceredigion County Council Waste Compound which has a designated section for grounds waste.

6. **FINAL DISPOSAL FOR ALL WASTE MATERIAL**
All waste material is sent to dedicated contractors for final disposal.

7. **FINAL DISPOSAL OF HAZARDOUS WASTE - CONTRACTOR**

- The Trust will enter into and maintain a contract with licensed carriers for the collection and transportation of all waste from sites.

- Such collections will be made on a regular basis from each site within Ceredigion. Ceredigion & Mid Wales Trust is registered with the Environment Agency as a producer of hazardous waste and is allocated a unique identification number for each of the seven nominated sites.

- The Licensed Waste Carrier will transport the Hazardous Waste in approved vehicles with appropriate signage to a licensed hazardous waste transfer station.

- The waste will be stored in segregated locked hazardous waste containers in the appropriate storage areas at each site to await collection from the Carrier.

- All segregated clinical waste streams will be appropriately tagged.

- Items that are not tagged will be taken by the licensed contractor to the Heat Disinfection Unit.
• The containers will be collected on a regular basis by a licensed contractor who will transport the waste to a place that meets with full environmental standards. The contractor will be known as the "main carrier".

• The main carrier shall be responsible to the Trust for the safe disposal of residues arising.

• In line with the contract conditions the intermediate carrier will weigh the hazardous waste produced by the Trust and shall provide documented evidence of such weighing.

8. TRAINING NEEDS

All employees who are required to handle and move hazardous waste will be adequately trained in safe procedures and in dealing with spillage’s or other incidents for their area of work, as outlined in the policy. Retraining will be required as policies and procedures are revised. Training is the responsibility of the employees' line manager. A record of such training will be kept. Written local procedures will be available in all areas. Staff who will be trained include:

- Medical and Dental Staff
- Nursing Staff
- Auxiliaries
- Pharmacy Staff
- Agency Staff
- Ancillary Staff
- Staff Working in the Community
- Domestic staff
- Ambulance Staff
- Porters
- Laboratory Staff
- Professional and Technical Staff
- Post Mortem Technicians
- Transport Drivers
- HSDU staff

The level of training will be dependent on the staff involvement with hazardous waste. As a minimum all staff will be trained, informed and instructed in the risks associated with hazardous waste, segregation and storage, procedures for dealing with spillage’s and accidents, and, where appropriate, the use of protective clothing. Specific staff will require greater depth of training, eg, porters, community and laboratory staff.

In particular, staff who transfer, transport or handle quantities of hazardous waste containers will be trained to:

a) Know how to use personal or protection equipment.

b) Check that storage containers are effectively sealed before handling
c) Ensure that the origin of the waste is marked on the container

d) Handle bags by the neck only, they should not be clasped against the body and never thrown or dropped

e) Be aware of the special problems related to disposal of sharps

f) Check that the seal on any used waste storage container is unbroken when movement is complete

g) Know the procedure in case of accidental spillage and how to report an incident

h) Know the appropriate cleaning and disinfecting procedures.

Attendance at both Waste Segregation & Disposal and Control of Infection Training is mandatory for all staff.

7. **PERSONAL PROTECTION EQUIPMENT**

The Trust's hazardous waste policy and COSHH assessments will identify the need for personal protection equipment when the hazard cannot be dealt with by any other means. The Trust has a further duty under COSHH to ensure that these items are provided, used and maintained.

**General Precautions**

Appropriate training is essential. Basic personal hygiene is important in reducing the risk from handling hazardous waste. Washing facilities will be provided for people handling hazardous waste. This is particularly important at storage facilities.

There is a risk of contamination when clearing up body fluids. Disposable gloves and a disposable apron or full length, sleeved disposable gown, and goggles or full a face visor must be worn.

**Additional Precautions**

Staff who regularly have to handle, transfer or transport filled hazardous waste containers will be provided with further protection.

**Heavy Duty Gloves** will be worn when handling hazardous waste containers. Containers will be picked up and carried by the handle provided. The other hand should not be used to support the bottom of the container.
Sturdy Shoes or Industrial Wellington Boots will be worn to protect the feet against the risk of containers being accidentally dropped. The soles of such shoes or boots will also offer some protection in the storage area, as a precaution against the spillage of sharps and where the floor may become slippery.

An Industrial Apron or Leg Protectors may need to be worn if the means of handling presents a risk of bodily contact with waste sacks.

Goggles of Full Face Visors to protect employees from potential splashing when handling liquid waste.

Arrangements will be made for appropriate maintenance and cleaning of all non-disposable protective equipment following use.
WASTE DISPOSAL

This procedure is written to comply with the Hazardous Waste (England and Wales) Regulations 2005, which updates and replaced the Special Waste Regulations 1996, and should be read in conjunction with the Trust’s policy and procedures. Non-hazardous waste should be disposed of as usual following Standard Trust waste procedures.

The legislation derives largely from European Directives. The storage, carriage, processing and supply of waste are all subject to stringent controls designed to minimise the negative effects of waste on the environment.

The majority of prescription only medicines will no longer be classed as hazardous and will not require a consignment note for disposal. The only medicinal products that are automatically deemed to be hazardous are Cytotoxic/Cytostatic medicines. Cytotoxic and Cytostatic medicines are defined as any medicinal product that has one or more of the following hazardous properties:

- Toxic (H6),
- Carcinogenic (H7),
- Mutagenic (H11) or
- Toxic for Reproduction (H10).

(Note: Toxic for Reproduction should not be confused with Contraindicated for Use in Pregnancy, the former is based on specific chemical risk phrases).

The consignment note requires the waste to be segregated, and listed together with six-digit EWC (European Waste Catalogue) code. E.g. Cytostatic and Cytostatic medicines would be 18.01.08* and other medicines 18.01.09 (*denotes hazardous waste).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.01.01</td>
<td>Sharps (except 18.01.03).</td>
</tr>
<tr>
<td>18.01.02</td>
<td>Body parts and organs including blood bags and blood preserves (except 18.01.03).</td>
</tr>
<tr>
<td>18.01.03*</td>
<td>Wastes whose collection and disposal is subject to special requirements in order to prevent infection.</td>
</tr>
<tr>
<td>18.01.04</td>
<td>Wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers).</td>
</tr>
<tr>
<td>18.01.06*</td>
<td>Chemicals consisting of or containing dangerous substances.</td>
</tr>
<tr>
<td>18.01.07</td>
<td>Chemicals other than those mentioned in 18.01.06.</td>
</tr>
<tr>
<td>18.01.08*</td>
<td>Cytotoxic and Cytostatic medicines.</td>
</tr>
<tr>
<td>18.01.09</td>
<td>Medicines other than those mentioned in 18.01.08.</td>
</tr>
</tbody>
</table>
Those six-digit codes which there is a star (*) are classified as hazardous waste. All other products are classified as ‘waste’. Although both hazardous waste and non-hazardous waste will be collected at the same time by the waste disposal contractor, and they may (or may not) be incinerated at the same facility, they must nevertheless be segregated at the pharmacy, **and only hazardous waste will be in law subject to hazardous waste consignment notes**. Therefore, a waste bin consigned for disposal which contains only Cytotoxic/Cytostatic products would be coded 18.01.08. The other waste container in a pharmacy will generally be coded 18.01.09 (unless any other types of waste are included). The description should also include an estimate of the quantity in kilograms (which is the total weight of waste in the container including packaging etc.), the chemical/biological components of the waste (for example ‘Cytotoxic/Cytostatic medicines’), and the physical form (e.g. solid, liquid, aerosol, mixed), the EWC hazard codes. It is also necessary to list each hazardous medicine which may require a continuation sheet to accompany the consignment note. This information is critical to the safe destruction of the waste. The container type and size is also specified.

In practice, Pharmacy waste will therefore need to be segregated into different containers which will be identified and colour coded with the appropriate label. It has been agreed locally that containers containing the waste above will be tagged with the following colour coded system:

1. **Cytotoxic and Cytostatic (Hazard consignment note required)** Purple top, and/or Tag/Sticker 18.01.08*

2. **Sharps containing medicines (Hazard consignment note required)** (No Cytotoxic or Cytostatic) Green top and/or Tag/Sticker 18.01.03*

3. **Other Medicines (Controlled consignment note required)** Red top and/or Tag/Sticker 18.01.09

4. **Other hazardous (Chemical) waste (Hazard consignment note required)**.

Hotel Services will be notified by the Pharmacy Department once there is enough waste to warrant a collection. An appropriate number of wheely bins will then be brought to pharmacy on the day a collection is due from the waste contractor. These will then be filled with the waste and a tag attached to identify the waste therein. These bins will then be taken to the waste compound and securely locked away until the evening, when they will be taken away by the waste contractor.

<table>
<thead>
<tr>
<th>Aldesleukin +</th>
<th>Finasteride +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alemtuzumab +</td>
<td>Floxuridine</td>
</tr>
<tr>
<td>Alitretinoin</td>
<td>Fludarabine +</td>
</tr>
<tr>
<td>Altretamine</td>
<td>Fluorouracil +</td>
</tr>
<tr>
<td>Amsacrine +</td>
<td>Fl oxymesterone</td>
</tr>
<tr>
<td>Anastrozole +</td>
<td>Flutamide +</td>
</tr>
<tr>
<td>Arsenic trioxide +</td>
<td>Fulvestrant +</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Name</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Asparaginase +</td>
<td>Ganciclovir +</td>
</tr>
<tr>
<td>Azacitidine</td>
<td>Ganirelix acetate +</td>
</tr>
<tr>
<td>Azathioprine +</td>
<td>Gemcitabine +</td>
</tr>
<tr>
<td>Bacillus Calmette-Guerin Vaccine +</td>
<td>Gemtuzumab ozogamicin</td>
</tr>
<tr>
<td>Bexarotene +</td>
<td>Gonadotropin, chorionic</td>
</tr>
<tr>
<td>Bicalutamide +</td>
<td>CHORIOGONADOTOPIN ALFA +</td>
</tr>
<tr>
<td>Bleomycin +</td>
<td>Goserelin +</td>
</tr>
<tr>
<td>Busulfan +</td>
<td>Hydroxyurea HYDROXYCARBAMIDE +</td>
</tr>
<tr>
<td>Capecitabine +</td>
<td>Ibritumomab tiuxetan</td>
</tr>
<tr>
<td>Carboplatin +</td>
<td>Idarubicin +</td>
</tr>
<tr>
<td>Carmustine +</td>
<td>Ifosfamide +</td>
</tr>
<tr>
<td>Cetorelix acetate +</td>
<td>Imatinib mesilate</td>
</tr>
<tr>
<td>Chlorambucil +</td>
<td>Interferon alfa-2a +</td>
</tr>
<tr>
<td>Chloramphenicol +</td>
<td>Interferon alfa-2b +</td>
</tr>
<tr>
<td>Choriogonadotropin alfa +</td>
<td>Interferon alfa-nl</td>
</tr>
<tr>
<td>Cidofovir +</td>
<td>Interferon alfa-n3</td>
</tr>
<tr>
<td>Cisplatin +</td>
<td>Irinotecan HC1 +</td>
</tr>
<tr>
<td>Cladribine +</td>
<td>Leflunomide +</td>
</tr>
<tr>
<td>Colchicine +</td>
<td>Letrozole +</td>
</tr>
<tr>
<td>Cyclophosphamide +</td>
<td>Leuprolide acetate LEUPRORELIN ACETATE +</td>
</tr>
<tr>
<td>Cytarabine +</td>
<td>Lolastine +</td>
</tr>
<tr>
<td>Cyclosporin CICLOSPORIN +</td>
<td>Mechlorethamine CHLORMETHINE HYDROCHLORIDE +</td>
</tr>
<tr>
<td>Dacarbazine +</td>
<td>Megestrol +</td>
</tr>
<tr>
<td>Daunorubicin HC1 +</td>
<td>Melphalan +</td>
</tr>
<tr>
<td>Denileukin</td>
<td>Menotropins MENOTROPHIN +</td>
</tr>
<tr>
<td>Dienestrol +</td>
<td>Mercaptopurine +</td>
</tr>
<tr>
<td>Diethylstilbestrol +</td>
<td>Methotrexate +</td>
</tr>
<tr>
<td>Dinoprostone +</td>
<td>Methyltestosterone +</td>
</tr>
<tr>
<td>Docetaxel +</td>
<td>Mifepristone +</td>
</tr>
<tr>
<td>Doxorubicin +</td>
<td>Mitomycin +</td>
</tr>
<tr>
<td>Dutasteride +</td>
<td>Mitotane</td>
</tr>
<tr>
<td>Epirubicin +</td>
<td>Mitoxantrone HC1 +</td>
</tr>
<tr>
<td>Ergonovine/ ERGOMETRINE +</td>
<td>Mycophenolate mofetil +</td>
</tr>
<tr>
<td>Methylergonovine</td>
<td>Nafarelin +</td>
</tr>
<tr>
<td>METHYLERGOMETRINE</td>
<td>Nilutamide</td>
</tr>
<tr>
<td>Estradiol +</td>
<td>Oxaaliplatin +</td>
</tr>
<tr>
<td>Estramustine phosphate sodium +</td>
<td>Oxytocin +</td>
</tr>
<tr>
<td>Estrogen-progestin combinations</td>
<td>Paclitaxel +</td>
</tr>
<tr>
<td>Estrogens, conjugated +</td>
<td>Pegaspargase</td>
</tr>
<tr>
<td>Estrogens, esterified +</td>
<td>Pentamidine isethionate +</td>
</tr>
<tr>
<td>Estrone +</td>
<td>Pentostatin +</td>
</tr>
<tr>
<td>Estropipate +</td>
<td>Perphosphamidate (Not found)</td>
</tr>
<tr>
<td>Etoposide +</td>
<td>Pipobroman</td>
</tr>
<tr>
<td>Piritrexim isethionate</td>
<td>Thioguanine TIOGUANINE +</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Plicamycin +</td>
<td>Thiotepa +</td>
</tr>
<tr>
<td>Podofilox (Not found)</td>
<td>Topotecan +</td>
</tr>
<tr>
<td>Podophyllum resin</td>
<td>Toremifene citrate +</td>
</tr>
<tr>
<td>Prednimustine</td>
<td>Tositumomab</td>
</tr>
<tr>
<td>Procarbazine</td>
<td>Tretinoin +</td>
</tr>
<tr>
<td>Progesterone +</td>
<td>Triluridine</td>
</tr>
<tr>
<td>Progestins</td>
<td>Trimetrexate glucuronate</td>
</tr>
<tr>
<td>Raloxifene +</td>
<td>Triptorelin +</td>
</tr>
<tr>
<td>Raltitrexed +</td>
<td>Uracil mustard URAMUSTINE</td>
</tr>
<tr>
<td>Ribavirin +</td>
<td>Valganciclovir +</td>
</tr>
<tr>
<td>Streptozocin</td>
<td>Valrubicin</td>
</tr>
<tr>
<td>Tacrolimus +</td>
<td>Vidarabine</td>
</tr>
<tr>
<td>Tamoxifen +</td>
<td>Vinblastine sulfate +</td>
</tr>
<tr>
<td>Temozolomide +</td>
<td>Vincristine sulfate +</td>
</tr>
<tr>
<td>Teniposide</td>
<td>Vindesine +</td>
</tr>
<tr>
<td>Testolactone</td>
<td>Vinorelbine tartrate +</td>
</tr>
<tr>
<td>Testosterone +</td>
<td>Zidovudine +</td>
</tr>
<tr>
<td>Thalidomide +</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**

+ = Name commonly found and product available/used in UK  
CAPITALS = Alternative UK spelling  
Not found = Name not located on Medicines Complete  
No label = Name found but not licensed in the UK

This list will be updated periodically by the Chief Pharmacist.
(Pharmaceutical Waste)

Definition: All pharmaceutical products and chemical wastes
APPENDIX II

Action following Accidental Spillages

A) Spillage of Blood

1. Any spillage must be dealt with immediately.

2. Wear non-sterile disposal latex gloves, a disposable plastic apron and a face visor. Depending on the amount of blood spillage it might be necessary to wear further protective equipment e.g. a long-sleeved disposable gown and Wellington boots.

3. NaDCC Chlorine releasing granules (Haztabs) are available for large spillages, chlorine releasing tablets are available for spots and splashes. (Haztabs)

4. If this is a large blood spillage, sprinkle the granules over the spillage, and leave for two minutes. Occasionally, when it is a very large blood spillage, two minutes will not be long enough. Observe the spillage, and when it turns into a jelly-like substance, the blood has been decontaminated, and it is safe now to proceed.

5. Remove, using paper towels, and dispose into a yellow clinical waste bag. Wipe over the area with detergent and hot water, then dry using paper towels.

6. Splashes and spots of blood may be cleared with a solution of NaDCC tablets diluted in cold water to a strength of 10,000 ppm. As manufacturer’s recommendations. The area should then be washed with detergent and hot water, then dried.

7. After removing protective clothing, wash and dry hands thoroughly. Avoid Skin contact with the NaDCC. Do not inhale fumes, ensure adequate ventilation.

B) Spillage of Urine, Vomit, Faeces or any other body fluids

1. Any spillage must be dealt with immediately.

2. Wear non-sterile disposable latex gloves, and a disposable plastic apron.

3. Cover the spillage with paper towels, to soak up the excess, and pick up the spillage and paper towels with fresh paper towels, and dispose of in a clinical waste bag.
4. Wipe over the affected area with NaDCC tablets diluted in cold water to a strength of 1,000 ppm as manufacturer’s recommendations

5. The treated area should then be washed with detergent and hot water, then dried.

6. After removing protective clothing – wash and dry hands thoroughly.

C) **Action to be taken in the event of a clinical waste bag spilling its contents in the metal container (wheel-bin).**

1. The wheely-bin must be taken out to the compound area, and the spillage dealt with immediately.

2. The following protective clothing is required, long-sleeved disposable gown, long plastic apron to wear over the gown, gloves, goggles or full face visor, and Wellington boots.

3. The clinical waste bag should be carefully placed in another clinical waste bag, and the spilt contents carefully removed from the wheely-bin, by using pieces of cardboard to lift out the contents, and place in the clinical waste bag.

4. If there is a large blood spillage in the wheely-bin, then NaDCC chlorine releasing granules should be sprinkled over the blood spillage, observe the spillage, and when it turns into a jelly-like substance, the blood has been decontaminated, and it is safe now to proceed.

5. Remove the spillage with pieces of cardboard or paper towels, and dispose of into a clinical waste bag.

6. If the spillage in the wheely-bin is splashes or spots of blood, make a solution of NaDCC tablets diluted in cold water to a strength of 10,000 ppm as manufacturer’s recommendations, and use a disposable mop to clean the spillage, and drain away the disinfectant solution.

7. In both situations, after the blood spillage has been decontaminated, the wheely-bin can now be power-hosed, and the water drained out, and the open metal containers turned on their side to drain.

8. After removing protective clothing, and disposing of them in a clinical waste bag, wash and dry hands thoroughly.
D)  General cleaning of wheely-bins

It is necessary occasionally to clean, and disinfect wheely-bins, in the event of soiling of body fluids within the bin, or due to mal-odour.

1. The wheely-bin is taken out to the compound area to be cleaned, and disinfected.

2. The following protective clothing is required, long-sleeved disposable gowns, long plastic apron to wear over the gown, gloves, goggles or full-face visor, and Wellington boots.

3. NaDCC chlorine releasing tablets should be diluted in cold water to a strength of 1,000 ppm as manufacturer’s recommendations, and use a disposable mop to clean the spillage.

4. Drain away the disinfectant solution.

5. The wheely-bin now can be power-hosed, and the water drained out.

6. The open metal containers can be turned on their side to drain.

7. After removing protective clothing, and disposing of them in a clinical waste bag, wash and dry hands thoroughly.
Appendix III

Safe Use, Handling and Disposal of Sharps

The United Kingdom Department of Health confirms that all employers have a legal obligation to ensure that all employees are appropriately trained and proficient in the procedure necessary for working safely.

Whoever uses a sharp, must dispose of it safely – the procedure has not been completed until the sharps have been disposed of safely.

**Safe disposal of Sharps**

- Always ensure sharps container is properly assembled, and conveniently placed before treatment starts.
- Never place sharp containers where children or unauthorised people can interfere with them.
- Place all disposable sharps in the sharps container immediately after use.
- Dispose of needles and syringes as one unit.
- Do not mix sharps with other waste.
- Do not pass needles (sheathed or unsheathed) to anyone else.
- If you must change or re-sheath needles, you must use a protective device.
- Glass slide, glass drug ampoules, razors, intravenous cannulae and giving sets must be discarded in the sharps box.
- Do not re-use the needle holder of vacuum blood collection systems, they are disposable and must be disposed after each patient in the sharps box.
- Always clear up immediately after treatment – treatment is not complete until used sharps are disposed.
- Lock sharps container when ¾ full, identify source by completing the attached label on the container, then place in the designated clinical waste cupboard.
- Colleagues not disposing of sharps correctly should be alerted for everyone’s sake, including theirs.
- When a needlestick injury occurs, bleeding should be encouraged, and the site washed under running water. The injured member of staff should immediately report the incident to their line manager, and then attend the Accident and Emergency Department and inform the Occupational Health Manager as per Needlestick Policy in the Infection Control Manual.

**Use of Sharps Boxes**

- Sharps boxes must be correctly assembled and used according to manufacturer’s instruction. They must be situated in locations which excludes injury to patients visitors and staff. Sharps boxes should preferably be wall-mounted.
• The person in charge of ward / department is responsible for ensuring safe handling and disposal of sharps within their own area.
• Sharps containers should be closed securely when ¾ full, sharps containers must never be overfilled since used sharps protruding from overloaded containers constitute a significant hazard to those who have to handle them.
• The sharps box must be identified at source so that any offending sharps boxes can be traced back to the ward / department
• Non-compliance with the safe disposal of sharps policy will result in injury and distress to another healthcare worker.

**Sharps Handling**

• Never pass needles (sheathed or unsheathed) to anyone else.
• If you must change or re-sheath needles you must use a protective device.
• Do not walk around carrying sharps.
• Always close sharps containers between use.
• Never leave used sharps lying around worktops or other clinical areas.

**Management of Sharp Instruments**

• Used sharps must be discarded into a sharps container at the point of use by the person who used them.
• Used needles must not be bent, broken or recapped.
• Syringes and needles should be discarded as one unit. In exceptional circumstances, where the needle has to be removed, a needle-removing device should be used.
• Sharps containers should be placed as close as possible to the area of use.
• Sharps containers must be correctly must be assembled and securely closed when ¾ full.
• Full containers must be stored in a safe disposal area, handled carefully, i.e. not thrown or dropped, and not placed inside yellow bags.
• Sharps containers should conform to BS 7320.
• Sharps containers must be destroyed by incineration.

**Types of Exposure**

• **Percutaneous** – Skin has been penetrated or cut by a needle or sharp object, e.g. needle, scaple, teeth.
  Carries a much higher risk than mucocutaneous exposure.

• **Mucocutaneous** – Exposure involving the eye (s), inside the nose or mouth or an area of non-intact skin of the person exposed, e.g. eczema, small abrasions around on hands.
Bloodbourne Pathogens

- Hepatitis B virus and Hepatitis C virus – *causes* Acute Viral Hepatitis.
- Human Immunodeficiency Virus (HIV) – *causes* the Acquired Immunodeficiency Syndrome (AIDS)

On Sustaining a Needlestick Injury

1. Refer to Policy 15 Needlestick Injury held within red Infection Control Manual.
   - Immediately after accident squeeze skin and promote bleeding from the area. Wash the infected area with water.
   - Identify Risk: Source. Form 1 February 2003 Risk Assessment Form to be used (See Sharps Form 1)
2. Attend A&E Department immediately taking Risk Assessment Form with you.
3. Following senior person completing risk assessment, consent for source bloods to be obtained. (See Sharps Form 2). Consent form to be filed in patient’s notes.
4. Report to Occupational Health Department following attendance at A&E. If closed report the next working day / leave answer phone message with contact name and telephone number.

Role of Occupational Health

1. To make a detailed report to be held within employee’s Occupational Health File.
2. Identify if procedure followed correctly and that the correct bloods have been taken i.e. for storage from employee in A&E. These are only Hepatitis B Surface antibody and bloods for storage.
3. To discuss “risk” if source known or unknown and that consent was obtained.
4. To identify whether own protection for Hepatitis B is in date. Recommended time to boost is within seven days of incident or same day if source known to be carrier.
5. Identification of other risks i.e. Hep C / HIV.
7. Discussion of incident to highlight how incident could have been prevented.
8. Opportunity to reassure and support.
SHARPS FORM 1

SHARPS / BODY FLUID CONTAMINATION
RISK ASSESSMENT FORM

To be completed by Senior Nurse on Duty and taken to A&E with recipient and then taken to Occupational Health with Health Care Worker at first available opportunity.

Health Care Worker Involved

Surname    First Names    Date of Birth
Grade    Department

Description of Incident

Source Patient Involved

Is identity of source patient known?    YES  NO
If Yes
A  What is source patient’s E number    YES  NO
B  Is source patient known to be HIV positive    YES  NO
C  IF YES. Is patient terminally ill due to HIV?    YES  NO
D  Is source patient being investigated for HIV infection?    YES  NO
E  Is source patient known to be Hepatitis B positive?    YES  NO
F  Is source patient being investigated for Hepatitis B?    YES  NO
G  Is source patient known to be Hepatitis C positive?    YES  NO
H  Is source patient being investigated for Hepatitis C?    YES  NO
I  If the answer to any of questions B to H is yes
   High risk incident
   Otherwise LOW RISK
J  Has source patient consented to blood test?    YES  NO
To be filled in patient's notes.

An incident has occurred involving a Health Care Worker being accidentally exposed to your blood / body fluids in their line of duty.

We are concerned that if you, the patient, have a blood borne infection Hepatitis B, Hepatitis C or HIV (human immunodeficiency Virus) there may be a risk of transmitting that infection to the Health Care Worker as a result of their exposure.

We would, therefore, like to invite you to consent to have blood taken for the following viral infections: Hepatitis B, Hepatitis C and HIV. The test results will be sent in confidence to the Occupational Health Department. In the event in the results indicating that you have any of these infections, you will be informed and you will be offered appropriate advice and medical care. Your care will not be affected. (The Healthcare Worker will be offered medication / vaccination based on your results, which will be retained in their Occupational Health records and your own medical records, which are not absolutely confidential). You can assume that your results are negative if you are not contacted.

I …………………………………………………………………… Patient / Guardian

of …………………………………………….. Date of Birth ………………….

Have read the above statement and discussed the blood tests performed with Doctor / Nurse ........................ and have agreed to have my / my child’s blood tested for the following:

- Hepatitis B
- Hepatitis C
- HIV

You will be informed if you test results are positive.

Do you wish to be informed if the tests are negative? YES NO

Signature of Patient / Guardian .......................... Date ......................

Signature of Doctor / Nurse .............................. Date ......................
DISCHARGE TO SEWERS

Maceration followed by discharge to the sewers, is the method of disposal of bedpans, urinal and vomit bowls. Modern macerators have tightly locking lids to prevent the emission of aerosols. The lid must not be opened for one minute after the completion of the cycle, to minimise the risk of aerosol contamination.

Overloading is, however, difficult to allow for in the design of the equipment. Macerators should not be expected to cope with objects outside their design limitations, and at all times discretion is necessary when feeding them. When softer disposals such as cotton wool are fed to macerators they can tangle with the blades and reduce cutting efficiency. Spatulae and plastic items placed in the macerator will also reduce the cutting efficiency of the blades. Freeing a trapped foreign object may involve the maintenance engineer in clearing a machine containing foul pulp and water.

All wastes to be macerated and discharged to sewers must be dealt with immediately. In the event of a breakdown of macerator, the nurse in charge will immediately report this to the facilities department.

The macerator should be repaired as soon as possible, to avoid the risk of cross-contamination on the ward.

Bedpans and urinals will be emptied into the sluice – hopper, and then placed in two clinical waste bags and sealed securely prior to placing in the clinical waste container, in the clinical waste cupboard.

Ward and department managers will continually review the discharge of arisings to the sewer. As environmental legislation develops it may no longer be appropriate to discharge some substances to drain and alternative disposal methods that must be found.

Incidents involving accidental loss of sharps into drains should be reported to the Control of Infection Nurse before any attempt is made to clear an obstruction.
Waste produced by the laboratories can be classified into several groups. Procedures across the different laboratory specialities (biochemistry, haematology, histopathology and microbiology) although broadly similar may have some variations. Individual laboratory Standard Operating Procedures as required for accreditation purposes by CPA will provide more specific details for each laboratory.

1. **Non hazardous waste** (e.g. paper towels, packaging etc)
   These go into black bags. The exception is **microbiology** where all waste of this type generated in the main laboratory and category 3 laboratory goes into yellow clinical waste bags.

2. **Confidential waste**
   This goes into brown bags directly, except for microbiology where it is shredded.

3. **Glass and aerosols**
   Non-contaminated glass and aerosols go into grey bags for collection. Some laboratories also have “broken glass boxes” where broken non-contaminated glass is kept, before sealing and collection.

4. **Sharps**
   All sharps including needles, syringes, scalpels, micotome blades, and some glass slides go into sharps boxes according to Trust policy. There must be no antibiotic waste in these boxes. Any antibiotic waste generated by microbiology must be placed in a designated sharps box for specific collection by porters.

5. **Clinical waste**
   The following will go into yellow clinical waste bags (MVN100):
   - used aprons, gloves and other personal protective equipment
   - contaminated plastics from biochemistry. Some may be decontaminated first in according to local standard operating procedures.
   - contaminated plastic cyto-funnels, empty plastic histology pots, pipettes and swabs. These are decontaminated first in according to local standard operating procedures.
   - paper waste in microbiology generated as the result of bench activities
   - used specimen bags
6. **Autoclaved clinical waste**

Some waste generated by the laboratories goes through an autoclaving process before being placed in clinical waste bags or large sharps boxes for removal for incineration.

- dry discard jars from microbiology
- microbiology agar plates
- stored isolates of organisms
- waste from category 3 laboratories
- discarded clinical samples e.g. specimens of body fluids, swabs and blood tubes.

These samples are placed in clear autoclave bags; if necessary the bags are then transported in secure heavy duty transport boxes to the microbiology laboratory and are autoclaved according to microbiology procedures. The autoclaved waste is then placed in yellow clinical waste bags (MVM200) or sharps boxes depending on the waste.

7. **Histology specimens**

Histopathology specimens for disposal are tipped into a wire basket in the ventilated specimen dissection table sink to drain off the fixative. Tissues are then discarded into a yellow clinical waste bag and stored in the black bin ready for collection for incineration.

All foetal remains and specimens from termination of pregnancy are disposed of respectfully by cremation at Aberystwyth Crematorium as described in the Standard Operating Procedure.

8. **Chemical waste (e.g. Solvents, dyes, stains, alcohol, acids, formaldehyde)**

Each chemical must have laboratory COSHH assessment. Low risk chemicals can be flushed down the sink with copious amounts of water. Medium or high-risk chemicals must be dealt with according to COSHH assessments.

**Xylene** - xylene must be returned to its original container and labelled as waste xylene using the labels provided by disposal contractors.

BIOS Europe Ltd, Skelmersdale, Lancashire, are licensed to dispose of waste Xylene. Completion of a Hazardous Waste Consignment note is required for the movement of all hazardous waste for disposal or recovery, and Bios Europe Ltd complete this on the Trusts’ behalf. On collection of the waste the consignment note must be signed and dated by ourselves and the driver of the collection vehicle. A copy must be retained for our file. The waste Xylene is collected in the same quantity as the quantity of new Xylene being delivered.

Flammable waste must be stored in the flammable cabinet or store prior to collection. Mercury from instrument breakage is made safe by Biochemistry staff and stored in a locked “poisons” cabinet prior to disposal. Mercury is disposed of by contractors.
POLICY FOR THE DISPOSAL OF HAZARDOUS WASTE
IN THE COMMUNITY HEALTH SERVICES

Introduction

This policy for the safe handling, transport and disposal of hazardous waste is based on the Health and Safety Commission's monograph "The safe Disposal of Hazardous Waste" revised 1992 and is consistent with the Health and Safety at Work Act 1974. It applies to people living in their own homes, that is, not receiving care on a residential basis in an institution.

The aim, so far as is practicable, is to ensure the health and safety of staff and others who may be affected by the Trust's handling, transport and disposal of hazardous waste.

Hazardous wastes arise at a number of sources. Hospital and clinics are responsible for most of these wastes. However, the largest source of hazardous waste is the individually small amounts arising from home treatments.

The situation in the home is different because the quantity of waste is very small. Much of this will be handled only by the patient and the carer in circumstances outside the scope of the Health and Safety at Work Act 1974.

The employer has a duty to ensure that hazardous waste generated as a result of employee's treatment of a patient is disposed of safely. Employees have a duty to ensure safe and proper disposal.

Definition of Hazardous Waste

a) Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.

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

Complementary to the Health and Safety at Work Act, the Control of Substances Hazardous to Health Regulations (COSHH) expand and clarify the duties of employers regarding hazardous substances at work to which employees and others may be exposed. Hazardous waste falls within the scope of these regulations. COSHH specifically requires that risk assessments are made for all hazardous substances likely to be encountered as a result of a work activity.

The categories of hazardous waste which follow are intended to form the foundation of local risk assessments. The actual level of risk will vary both within and between the groups but to ensure that hazardous waste does not present a risk to staff and others suitable control measures must be adopted and adhered to as appropriate to each group.

Definition of Community Health Service

In this policy the Community Health Service is defined as covering:

a) Health Centres and Clinics owned by the Trust
b) Health Clinics in premises rented by the Trust
c) Patients own homes
d) Schools and Residential Homes

With regard to this policy, Clinics and Health Centres will be treated as Hospitals. Other settings (such as Schools and Residential Homes) will be treated as domestic settings. Domestic waste not arising as a direct result of an employees treatment of patients (ie, dialysis waste) is the responsibility of the local authority.

Training

All staff who work in areas where hazardous waste arises will be conversant with and receive instructions in waste handling, segregation, storage and disposal procedures and, where appropriate, the use of protective clothing.

All staff who may be required to move bagged hazardous waste by hand within a particular location will be trained to:

a) Check that storage bags are effectively sealed
b) Handle bags by the neck only
c) Deal safely with accidental spillage
d) Check that the seal on any waste storage bag is unbroken when movement is complete
Segregation and Disposal of Hazardous Waste:

Where the Nurse is providing direct patient care, the Trust has a duty to ensure that such waste arising, i.e. surgical dressings, incontinence materials, etc is disposed of safely as hazardous waste.

She/he also has a duty to advise the householder and any other care workers or persons involved regarding safe disposal in her/his absence. This should be done sensitively bearing in mind issues of confidentiality.

Clinical Waste within the domestic setting is to be disposed of by contacting the Waste Manager responsible within the Local Authority where the patient is resident. The Waste Manager will forward the patients details to a waste disposal contractor who will ensure appropriate yellow bags, ties and patient identification codes are provided to the patient. Long term use of sharps boxes are included within the waste contract. In addition sharps boxes are obtainable by the patient from their GP practice on a general prescription. The patient may dispose of their own needle waste through this method and return the sharps box to their own GP practice through prior arrangement.

Waste will not be burned within the household as the correct temperature cannot be guaranteed nor air pollution controlled.

All pharmaceutical products and chemical materials no longer in use will be returned to the pharmacy from which they were obtained for safe disposal.

1. Soiled surgical dressings, swabs and other contaminated wastes should be placed in a suitable hazardous waste storage bag.

2. It is important to emphasize that contents of bags should not be transferred loose from bag to bag.

3. All human tissue, placentas, etc should be placed in a hazardous waste bag and medibin then returned to the nearest hospital (Bronglais, Aberaeron, Tregaron or Cardigan) to await collection by the registered contractor.

4. On no account must human tissue be mixed with other waste for collection.

5. The hazardous waste should be placed in a MVN100 yellow bag supplied by the Ceredigion and Mid Wales NHS Trust and conforming to the required standard. This should be sealed with tape and placed within a rigid container such as a 4 litre sharps box.

6. Syringes, needles and cartridges must be disposed of in accordance with the Trust's Policy on Disposal of Sharps.
7. The sharps box is then taken to the nearest Trust’s waste disposal collection point (Aberaeron, Tregaron, Cardigan or Bronglais Hospitals). It will not be put into a yellow bag container.

8. Pharmaceutical products are normally deemed to be the property of the patient who should be advised to take discarded products to the community pharmacist.

9. Pharmaceutical waste in general should not be disposed of via the sewerage system but returned to the Pharmacy Dept.
POLICY FOR THE DISPOSAL OF HAZARDOUS WASTE – AMBULANCE SERVICE

Hazardous Waste disposed of by the Ambulance Services will be placed in a yellow hazardous waste bag and securely tied with an identification numbered seal which the Trust supplies to the Ambulance Service.

All hazardous waste must be delivered to A & E Dept at Bronglais Hospital only. Such waste will not be accepted at any other location. Prior to final disposal staff should check that it is not required for subsequent pathology.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>CONTAINER BAG/BOX</th>
<th>LABEL DETAILS</th>
<th>COLLECTION POINT</th>
<th>COLLECTED BY</th>
<th>HOW TO GET IT COLLECTED</th>
<th>STORED PRIOR TO DISPOSAL</th>
<th>FINAL DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soiled surgical swabs, dressings, contaminated waste from treatment areas</td>
<td>MVN100 yellow bag</td>
<td>Location</td>
<td>Nominated area</td>
<td>Hotel Services Assistant</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Infectious Disease waste</td>
<td>MVN100 x 2 yellow bags</td>
<td>Location</td>
<td>Nominated area</td>
<td>Hotel Services Assistant</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Theatre, Labour Ward waste</td>
<td>MVN200 yellow bag</td>
<td>Location</td>
<td>BGH</td>
<td>Porter</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Amputated limbs</td>
<td>MVN200 yellow bag / dedicated box for limbs</td>
<td>Location &amp; label “limb for final disposal”</td>
<td>Deliver to Mortuary (BGH)</td>
<td>Theatre porter</td>
<td>Inform Theatre porter</td>
<td>Mortuary Fridge</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Placenta</td>
<td>One small yellow bag and then placed in placenta box</td>
<td>Location</td>
<td>BGH</td>
<td>Hotel Services Assistant</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Sharps needles broken ampoules</td>
<td>Locked dedicated sharps boxes</td>
<td>Location</td>
<td>Nominated area</td>
<td>Porter</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Autoclaved laboratory waste</td>
<td>1. Sharps boxes 2. An autoclave bag, and then placed into a MVN200 yellow bag</td>
<td>Location</td>
<td>Autoclave Room in Microbiology Lab</td>
<td>Porter</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Pharmaceutical waste</td>
<td>To be placed in locked pharmacy box</td>
<td>Location</td>
<td>BGH</td>
<td>Contractor</td>
<td>By Contract</td>
<td>In pharmacy</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Cytotoxic/Cytostatic waste</td>
<td>Dedicated sharps box and yellow Cytotoxic/ Cytostatic bag (MVN023). Bags should be labelled with the designated stickers (available from Meurig Ward)</td>
<td>Location</td>
<td>Cytotoxic/Cytostatic waste: ward or Pharmacy</td>
<td>BGH</td>
<td>Porter</td>
<td>Inform porter</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Incontinence pads, Stoma bags</td>
<td>MVN100 yellow bag</td>
<td>Location</td>
<td>Nominated area</td>
<td>Hotel Services Assistant</td>
<td>Routine</td>
<td>By Registered Contractor</td>
<td>By Registered Contractor</td>
</tr>
</tbody>
</table>

NB All sharps boxes must be identified at source, using attached label. All hazardous waste bags must be sealed with a coded tag that identifies source.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>CONTAINER BAG/BOX</th>
<th>LABEL DETAILS</th>
<th>COLLECTION POINT</th>
<th>COLLECTED BY</th>
<th>HOW TO GET IT COLLECTED</th>
<th>STORED PRIOR TO DISPOSAL</th>
<th>FINAL DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol Cans</td>
<td>Grey bag</td>
<td>None</td>
<td>Nominated point</td>
<td>Hotel Services Assistant</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Batteries</td>
<td>Strong bag or envelope</td>
<td>None</td>
<td>Estates Workshop or Stores</td>
<td>To be hand delivered</td>
<td>-</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Fluorescent tubes</td>
<td>Dedicated container</td>
<td>None</td>
<td>BGH waste compound</td>
<td>Maintenance staff</td>
<td>Routine</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Oils</td>
<td>Oil drums</td>
<td>None</td>
<td>N/A</td>
<td>Maintenance staff will arrange</td>
<td>Bunds</td>
<td>By Registered Contractor</td>
<td></td>
</tr>
<tr>
<td>Paints or solvents</td>
<td>Secured container</td>
<td>None</td>
<td>N/A</td>
<td>Maintenance staff will arrange</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
<td></td>
</tr>
<tr>
<td>Electrical Equipment (Non medical)</td>
<td>N/A</td>
<td>To be marked “for disposal/ destruction” and place of origin</td>
<td>Source</td>
<td>Porter</td>
<td>On request</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Electrical Equipment (Medical)</td>
<td>-</td>
<td>Must be decontaminated prior to disposal. Appropriate documentation to be completed.</td>
<td>Source</td>
<td>EBME staff or portering staff</td>
<td>On request – contact EBME Dept</td>
<td>Dedicated storage Compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>IT Equipment</td>
<td>Contact IT Technicians who need to decommission the equipment.</td>
<td>Source</td>
<td>IT Technicians</td>
<td>On request</td>
<td>IT Dept</td>
<td>By Registered Contractor</td>
<td></td>
</tr>
<tr>
<td>Soot</td>
<td>N/A</td>
<td>N/A</td>
<td>BGH</td>
<td>N/A</td>
<td>Estates Dept</td>
<td>By Registered Contractor</td>
<td></td>
</tr>
<tr>
<td>Asbestos</td>
<td>N/A</td>
<td>Official Documentation</td>
<td>N/A</td>
<td>N/A</td>
<td>Estates Dept</td>
<td>By Registered Contractor</td>
<td></td>
</tr>
<tr>
<td>Mercury / Amalgam</td>
<td>Contact Biochemistry Dept immediately</td>
<td>Source</td>
<td>Source</td>
<td>Biochemist</td>
<td>On request</td>
<td>Biochemistry Dept</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Furniture</td>
<td>All furniture must be decontaminated prior to disposal</td>
<td>Source</td>
<td>Source</td>
<td>Porters</td>
<td>On request</td>
<td>Dedicated storage compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>CONTAINER BAG/BOX</td>
<td>LABEL DETAILS</td>
<td>COLLECTION POINT</td>
<td>COLLECTED BY</td>
<td>HOW TO GET IT COLLECTED</td>
<td>STORED PRIOR TO DISPOSAL</td>
<td>FINAL DISPOSAL</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>--------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Construction or Demolition Waste</td>
<td>N/A</td>
<td>None</td>
<td>Source</td>
<td>Contractors</td>
<td>On request</td>
<td>Nominated area</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Glass and aluminium</td>
<td>Grey Bags</td>
<td>None</td>
<td>Source</td>
<td>Porters</td>
<td>On request</td>
<td>Dedicated storage compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Confidential Waste</td>
<td>Brown Bags</td>
<td>ID Tags</td>
<td>Source</td>
<td>Porters</td>
<td>On request</td>
<td>Dedicated storage compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Food Waste</td>
<td>Black Bag / Waste Disposal</td>
<td>None</td>
<td>Nominated areas</td>
<td>Porters / Kitchen Staff</td>
<td>Routine</td>
<td>Dedicated storage compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Kitchen Oil</td>
<td>Drums</td>
<td>None</td>
<td>Kitchen areas</td>
<td>N/A</td>
<td>On request</td>
<td>Kitchen</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Cardboard packaging</td>
<td>N/A</td>
<td>None</td>
<td>Nominated areas</td>
<td>Porters</td>
<td>Routine</td>
<td>Dedicated storage compound</td>
<td>By Registered Contractor</td>
</tr>
<tr>
<td>Ground Waste</td>
<td>N/A</td>
<td>None</td>
<td>Source</td>
<td>Contractors / Maintenance Staff</td>
<td>Routine</td>
<td>Nominated area</td>
<td>By Registered Contractor</td>
</tr>
</tbody>
</table>
ENVIRONMENTAL MANAGEMENT ORGANISATIONAL CHART

CHIEF EXECUTIVE

DIRECTOR OF FACILITIES
- Reducing Energy Consumption
- Disposal of clinical Waste
- Water and effluent quality
- Asbestos
- Harmful Gases
- Spent Batteries and Lamps
- Transport
- Segregation and Waste Collection
- Liaison with Local Authorities and other bodies over recycling opportunities

DIRECTOR OF NURSING & PATIENT SERVICES
- Chemical and harmful substances used operationally

PROCUREMENT MANAGER
- Residuals from consumable purchases
- Packaging Recycling
- Suppliers Environmental Policies