

Waste Management Policy

Document Summary

To ensure the safe operations of waste systems within the Trust's properties and consequently discharge its duty in law as far as is reasonably practicable

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as "uncontrolled" and, as such, may not necessarily contain the latest updates and amendments.

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1 SCOPE

This policy provides an exemplar statement of how The Trust intends its Managers and staff to manage the safe operation of waste systems within the Trust's properties and consequently discharge its duty in law as far as is reasonably practicable.

Estates Policies have been drafted to cover all Trust owned, leased or informally occupied premises throughout the County, these can be solely occupied or shared with other organisations.

Where properties are managed and maintained by other organisations, they will be formally advised of the Trust's limits of responsibility and will be provided with sufficient and reasonable advice to ensure that the building owner or head lease holder maintains compliant systems.

Because of the complexity of the property portfolio a table has been produced, see **appendix 4** detailing the relevant estates services provider. If staff are unsure about which organisations Policy applies in the area that they are working, please contact the Estates Department for clarification.

Estates Helpdesk: 01228 603131

Email: Estates-Helpdesk@cumbria.nhs.uk.

All the above areas are audited and monitored for statutory compliance during the formal Quarterly Review Meetings with each service provider.

2 INTRODUCTION

The Trust has a duty to ensure all waste produced is properly stored in appropriate containers, is kept secure, transported safely and ultimately disposed of by competent waste management contractors with the appropriate credentials.

The Trust also has a duty to ensure where reasonably practical that the production of waste is minimised by adopting an environmentally friendly purchasing strategy and working practices that optimises packaging requirements, encourages re use where practicable and where re use can not be achieved encourages recycling as an alternative to disposal.

Where the production of waste is unavoidable the Trust must ensure there is a system to ensure the safe segregation, handling and disposal of waste and that all persons who handle waste can exercise care to avoid injury or risk of harm to themselves and others including the general public. It is the producer's responsibility to ensure that all waste is disposed of in the correct manner and in accordance with all the relevant legislative and best practice requirements.

In addition to reducing the impact on the environment efficient minimisation and segregation of waste has an economic advantage by ensuring waste segregated

properly can ultimately be disposed of in the appropriate waste stream. Generally the more complex it is to treat and dispose of the waste the more expensive it is.

3 STATEMENT OF INTENT

The objective of this policy is to give clear guidance on legislative and national guidelines that the Trust must comply with to safely segregate and dispose of its waste. It is intended to give a clear statement of best practice with regard to the handling of all forms of waste within Cumbria Partnership NHS Foundation Trust.

The mission of the Estates Department is to achieve and maintain a high standard of quality in all aspects of its operation and to continually satisfy the expectations of waste management in respect of all the services offered.

The department is committed to effective Quality Management at every level within its business. To continually achieve this all policy and procedures used by staff will be internally audited at least on a yearly basis.

4 DEFINITIONS

EWC - European Waste Catalogue

SLA – Service Level Agreement

WEEE - Waste Electrical and Electronic Equipment

5 SUMMARY

To ensure the safe storage, transport and disposal of waste in accordance with the legislative standards and to effectively minimise waste production and consequential disposal costs with the resulting impact on the environment

- Storage and transport of waste
- Segregation of waste
- Opportunities for recycling
- Types of waste
- Legal requirements and duty of care to store, transport and dispose of waste

The following legislation has been taken into account when formulating this policy. It is recognised that in the present climate, waste legislation and best practice guidance changes regularly and the aim of this policy is to ensure that improvements and changes can be adopted into practice as soon as possible.

Health and Safety at Work Act 1974

Environmental Protection Act 1990

Control of Substances Hazardous to Health (COSHH) Regulations 2002

Management of Health and Safety at Work Regulations 1999 (as amended 2002)

Manual Handling Operations Regulations 1992

Hazardous Waste Regulations 2005 (as amended 2016)

Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009

Duty of Care - Code of Practice 1991

Control of Asbestos Regulations 2012

Environmental Permitting Regulations 2016

Waste Electrical and Electronic Equipment Directive 2013(WEEE)

Safe Management of Healthcare Waste

HTM 07-05 Treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment.

HTM 07-06 Disposal of pharmaceutical waste in community pharmacies.

Where Government and Department of Health guidance and directives are issued to cover the way waste is dealt with by NHS Trusts, it is the Trusts policy to ensure that these can be complied with.

The Trust intends to be transparent when dealing with problems associated with waste consignment. At such times the appropriate authority will be involved as soon as is practicable.

6 DUTIES

6.1 Chief Executive

The Chief Executive has overall responsibility for ensuring the effective implementation of this policy by Directors.

6.2 Accountable Director

The Accountable Director has responsibility for ensuring that the Waste Management Policy is deployed effectively within their area of control and agreeing the strategy and future direction of the policy.

6.3 Environmental Services Officer

The Environmental Services Officer is the Nominated Responsible Person within the Trust in respect of all aspects of Waste Management. The post-holder will be managerially accountable to the Professional Head of Estates and the post-holder will define and set service levels and strategy for all waste management services.

Duties and responsibilities

- To act as Waste Manager for the Trust and advise the Trust on up to date waste management legislation
- Identify all waste streams being generated within the Trust.
- Achieve optimal waste prevention, minimisation and economy by reviewing each waste stream against the Trust's waste management policy.
- Provide advice and assistance to users on waste management practices
- Liaise with statutory authorities on matters of waste
- Where appropriate, register Trust premises producing Hazardous Waste with the Environment Agency.
- Maintain a current Waste Carrier Registration for the Trust.
- Liaise with Northern Clinical Waste Consortium regarding the disposal of clinical waste
- Audit waste practices and report on compliance or otherwise
- Encourage and introduce practical systems for the re use or recycling of materials.
- Undertake annual permit compliance checks of waste disposal service providers to ensure compliance with the "duty of care" requirements under Section 34 of the Environmental Protection Act 1990.
- Liaise with Contracted Waste Plant Manager for Audit purposes and incidents.
- Develop waste prevention and environmental initiatives to comply with trust wide policies and local targets for improvement.
- Ensure that the clinical waste collection/disposal service is compliant with the Carriage of Dangerous Goods by Road Act 2009 by qualified approved drivers, and that goods carried conform to the Environmental Protection Act 1990 and Carriage of Dangerous Goods, Classification, Packaging and Labelling Act 2009.
- Provide professional input into completion of the Estates Returns Information Collection (ERIC) and NHS Environmental Assessment Tool (NEAT) systems
- Ensure that sufficient staff training programmes are available with respect to the segregation of waste, environmental matters and the carriage of dangerous goods.

- Maintain a register of all producer pre acceptance audits for all sites, producing clinical waste and ensure audits are reviewed within appropriate timescales.

6.4 Heads of Departments Responsibilities

Heads of Departments have a responsibility to ensure their staff receives relevant waste management training and are aware and understand the importance of segregation of clinical and domestic waste along with environmental issues and finance costs of incorrect segregation. Where waste management files are held on site, Heads of Department will ensure that the Duty of Care Waste Transfer Note and relevant documentation is collated and stored for a minimum period of three years.

6.5 Clinical Staff Responsibilities

Clinical staff that produce clinical waste have an additional responsibility to ensure all clinical waste is properly segregated and deposited in appropriate containers and stored safely, securely away from patients and the public whilst awaiting collection.

6.6 General Staff Responsibilities

Staff generally will produce waste in the normal course of their work and have an implicit responsibility to ensure the waste is minimised. Where waste can not be avoided staff must ensure it is effectively segregated into the appropriate waste stream and stored in the relevant container to clearly identify the waste prior to collection and disposal.

7 IDENTIFICATION, DESCRIPTION AND SEGREGATION OF WASTE

All waste produced by the Trust is defined as “commercial waste” i.e. resulting from operations of a commercial nature. As such all waste requires to be controlled by the Trust and is also termed “controlled waste” meaning its storage, transport and disposal are strictly controlled by legislation. It is an offence to infringe or disregard legislative requirements. The Trust has a duty of care to ensure waste is properly dealt with from the time waste is generated until its ultimate disposal (from cradle to grave). This disposal is usually carried out on our behalf by a specialised waste treatment company. This does not discharge our duty of care with regard to its safe handling and disposal

7.1 Waste Categories

Waste produced by the Trust can also be further categorised into one of the following:

- Clinical waste
- Pharmaceutical waste
- Offensive waste

- Domestic (municipal) waste
- Hazardous waste

Each of the above are defined as follows:

7.2 Clinical Waste

The Controlled Waste Regulations describe clinical waste as:-

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

Broadly clinical waste can be divided into two categories:-

Waste which poses a risk of infection

There are two levels of infection that dictate the safe disposal method

- Moderate infection (Group B) – most likely to be found in the community setting.
- High risk (Group A) – limited to waste produced from highly contagious specific tropical diseases unlikely to be encountered in a community setting. The list of such diseases is specified in HTM 07-01.

7.3 Pharmaceutical waste

Pharmaceutical waste in both the controlled Waste Regulations and Safe Management of Healthcare Waste is a unified definition which includes expired, unused, spilt, and contaminated pharmaceutical drugs, products, vaccine and sera that are no longer required and need to be disposed of appropriately. The category also includes discarded items contaminated from use in the handling of pharmaceuticals, such as bottles or boxes with residues, gloves, masks, connecting tubing, syringe bodies and drug vials. HTM 07-01 divides medicines into three broad groups:-

- Cytotoxic and cytostatic
- Pharmaceutically active but not cytotoxic nor cytostatic
- Not pharmaceutically active and possessing no hazardous properties (quoted examples include saline and glucose).

Pharmaceutical waste is listed in chapters 18 and 20 of the European Waste Catalogue. The terms cytotoxic and cytostatic relates to classification of waste medicines in the EWC. Cytotoxic and cytostatic medicines are classed as hazardous waste, although other medicines often possess hazardous properties and therefore require appropriate treatment and disposal.

A cytotoxic or cytostatic medicine is a medicinal product containing one or more of the hazardous properties:-

- H6: Toxic
- H7: Carcinogenic
- H10: Toxic for reproduction
- H11: Mutagenic.

Cytotoxic and Cytostatic medicines will be identified and handled separately from other medicines. They can be identified from the “List of Recognised Cytotoxic and Cytostatic Medicines” published by North Cumbria University Hospitals Trust Pharmacy Department.

Other medicines may have hazardous properties and not be cytotoxic or cytostatic. These hazards should be identified to subsequent holders for the purposes of Duty of Care and safe transport.

Where no central Trust operated pharmacy exists on a site, all waste pharmaceutical items shall be consigned directly to an authorised waste management contractor.

7.4 Offensive Waste

The majority of clinical waste by its nature will also be classed as hazardous waste. Some waste (sanitary and incontinence pads mainly) may however be defined as “offensive” waste i.e. waste that is its very nature and content looks offensive but it is not hazardous as it poses no great infection risk to others. This waste can however only be described as offensive following an assessment to ensure there is no risk of the waste being infectious and therefore hazardous. (For example an incontinence pad considered containing any infectious material in the bodily fluids or faeces will be deemed hazardous). Safe Management of Healthcare Waste takes this classification further by defining infectious waste as waste that poses a known or potential risk of infection.

An offensive waste stream will therefore only be used following a specific risk assessment to confirm there is no infectious material in the waste

7.5 Domestic (Municipal) Waste

Waste is termed “domestic” for ease of understanding, although not produced in a domestic environment is the same type of non-hazardous, non-risk waste that would be produced in a domestic environment.

Examples being normal household waste, flowers, paper towels, paper, cardboard, plastic cups, newspapers etc.

7.6 Hazardous Waste

Hazardous waste is defined as waste of any kind that may be so dangerous or difficult to treat, keep or dispose of, that special provisions are required to deal with. All infectious waste is classed as hazardous.

Examples being most clinical waste, some drugs, paints and solvents, NiCad/ lead acid batteries, chemicals, asbestos, mercury, fluorescent light tubes, televisions and monitors.

In determining whether a waste is hazardous the assessor shall refer to the Environment Agencies Technical Guidance WM2 Interpretation of the definition and classification of Hazardous Waste document available from the Environment Agency website.

7.7 European Waste Catalogue

All waste shall also be identified by a six digit code in accordance with the European Waste Catalogue that can be down loaded from the Environment Agency. The first two digits relate to the EWC chapter of waste, the second two digits to the sub group of waste and the last two digits are unique to the waste. This provides an internationally recognisable numeric description of the waste that should be quoted on all waste disposal and transfer forms.

8 SEGREGATION OF WASTE

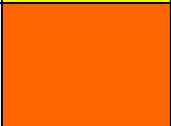
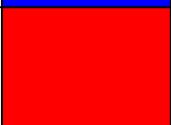
To ensure the safe and economic segregation of waste, different coloured bags and coloured safety containers are provided to ensure waste is deposited in the correct waste stream. These bags/containers are used generally throughout individual sites and are strategically placed for ease of disposal.

8.1 Wards/Departments Embedded in Other Trust Hospitals

Waste from wards and departments embedded in hospitals operated by other Trusts will have bags and containers provided by and collected by that Trust.

8.2 Approved Waste Segregation Colour Codes

The table below shows waste receptacle colours approved by Safe Management of Healthcare Waste:-

Colour		Waste disposal method
Purple		Clinical waste that requires disposal by incineration at a higher temperature than that of yellow
Yellow		Clinical waste that requires disposal by incineration
Orange		Clinical waste requiring treatment by alternative technology (high temperature treatment)
Yellow with black stripe		Offensive waste that can be disposed of to deep landfill.
Black		Domestic (municipal) waste that can be disposed of to landfill
White		Dental amalgam waste for recovery
Blue		Non-hazardous pharmaceutical waste for incineration.
Red		Anatomical waste for incineration

8.3 Cost Savings by Efficient Segregation

Individuals should always consider safety first when segregating waste at initial point of disposal and this should be supported by a training regime to empower efficient segregation. Non-clinical domestic type waste will be produced in ward and other clinical areas e.g. waste paper and flowers. With care staff can maximise the placement of these items in the black bag “domestic waste” stream or appropriate recycling streams. There is an economical benefit to this as clinical waste costs approximately six times more to dispose of than domestic waste.

8.4 Environmental Issues

In line with the Trust's Environmental Policy, the Trust has a duty to implement and improve the segregation of waste such that all appropriate waste may be recycled. Recycling has the advantage of reusing raw materials rather than extracting new materials from limited natural reserves. Recycling also reduces the impact on the environment from emissions to the atmosphere from energy used in the disposal process and reduces the amount of space required for landfill.

Staff should be encouraged to recycle where ever practical and the Trust shall implement systems to collect locally materials for recycling and transfer to recycling organisations. Examples of materials that can be recycled include aluminium drinks cans, glass bottles, paper, card board, printer/toner cartridges etc. Systems for recycling will continue to be trialled and introduced if proven effective.

9 DISPOSAL OF WASTE

The Trust will dispose of all categories of waste in the following manner:-

9.1 Hazardous (Clinical) Waste

Clinical waste will be disposed of in accordance with the HSE Guidance Note "Safe Disposal of Clinical Waste", the Department of Environment Waste Management Paper 25 "Clinical Waste" and "Safe Management of Healthcare Waste"

All soft clinical waste will be placed in approved appropriately colour coded sacks or sharps boxes and sealed at the point of initial disposal. Sacks should be no more than three quarters full, no more than 5 kg in weight and securely tied or sealed at the neck.

The origin (name of premises, ward /department) and date of disposal shall be marked on each container by the user prior to disposal, or a uniquely coded tag used to identify the origin.

Sharps containers shall be used for all single use sharp instruments and syringes and other articles likely to puncture a sack. Sharps containers must not be filled more than three quarters full and the lid must be effectively snap-sealed at time of disposal. Containers may be disposable, or recyclable, but the mode of operation remains unchanged.

Clinical waste sacks and sharps boxes should then be stored securely in the department or placed in secure carts with yellow lids located adjacent to wards.

Anatomical waste including placentas in sealed tubs will be stored in freezers, and decanted into appropriately tagged carts immediately prior to collection by the waste contractor.

9.2 Clinical Waste Consortium

Cumbria Partnership NHS Foundation Trust and the host Trusts in which embedded Trust occupied wards and department are situated, are all members of the Northern Clinical Waste Consortium. The Consortium comprises the majority of Healthcare Trusts in Northumbria, Teesside and Cumbria that have joined together in contracts with a single supplier who undertake the safe disposal of clinical waste.

This company collects waste from designated Trust premises and disposes of the clinical waste by two methods depending on the type of designated clinical waste i.e. soft tissue waste, incontinence waste not designated as “offensive” are superheated in a chamber to render them harmless prior to disposing of the residue. Body parts including placentas and medicine contaminated sharps are disposed of by incineration.

The consortium has a dedicated manager that liaises with each Trust, supervises the management of the contract and quality of disposal on behalf of each Trust.

9.3 Domestic Municipal Waste

Small items of domestic waste shall be placed in black plastic bags and tied securely at the neck. The bags should be no more than two-thirds full, weigh no more than 5 Kg and placed into bins. When full the bags shall be kept secure awaiting collection from the wards or be placed securely in bins with black lids located externally adjacent to wards for subsequent collection. Domestic waste from clinical areas must be labelled or identified as to the point of origin.

9.4 Confidential Waste

Waste that is considered confidential should ideally be shredded at the initial point of disposal by way of an approved cross shredder and the residue placed in the domestic waste stream.

Where this is not practical, confidential waste shall be destroyed by an approved waste management contractor. Confidential waste shall be placed in a secure console provided by the contractor. The contractor will shred confidential material on site and a “transfer note indicating the date of collection and console ID number shall be issued for each service. Following destruction a “certificate of destruction” shall be issued by the contractor to confirm the confidential waste has been successfully shredded.

Where sites have excessive amounts of confidential waste that require disposal they should contact Estates Helpdesk 01228 603131 for advice.

9.5 Waste Disposal to Drain

Identified wastes, mainly pulped paper disposable bed pan/urine product waste containing normal bodily secretions disposed of via bed pan macerators may be disposed to the public sewer network.

The Trust will compile and maintain a register of substances discharged to drain, and when necessary seek appropriate permissions to discharge. This will be co-ordinated by the Trust's nominated Environmental Services Officer.

Disposal of unregistered waste to the public sewer network should only be undertaken following the approval and consent from the Local Waste Authority.

9.6 Mercury Spillage and Disposal

Mercury spillage shall be absorbed and contained within proprietary mercury spill kits.

The contaminated residue shall be placed in a sealed container and disposed of by an approved waste management contractor as a specific collection of hazardous waste.

9.7 Waste Electrical and Electronic Equipment (WEEE)

Electrical and electronic equipment should not be disposed of as domestic waste. The aim of the WEEE directive is to minimise the impact of electrical goods on the environment by increasing the amount of recycling and reducing the amount to landfill. Waste electrical and electronic equipment must be disposed of to an Authorised Treatment Facility licences to treat electronic waste. Ultimately the onus for collection, treatment and disposal of electrical equipment will be the responsibility of the producer.

Some electrical waste e.g. fluorescent tubes, TVs, PC monitors, refrigerators etc are also deemed as hazardous waste and must be disposed of accordingly. Hazardous electrical waste must be stored separate from that deemed non-hazardous.

Electrical equipment should not be considered waste simply because it is old, out of fashion or surplus to requirement. Electrical equipment must first be declared as condemned or beyond economical repair before it can be considered for disposal.

10 COLLECTION AND TRANSPORT OF WASTE

10.1 Waste Removed from Origin to Approved Local Disposal Point

The larger sites have designated local disposal points where waste from wards and departments can be conveniently deposited prior to transfer by Porterage Trust staff to the final disposal point.

The person removing the waste from its point of origin will be responsible for the transfer of this waste to the ward/department local collection point where it will be placed securely in the appropriate container provided. Under no circumstance shall waste be discarded in circulation corridors or other unprotected areas.

In the event of waste not being collected at regular intervals, or for waste being accumulated that does not fit into any of the recognised collection bags e.g. soiled mattresses, the Environmental Services Officer should be informed in order arrangements can be made for its speedy safe removal.

10.2 Waste produced in the community

Healthcare waste is routinely produced in the community, mainly by community nurses during home or school visits. Waste produced by healthcare staff as part of their "hands on" treatment to the patient is considered healthcare waste and is the responsibility of the Trust to ensure its safe disposal. Waste in these circumstances is likely to be sharps, swabs, soiled dressings etc.

Sharps shall be placed in a sharps box by the clinician and returned when full to the nearest Trust hospital or clinic/clinical base for disposal.

Waste may be left in location of the treatment, but only with the owners/occupiers permission. This permission should be recorded in the patient's notes.

The clinician will, at the time of disposal, assess the waste as either offensive or infectious for safe disposal. Small amounts of waste (less than a bin liner per week) considered offensive may be placed in the occupant's domestic waste stream. For larger amounts of offensive and all waste considered infectious the clinician will either remove the waste in appropriate containers to a local Trust hospital or make arrangements for it to be collected for safe disposal by a nominated approved waste contractor. For advice please contact Estates helpdesk 01228 603131

10.3 Duty of Care Waste Transfer Note

The Duty of Care Waste Transfer Note is a three part note that describes the type of waste (including EWC code) and quantity of the waste removed. It is completed at various stages of the disposal process by the producer of the waste, the carrier of

the waste who transports it to its disposal point and the consignee. This provides an auditable trail of waste movement.

It is a legal requirement to complete appropriate sections of the Note that should be retained for at least two years. Details of waste movements included in the Note may be requested by Environment Agency Inspectors to randomly confirm waste movements.

10.4 Hazardous Waste Consignment Notes

When waste deemed hazardous is transferred off site, a five part Hazardous Waste Consignment Note must be completed.

This requires the producer of the waste (the Trust) to identify the type and quantity of waste by description and the European Waste Catalogue code together with identification of the Hazard classification as identified in the Hazardous Waste Regulations. In addition each Note must be identified with an individual consignment number the Standard Industry Code number and the individual premises code.

The Standard Industry Code Number is a five digit code available from the Environment Agency website that provides a numeric national category of type of industrial/commercial premises producing the waste.

The Individual premise codes are required for premises that will produce more than 500kg of hazardous waste per annum. Registration for appropriate Trust premises shall be made annually to the Environment Agency by the Environmental Services Officer and advised to affected premises.

Premises producing less than 500kg of hazardous waste per annum are exempt from the requirement to have individual premises registration but are still required to comply with other requirements of the consignment note.

Each Hazardous Waste movement will be notified to the Environment Agency by the Consignee (the ultimate waste disposer) by a completed copy of the Note. Regular consignments may be notified at quarterly intervals.

10.5 Waste Carrier Registration

In order to transport controlled waste between premises organisations are required to hold a Certificate of Registration under the Control of Pollution (Amendment) Act 1989 issued by the Environment Agency. The Trust maintains a certificate that is renewed at three yearly intervals.

10.6 Carriage of Dangerous Goods

Hazardous waste may also be considered dangerous to transport and must be assessed in accordance with the Carriage of Dangerous Goods Regulations prior to transport to provide a category and UN number e.g. infectious clinical waste harmful to humans is Class 6, UN number 2814. Waste that is classified as “dangerous” (except for small quantities identified in the regulations as exemptions) shall only be carried in approved containers by competent drivers in vehicles designed to carry the waste.

10.7 Spillages

All spillages must be cleaned up without delay and should not be left unattended or unsecured. For waste spillages occurring in the department of origin or the department’s local collection point it shall be the responsibility of persons working in that department to clear the spillage.

Waste that is not adequately secured or contained will not be removed from local collection points to avoid the risk of spillage in transit.

10.8 Waste Management Licences & Exemptions

Waste produced by the Trust will only be transferred to waste disposal organisations that possess a waste management licence appropriate to the type of waste to be treated. The Environmental Services Officer shall ensure appropriate licences or exemptions are current.

Waste Management Licences are also required for the transfer and storage of hazardous waste (except for some small identified exceptions) from other organisations. It is not the intention for the Trust to hold a Waste Management Licence therefore waste deemed hazardous will not be imported into Trust property from another organisation.

For premises occupied by more than one organisation e.g. Trust space within an embedded hospital, waste produced may be combined for disposal with waste from other organisations e.g. the host Trust, without the need for a Waste Management Licence. In such cases a separate Environmental Agency premises code will be required for each Trust operating from a site.

11. STORAGE OF WASTE

It is necessary to store waste temporarily prior to collection or disposal. The holder of the waste shall introduce suitable housekeeping methods in order to keep waste safe from:-

- Corrosion and wear of containers

- Accidental spillage
- Accident or weather breaking open the container and allowing waste to escape
- Waste blowing away or falling while stored, handled or transported
- Scavenging of waste by animals, vandals or trespassers.

Highly flammable waste at department level must be stored in a secure “flammable cabinet” in vessels identifying the substance in a quantity less than 50 litres.

Store rooms and containers should remain locked when not in use.

12. TRAINING

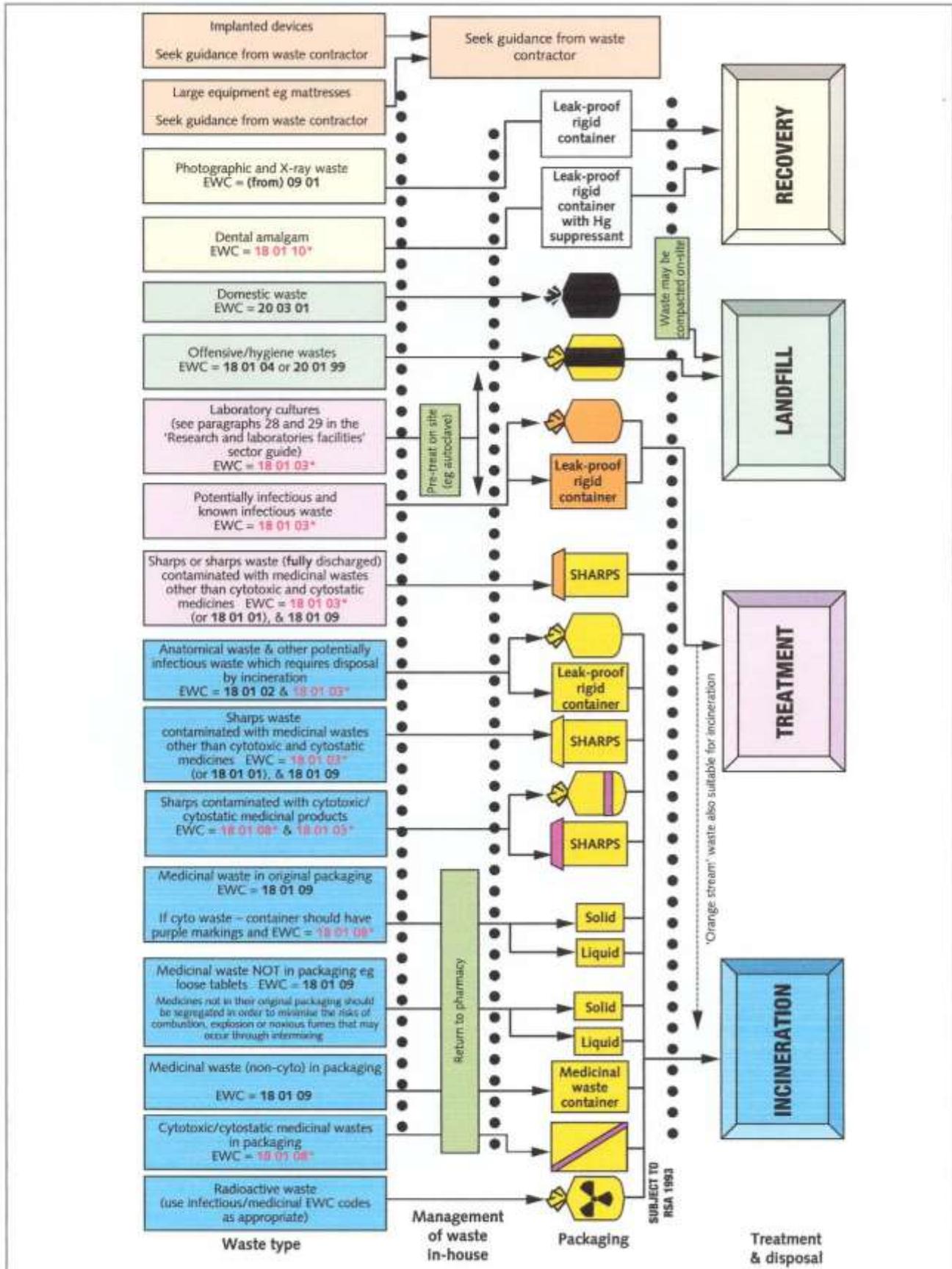
Training required to fulfil this policy will be provided in accordance with the Trusts Training Needs Analysis. Management of training will be in accordance with the Trusts learning and development Policy

13. WASTE CHARTS

The following waste chart provides guidance on disposal methods for various types of waste encountered in healthcare premises. These charts will be amended and updated to take account of changes in legislation and best practice.

For a particular waste needing disposal that does not fit into one of the waste chart sections the Environmental Services Officer should be contacted for further advice.

WASTE SEGREGATION CHART



14. MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Ensure that sites/departments are correctly handling, segregating and disposing of waste in line with HTM 07-01	Audit all high/medium risk sites and 50% of others.	Environmental Services Officer	Annually	Corporate Fire Health Safety and Security Committee	Director of Performance Improvement
Carry out a duty of care audit on contractors responsible for disposing of clinical waste.	Audit contractors site to ensure that they are complying with current legislation and site license issued by the Environment Agency.	Environmental Services Officer	Annually	Corporate Fire Health Safety and Security Committee	Director of Performance Improvement
Ensure that a Carriage of Dangerous Goods audit is carried out	Audit relevant aspects of Carriage of Dangerous Legislation.	Environmental Services Officer to appoint independent company to carry out a Trust wide audit.	Bi Annual	Corporate Fire Health Safety and Security Committee	Director of Performance Improvement

15. REFERENCES/ BIBLIOGRAPHY

Safe Management of Healthcare Waste

HTM 07-05 Treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment.

HTM 07-06 Disposal of pharmaceutical waste in community pharmacies.

16. RELATED TRUST POLICY/PROCEDURES

POL/002/029 Environmental Policy

POL/001/042/005 Infection Control Policy- safe handling and disposal of sharps

POL/001/013 Medicines Policy

APPENDIX 1: Waste Guidance Charts

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The contents below show waste data sheets for the typical wastes produced by the Trust. They are not exhaustive but do provide a quick reference to the hazards, storage and disposal requirements of different types of waste. For any waste not included, seek advice from the Trust's Environmental Services Officer prior to disposal.

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WASTE CHART 1 – AEROSOLS

DESCRIPTION	AEROSOL CANS
HAZARDS	Flammable; Explosive.
HANDLING PRECAUTIONS	Handle with care, do not puncture containers.
STORAGE	Place small quantities of non medical empty aerosols in a black domestic waste sack. No more than one per sack. Medical aerosols must be disposed of as pharmacy waste. See SOP 03. Bulk quantities of unused aerosols to dispose of – contact Environmental Services Officer
TRUST LABELLING	Ensure bags are tied correctly and labelled with place of origin.
INTERNAL TRANSFER NOTE	Not required.
TREATMENT & DISPOSAL	Non medical aerosols in black domestic sacks will be disposed of to landfill. Larger quantities and unused aerosols will be disposed of as hazardous waste H3a, H3b, contact Environmental Services Officer Medical aerosols will be incinerated with other pharmaceutical waste. No more than 6 aerosols in any pharmaceutical waste container. Larger quantities in a separate pharmaceutical waste container identified as containing aerosols.

WASTE CHART 2 – BATTERIES

DESCRIPTION	BATTERIES
HAZARDS	Environment – contain toxic metal compounds.
HANDLING PRECAUTIONS	Handle with care any battery likely to cause spillage e.g. lead acid vehicle batteries or leaking batteries.
STORAGE	<p>Damaged or discharged cells on industrial batteries should have any exposed terminals insulated with adhesive tape.</p> <p>Batteries containing acid to be stored separately correct way up in a leak proof but vented container. Hazard code H8</p> <p>Small disposable batteries e.g. torch, radio batteries should be collected for disposal by WEEE contractor</p>
TRUST LABELLING	Must be labelled with place of origin.
INTERNAL TRANSFER NOTE	Not required.
TREATMENT & DISPOSAL	All batteries will be collected by a WEEE contractor for recycling where possible and ultimate disposal

WASTE CHART 3 – Cardboard

DESCRIPTION	CARDBOARD
HAZARDS	Risk of cuts when slitting adhesive taped joints.
HANDLING PRECAUTIONS	Collapse cardboard boxes with care. Slit adhesive tape with retractable blade to allow boxes to be flattened.
STORAGE	<p>Store flattened cardboard boxes separately awaiting collection to in dedicated bins or carts for cardboard recycling where practical. Flatten and place small boxes in domestic waste sacks where recycling is not practical.</p> <p>Do not place non-flattened boxes into bins as this significantly reduces the available capacity for subsequent cardboard waste.</p> <p>Outer packaging of medicines should be torn to prevent reuse. Any packaging from medicines displaying personal information should be shredded or disposed of as confidential waste.</p>
INTERNAL TRANSFER NOTE	Not required.
TREATMENT & DISPOSAL	<p>Cardboard segregated for recycling will be recycled.</p> <p>Other cardboard in normal domestic waste stream will go to landfill</p>

WASTE CHART 4 – Computer Equipment

DESCRIPTION	PCs, monitors, printers etc
HAZARDS	Older type pc monitors (not flat screen) contain harmful chemical elements if exposed H5
STORAGE	Store redundant and waste computer equipment securely awaiting collection by Trust IT department
TRUST LABELING	None required for disposal
TREATMENT AND DISPOSAL	<p>Contact Trust IT department to arrange disposal. The IT department will remove surplus equipment to their base and assess for reuse or disposal.</p> <p>Equipment will be disposed of to contract authorised waste contractor to be disposed of as WEEE at an authorised treatment centre where components will be recycled.</p> <p>IT will remove hard drive and permanently purge of any stored data prior to securely transferring to waste contractor for destruction.</p>

WASTE CHART 5 – Confidential Waste

DESCRIPTION	CONFIDENTIAL WASTE
HAZARDS	None
HANDLING PRECAUTIONS	Manual handling – Managed by contractor.
STORAGE	<p>Confidential waste should ideally be shredded with an approved shredder at the initial point of disposal and the residue placed in the domestic waste stream. Where this is not practical, confidential waste shall be destroyed by an approved waste contractor.</p> <p>Confidential waste shall be placed in a secure console provided by the contractor. The contractor will shred confidential material on site and a “transfer note indicating the date of collection and console ID number shall be issued for each service. Following destruction a “certificate of destruction” shall be issued by the contractor to confirm the confidential waste has been successfully shredded.</p> <p>Where sites have excessive amounts of confidential waste that require disposal they should contact Estates Helpdesk 01228 603131 for advice.</p>
TRUST LABELLING	None required.
TREATMENT & DISPOSAL	<p>The contractor will collect the confidential waste from secure on site consoles. Following destruction under secure controlled conditions by shredding on site a certificate of destruction will be provided.</p> <p>All shredded paper is recycled.</p>

WASTE CHART 6 – Contaminated Mattresses

DESCRIPTION	CONTAMINATED MATTRESSES
HAZARDS	Risk of infection H9
HANDLING PRECAUTIONS	Handle with care, using appropriate personal protective equipment for the risk.
STORAGE	For torn or split mattresses assessed as contaminated with an infectious disease must be placed in a mattress size yellow clinical waste bag and tied with cable tie provided. Bags are available from NHS Supplies catalogue (code MVN003)
TRUST LABELLING	Affix label indicating origin of the waste.
TREATMENT & DISPOSAL	<p>Split contaminated mattresses will be disposed of by incineration. Notify the waste management contractor in advance to arrange collection.</p> <p>Note Disposal by incineration should only apply where the mattress can not be safely decontaminated. If the mattress surface is in tact i.e. no splits or tears and has a washable surface it should be decontaminated in accordance with the cleaning and disinfection policy CPCT/001/021/003 and the mattress should be disposed of as normal domestic waste.</p>

WASTE CHART 7 – Disposable Bed Pans/Urine Bottles

DESCRIPTION	DISPOSABLE BED PANS/URINE BOTTLES
HAZARDS	Possible risk of infection from hospital setting. H9
HANDLING PRECAUTIONS	Handle with care to avoid spillages, wearing protective aprons and gloves.
STORAGE	<p>Used disposable bed pans/urine bottles should not be stored, but disposed of immediately.</p> <p>Where maceration facilities are not available, empty contents in sluice where practical and place in either –</p> <p>Orange clinical waste sack when assessed as likely to be infectious or yellow and black (tiger stripe) offensive waste sack when assessed as non-infectious.</p>
TRUST LABELLING	Label any sacks identifying the origin of waste originating from healthcare premises. Sacks left for collection from domestic properties should not be labelled.
TREATMENT & DISPOSAL	<p>On site maceration is the preferred method– carefully place container and contents directly into bed pan macerator located in the ward for disposal via hospital foul water drainage system into external sewerage distribution network.</p> <p>Do not overfill macerators as this is likely to cause blockages to the machine.</p> <p>Where maceration facilities are not available dispose of to waste contractor. Orange sacks to high temperature treatment, tiger stripe to deep landfill</p>

WASTE CHART 8 – Disposable Glass Bottles and Jars

DESCRIPTION	BOTTLES AND JARS
HAZARDS	Risk of cuts and abrasions from broken glass
HANDLING PRECAUTIONS	Handle with care to avoid breakages.
STORAGE	<p>Separate bottles containing pharmaceutical products from other non pharmaceutical contents.</p> <p>All pharmaceutical bottles to be disposed of to clinical waste contractor for incineration. Store in pharmacy waste container with appropriate coloured purple or yellow top awaiting collection by clinical waste contractor. Bottles containing cytotoxic/cytostatic waste are deemed hazardous H6, H7,H10, H11</p> <p>Non pharmaceutical glass products – place in a recycling bin where possible. Use “Magpie” boxes or similar for department storage awaiting internal collection to recycling bins.</p>
TRUST LABELLING	Non required
TREATMENT & DISPOSAL	<p>All glass containing or contaminated with pharmaceutical products will be incinerated by a clinical waste disposal contractor.</p> <p>Non pharmaceutical glass will be recycled where practical. Small amounts of bottles may be disposed of to domestic waste in black sacks where recycling isn’t practical. Wrap glass to prevent breakage in transit and place in sack.</p>

WASTE CHART 9 – Domestic Waste

DESCRIPTION	DOMESTIC WASTE – Paper, flowers, packaging etc.
HAZARDS	None
HANDLING PRECAUTIONS	Handle with care.
STORAGE	<p>Domestic waste must be placed into black sacks.</p> <p>The sealed sacks should be placed in the appropriate bin and kept in a locked secure area or lockable waste skips. Do not leave unattended in public areas.</p> <p>Ensure bags are secured with either a cable tie or double knotted.</p> <p>Always recycle appropriate products where practical rather than disposing of as domestic waste.</p>
TRUST LABELLING	Affix a label indicating origin of the waste.
TREATMENT & DISPOSAL	Domestic waste is disposed of by the contractor at a landfill site.

WASTE CHART 10 – Fluorescent Tubes & Bulbs

DESCRIPTION	SPENT FLUORESCENT TUBES AND LOW ENERGY LIGHT BULBS
HAZARDS	Risk of cuts from broken glass if damaged. Tubes and bulbs contain an element of mercury H6
HANDLING PRECAUTIONS	Handle with care and avoid breakage. Wear protective gloves.
STORAGE	If spent items remain on site awaiting disposal, store in a designated and identified waste containers. Slide tubes into container and store horizontally to avoid falling. Do not leave exposed or leaning against walls.
TRUST LABELLING	Not required
TREATMANT & DISPOSAL	<p>Tubes and bulbs may be removed from site by a maintenance contractor or SLA estate department at time of the replacement.</p> <p>If tubes and bulbs are removed from the premises in bulk by the maintenance contractor or estates department a hazardous waste consignment note is required.</p> <p>Tubes and bulbs will be disposed of to an authorised light recycling plant for safe destruction and recycling.</p>

WASTE CHART 11 – Food Waste

DESCRIPTION	FOOD WASTE
HAZARDS	Environmental – potential contamination of soil, water, plants and animals, potential danger to humans, particularly children, Encourages incidence of vermin.
HANDLING PRECAUTIONS	Handle with care.
STORAGE	Wherever possible, food waste must not be stored in a department for longer than 24 hours. Where food waste must be stored, ensure that it is placed in a sealed container/ black bag and placed in a secure area.
TRUST LABELLING	Ensure waste sack is labelled with a place of origin.
TREATMENT & DISPOSAL	Where possible, food waste should be disposed of through maceration via a waste disposal unit. Food packaging waste is placed in a black bag, and put into the domestic waste stream. Dairy waste should be double bagged.

WASTE CHART 12 – Fridges & Freezers

DESCRIPTION	REFRIGERATORS/FREEZERS
HAZARDS	Environnemental – CFC refrigerant gas emissions H14.
HANDLING PRECAUTIONS	Manual Handling – ensure care is taken when lifting or moving a heavy load.
STORAGE	<p>Refrigerators should be kept by the department wishing to dispose of them, until arrangements have been made for repair or disposal. Refrigerators may be removed by SLA estates service to their depot for repair assessment and subsequently assessed as waste (beyond economical repair)</p> <p>Refrigerators remaining on site that are declared waste may be stored in an identified WEEE store or collected by waste contractor for individual disposal</p>
TRUST LABELLING	Not required
TREATMENT & DISPOSAL	<p>Refrigerators will be collected by authorised waste contractor as hazardous waste and sent for disposal at an authorised treatment centre.</p> <p>Refrigerant gasses will be reclaimed and fridge components will be dismantled for recycling.</p>

WASTE CHART 13 – Hazardous Chemical Waste

DESCRIPTION	HAZARDOUS CHEMICAL WASTE
HAZARDS	Waste specific, e.g. flammable, irritant, and toxic etc, varies with type of waste.
HANDLING PRECAUTIONS	Handle with extreme care, using the necessary personal protective equipment as recommended by the Control of Substances Hazardous to Health (COSHH) assessment.
STORAGE	Where waste has to be stored, it should be securely contained and locked away from the public. Ensure it is only stored in its original containers and the storage conditions are suitable to those identified on the containers
TRUST LABELLING	Not required
TREATMENT & DISPOSAL	<p>The COSHH assessment, together with the manufacturer's data sheets, should be consulted to obtain information for correct disposal.</p> <p>Arrangements must be made to dispose of the hazardous chemical waste by an authorised contractor. Advice on disposal can be obtained from the waste manager or waste contractor.</p>

WASTE CHART 14 – Infusion Fluids

DESCRIPTION	INFUSION FLUIDS
HAZARDS	None pharmaceutically active, no hazard.
HANDLING PRECAUTIONS	Handle with care.
STORAGE	Store according to instructions on label.
TRUST LABELLING	None required
TREATMENT & DISPOSAL	<p>Out of date unused and part used bags of fluids must be disposed of in the ward area by disposing of fluids into the sink or sluice, then flushing with water.</p> <p>Bags can be disposed of to domestic waste.</p> <p>Part used fluids containing drug additives must be disposed of as pharmaceutical waste and not poured down the drain. See SOP 03</p>

WASTE CHART 15 – Mercury

DESCRIPTION	MERCURY SPILLAGE
HAZARDS	Environment – toxic metal. Toxic by inhalation or ingestion. H6
HANDLING PRECAUTIONS	Handle spilt mercury with care, avoid skin contact. Wear PPE provided with mercury spillage kit. Ventilate room of spillage immediately. Follow instructions provided with mercury spillage kit.
STORAGE	Store spillage residue and collecting tools in container provided with spill kit. Store container in a secure area awaiting disposal on site; do not transfer mercury spillage to another site.
TRUST LABELLING	Collection container included in spill kit provides sufficient labelling.
TREATMENT & DISPOSAL	Treat any broken sphygmomanometers and thermometers causing the mercury leakage as mercury waste Dispose of waste mercury and redundant equipment containing mercury to an authorised waste management contractor. Arrange collection and disposal immediately after any spillage collection to minimise storage time on site.

WASTE CHART 16 – Offensive Waste

DESCRIPTION	Dressings, incontinence products, sanitary products, plaster casts etc from patients assessed as non-infectious. This category of waste is currently not commonly used in the Trust due to the need for individual assessment.
HAZARDS	None, waste normally presents itself as unsightly or smelly due to its nature but is not considered hazardous.
HANDLING PRECUATIONS	Wear disposable gloves and aprons
STORAGE	<p>Place sanitary products in contractor provided receptacles where provided. These will be exchanged at collection frequencies. The remainder of offensive waste, place in yellow and black tiger stripe waste sacks.</p> <p>Where offensive waste is produced by community nurses etc in the home environment as part of their “hands on” treatment, the waste may be left in the home and arrangements made for its collection with the occupier’s permission.</p> <p>If there is any doubt about the waste not containing any infection then treat as soft clinical waste.</p>
TRUST LABELLING	Affix label indicating origin of the waste from healthcare premises. Waste produced in the home environment should not be identified to its origin.
TREATMENT & DISPOSAL	Offensive waste will be disposed of to deep landfill by the waste management contractor.

WASTE CHART 17 – Paper Waste

DESCRIPTION	Waste office paper, newspaper, magazines, thin paper packaging etc.
HAZARDS	None
HANDLING PRECAUTIONS	Manual Handling – ensure bags are lifted and carried correctly.
STORAGE	Where paper recycling facilities exist place in blue plastic sacks or department located paper recycling bins. Tie bags when full and store for collection. Shredded confidential waste paper can be included for recycling. If there is no paper recycling, treat as domestic waste.
TRUST LABELLING	None required.
TREATMENT & DISPOSAL	Where local arrangements exist, all waste paper should be recycled. Recycled paper will be treat by the waste management contractor to allow it to be mixed into the manufacture of new paper products Paper disposed of into the domestic waste stream will merely go to landfill.

WASTE CHART 18 – Pharmaceutical Waste

Below provides a brief description of the process for the disposal of pharmaceutical waste. For a more detailed procedure refer to SOP 03 “Procedure for disposing of waste medicines direct from community hospitals and clinics”

DESCRIPTION	All waste medicines, drugs and pills etc.
HAZARDS	Items containing cytotoxic or cytostatic products are hazardous H6, H7, H10, H11
HANDLING PRECAUTIONS	Keep secure at all times before and after placed in waste containers. Denature all controlled drugs in accordance with Safe and Secure Handling of Controlled Drugs policy.
STORAGE	Place in appropriate pharmaceutical containers awaiting disposal.
TRUST LABELLING	Label all containers to identify origin of waste prior to disposal.
TREATMENT AND DISPOSAL	Consign pharmaceutical waste direct from the premise to an authorised waste management contractor. Do not return waste items to the Acute pharmacy departments on a different site. Pharmacy waste must be incinerated.

WASTE CHART 19 – Plastic Containers

DESCRIPTION	All plastic bottles and containers that are not contaminated with pharmaceutical products.
HAZARDS	Environment – if incinerated, form acidic gases: Hydrogen Chloride; Hydrogen Fluoride.
HANDLING PRECAUTIONS	No precautions required
STORAGE	<p>Plastic containers suitable for recycling should be placed in identified recycling bins or carts. Smaller receptacles may be provided in departments for regular transfer to the recycling container.</p> <p>If no recycling facilities available, treat as domestic waste into black bags.</p> <p>Any plastic container contaminated with pharmaceutical products should be treated as pharmaceutical waste, see chart 18</p>
TRUST LABELLING	None required
TREATMENT & DISPOSAL	<p>Plastics suitable for recycling will be processed and mixed into the manufacture of new plastic products. The recycling contractor will advise what type of plastic is suitable for recycling.</p> <p>Plastics in domestic waste stream will merely be disposed of as landfill.</p>

WASTE CHART 20 – Sharps

DESCRIPTION	<p>Syringes, needles, glass vials and sharp instruments used in patient care.</p> <p>It is assumed all sharps normally have the potential to be contaminated with prescription only medication or other infectious substance.</p>
HAZARDS	<p>Medical – risk of skin puncture and possible infection H9.</p> <p>Sharps containing cytotoxic/cytostatic products will be hazardous. H6,H7, H10, H11</p>
HANDLING PRECAUTIONS	<p>Handle with care.</p>
STORAGE	<p>Place used sharps directly into the appropriate sharps boxes at the point of administration. Syringes, needles and cartridges should be discarded intact unless specific exemption to the contrary exists.</p> <p>Place into appropriate boxes, purple lid for cyto contaminated products. Yellow lids for other products contaminated with prescription only medicines (POMs). Use orange lids only where contents does not include POMs.</p> <p>Assemble sharps boxes correctly, fill no more than $\frac{3}{4}$ full. Close lid aperture when not in use and lock lid permanently closed when full.</p> <p>Store out of reach of children when in use. Store securely in locked room when not attended. Store on shelf in a locked room awaiting collection or in dedicated locked clinical waste bins for each sharps box lid colour.</p>
TRUST LABELLING	<p>Complete details of assembly, closure, and location of origin on the label affixed to the sharps box.</p>
TREATMENT & DISPOSAL	<p>Sharps boxes collected by an approved clinical waste contractor for disposal by incineration</p>

WASTE CHART 21 – Soft Clinical (Hazardous) Waste

DESCRIPTION	CLINICAL WASTE – Including soiled dressings, swabs, and other contaminated waste from treatment areas.
HAZARDS	Medical – risk of possible infection. H9
HANDLING PRECAUTIONS	Handle with care, storage bags are only to be handled by the neck.
STORAGE	Place soft waste directly into an orange sack clearly marked 'Clinical Waste'. Seal the bag at the neck when three quarters full by either swan necking and cable tie or double knotting. Affix label clearly indicating the origin of the waste. When full store in a lockable sluice or designated locked clinical waste cart awaiting collection to the clinical waste storage area. Do not leave sacks unattended in public areas
TRUST LABELLING	Ensure bag is tied correctly, and labelled to identify the origin of the waste (except for waste produced in patients own homes). Ensure Trust name is included for premises shared with other organisations.
TREATMENT & DISPOSAL	Soft clinical waste placed in orange clinical waste sacks will be disposed of by high temperature treatment. Any clinical waste in yellow clinical waste sacks will be incinerated.

WASTE CHART 22 – Electrical & Electronic Equipment (WEEE Waste)

DESCRIPTION	All electrical equipment including that identified on separate waste charts that is powered by an electricity supply or batteries. Medical equipment is however excluded from WEEE
HAZARDS	Environment – some equipment contains toxic metal compounds. H6, H14
HANDLING PRECAUTIONS	No particular handling requirements other than normal moving and handling techniques.
STORAGE	<p>Equipment should be stored centrally in a dedicated secure WEEE store awaiting collection by authorised disposal agent.</p> <p>Those items considered hazardous e.g. fridges, CRT monitors and TVs etc. should be stored separate from non-hazardous equipment.</p> <p>Equipment may be transferred by Trust staff to a WEEE store on another site belonging to the PCT if necessary.</p>
TRUST LABELLING	None. required
TREATMENT & DISPOSAL	<p>Disposal frequencies should be no longer than six months.</p> <p>Electrical and electronic equipment will safely be dismantled by the authorised contractor and appropriate materials recycled prior to disposal of residues.</p> <p>Bulk waste equipment removed from hospital may contain items designated hazardous. In this case the waste must be consigned on a hazardous waste consignment note.</p>

WASTE CHART 23– ASBESTOS REMOVAL

DESCRIPTION	SAFE HANDLING / REMOVAL OF MATERIALS / PRODUCTS COTAINING ASBESTOS
HAZARDS	Environmental – potential contamination from air-borne fibres if any asbestos materials are disturbed. This will present a danger to anyone in the vicinity breathing in the said fibres.
HANDLING PRECAUTIONS	Asbestos waste will normally be collected direct from the source by a specialist contractor. Small items of low risk asbestos waste e.g. asbestos boarding may however be handled by trained estates personnel ensuring the appropriate PPE is used. This will include:- Disposable overalls fitted with hood. Boots without laces. Disposable particulate respirator type (FF P3)
STORAGE	Waste asbestos materials removed by estates personnel must be double polythene bagged and stored in the designated location within the estates compound. This hazardous waste will be collected and taken away by our specialist contractor who is licensed to do so by the HSE. The Estates department will retain a copy of the collection consignment note.
TRUST LABELLING	Ensure any double bagged waste is labelled with place of origin.
INTERNAL TRANSFER NOTE	Ensure collection consignment note is filled in and signed by all parties concerned.
TREATMENT & DISPOSAL	The hazardous contents of the double bagged asbestos waste will only be moved by the specialist contactor. The disposal of this waste will be in line with the Environment Agency approved form HWAMCCNO1v051.

WASTE CHART 24– PHENOL WASTE

DESCRIPTION	Phenol waste from podiatry treatment
EWC CODE	18 01 07
HAZARDS	Toxic on contact with skin, causes burns.
HANDLING PRECUATIONS	<p>Place phenol swabs in yellow top sharps box dedicated to storage of phenol as soon as possible after treatment. Avoid contact with phenol contamination on swab.</p> <p>Employ precautions as COSHH assessment and safe working procedure.</p> <p>Place empty bottles containing residues of phenol with bottle lid securely closed in sharps box.</p> <p>Special arrangements to be initiated for disposal of bottles containing phenol liquid.</p>
STORAGE	<p>Store sharps box with lid in temporary closed position away from immediate work area in a ventilated room when not in use.</p> <p>Ensure sharps box assembly details are completed on commencement of use and use and do not use the box for more than three months.</p> <p>Store sharps box so it can be separately identified in any holding store prior to collection by the waste contractor.</p> <p>Ensure holding store is ventilated.</p>
TRUST LABELLING	Complete the assembly and closure label on the sharps box at the appropriate times. Endorse the sharps box with a label or similar in a visible position when handling “ PHENOL – DESTROY BY INCINERATION, EWC CODE 18 01 07”
TREATMENT AND DISPOSAL	Phenol waste to be separately consigned to clinical waste contractor with other non-hazardous pharmaceutical waste.

WASTE CHART 25– PLACENTAS

DESCRIPTION	Placentas are considered to be anatomical waste produced by midwifery service that may be incorporated into community hospital waste stream awaiting collection.
EWC CODE	18 01 03
HAZARDS	Risk of infection H9
HANDLING PRECUATIONS	<p>Individual placentas should be placed sealable plastic bags inside a leak proof placenta tub available from NHS Supplies catalogue that clearly identifies the waste as placentas.</p> <p>Once full or prior to any internal transport the lid should be sealed and not reopened.</p> <p>Placentas should be transported upright in the sealed containers and stored in freezer as soon as practical.</p>
STORAGE	<p>Store placentas in a freezer at a temperature below 0 degrees C until immediately prior to collection by waste contractor. Ensure placentas remain frozen by regularly checking temperature.</p> <p>Do not store for more than three months.</p>
TRUST LABELLING	Ensure label on the placenta tub is completed by the maternity department with details indicating hospital it is to be stored at, department details identified as “Maternity” and closure date when the tub is sealed. This should be completed by maternity before accepting into community hospital waste stream.
TREATMENT AND DISPOSAL	Placenta tubs to be collected by an approved clinical waste disposal contractor for disposal by incineration.

WASTE CHART 26– ALCOHOL GEL CONTAINERS

DESCRIPTION	Alcohol gels are commonly used to disinfect hands throughout healthcare premises. They are normally supplied in individual plastic dispenser bottles or larger polythene sachets for wall mounted dispensers.
EWC CODE	15 01 10*
HAZARDS	Flammable H3. Typical flash point temperature is approx 21 degrees C
HANDLING PRECUATIONS	Keep waste containers away from excessive sources of heat.
STORAGE	Store bulk supplies of alcohol in original packaging away from excessive heat sources.
TRUST LABELLING	None required
TREATMENT AND DISPOSAL	<p>Discharged alcohol gel containers can be disposed of to domestic or recycling waste providing alcohol residues are removed by-</p> <ul style="list-style-type: none"> • Fully discharge used plastic bottles to remove residues and wash out bottles with warm soapy water to drains • Cut used polythene sachets and squeeze out alcohol residues. Wash out sachets with warm soapy water to drain. <p>Only washed out empty containers are suitable for disposal to domestic waste. Partly used or unused “out of date” containers should be disposed of as hazardous waste H3. Seek advice from the Trust Waste Advisor.</p>

APPENDIX 2

Approved receptacle colours for waste

Container	Typical type of waste	Disposal method	Comment
	Sharps waste contaminated with non -cytotoxic/cytostatic prescription only medicines. Disposable metal instruments likely to be contaminated.	Incineration	Recommended for all sharps waste other than those contaminated with cytotoxic/cytostatic medicines
	Sharps waste contaminated with cytotoxic and cytostatic medicines. Occasional dropped or refused pills not in their original packaging.	Incineration at a higher temperature than that of containers with yellow tops.	Limited use only
	Soft clinical waste considered to be infectious (group B infections) Incontinence products where there is a likelihood of infection present.	High temperature treatment	Used for all soft clinical waste produced in a community hospital or clinic setting.
	Waste pharmaceutical items (excluding cytotoxic and cytostatic) contained in their inner packaging (blister packs, bottles etc). Empty medicine bottles and small quantities of prescription aerosols Leak proof lids for disposal of bulk liquids.	Incineration	Majority of pharmaceutical waste does not contain cytotoxics but waste pharmaceutical items should be checked against cyto list. Separately identify container as a “highly flammable” when disposing of bulk prescription only aerosols.
	Waste pharmaceutical items that contain cytotoxic and cytostatic products. Leak proof container for disposal of bulk liquids	Incineration at a higher temperature to that of pharmacy waste in yellow topped boxes	Likely only small infrequent amounts will ever be produced in community hospitals and clinics.
	Fully discharged sharps waste that can be guaranteed not to be contaminated with prescription only medicines. Blood samples considered not to be infectious. Plastic disposable instruments	High temperature treatment	Not recommended for use in community hospitals. Use of yellow top sharps box preferred unless deposits can be guaranteed to contain no prescription only medicines

	<p>Offensive waste – non infectious sanitary products, incontinence products, stoma bags.</p>	<p>Deep landfill</p>	<p>Only use when waste has been assessed as not having any risk of infectious contents present.</p> <p>If in doubt use the orange clinical waste sack.</p>
	<p>Anatomical waste, placentas</p> <p>Leak proof container.</p> <p>Containers are stored in frozen state from initial collection to ultimate disposal.</p>	<p>Incineration</p>	<p>Limited use only</p>
	<p>Soft clinical waste considered to be highly infectious (group A infections).</p>	<p>Incineration</p>	<p>It is unlikely these will be used as it is unlikely infections from Group A diseases will be encountered in a community setting.</p>
	<p>Soft clinical waste contaminated with cytotoxic or cytostatic products.</p>	<p>Incineration at a higher temperature than yellow sacks.</p>	<p>It is unlikely these will be used in a community setting.</p>
	<p>Leak proof containers provided by specialist waste disposal contractor for dental waste. Containers for amalgam products have vapour suppressants in them.</p>	<p>Waste will be separated and recycled by specialist disposal company.</p>	<p>Colour of tops may vary dependant on specialist contractor employed</p>

APPENDIX 3

Waste Management Standard Operating Procedures SOP 02

Procedure for consigning hazardous waste

Issue date – June 2012
Review date – June 2015

A hazardous waste consignment note must accompany each consignment of hazardous waste removed from the premises. These notes will normally be provided by the waste carrier (the contractor who collects the waste).

Consignment notes comprise at least three identical self carbonated leaves and are completed to record detail of the hazardous waste removal, transfer and subsequent disposal /treatment. Details of non hazardous wastes collected at the same time can also be recorded on the consignment note.

Consignment notes are completed at each stage of the process by –

- The consignor, the Trust employee who hands over the waste.
- The carrier, the contractor that collects the waste.
- The Consignee, the company that eventually receives the waste to recover or dispose of it.

A sample consignment note is shown in appendix A, The design of hazardous waste consignment notes may differ between contractors but the form for recording necessary details will remain the same i.e. sections A to E to complete.

Even though the consignment notes may be pre printed and partly completed by the carrier, it is the responsibility of the consignor to ensure that the waste is properly described and all necessary details are correctly completed in sections A to D before the waste is removed. Where there is insufficient space to provide an adequate description of waste types a continuation sheet should be attached to the consignment note by the consignor.

Completing to consignment note

PART A

The consignor must ensure that all details in this part are correct as follows.

1. The consignment note code will comprise - the first six digits will always comprise the premises hazardous waste producer code if registered with the

Environment Agency. The remaining digits will be a random code used only for that consignment e.g. 00001, 0002 and so on.

If the premises is not registered with the Environment Agency as a hazardous waste producer the code EXEAAA should always be used as the first six digits.

Individual premises, where required, are registered as hazardous waste producers annually with the Environment Agency. Current producer registration code will be shown in the Waste Management file held on each site.

2. The address including post code and telephone and fax number for where the waste is removed from is correct.
3. The premises hazardous waste producer code where applicable must be shown. If the premise is not registered as a hazardous waste producer "N/A" should be entered.
4. The address including post code of where the waste is to be taken to must be shown.
5. The waste producer will normally be the same as the consignor i.e. the healthcare premises therefore "AS 2" should be inserted.

PART B

This part provides an adequate description of the waste types removed by using standard European Waste Catalogue, UN codes and any intrinsic hazards that may be present to describe each type of waste included in the consignment.

It is the consignor's responsibility to ensure this is correctly completed before handing over the waste.

1. The process giving rise to the waste – enter "healthcare"
2. The SIC code is the standard industry code describing the business or activity that produces the waste. The code for each premise can be found in the premise waste management file.
3. The majority of the waste details shall normally be pre printed or completed by the carrier on collection. The quantity in Kg. weight should be assessed and agreed with the driver and the container details completed describing the number, size and type of container e.g. 5 litre sharps.

The consignor should witness the quantity and range of waste to confirm waste details recorded on the form.

PART C

It is the responsibility of the carrier to correctly complete part C. The carrier must tick the box if he intends to use other carriers to subsequently transfer the waste to another carrier prior to recovery or disposal and must –

1. Complete details of the carrier including address including post code and telephone number.
2. Insert their waste carrier's registration number. Carrier registrations are issued by the Environment Agency. Carrier registrations for all carriers used by the Trust have been verified and can be found in the Schedule of waste management contractor's registrations and permits in the premise waste management file.
3. Complete the registration number of the vehicle used to collect the waste.
4. Sign and date the part C including inserting the time (using 24 hour clock) of the collection.

PART D

It is the responsibility of the consignor to complete Part D. It should only be completed following completion of Part C by the carrier and he/she believes the other information recorded above is correct.

1. The consignor must print his/her name as the consignor and enter the address including post code and telephone number of where the waste is removed from.

The consignor should then sign Part D and complete the date and time of collection.

On completion of Part D, the top copy of the note shall be retained by the consignor and securely filed in the waste management file in the appropriate contractor section in date order. All consignment notes should be retained for at least three years.

Procedure for consigning hazardous waste

Form HWCNO1v051

The Hazardous Waste Regulations 2005:
Consignment Note



PART A Notification details

1 Consignment note code:

2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile):
Environment Agency
Units 10 & 11, Greyfriars Business Park,
Stafford, ST17 4QU
Tel: 01785 782500, Fax: 01785 782599

3 Premises code (where applicable):

4 The waste will be taken to (name, address and postcode):

The Disposal Place Company Ltd
East Gable Street
Stoke-on-Trent
ST6 3AA

5 The waste producer was (or different from 2) (name, address, postcode, telephone, e-mail, facsimile):
As A2

PART B Description of the waste

If continuation sheet used, tick here

1 The process giving rise to the waste(s) was: replacing old lighting tubes 2 SIC for the process giving rise to the waste:

3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code)(6 digits)	Quantity (kg)	The chemical/biological components of the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, number and size
			Component	Concentration (% or mg/kg)			
fluorescent lighting tubes	2 0 0 1 2 1	22	mercury	0.1%	Mixed	H5	1 cubic metre bin

The information given below is to be completed for each EWC identified

EWC code	Packing group(s)	UN identifier number(s)	Proper shipping name(s)	UN class(es)	Special handling requirements
2 0 0 1 2 1	N/A	N/A	N/A	N/A	N/A

PART C Carrier's certificate

(If more than one carrier is used, please attach schedule for subsequent carriers. If a schedule of carriers is attached tick here.)

I certify that I today collected the consignment and that the details in A2, A4 and B3 are correct and I have been advised of any specific handling requirements.

1 Carrier name: Bob LeCarre
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
Carre-it-all Ltd, 10 High Way, Stafford, ST16 4RF
Tel: 01785 992040, Fax: 01785 992041

2 Carrier registration no./reason for exemption:
BUT/995689

3 Vehicle registration no. (or mode of transport, if not road):
CAS1 RRE

Signature

Date Time

PART D Consignor's certificate

I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

1 Consignor name: Trevor Inspector
On behalf of (name, address, postcode, telephone, e-mail, facsimile):

Environment Agency
Units 10 & 11, Greyfriars Business Park,
Stafford, ST17 4QU
Tel: 01785 782500, Fax: 01785 782599

Signature

Date Time

PART E Consignee's certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted/rejected	Waste management operation (R or D code)
2 0 0 1 2 1	22	Accepted	R13

1 I received this waste at the address given in A4 on: Date Time

2 Vehicle registration no. (or mode of transport if not road):
CAS1 RRE

3 Where waste is rejected please provide details:

Name: Frank James
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
The Disposal Place Company Ltd
East Gable Street
Stoke-on-Trent
ST6 3AA Tel: 01782 993456, Fax: 01782 993457

I certify that waste management licence/permit/authorised exemption no(s).

authorises the management of the waste described in B at the address given in A4.

Signature

Date Time

**Waste Management Standard Operating Procedures
SOP 01**

Procedure for maintaining Waste Management File

**Issue date – June 2012
Review date – June 2015**

Hospital/site -

This file must remain on site where the waste is produced and be readily available for inspection. This file should be kept and maintained by –

Transfers of all waste to all contractors employed in removing waste should be recorded in this file in date order in the appropriate section for each contractor.

Records of individual waste consignments removed directly from individual departments under the Trusts control (including those from any Acute Trust department employed on this site for services provided to the Trust under a service level agreement) should also be included. Those departments should however maintain copies if they so wish.

Records of all waste transfers and consignments should be placed in the file as soon as possible following the transfer. These are legal documents and should be kept secure and filed accordingly.

Periods for retention

Hazardous waste consignment notes and producer return notifications should be kept on file for a minimum of **three** years. Controlled waste transfer notes for non-hazardous waste should be kept for a minimum of **two** years.

Hazardous waste consignment notes and producer returns

Hazardous waste consignment notes on file should be reconciled with the producer returns notifications at least quarterly. The producer returns will be sent by the disposal company at least quarterly confirming disposal of all waste transfers within that quarter. If the records of hazardous waste transfers and confirmation of disposals do not match, inform the waste company and the Trust's waste management advisor.

Reconcile the quarterly returns by ticking off each waste transfer if it matches the date and description of waste removal, including weight removed, on the hazardous waste consignment note and place in the file at the end of each quarter.

Rejected hazardous waste loads

If for any reason a consignment of hazardous waste is rejected at the point of disposal, the consignee (the disposal company) will send an explanation why it was rejected together with a new consignment note notifying where the waste has been

moved to. This new note and explanation should be kept on file attached to the original consignment copy. Advise the Trust's waste management advisor.

Controlled waste transfer notes (for non hazardous waste)

Some waste transfer notes for regular and frequent collections will only be issued annually confirming the waste type quantity and frequency of collections for the year. This is sufficient record providing there is no significant change in collection arrangements.

Generally no confirmation of waste destruction will be provided for non hazardous waste. One exception is for confidential waste removed and disposed of by Reisswolf. A duplicate pink copy of the individually numbered controlled waste transfer note indicating the destruction date and a Data destruction Certificate will be sent with the invoice. These should be reconciled with the controlled waste transfer note. If they don't match inform the contractor and Trust waste management advisor.

Contractor verifications

The schedule of waste management contractors registrations and permits provides details of all waste carriers and disposal sites used by the Trust including those that may only be used by contractors under planned contingency arrangements. Waste carrier's registrations, waste management licenses, permits and exemptions have been checked against the Environment Agencies public register and are correct. This schedule will be updated at least annually and as new waste contractors are employed.

Hazardous waste registrations

Sites producing more than 500 kilograms of hazardous waste per annum will be registered with the Environment Agency. The current registration code and renewal date is shown in the file. It will be required to complete hazardous waste consignment notes when hazardous waste is removed. For sites producing less than 500 kg per annum the code EXEAAA should be used.

**Waste Management Standard Operating Procedure
SOP 03**

Procedure for disposal of waste medicines direct from community hospitals and clinics.

**Issue date – June 2012
Review date – June 2015**

Pharmaceutical waste should no longer be sent for disposal to the pharmacy at either of the North Cumbria University Hospital Trust (NCUHT) hospital sites. Pharmaceutical waste must now be consigned as waste from the premises where it is declared as waste.

Pharmaceutical waste for disposal may comprise –

- a) Hazardous and non-hazardous medicines i.e.
 - Out of date stock medicines e.g. those originally supplied by NCUHT
 - Refused medication or medication potentially contaminated prior to administering e.g. dropped pills.
 - Controlled drugs (schedules 2 & 3) that have been denatured in accordance with Trust policy – Safe and Secure Handling of Controlled Drugs (Community Hospitals).
 - Empty containers (bottles, aerosols etc.) that previously contained pharmaceutical products.
 - Patient's own medication brought in at the time of admission in connection with their treatment but no longer required. This includes patients own "in date" medication that has become obsolete due to a change in treatment. No other medication should be accepted for disposal from patients or visitors.

- b) Non- pharmaceutically active waste possessing no hazardous properties
 - Saline IV fluid bags

Only non-pharmaceutically active waste possessing no hazardous properties can be disposed of by emptying into a sink or sluice. The empty containers may be disposed of as domestic waste. All other waste must be disposed of to a waste management contractor.

Some pharmaceutical waste may be deemed hazardous containing cytotoxic or cytostatic agents. This description includes many hormonal preparations since the definition (within the Hazardous Waste Regulations 2005) includes medicines that have one or more of the following hazardous properties: Toxic, Carcinogenic, Mutagenic or Toxic for Reproduction. These must be segregated from other non-hazardous pharmaceutical waste prior to disposal.

Hazardous pharmaceutical waste (i.e. cytotoxic or cytostatic as described above) should be identified by checking the type of medication against NCUHT's "List of Recognised Cytotoxic and Cytostatic Medicines – December 2008". This list will be updated by NCUHT pharmacy department at least annually.

Hazardous and non-hazardous medicines must be placed in separate and appropriately identified pharmaceutical waste containers for subsequent collection by an authorised waste management contractor for disposal by incineration. Hazardous waste should be placed in a yellow container with a purple lid or purple stripe. Non-hazardous waste should be placed in a yellow container with a blue lid. Leak proof waste containers should be used for the disposal of liquid pharmaceutical waste.

A range of suitable containers for pharmaceutical waste are available from NHS Supply Chain catalogue.

The outer (secondary) packaging may be removed from the waste medicines to reduce waste volume. If the outer packaging has any patient identifiable details ensure it is disposed of as confidential waste i.e. shredded sufficiently to ensure no personal information can be read.

Pharmaceutical waste should be disposed of in its original primary packaging (blister packs, vials etc.). Medicines should not be removed from blister packaging. Any liquid waste must remain in its original container.

All pharmaceutical waste not in its original primary packaging e.g. dropped or refused medication, should be treated as hazardous waste.

Aerosols, full or empty, up to a total volume of 2 litres that are likely to contain flammable liquids may be placed in a container with other pharmaceutical waste. Larger quantities of aerosols must be segregated into a separate container and the container identified as highly flammable.

All pharmaceutical waste containers must be kept secure, in a locked cupboard or room, until consigned to the waste disposal carrier. Pharmaceutical waste should be consigned at regular intervals, typically monthly to avoid the build up of waste medicines. For premises producing very small quantities of waste medicines, intervals should not exceed six months.

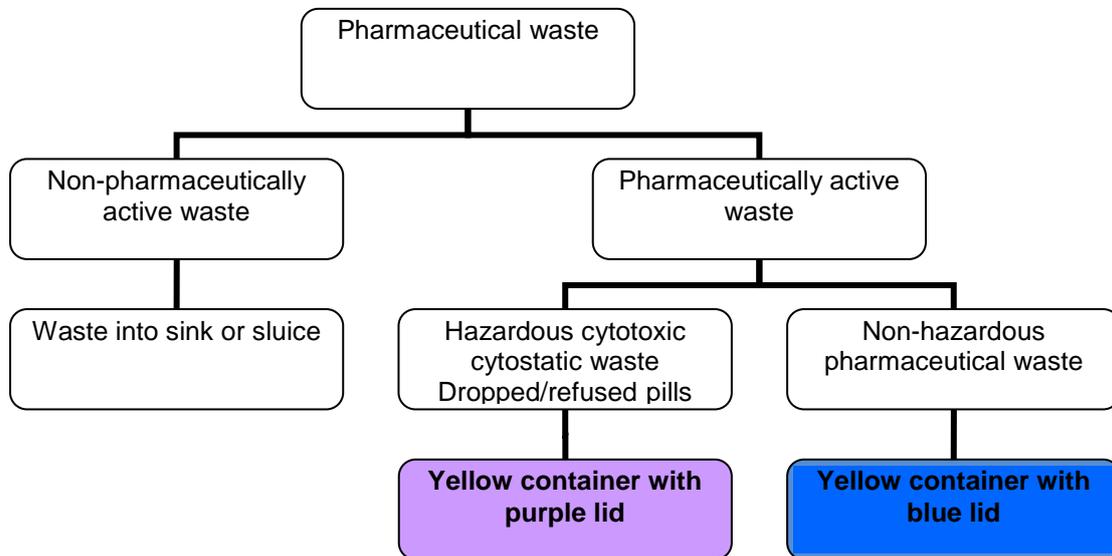
Hazardous pharmaceutical waste must be consigned to the waste contractor on a hazardous waste consignment note. This can normally be included on the same consignment note provided by the contractor for the regular clinical waste collections. Non-hazardous pharmaceutical waste can also be included on this consignment note.

The quantity of any waste medicines brought in by patients should be separately identified by approximate weight to the classification codes below. Where this is not practical, waste medicines should be assumed to be from hospital provision.

The following waste classifications and hazard codes should be used to consign pharmaceutical waste. These will normally be pre printed on any consignment note.

Waste item	Classification	Hazardous properties
Cytotoxic/cytostatic waste medicines from hospital provision.	18 01 08*	H6, H7, H10, H11
Cytotoxic/cytostatic waste medicines brought in by patients.	20 01 31*	H6, H7, H10, H11
Non-hazardous waste medicines from hospital provision.	18 01 09	
Non-hazardous waste medicines brought in by patients.	20 01 09	

Quick guide to procedure



Appendix 4 – Property Portfolio

	LOCATION	PROPERTY	ESTATES SERVICES PROVIDER
IF YOUR PROPERTY IS NOT LISTED BELOW YOU MUST FOLLOW THE CPFT POLICIES			
Total			
1	Alston	Ruth Lancaster James Hospital, Town Foot Road, Alston, CA9 3QX	CPFT
2	Ambleside	Ambleside Health Centre, Ambleside	NHS Property Services
3	Appleby	Appleby Medical Practice, The Riverside Building, Chapel Street,	NHS Property Services
4	Aspatria	West Street Health Centre, West Street, Aspatria, CA7 3HH	NHS Property Services
5	Barrow in Furness	102 Dalton Lane, Furness General Hospital, Barrow, LA14 4LF	UHMBFT
6	Barrow in Furness	Abbey Road Clinic, Barrow-in-Furness	UHMBFT
7	Barrow in Furness	Abbey View Day Hospital, Dalton Lane, Barrow. LA14 4LF	UHMBFT
8	Barrow in Furness	Dova Ward, Furness General Hospital, Barrow LA14 4LF	UHMBFT
9	Barrow in Furness	Ramsey, Furness General Hospital, Barrow LA14 4LF	UHMBFT
10	Barrow in Furness	Fairfield Offices, 2 - 6 Fairfield Lane, Barrow-in-Furness, LA13 9AH	NHS Property Services
11	Barrow in Furness	Gum Clinic Barrow - Birchwood	UHMBFT
12	Barrow in Furness	PCAS FGH	UHMBFT
13	Barrow in Furness	Stafford House, Abbey Road, Barrow in Furness	NHS Property Services
14	Barrow in Furness	Atkinson Health Centre, Market Street, Barrow in Furness, LA14 2LR	NHS Property Services

15	Barrow in Furness	Community Nurses FGH	UHMBFT
16	Barrow in Furness	Dental Access Centre, Unit 5, Old Fire Station, Abbey Road, Barrow - in - Furness LA14 1XH	UHMBFT
17	Barrow in Furness	Dental FGH	UHMBFT
18	Barrow in Furness	Fairfield Centre, LA14 1LF	UHMBFT
19	Barrow in Furness	Furness General Hospital (Podiatry), Dalton Lane, Barrow in Furness, LA14 4LF	UHMBFT
20	Barrow in Furness	Hoops Gym	Follow Landlords Procedures
21	Barrow in Furness	College House, Howard Street, Barrow LA14 1NB	Follow Landlords Procedures
22	Brampton	Brampton War Memorial, Tree Road, Community Hospital, Brampton, CA8 1TQ	CPFT
23	Carlisle	Capital Building, Hilltop Heights, London Road, Carlisle	CPFT
24	Carlisle	Carleton Clinic - Physio Dept	CPFT
25	Carlisle	Dental Education Centre	CPFT
26	Carlisle	Orton Lea, Orton Road, Carlisle Springboard Centre	CPFT
27	Carlisle	PCAS CIC	NCUHT
28	Cleator Moor	Cleator Moor Health Centre, Birks Road, Cleator Moor, CA25 5HP	CHP
29	Cockermouth	Cockermouth Cottage Hospital, Isel Road, Cockermouth, CA13 9HT	CHP
30	Dalton	Dalton Clinic, Dalton-in-Furness	NHS Property Services
31	Egremont	Beech House Medical Centre, St Bridget's Lane, Egremont, CA22 2BD (part only)	NHS Property Services
32	Grange over Sands	Grange Health Centre, Kent Bank Road, Grange-over-Sands, LE11 7DJ	NHS Property Services
33	Haverigg	HMP Haverigg, North Lane, Haverigg, LA14 4NA	Follow Landlords Procedures

34	Kendal	1&2 Weaver's Court, Westmorland General Hospital, Burton Road, Kendal, LA9 7RG	UHMBFT
35	Kendal	17&18 Flaxman's Court, Westmorland General Hospital, Burton Road, Kendal, LA9 7RG	UHMBFT
36	Kendal	Blackhall Unit WGH	UHMBFT
37	Kendal	Chiropody WGH	UHMBFT
38	Kendal	Dental Clinic WGH	UHMBFT
39	Kendal	Garburn House, Westmorland General Hospital, Kendal LA9 7RG	UHMBFT
40	Kendal	Kentmere Ward, Westmorland General Hospital, Kendal LA9 7RG	UHMBFT
41	Kendal	Kinta House & Annex, Helme Close. Kendal, LA9 7HY	UHMBFT
42	Kendal	Kirkstone Unit, Westmorland General Hospital, Kendal LA9 7RG	UHMBFT
43	Kendal	Murley Moss (units A1 & A2), Murley Moss Business Park, Kendal, LA9 7RL	Follow Landlords Procedures
44	Kendal	PCAS WGH	UHMBFT
45	Kendal	SUSD WGH (Langdale North and South)	UHMBFT
46	Kendal	Bridge Mill, Kendal. LA9 4UB	Follow Landlords Procedures
47	Keswick	Mary Hewitson Community Hospital, Crossthwaite Road, Keswick, CA12 5PH	CPFT
48	Kirkby Stephen	Kirkby Stephen Health Centre, Silver Street, Kirkby Stephen, CA17 4RB	NHS Property Services
49	Longtown	Longtown Medical Centre, Moor Road, Longtown	NHS Property Services
50	Maryport	Maryport Clinic, Ewanrigg Road, Maryport - viewed as one site with hospital	CPFT
51	Maryport	Victoria Cottage Hospital, Ewanrigg Road, Maryport, CA15 8EJ	CPFT
52	Millom	Millom Hospital, Lapstone Road, Millom, LA18 4BY	UHMBFT

53	Milnthorpe	1a Haverflatts Lane, Milnthorpe	Follow Landlords Procedures
54	Penrith	2 – 8 Tynefield Drive, Penrith	CPFT
55	Penrith	Penrith Community Hospital, Bridge Lane, Penrith, CA11 8HX - excludes Beacon / Lonsdale, maternity and 2a, 4, 6 & 8 Tynefield	CPFT
56	Penrith	Penrith Health Centre, Bridge Lane Penrith, CA11 8AX	CPFT
57	Sedbergh	Sedbergh Medical Centre, Station Road, Sedbergh, LA10 5DL	Follow Landlords Procedures
58	Shap	Shap Health Centre, Peggy Nut Croft, Shap	NHS Property Services
59	Silloth	Silloth Clinic, Lawn Terrace, Silloth-on-Solway, CA7 4AH	NHS Property Services
60	Ulverston	Gill Rise, Stanley Street, Ulverston	CPFT
61	Ulverston	Ulverston Community Health Centre	NHS Property Services
62	Whitehaven	Copeland Unit, Whitehaven Hospital, Hensingham, Whitehaven, CA28 8JG	NCUHT
63	Whitehaven	Flatt Walks Health Centre, 3 Castle Meadows, Catherine Street, Whitehaven, CA28 7QE	NHS Property Services
64	Whitehaven	Footsteps CDC	NCUHT
65	Whitehaven	Hillcroft , West Cumberland Hospital, CA28 8JG	NCUHT
66	Whitehaven	Diabetics & CAT Team, West Cumberland Hospital, CA28 8JG	NCUHT
67	Whitehaven	Yewdale Ward, West Cumberland Hospital, CA28 8JG	NCUHT
68	Whitehaven	PCAS , West Cumberland Hospital, Hensingham	NCUHT
69	Wigton	Brookside Centre, Birdcage Walk, Wigton. CA7 9HB	CPFT
70	Wigton	Wigton Community Hospital, Cross Lane, Wigton, CA7 9DD	CPFT
71	Wigton	Wigton Health Centre, Southend, Wigton, CA7	NHS Property Services

72	Workington	Ann Burrow Thomas Health Centre, South William Street, Workington, CA14 2ED	NHS Property Services
73	Workington	The Elms, Infirmary Road, Workington, CA14 2UG	CPFT
74	Workington	Lilliehall Business Park, Workington CA14 3BT	Follow Landlords Procedures
75	Workington	Park Lane Clinic, Park Lane, Workington, CA14 2RR	CPFT
76	Workington	Workington Community Hospital, Park Lane, Workington, CA14 2RW	Follow Landlords Procedures

UHMBFT - UNIVERSITY HOSPITAL OF MORECAMBE BAY NHS FOUNDATION TRUST

NCUHT - NORTH CUMBRIA UNIVERSITY HOSPITAL TRUST

CPFT - CUMBRIA PARTNERSHIP FOUNDATION TRUST

NHSPS - NHS PROPERTY SERVICES

CHP – COMMUNITY HEALTH PARTNERSHIP