

Greater Manchester Mental Health
NHS Foundation Trust

Waste Management Manual

(To be read in conjunction with the
EF22 GMMH Waste Management Policy V2.0)

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1. WASTE MANAGEMENT ARRANGEMENTS

1.1 Introduction

Greater Manchester Mental Health NHS Foundation Trust (GMMH) is keen to ensure the safe and sustainable management of wastes produced from healthcare activities on all its hospital sites, and community locations through the following:

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

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

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

This document has been produced in line with the general recommendations made in the Health Technical Memorandum (HTM) 07-01: Safe and sustainable management of healthcare waste.

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

The Trust's Waste Management Policy and any other relevant policies are found on the Trust's intranet site.

1.2 Target Audience

Trust Wide to include all Staff including NHS Professional staff and contractors.

1.3 Philosophy

The content and philosophy of this policy advocate the identification and adoption of waste prevention / reduction initiatives, covering the whole cycle of activity from purchase to ultimate disposal, generated within the various healthcare settings.

This policy should be brought to the attention of all employees, suppliers and contractors, and copies made available to the public, regulatory authorities, and purchasers of GMMH, as necessary.

The underpinning philosophy of this policy mirrors the recognised hierarchy of waste reduction (prevention, re-use, recycle, other recovery and disposal), and will demonstrate continual improvement in waste management by use of suitable quantitative targets.

The policy aims are to identify the legal obligations set out in waste, health and safety, and transport legislation. The policy will set the framework for operational procedures, waste management and responsibilities to achieve GMMH policy objectives.

It is the producer's responsibility to ensure that all waste is disposed of in the correct manner and correct waste streams.

1.4 Objectives

- To provide legal and statutory obligations for waste, including its transportation for GMMH.
- Provide information on the GMMH waste management contract and arrangements, including referring the contingency plans in the event of service failure.
- Provide an outline of who has waste management responsibilities, and the lines of accountability, with particular attention to the community healthcare sector, due to the variety of activities and settings where waste is produced.
- Provide all stakeholders with information, instruction and training on safe transportation, specification for use of correct containers and bags, managing spillages, cleaning containers and its disposal.
- To reduce unnecessary costs associated with the disposal of waste by encouraging better segregation of waste streams in line with the Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste.
- To increase the reuse, recycling, and recovery of waste in line with the Waste Hierarchy set out by DEFRA (Department for Environment, Food and Rural Affairs).
- Actively seek out opportunities to minimise waste at source and to reuse/recycle where possible.
- Provide all stakeholders with information relating to implementation the policy.
- To meet NHS England and NHS Improvements targets of zero to landfill. Along with targeting 60% Offensive waste production, 20% Orange Alternative Treatment waste production and 20% Yellow bag, Sharps and Pharmaceutical waste production across our services in line with the NHS Clinical Waste Strategy.

- Processes for identifying improvement programmes and monitoring progress (this should be in line with the GMMH targets against baseline figures – that is, the number of waste / disposal routes, waste contract or legal requirements).
- Details about staff training, induction training, updates appropriate to specific staff groups.
- Sources of further information and guidance.

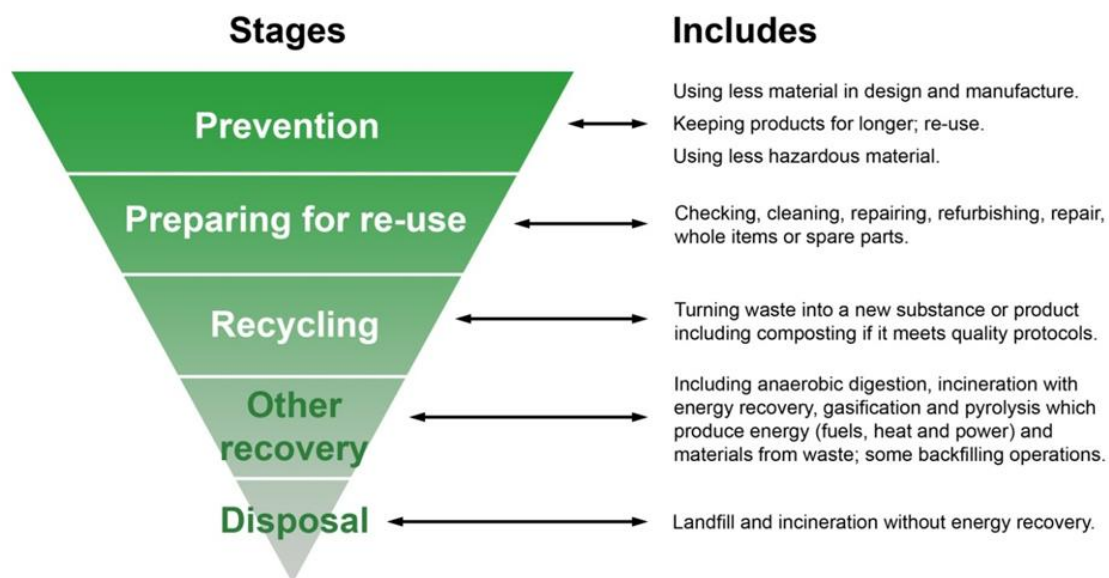
1.5 Waste (England & Wales) Regulations 2011 (Waste Hierarchy)

The Trust shall maintain standard operating procedures for the safe and compliant packaging, storage, movement, and disposal of clinical, hazardous, and non-hazardous (domestic) waste. This will ensure that the Trust identifies and provides adequate provision for the appropriate packaging, storage, movement, and disposal of all wastes. The standard operating procedures will be periodically reviewed and updated to ensure they remain correct in line with legislation and best practice including the Waste Hierarchy.

The Trust will undertake continuing monitoring of these levels.

The Trust monitors all volumes of waste generated and this information will be reviewed quarterly by the Waste and Environmental Manager.

The Waste Hierarchy



1.6 Waste Handling Procedure

1.6.1 Introduction

The following 'Waste Handling' procedure is based upon the 'Waste Policy' of the Trust. This procedure meets the minimum requirements of the statutory waste, health and safety and transport regulations. In addition, it incorporates the operational requirements of the Trust wards and departments.

1.6.2 Principle

The procedure reflects the need to contain and handle waste in a safe and secure manner. The principle of correct segregation of waste streams is mandatory upon all waste producers from 'cradle to grave.' The Trust waste policy has established the required segregated waste streams within the Trust and this procedure focuses on the implementation of safe handling practices of these waste streams.

The Hazardous Waste Regulations specifically forbid the mixing of non-hazardous and hazardous waste. It is mandatory that all waste handling practices maintain the segregation of hazardous and non-hazardous waste from the point of production to the disposal point.

It is inherent within this procedure that the safety of the person handling the waste is paramount.

1.6.3 Waste Streams

The Trust requires staff to move and handle the following significant waste streams generated. This is however not an exhaustive list and staff should always check what the procedures are for moving any waste stream.

- **Clinical Waste (infectious) – Bags & Rigid containers**
- **Clinical Waste - Sharps**
- **Offensive 'Tiger Strip' Waste**
- **Non-Hazardous Pharmaceutical Medicine Waste**
- **Hazardous Cytotoxic/ Cytostatic Pharmaceutical Medicine Waste**
- **Domestic 'Black Bag' & 'Clear Bag' Waste**
- **Dry Mixed Recycling 'Clear' Bag Waste**
- **Cardboard**
- **Glass/Crockery**
- **Plastic**
- **Metal**
- **Confidential waste**

1.6.4 Personal Protective Equipment (PPE)

In all circumstances when handling waste the allocated Personal Protective Equipment must be worn.

As a minimum the following will be provided:

- Disposable gloves.
- Disposable yellow plastic apron.

Additional PPE may be provided dependent on the risk assessment of the waste being handled. It is the responsibility of Trust Management to ensure staff are provided with the correct PPE based on a risk assessment under the Trust's Health & Safety Policy.

PPE must be disposed of in the bin/bag provided in the disposal hold. This will normally be a non-contaminated, non-infectious offensive waste 'tiger strip' PPE bin unless otherwise directed by Trust Management.

In any circumstance where it is identified that PPE is contaminated with an infectious material this must be placed in the 'Orange' Bag located in the Dirty Utility/Sluice room on the ward.

If the PPE is used in a Covid-19 environment, please refer to the Covid-19 waste management standard operating procedure:

(<https://www.england.nhs.uk/coronavirus/publication/covid-19-waste-management-standard-operating-procedure/>) for the latest guidance on how to dispose of your PPE.

1.7 Waste Stream Disposal Summary

1.7.1 Procedures for Segregated Waste Streams

1.7.1.1 Clinical Waste Bags

The Clinical waste bag is to be removed from the waste container/bin in the following manner:

- Lift the bin lid using the foot pedal - the use of hands to open the lid should be avoided unless the bin has a modified handle.
- Make a visual inspection of the contents of the bag to identify if any needles are visible. If needles can be seen in the bag, then stop and report this to the appropriate ward manager / deputy ward manager for immediate action. The waste is not to be removed until the waste is deemed safe. In the case of any concerns relating to the resolution of this problem the Line Manager must be contacted.
- Lift the clinical waste bag fully out of the bin and place it on the floor. The bag should be always held clear of the body to minimise any risk of a needle stick injury.
- The bag must be closed/sealed by using the 'swan necking' single knot method.
- This method must be followed to prevent any leakage from the bag into the Eurocarts and to comply with the transport regulations.



- In the event that the bag is over-filled this, and 'swan-necking' is impossible the bag should be tied by bringing the four corners together and tying them together to seal the bag. This must be done to ensure that the bag does not leak any of its contents.
- In the event that the bag is excessively over-filled and presents a manual handling risk and the potential for the bag bursting stop and report to the appropriate ward manager / deputy ward manager. In the case of any concerns relating to the resolution of this problem the Line Manager must be contacted.
- Any bags being over-filled that cannot be sealed correctly using swan necking should be brought to the attention of the appropriate ward manager / deputy ward manager.

- In the event of any leakages from the bag during their removal from the bin the leaking clinical waste bag should be double bagged ensuring it is of the same colour as the bag being removed. The 'spill procedure' should then be followed.
- Using an indelible marker pen (provided by the Trust) the following information is to be provided:
 - Ward Name
 - Date
 - Hospital
- This a legal requirement to enable the Trust to meet its 'Duty of Care' responsibilities for all waste that it generates. In the case of any incorrect segregation of waste identified by the waste contractor this information allows the Trust to specifically identify the ward/department at fault and implement corrective action.
- Ensure the clinical waste bin is given a 'general clean' as defined in the Trust Cleaning Procedure.
- Place a replacement appropriate clinical waste bag into the empty bin/container using the foot pedal to lift the bin lid.
- Lift the inner bin rim and place the bag underneath. Replace the rim and close the lid ensuring the bag fits correctly.
- Transfer the bag into the waste trolley ensuring that the segregated waste streams are maintained i.e., clinical waste bags must not be mixed in the trolley with black bags, cardboard or tiger waste bags.
- If individual bags are being removed these can be carried directly to the disposal hold carried away from the body.
- Under no circumstances should clinical waste bags be placed / stored in the ward/department corridor.
- Transfer the trolley to the locked disposal hold opening with the code or key provided. Disposal holds must be kept locked at all times to maintain the safe and secure storage of the clinical waste. Unlocked disposal holds breach the Trust's 'Duty of Care' and COSHH policy. Leaving the disposal hold open unattended could allow members of the public, unauthorised visitors and vulnerable Service users access to infectious waste and put them at risk. This would be deemed to be a serious breach of Trust policy and dealt with through the normal Trust procedures.
- Within the disposal hold each clinical waste bag must be placed into the correct Eurocart as indicated by the sign above it. Each Eurocart must be kept locked within the disposal hold apart from when in use. A key is provided within the disposal hold. Under no circumstance must Eurocarts be left ajar with the lid resting on the bin.
- Eurocarts must not be over-filled to a point where the bags are being crushed. Crushing of the clinical waste bags leads to the bags splitting causing infectious waste to leak out.

- PPE should be removed once the Eurocart has been closed and placed in the offensive non-infectious PPE 'tiger strip' waste bag provided.
- After handling any Clinical waste, the member of staff must follow Infection Prevention procedures in relation Hand Hygiene.

1.7.1.2 Clinical Sharps Waste

Before transferring any Clinical Sharps waste containers to the disposal hold, they must be checked to ensure the following has been completed by the clinical staff:

- Temporary closure is permanently sealed
- Lid is secure and clicked in place
- That the following information is completed That the following information is completed (Hospital, Area, opened by and date along with closed by and date.)
- Container/bin is free from contamination e.g., blood
- In the event that this above has not been completed stop and report to ward clinical staff.
- If Sharps container meets the above requirements and is safe to handle transfer directly to the disposal hold and place in the provided Sharps Waste container.

1.7.1.3 Clinical Waste Spillages

In all circumstances do not attempt to clean up a clinical waste spill. This waste has been deemed infectious and therefore any attempt at cleaning the spill would place the Domestic / Housekeeper or Porter at risk of contamination. All clinical waste spillages must be dealt with by a member of the clinical team immediately. This must follow the Trust spill procedure.

1.7.1.3.1 Mercury Spillage

Elemental liquid Mercury is used mainly in two instruments, thermometers and sphygmomanometers. The major risk in using the instruments lies in dealing with the breakage resulting in a spillage of mercury (Mercury is a persistent pollutant and does not break down in the environment). These spillages will be classified as Hazardous waste and their collection, storage and disposal are subject to specific control.

Each premises and/or ward using equipment containing liquid mercury must have available a kit for the collection and disposal of spilled mercury. Mercury spillage kits are available from NHS Supply chain (These kits contain instructions on the collection and disposal of spilled mercury and include single use plastic gloves, paper towels, a bulb aspirator for the collection of large drops of mercury, a vapour mask, a suitable receptor fitted with a seal and mercury absorbent paste).

1.7.1.4 Pharmaceutical Medicine Waste – Non-Hazardous & Hazardous Cytotoxic/Cytostatic

Before transferring any Medicine waste containers to the disposal hold, they must be checked to ensure the following has been completed by the clinical staff:

- Lid is secure and clicked in place
- That the following information is completed (Hospital, Area, opened by and date along with closed by and date.)
- Container/bin is free from contamination e.g., any liquid or powder

In the event that this above has not been completed stop and report to ward clinical staff. If Medicine container meets the above requirements and is safe to handle transfer directly to the disposal hold and place in the area provided.

1.7.1.5 Non-Hazardous Offensive ‘Tiger Strip’ waste

Although this waste is not infectious it may still contain waste which is contaminated with bodily fluids. On that basis the procedure as described for Clinical waste bags must be followed.

The Tiger bags must be placed in the disposal hold in the Eurocart for Tiger waste identified by a poster. Under no circumstances must these be mixed with the Clinical waste bags.

The Eurocart lids must be closed at all times in storage.

1.7.1.6 Domestic Waste – Black Bags & Clear Bags

The same principles as outlined for Clinical waste bags should be followed except for the following:

- If from the visual inspection anything of a healthcare nature is visible the stop and inform a member of the ward team for advice.
- Be aware of the potential for a needle stick injury even though it is only a black bag.
- The bag can be tied in a normal manner it does not need to be swan necked.
- It does not need to be marked and labelled.

The bags should be taken to the disposal hold and placed in the Domestic bag cart. It must never be placed in the Clinical waste Eurocart.

Any spillages should be cleaned up including those in the disposal hold.

1.7.1.7 Dry Mixed Recycling Waste – Clear Bags

The same principles as outlined for Clinical waste bags should be followed except for the following:

- If from the visual inspection anything of a healthcare nature is visible the stop and inform a member of the ward team for advice.
- Be aware of the potential for a needle stick injury even though it is only a black bag.
- The bag can be tied in a normal manner it does not need to be swan necked.
- It does not need to be marked and labelled.

The bags should be taken to the disposal hold and placed in the Domestic bag cart. It must never be placed in the Clinical waste Eurocart.

Any spillages should be cleaned up including those in the disposal hold.

1.7.1.8 Cardboard

All cardboard should be carefully flat packed and placed in the disposal room with the domestic waste.

Be careful when doing this so as to avoid any staples or sharp edges.

1.7.1.9 Glass & Crockery

All broken glass and crockery (apart from medicinal bottles) must be wrapped carefully and placed in the domestic waste stream.

The Trust does not currently segregate glass waste; all glass is recycled at the disposal facility.

If large volumes of glass or crockery waste are produced; please carefully wrap the waste and place it in a secure cardboard box that can allow the waste to be safely transferred to the domestic waste euro cart. Using an indelible marker pen (provided by the Trust) the following information is to be provided: “Broken Glass or Crockery – Please handle carefully” This will ensure the portering team will be aware of the risk.

Medicinal glass bottles of any type including empty must not be found in this waste stream. If anything, medicinal is found in this waste stream then stop and inform a member of the ward team.

1.8 Record Keeping – Hazardous Waste

1.8.1 Trust Nominated Hazardous Waste Record Holder

Only authorised persons are allowed to arrange for the collection and disposal of hazardous waste. These persons will then become nominated hazardous waste record holders. The record holder is responsible for ensuring the Trust complies with its legal duties under *The Hazardous Waste Regulations 2005*.

Hazardous Waste Register

The record holder must ensure that a hazardous waste 'Register' is kept and is available for inspection to the enforcing authority i.e., the Environment Agency (EA), at any time.

The 'Register' must contain the following information:

- A copy of the permit for the waste disposer identifying that they have the correct permits for the type of waste being disposed of.
- A copy of the Waste Carrier Permit authorising the waste carrier to collect and transport the waste on your behalf.
- Copies of all hazardous waste consignment notes used to consign the hazardous waste.
- Copies of all hazardous waste quarterly 'Returns' received from the waste disposer. This can alternatively be a copy of the original consignment note with the Part E section completed. This confirms that the waste has been disposed of correctly.
- Copies of any rejected loads notifications. This is produced when a consignment of waste is rejected by the waste disposer.
- Copies of annual audit reports conducted on the waste contractor.

1.8.2 Monitoring

The nominated hazardous waste record holder must ensure that all records are accurate, complete and legally compliant. This includes the following:

- Consignment Notes
 - Premise Identifier
 - SIC code
 - Addresses for collection and disposal
 - Waste descriptions
 - Quantity
 - Dangerous Goods Information
 - Part C and D are signed and dated

- Hazardous Waste Returns
 - All hazardous waste consignment notes are listed i.e., none are missing
 - Information matches that on the consignment note
 - Quantities are accurate
 - Dates for disposal are within times expected
 - Disposal codes identify legal methods of disposal.

1.8.3 Time Periods

All Hazardous Waste 'Registers' must hold records for a minimum of three years from the date of consignment.

Hazardous waste must be consigned within a maximum period of 6 months from production unless other legal prescription identifies otherwise.

1.8.4 Audit and Enforcement

The Environment Agency (EA) has the power to inspect the Trust records at any time. Although they will normally provide notice it is within EA's powers to demand access at any time. Trust nominated record holders must ensure that 'Registers' are maintained in compliance with the requirements described and available for inspection at any time.

The Trust may be prosecuted and fined for breach of these regulations.

The Trust will conduct annually and at other times necessary internal audits on all Trust hazardous waste registers to ensure compliance. Reports identifying any non-compliance will be submitted to the Trust's Associate Director of Capital, Estates and Facilities.

Audits on external waste contractors must be completed on an annual basis.

1.8.5 Guidance

Please see below the web link for the Environment Agency hazardous waste consignment note supplementary guide.

<https://www.gov.uk/guidance/hazardous-waste-consignment-note-supplementary-guidance>

Please also see the below web link relating to Hazardous waste producers and holders which outlines our responsibilities.

<https://www.gov.uk/dispose-hazardous-waste/producers-and-holders>

All record holders must read these documents. Any aspects which are not understood must be brought to the attention of the Trust's Waste and Logistics Manager.

2. CLINICAL WASTE PROCEDURES

2.1 Clinical Waste - Orange Bag

Orange Bag			
Bin Label & Container Type	Bin label to be designed		
EWC	18 01 03	Hazardous Waste Property Code:	HP 9
Description	<p>Infectious clinical waste consisting of materials contaminated with blood or other bodily fluids, excretions, micro-organisms that pose a risk of infection but have no pharmaceutical or chemical contamination.</p> <p>Examples: Infectious swabs, dressings, gloves, aprons, masks and other materials contaminated with infectious bodily fluids and micro-organisms.</p> <p>DO NOT place needles, anatomical waste, bulk liquid or metallic waste into this stream.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Clean working pedal-operated bin. • Appropriate waste stream bin label located on the bin lid. • Emptied when $\frac{3}{4}$ full (minimum or daily). • Sealed by swan-necking method and ward /unit specific coloured tape. • Identity label affixed. • Temporary stored In Dirty Sluice or allocated departmental waste hold disposal areas where necessary. Never left unattended in public / service user areas. 		
Trust Collection and Movement Arrangements	<p>Bags emptied and stored in accordance with Trust Waste Handling Procedure.</p> <ul style="list-style-type: none"> • Waste must not accumulate in corridors, wards, departments, and other unsuitable locations. • Waste must be stored internally prior to transfer in secure designated locations, including sluice areas and disposal rooms. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Documentation	<p>A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.</p>		
Disposal	<p>Suitably permitted Alternative Treatment Facility.</p>		
Spillage Arrangements	<p>Any bag that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.</p>		

2.2 Clinical Waste - Orange Rigid Container

Orange Rigid Container			
Container type		EWC	18 01 03
		Hazardous Waste Property Code:	HP 9
Description	<p>Infectious clinical waste consisting of materials contaminated with blood or other bodily fluids, excretions, micro-organisms that pose a risk of infection but have no pharmaceutical or chemical contamination.</p> <p>Examples: Infectious swabs, dressings, gloves, aprons, masks, and other materials contaminated with infectious bodily fluids. Infectious Giving sets, tubes & IV lines where small quantities of liquid may leak- must not contain residual medicine.</p> <p>Community Nursing teams may use this package for the return of infectious waste generated in the service user home as an alternative to the orange bag which is unlawful for transport in a vehicle.</p> <p>DO NOT place packaging waste, pharmaceutical, anatomical waste, bulk liquid or metallic waste into this stream.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly completed information. (Hospital, Area, Opened by and dated when in use. The Closed by and date are to be completed when the containers is closed) • Maximum of 3 months once signed. • Correctly sealed according to manufacturer requirements. • Temporary stored in Dirty Sluice or waste hold disposal areas where necessary. Never left unattended in public / service user areas. • Transferred to Disposal room by appropriate member of staff. 		
Trust Collection and Movement Arrangements	Containers transferred into waste hold disposal areas and stored in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.		
Disposal	Suitably permitted Alternative Treatment Facility.		
Spillage Arrangements	Any container that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.		

2.3 Clinical Waste - Orange Lidded Sharps Container

Orange Lidded Sharps Container			
Container Type		EWC	18 01 03
		Hazardous Waste Property Code:	HP 9
Description	<p>Sharps items that cause cuts or puncture wounds which are also contaminated with bodily fluids, excretions, micro-organisms that pose a risk of infection but have no pharmaceutical or chemical contamination.</p> <p>Examples: Infectious contaminated single use-instruments, scalpels, razors, scissors, blades, needles used for taking bloods and acupuncture needles.</p> <p>DO NOT place medicinal sharps, cytotoxic/cytostatic sharps, waste medicines, swabs, dressing cotton buds or packaging waste into the Sharps containers. Please make sure the orange lid matches the orange sticker.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly Assembled (See appropriate Sharps Assembly guide on the web page – hyperlink tbc) • Temporary closures in place when not in use. • Correctly completed information. Hospital, Area, Opened by and dated when in use. • Correctly sealed according to manufacturer requirements – (4 Clicks). (See appropriate Sharps use guide on the web page – hyperlink tbc) • Closed and sealed when $\frac{3}{4}$ full (Below the fill line) or if the Maximum time of use 3 months has been hit. • The Closed by and date are to be completed when the containers is closed. • Free from external contamination. • Fluids preferably solidified by absorbent gels placed in the bottom. • Stored In Dirty Sluice/ waste hold disposal areas by appropriate member of staff. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Trust Collection	Stored and transferred in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years		
Disposal	Suitably permitted Alternative Treatment Facility or Incineration		
Spillage Arrangements	Any sharps container that is not sealed correctly or contaminated should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.		

2.4 Clinical Waste – Yellow Bag

Yellow Bag			
Bin Label & Container Type	Bin label to be designed		
EWC	18 01 03, 18 01 09, 18 01 06	Hazardous Waste Property Code:	HP 9, HP 3, HP 8
Description	<p>Waste consisting wholly or partly of blood or other bodily fluids, excretions, micro-organisms that pose a risk of infection and must have either or pharmaceutical or chemical contamination.</p> <p>Examples: Infectious swabs, dressings, gloves, other materials contaminated with infectious bodily fluids and medicinal or chemical contamination.</p> <p>DO NOT place normal anatomical waste, bulk liquid or metallic waste into this stream.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Clean working pedal-operated bin. • Appropriate waste stream bin label located on the bin lid. • Emptied when $\frac{3}{4}$ full (minimum or daily). • Sealed by swan-necking method and ward / unit specific coloured tape. • Identity label affixed • Temporary stored In Dirty Sluice or waste hold disposal areas where necessary. Never left unattended in public / service user areas. 		
Trust Collection and Movement Arrangements	<p>Bags emptied and stored in accordance with Trust Waste Handling Procedure.</p> <ul style="list-style-type: none"> • Waste must not accumulate in corridors, wards, departments and other unsuitable locations. • Waste must be stored internally prior to transfer in secure designated locations, including sluice areas and waste hold disposal areas. • Waste transferred into disposal rooms must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Documentation	<p>A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.</p>		
Disposal	<p>Suitably permitted Incineration Facility.</p>		
Spillage Arrangements	<p>Any bag that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.</p>		

2.5 Clinical Waste – Yellow Rigid plastic or Fibreboard Box Container

Yellow Rigid plastic or Fibreboard Box Container			
Container Type		EWC	18 01 03. 18 01 06 18 01 09
		Hazardous Waste Property Code:	HP 3,8,9,14
Description	<p>Rigid plastic or Fibreboard Box Waste consisting wholly or partly of blood or other bodily fluids, excretions, micro-organisms that pose a risk of infection and have pharmaceutical or chemical contamination.</p> <p>Examples: Infectious materials contaminated with residual medicines or chemicals, including IV lines, tubes, bags. Laboratory pipettes, dishes, packaging contaminated with chemical and antibiotics. Suction liners which should preferably have absorbent gel in.</p> <p>Community Nursing teams may use this package for the return of infectious waste generated in the service user home as an alternative to the yellow bag which is unlawful for transport in a vehicle.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly completed information. Hospital, Area, Opened by and dated when in use. • The Closed by and date are to be completed when the containers is closed. • Maximum of 3 months once signed. • Correctly sealed according to manufacturer requirements. • Temporary stored in Dirty Sluice or waste hold disposal areas where necessary. Never left unattended in public / service user areas. • Transferred to waste hold disposal areas by appropriate member of staff 		
Trust Collection and Movement Arrangements	Containers transferred into disposal room and stored in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.		
Disposal	Suitably permitted Incineration Facility.		
Spillage Arrangements	Any container that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.		

2.6 Clinical Waste – Yellow Lidded Sharps Container

Yellow Lidded Sharps Container			
Container Type	 	EWC	18 01 03/01
		Hazardous Waste Property Code:	HP 9
Description	<p>Sharps items that cause cuts or puncture wounds which are also contaminated with bodily fluids, excretions, micro-organisms that pose a risk of infection and have pharmaceutical or chemical contamination.</p> <p>Examples: Infectious contaminated needles, broken ampoules and vials containing residual pharmaceuticals.</p> <p>DO NOT place cytotoxic/cytostatic sharps, waste non-sharp medicines, swabs, dressing cotton buds or packaging waste into these containers.</p> <p>Please make sure the yellow lid matches the yellow sticker.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly Assembled (See appropriate Sharps Assembly guide on the web page – hyperlink tbc) • Temporary closures in place when not in use. • Correctly completed information. Hospital, Area, Opened by and dated when in use. • Correctly sealed according to manufacturer requirements – (4 Clicks). (See appropriate Sharps use guide on the web page – hyperlink tbc) • Closed and sealed when $\frac{3}{4}$ full (Below the fill line) or if the Maximum time of use 3 months has been hit. • The Closed by and date are to be completed when the containers is closed. • Free from external contamination. • Fluids preferably solidified by absorbent gels placed in the bottom. • Stored In Dirty Sluice/ waste hold disposal areas by appropriate member of staff. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Trust Collection	Stored and transferred in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years		
Disposal	Suitably permitted Incineration Facility		
Spillage Arrangements	Any sharps container that is not sealed correctly or contaminated should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of		

	staff. Any further action required will be on the advice of the Infection Control Team.
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2.7 Clinical Waste – Purple Lidded Sharps Container – Hazardous Medicinal Waste

Purple Lidded Sharps Container – Hazardous Medicinal Waste (See Appendix 2 for List of Trust Cyto's)			
Bin Container		EWC	18 01 03, 18 01 08
		Hazardous Waste Property Code:	HP 5,6,7,9
Description	<p>Sharps items that cause cuts or puncture wounds which are also contaminated with bodily fluids, excretions, micro-organisms that pose a risk of infection and have pharmaceutical or chemical contamination.</p> <p>Examples: Infectious contaminated needles, broken ampoules and vials containing residual cytotoxic and cytostatic medicines.</p> <p>DO NOT place, non-sharp medicines, swabs, dressing cotton buds or packaging waste into Sharps containers. Please make sure that the purple lid matches the purple sticker.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly Assembled (See appropriate Sharps Assembly guide on the web page – hyperlink tbc) • Temporary closures in place when not in use. • Correctly completed information. Hospital, Area, Opened by and dated when in use. • Correctly sealed according to manufacturer requirements – (4 Clicks). (See appropriate Sharps use guide on the web page – hyperlink tbc) • Closed and sealed when $\frac{3}{4}$ full (Below the fill line) or if the Maximum time of use 3 months has been hit. • The Closed by and date are to be completed when the containers is closed. • Free from external contamination. • Fluids preferably solidified by absorbent gels placed in the bottom. • Stored In Dirty Sluice/ waste hold disposal areas by appropriate member of staff. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Trust Collection	Stored and transferred in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.		
Disposal	Suitably permitted high temperature Incineration Facility		

Spillage Arrangements	Any sharps container that is not sealed correctly or contaminated should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.
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2.8 Clinical Waste – Purple Lidded Container - Hazardous Medicinal Waste – Pharmacy Only Waste

Purple Lidded Container - Hazardous Medicinal Waste – Pharmacy Only Waste (See Appendix 2 for List of Trust Cyto's)			
Container Type		EWC	18 01 08
		Hazardous Waste Property Code:	HP 5,6,7,8,
Description	<p>Waste that has been used in the treatment of infectious Service users and those suspected of having and infection, and may also have been used for the administration of cytotoxic and cytostatic medicines, for example: Examples: unused, part used and out of date cytotoxic/static medicines</p> <p>DO NOT place needles or infectious waste into this stream.</p> <p>Plastic Leakproof Package (Daniels)</p> <p>Bulk liquid waste with cytotoxic or cytostatic pharmaceutical contamination.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly Assembled (See appropriate Sharps Assembly guide on the web page – hyperlink tbc) • Temporary closures in place when not in use. • Correctly completed information. Hospital, Area, Opened by and dated when in use. • Correctly sealed according to manufacturer requirements – (4 Clicks). (See appropriate Sharps use guide on the web page – hyperlink tbc) • Closed and sealed when $\frac{3}{4}$ full (Below the fill line) or if the Maximum time of use 3 months has been hit. • The Closed by and date are to be completed when the containers is closed. • Free from external contamination. • Fluids preferably solidified by absorbent gels placed in the bottom. • Stored In Dirty Sluice/ waste hold disposal areas by appropriate member of staff. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure. 		
Trust Collection	Stored and transferred in accordance with Trust Waste Handling Procedure.		
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years.		

Disposal	Suitably permitted high temperature Incineration Facility.
Spillage Arrangements	Any sharps container that is not sealed correctly or contaminated should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.

2.9 Clinical Waste – Blue Lidded Container – Non-Hazardous Medicinal Waste - Pharmacy Only Waste

Blue Lidded Container – Non-Hazardous Medicinal Waste - Pharmacy Only Waste			
Container Type		EWC	18 01 09
		Hazardous Waste Property Code:	N/A
Description	<p>Out of date, expired, end of line and service user return medicines. Includes tablets, blister packs and bottles. No loose medicines or leaking medicines. Tablets must be placed into an inner package before being placed into container.</p> <p>Examples: Non-cytotoxic/ cytostatic waste medicines, for example:</p> <ul style="list-style-type: none"> • unused, part used and out of date tablets, creams, liquid dose medicines and patches. • tablets in containers & empty blister packs. • unopened medicine vials. • liquids in bottles. • inhaler cartridges. • loose tablets. • droplet bottles with pipettes. <p>DO NOT place needles or infectious waste into this stream. For Controlled Drugs please follow Trusts CD policy.</p> <p>Plastic Leakproof Package (Frontier) Bulk liquid waste with cytotoxic or cytostatic pharmaceutical contamination.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly Assembled (See appropriate Sharps Assembly guide on the web page – hyperlink tbc) • Temporary closures in place when not in use. • Correctly completed information. Hospital, Area, Opened by and dated when in use. • Correctly sealed according to manufacturer requirements – (4 Clicks). (See appropriate Sharps use guide on the web page – hyperlink tbc) • Closed and sealed when $\frac{3}{4}$ full (Below the fill line) or if the Maximum time of use 3 months has been hit. • The Closed by and date are to be completed when the containers is closed. • Free from external contamination. • Fluids preferably solidified by absorbent gels placed in the bottom. 		

	<ul style="list-style-type: none"> • Stored In Dirty Sluice/ waste hold disposal areas by appropriate member of staff. • Waste transferred into waste hold disposal areas must be in accordance with Trust Internal Disposal/Transfer procedure.
Trust Collection	Stored and transferred in accordance with Trust Waste Handling Procedure.
Documentation	A Hazardous Waste consignment note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years
Disposal	Suitably permitted Incineration Facility
Spillage Arrangements	Any container that is not sealed correctly or contaminated should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.

2.10 Offensive / Hygiene Waste – Tiger Strip Bag

Offensive/Hygiene Waste – Tiger Strip Bag			
Bin Label & Container Type	Bin label to be designed		
EWC	18 01 04	Hazardous Waste Property Code:	Non-hazardous
Description	<p>Non-infectious healthcare waste that can cause visual or odour offence. There is NO pharmaceutical or chemical contamination in the waste stream.</p> <p>Examples: Non-infectious continence wastes (nappies, incontinence pads, feminine hygiene products), swabs, dressings, gauze urine pots, blood contaminated items from non-infected service users.</p> <p>Additionally – Non-infectious healthcare waste includes aprons, gloves, wipes.</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Clean working pedal-operated bin, Heavy Duty (50 micron) bag • Appropriate waste stream bin label located on the bin lid. • Emptied when $\frac{3}{4}$ full (minimum or daily). • Sealed by swan-necking method and ward /unit specific coloured tape. • Identity label affixed. • Temporary stored In Dirty Sluice or allocated departmental stores where necessary. Never left unattended in public / service user areas. 		
Trust Collection and Movement Arrangements	<p>Bags emptied and stored in accordance with Trust Waste Handling Procedure.</p> <ul style="list-style-type: none"> • Waste must not be accessible to the public and left unattended before transfer • Waste must not accumulate in corridors, wards, departments and other unsuitable locations. • Waste must be stored internally prior to transfer in secure designated locations, including sluice areas and waste hold disposal areas. 		

Documentation	A waste transfer note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 2 years
Disposal	Suitably Waste to Energy facility.
Spillage Arrangements	Any bag that is split, torn, or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.

2.11 Clinical Waste Mattresses

Clinical Waste Mattresses			
Container type	Mattress (Yellow or Offensive “Tiger Strip”) Bag		
EWC	18 01 03* 18 01 04	HP Code	Non-hazardous
Description	<p>Contaminated Mattresses Infectious clinical waste – yellow bag – Hazardous European waste catalogue code 18-01-03* Offensive waste – “tiger striped” bag European waste catalogue code 18-01-04</p> <p>Large mattress bags can be sourced via NHS Supply Chain. Please contact waste@gmmh.nhs.uk for the up-to-date NHS Supply Chain codes.</p> <p>THIS WASTE MUST BE TAGGED BEFORE DISPOSAL!</p>		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly bagged and tagged. • Never left unattended in public / service user areas. • Transferred to Disposal room by appropriate member of staff 		
Trust Collection and Movement Arrangements	Mattresses transferred into disposal room and stored in accordance with Trust Waste Handling Procedure. Please contact the Transport department via the SharePoint homepage to arrange collection.		
Documentation	A waste transfer note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 3 years		
Disposal	Incineration facility for the yellow bag mattress or both can be disposed of via a Suitable Waste to Energy facility		
Spillage Arrangements	Any mattress bag that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.		

2.12 Clinical Waste – ‘Category A’ Clinical Waste (See Appendix 1 for list of Micro-organisms)

‘Category A’ Clinical Waste (See Appendix 1 for list of Micro-organisms)			
Container Type			
EWC	18 01 03	HP Code	HP 9
Description	<p>UN3549, Medical waste, Category A, affecting humans, solid</p> <ol style="list-style-type: none"> 1. UN-approved ‘waste sack,’ ≥50µm thickness approved as suitable for bulk (if using a UK-approved bag, both these details can be found on the approval certificate). Do not exceed the marked max gross mass 30 kg when filling. 2. Only soft/non-sharp items are to go directly into bags—sharp items must be contained in sharps bin(s) before bagging. As well as clinical sharps, this includes anything physically similar/liable to puncture bags, e.g., used cutlery. 3. Gelling agent sufficient for all liquids in receptacles (blood bags etc.) is to be put in the bag. Liquids such as vomit, that are not fully contained, are to be gelled before being put into the sack. No free-flowing liquid to be in the container. 4. Plastics rigid bin with leak-proof seal. Suitable gelling agent is to be put into bin before adding bags. Again, do not exceed the certified max gross mass 30 kg when filling [<i>this is unlikely to be a problem for ‘soft’ wastes, but care may be needed if putting in several smaller sharp’s bins</i>]. <p>This bins must be sourced from a supplier that has a UN test certificate for this UN number. The package itself maybe one already in use for UN 3291 however always check with the supplier.</p> <p>The following suppliers should be contacted either directly or through NHS supply chain:</p> <ol style="list-style-type: none"> 1) Frontier Healthcare - https://www.frontier-group.co.uk/ - clinisafe range 2) Daniels (Mauser) – https://www.daniels.co.uk/ - WIVA bin range <p>NB: No other supplier, including Griff bins from G & N are currently approved and tested. (Maybe subject to change)</p>		

	<ol style="list-style-type: none"> 5. If the rigid bin is not filled to full volume, dunnage (e.g., cardboard, foam) should be added to prevent movement of contents. 6. The exterior should be treated with a disinfectant suitable for the virus and compatible with the packaging. 7. Labelling on outer package i.e., rigid plastic UN approved package, must have UN 3549 marked on it in 12mm high letters. Ensure each bin is numbered and has traceable ward/department information on. 8. Rigid bin, plastics or metal. Typically, this will be a wheeled 'cart' (770/360 50H'wheelie bin'); but it can be smaller if the volume of waste is very small. This must not enter the contaminated area. 9. Mark and label the 770/360 litre bin with UN 3549 on two opposite sides next to the Infectious substance transport diamond covering the UN 3291 mark. 10. Mark with the word 'OVERPACK' - 12mm high. <p>An entity dealing with a suspected or actual case of a Category A disease should ensure that its DGSA, is involved in arranging transport of related materials.</p> <ol style="list-style-type: none"> 11. In this instance once packaged as described above this consignment will not need DfT/VCA approval as per previous procedure. Contact your waste contractor for further advice and information about their procedures at collection.
Local Storage Arrangements	<ul style="list-style-type: none"> • Stored in designated clean secure store area. • Security plan to be implemented.
Trust Collection and Movement Arrangements	<p>Moved to waste compound directly into designated secure area. Waste must not leave site mixed with other clinical waste streams. Stericycle must be contacted, and a dedicated collection made.</p>
Documentation	<p>Hazardous Waste Consignment Note (HWCN) /Transport Document</p> <p>Ensure the HWCN/transport document is compliant with the multi-lateral agreement for UN 3549 and has the correct statement on "Carriage agreed according to section 1.5.1 of ADR (M317)". (Negated after Jan 2021)</p> <p>This waste must be collected separately and go straight to an incinerator site ideally to avoid any increased security or health and safety risks.</p>
Disposal	<p>Direct to Incinerator</p>
Spillage Arrangements	<p>Any container that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.</p>

3. NON - CLINICAL WASTE PROCEDURES

3.1 Domestic Waste – Black and Clear Bag

Domestic Waste – Black and Clear Bag European waste catalogue (EWC) code: 20 03 01		
Bin Label	Bin label to be designed	
Description	<p>Domestic waste is the same as, or similar to, waste from accommodation used purely for living purposes and which is suitable for disposal by landfill.</p> <p>Examples: include food waste, crisp and sweet wrappers, food packaging, polystyrene and coffee cups and flowers etc</p> <ul style="list-style-type: none"> • clean packaging and wrappings • food and associated packaging • flowers • paper towels • packaging from medication • wet cardboard • out of date dressings / bandages <p>DO NOT place healthcare waste or recycling waste into this waste stream.</p>	
Local Storage Arrangements	<ul style="list-style-type: none"> • Clean working pedal-operated bin. • Appropriate waste stream bin label located on the bin lid • Emptied when $\frac{3}{4}$ full (minimum of daily) • Sealed by swan-necking. • Temporary stored In Dirty Sluice or allocated departmental stores where necessary. Never left unattended in public / service user areas. • Must be by all hand wash sinks. 	
Disposal	<p>Bags emptied and stored in accordance with Trust Waste Handling Procedure. Suitable MRF/RDF or Waste to Energy facility.</p>	
Spillage Arrangements	<p>Any package that is broken should not be transferred; all spillages should be contained and cleaned according to Trust policy by an appropriately trained member of staff.</p>	

3.2 Dry Mixed Recycling Waste – Clear Bag

Dry Mixed Recycling Waste – Clear Bag European waste catalogue (EWC) code: 20 03 01		
Bin Label	Bin label to be designed	
Description	<p>Examples: of Dry Mixed Recycling Waste are.</p> <ul style="list-style-type: none"> • Dry Paper (Loose non- confidential office paper, envelopes, newspaper and magazines) • Cans (Aluminium or steel drink and food cans which are clean and empty) • clean and dry flat packed cardboard. • Dry Cardboard and packaging. • Plastic Bottles (water, soft drink and milk bottles which are clean and empty) <p>DO NOT place healthcare waste or recycling waste into this waste stream.</p>	
Local Storage Arrangements	<ul style="list-style-type: none"> • Clean working pedal-operated bin. • Appropriate waste stream bin label located on the bin lid. • Emptied when $\frac{3}{4}$ full (minimum of daily). • Sealed by swan-necking. • Temporary stored In Dirty Sluice or allocated departmental stores where necessary. Never left unattended in public / service user areas. 	
Disposal	Bags emptied and stored in accordance with Trust Waste Handling Procedure. Suitable MRF/RDF or Waste to Energy facility.	
Spillage Arrangements	Any package that is broken should not be transferred; all spillages should be contained and cleaned according to Trust policy by an appropriately trained member of staff.	

3.3 Cardboard Waste

Cardboard Waste	
Container Type	
Description	Cardboard waste is clean, non-contaminated cardboard produced from an array of packaging waste across the Trust.
Local Storage Arrangements	<ul style="list-style-type: none"> • Held in local internal store rooms for collection. • Flattened by Staff prior to disposal to minimise space and time resources used.
Disposal	<p>Cardboard can be placed in the Dry Mixed recycling bins around site.</p> <p>If there is a substantial build-up of cardboard, please ask Transport to recover it back to the HQ recycling yard via their SharePoint page so it can be placed in our enclosed cardboard skip.</p> <p>Collected by an external waste contractor. Emptied and stored in accordance with Trust Waste Handling Procedure.</p>
Spillage Arrangements	Not Applicable

3.4 Asbestos Waste

Asbestos Waste	
Container Type	
Description:	Asbestos is the term used for fibrous forms of several naturally occurring silicate minerals.
Examples:	Material used in many construction materials for fireproofing, thermal insulation, electrical insulation, sound insulation, decorative plaster, gaskets and friction products.
EWC Code:	Various but include 17 06 01* and 17 06 05*
Hazard warning:	Class 9 – fine dust
Disposal Container(s):	Specialist containers are provided for asbestos – members of staff are required to contact the Estates Manager who will arrange removal.
Local storage arrangements:	Staff finding asbestos or suspected asbestos are to vacate the area and cordon off the area and immediately contact the Estates Manager.
Collection and movement arrangements:	Do not handle asbestos or suspected asbestos as this must be done by specially trained personnel under controlled conditions.
Central storage arrangements:	Specialist secure storage areas for asbestos are arranged on a need basis and are managed by the Estates Manager.
Transportation:	Transport is to be arranged by the Estates Manager in compliance with Asbestos Policy. The Asbestos Policy is available from Estates.
Documentation:	Where external contractors are required to move asbestos waste, a Hazardous waste consignment sheet / Transport Document is to be used. The consignment sheet is to be kept with the asbestos register for 3 years.

Disposal:	Specialist sites.
Spillage arrangements:	The Trust will make arrangements with a contractor authorised to collect and dispose of asbestos waste appropriately. The contractor will hold appropriate licences /permits.

3.5 Batteries Waste

Batteries Waste	
Container Type	
Description:	<p><u>Lead-acid batteries</u> – These are used primarily in medical equipment, vehicles and in industry.</p> <p><u>Other Rechargeable batteries</u> – Nickel Cadmium (NI-Cad), Nickel Metal Hydride (NiMH), Nickel Zinc, Lithium Ion (Li-Ion) and Lithium-Polymer (Li-Polymer) batteries are rechargeable and are used in a large variety of medical equipment such as infusion devices, suction units, defibrillators etc. and also appliances such as mobile phones, cordless power tools, shavers and computers.</p> <p><u>Primary button cells</u> – These batteries can contain various metals and are used in blood glucose monitors, watches, calculators etc.</p> <p>Any other batteries that contain mercury or other hazardous substances are classed as hazardous as per data supplied under COSHH.</p>
EWC Code:	Various dependent on battery type.
Hazard warning:	Various dependent on battery type.
Disposal Container(s):	<ul style="list-style-type: none"> Always refer to manufacturer's instructions. Batteries should be stored in a well ventilated, dry and cool condition out of direct sunlight. The ends of the batteries must be taped to protect them against short circuiting. Mixed batteries should be kept in a locked store and separated into different types for collection. Once sufficient batteries of all types have accumulated the contractor should be informed to arrange for collection and disposal of the batteries.

Local storage arrangements:	<p>Persons responsible for the storage of batteries should be aware of the relevant COSHH data and manufacturers guidelines for the product.</p> <p>Batteries should not be allowed to accumulate and should be handled with care to prevent damage</p>
Collection and movement arrangements:	<p>To arrange for the collection of all used hazardous or rechargeable batteries for onward disposal, recycling or refuse, staff should go onto the attached link and complete all the relevant details. https://erp-recycling.org/uk/batteries/battery-request/request-collection/ to enable a collection. These include domestic batteries, hearing aid batteries and mobile phone batteries. If your batteries are not collected via the ERP Platform, please contact the Waste and Logistics Manager to organise a specialist hazardous waste collection.</p>
Central storage arrangements:	<p>Small battery containers are located across the site for local collections. If you do not have a container, please follow the below link to request one for your site.</p> <p>https://erp-recycling.org/uk/batteries/battery-request/request-collection-box/</p>
Transportation:	<p>Suitable permitted waste carrier and contractor to a permitted site.</p>
Documentation:	<p>For non-hazardous batteries, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>For hazardous batteries Hazardous Waste Consignment Note must be used and kept on the site generating the waste for 3 years from the date of collection of the waste.</p>
Disposal:	<p>Where the cost of recycling is justified both environmentally and commercially this option will be chosen.</p>
Spillage arrangements:	<p>Any package that is broken should not be transferred. The department manager should be called to the site and the offending items re-bagged by the original producers of the waste.</p>

3.6 Broken Glass and Crockery

Broken Glass and Crockery	
Container Type	
Description:	<p>Broken or whole glass products that are NOT contaminated with medications, chemicals or solvents.</p> <p>No aerosols and non-hazardous pressure containers.</p>
Examples:	Broken Glass, Crockery
EWC Code:	20 03 01 – mixed waste.
Hazard warning:	Not applicable
Disposal Container(s):	<ul style="list-style-type: none"> Items to be placed into broken glass waste including bottles or containers NOT contaminated with medicinal/ pharmaceutical product should be placed into a rigid container and sealed so that the glass cannot penetrate through the packaging. The outer packaging must be labelled 'broken glass /crockery – please handle with care'
Local storage arrangements:	<ul style="list-style-type: none"> Bins should be transferred to the nearest external / internal containers pending collection by the waste contractor
Collection and movement arrangements:	<ul style="list-style-type: none"> Collected by waste Porters and transferred to the external waste compound – segregated into a Domestic waste bin as shown:
Central storage arrangements:	<ul style="list-style-type: none"> Storage facilities and containers shall be secured to prevent access to waste by vermin.
Transportation:	<ul style="list-style-type: none"> Waste is collected at least once a week from all sites. Some premises, because of their size and the numbers of staff based there, will have more than one collection per week. to supply and move skips and compactors for waste, their vehicles shall be fit for the purpose and compliant with all road use legislation.

	<ul style="list-style-type: none"> Where external contractors are required to move waste their drivers and their assistants shall be trained to handle the waste as appropriate and to maintain personal hygiene.
Documentation:	Where external contractors are required to move waste, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept on site by the site generating the waste for 2 years from the date of collection of the waste.
Disposal:	Recycling Plant / Landfill.
Spillage arrangements:	Any package that is broken should not be transferred. The department manager should be called to the site and the offending items re-packaged by the original producers of the waste.

3.7 Chemical Waste

Chemical Waste	
Container Type	 <p>A variety of containers will be used for the disposal of this waste. These will be primarily plastic waste drums.</p>
Description:	<p>Chemical waste at the Trust includes:</p> <ul style="list-style-type: none"> a) Therapeutic chemicals used directly for treatment or disinfection b) Disinfectants, cleaning agents, hand washing materials. c) Laboratory Chemicals. d) Estates Chemical.
EWC Code:	<p>Various dependent on chemical type – the product material safety data sheet must be referred to.</p>
Hazard warning:	<p>Various dependent on chemical type – the product material safety data sheet must be referred to</p>

	<table><tr><th colspan="2">OLD</th><th colspan="3">NEW</th></tr><tr><th>Symbols</th><th>Description</th><th>GHS-Symbols</th><th>Description</th><th>Hazard statement examples</th></tr><tr><td></td><td>E Explosive</td><td></td><td>GHS01 Exploding bomb</td><td>Explodes due to fire, shock, friction or heat; danger due to fire, blast and projectiles.</td></tr><tr><td></td><td>F+ Extremely flammable F Highly flammable</td><td></td><td>GHS02 Flame</td><td>Flammable, catches fire spontaneously if exposed to air; in contact with water releases flammable gases which may ignite spontaneously.</td></tr><tr><td></td><td>O Oxidizing</td><td></td><td>GHS03 Flame over circle</td><td>May cause fire or explosion; strong oxidizer</td></tr><tr><td colspan="2">No equivalent</td><td></td><td>GHS04 Gas cylinder</td><td>Contains gas under pressure; may explode if heated; contains refrigerated gas; may cause cryogenic burns or injury.</td></tr><tr><td></td><td>C Corrosive</td><td></td><td>GHS05 Corrosion</td><td>May be corrosive to metals; causes severe skin burns and eye damage.</td></tr><tr><td></td><td>T+ Very toxic T Toxic</td><td></td><td>GHS06 Skull and crossbones</td><td>Small quantities are harmful or fatal.</td></tr><tr><td></td><td>Xn Harmful</td><td colspan="3" rowspan="2">No direct equivalent</td></tr><tr><td></td><td>Xi Irritant</td></tr><tr><td colspan="2">No equivalent</td><td></td><td>GHS07 Exclamation mark</td><td>Harmful, irritates eyes, skin or respiratory system; large quantities are fatal.</td></tr><tr><td colspan="2">No direct equivalent</td><td></td><td>GHS08 Health hazard</td><td>Causes allergic reactions; may cause cancer, may cause genetic defects; may damage fertility or the unborn child; causes damage to organs.</td></tr><tr><td></td><td>N Dangerous for the environment</td><td></td><td>GHS09 Environment</td><td>Harmful, toxic or very toxic to aquatic life with long lasting effects.</td></tr></table>	OLD		NEW			Symbols	Description	GHS-Symbols	Description	Hazard statement examples		E Explosive		GHS01 Exploding bomb	Explodes due to fire, shock, friction or heat; danger due to fire, blast and projectiles.		F+ Extremely flammable F Highly flammable		GHS02 Flame	Flammable, catches fire spontaneously if exposed to air; in contact with water releases flammable gases which may ignite spontaneously.		O Oxidizing		GHS03 Flame over circle	May cause fire or explosion; strong oxidizer	No equivalent			GHS04 Gas cylinder	Contains gas under pressure; may explode if heated; contains refrigerated gas; may cause cryogenic burns or injury.		C Corrosive		GHS05 Corrosion	May be corrosive to metals; causes severe skin burns and eye damage.		T+ Very toxic T Toxic		GHS06 Skull and crossbones	Small quantities are harmful or fatal.		Xn Harmful	No direct equivalent				Xi Irritant	No equivalent			GHS07 Exclamation mark	Harmful, irritates eyes, skin or respiratory system; large quantities are fatal.	No direct equivalent			GHS08 Health hazard	Causes allergic reactions; may cause cancer, may cause genetic defects; may damage fertility or the unborn child; causes damage to organs.		N Dangerous for the environment		GHS09 Environment	Harmful, toxic or very toxic to aquatic life with long lasting effects.
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Disposal Container(s):	<p>Containers used must be appropriate to the type of chemical being disposed of. Many chemicals will remain in their original manufacturer's packaging's.</p> <p>Chemical wastes falling in scope of the carriage regulations may require packaging in containers relating to a 'packing instruction' as specified by the United Nations (UN) number assigned to them. This information is found in section 14 of the products material safety data sheet (MSDS) which is supplied by the product manufactures.</p>																																																														
Local storage arrangements:	<p>Chemical waste must be stored in secure locations away from public access. Flammable chemicals must be stored in a Fireproof Cabinet pending disposal.</p>																																																														
Collection and movement arrangements:	<p>Members of staff are advised to handle chemical waste with care and to ensure PPE is worn as appropriate.</p>																																																														
Central storage arrangements:	<p>Each department is responsible for the storage has their own chemical waste.</p>																																																														
Transportation:	<ul style="list-style-type: none">Containers used for the movement of chemical waste within the premise shall be designed and constructed so they are easy to manually handle.External contractors used to collect chemical waste for disposal, shall ensure their vehicles are fit for the purpose and compliant with all relevant road use legislation.																																																														

Documentation:	<p>The Trust will make arrangements with a contractor authorised to collect and process chemical waste appropriately.</p> <p>The contractor will hold appropriate licences for processing the Trust's chemical waste.</p>
Disposal:	<p>Where external contractors are required to move chemical waste, which is deemed to be hazardous, a Hazardous Waste consignment sheet / Transport Document is to be used. The consignment sheet is to be kept by the site generating the chemical waste for 3 years.</p>
Spillage arrangements:	<p>All spillages must be handled in accordance with the Control of Substances Hazardous to Health (COSHH) risk assessments and methods statements as identified for each site.</p>

3.8 Confidential Waste

Confidential Waste	
Container type	
Description:	<ul style="list-style-type: none"> ▪ Grey confidential waste consoles are located in all relevant wards and departments. Please note some sites/units have confidential waste bins. ▪ For those departments without grey consoles, white sacks must be used. These sacks are available to order from waste@gmmh.nhs.uk. Please be vigilant with the use and placement of these bags, as the paperwork put in them can be viewed/accessed until the bag is sealed. You should continue to put your confidential waste in these bags, but please ensure that the bags are located in a secure area that cannot be accessed by unauthorised individuals. Please DO NOT store any confidential waste in drawers/on desks etc or dispose of it in the normal waste bins. Remember, we are all responsible for following information governance rules and disposing of confidential waste securely. ▪ For clear outs of confidential waste where large quantities are likely to be generated, please contact the Waste and Logistics Manager. ▪ White sacks of confidential waste must be stored in a secure area within the ward/department, until they are collected by the Porters. ▪ It is important that the grey confidential waste consoles, confidential waste bins and white sacks are located in an area where they do not present a fire hazard (i.e., blocking a fire evacuation route or fire exit or next to an ignition source) ▪ Care must be taken to ensure that the grey confidential waste consoles, confidential waste bins and white sacks are not over-filled and can be easily moved. ▪ All confidential wastepaper must be shredded to British Code of Practice (BS EN 15713:2009) either on site or in the dedicated confidential waste consoles for collection by the Trust's specialist confidential waste contractor.

Examples:	Any used materials containing personnel or service user identifiable data including case notes, correspondence, service user labels, address labels, waiting list print outs, telephone numbers, post it notes and any other items. Staff records or any other items, which may identify staff or be traceable to a member of staff.
EWC Code:	20 01 01 – confidential paper waste collected separately from other wastes
Hazard warning:	Not applicable
Disposal Container(s):	Secure locations around the site.
Local storage arrangements:	Confidential paper to be stored in a secure area in the designated containers.
Collection and movement arrangements:	<ul style="list-style-type: none"> Confidential waste should be removed when 3/4 full and sealed. Confidential paper waste must not accumulate in corridors or other unsuitable places & must not obstruct access routes or form a potential fire hazard.
Central storage arrangements:	<ul style="list-style-type: none"> **Prestwich Top Site Including the Lowry Unit ** Confidential waste bags and white sacks are collected from the department by the Transport/Portering Team. This will be taken to a central storage area which our Confidential waste service providers can access. **Prestwich Edenfield Unit** Confidential waste bags and white sacks are collected from the department by the Edenfield Portering Team. This will be taken to a central storage area by our Transport Team which our Confidential waste service providers can access.
Transportation:	<ul style="list-style-type: none"> At all other trust locations our Confidential waste is shredded on-site, only in the event of the shredder failing to work on the van will then mean the confidential waste is recovered back to site. Where external contractors are required to move confidential paper waste, their drivers and their assistants shall be trained to handle the waste as appropriate and to maintain personal hygiene.
Documentation:	Where external contractors are required to move paper waste, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site for 2 years from the date of collection of the waste.
Disposal:	Shredded for recycling
Spillage arrangements:	Any insecure confidential waste bag that has been accessed or tampered with without authorisation must be reported to the Departmental Manager and the Trust lead on information Governance. A full investigation should be carried out to identify the cause.

3.9 Furniture

Furniture	
Container Type (N/A)	
Description:	Redundant or broken furniture
Examples:	Chairs (metal, plastic, wood), tables, cupboards, desks.
EWC Code:	20 03 07
Hazard warning:	Not applicable
Disposal Container(s):	Not applicable
Local storage arrangements:	Furniture must not accumulate in corridors, departments or other unsuitable places & must not obstruct access routes or form a potential fire hazard.
Collection and movement arrangements:	Redundant furniture should be listed on the Trusts reuse system in the first instance. Please contact the Waste and Logistics Manager for further details and how to access the page. For Items that could be repaired please contact the Transport team to arrange the collection of the items.
Central storage arrangements:	Held in central external waste compound for collection by external waste contractor.
Transportation:	<ul style="list-style-type: none"> Where external contractors are required to supply and move waste furniture their vehicles shall be fit for the purpose and compliant with all road use legislation. Where external contractors are required to move waste furniture their drivers and their assistants shall be trained to handle the waste as appropriate and to maintain personal hygiene.
Documentation:	<ul style="list-style-type: none"> Where external contractors are required to move furniture a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept on the site for 2 years from the date of collection of the waste.

Disposal:	Where redundant furniture cannot be resold or donated, recycling of the materials is to be considered before landfill.
Spillage arrangements:	Not applicable.

3.10 Gardening Waste

Gardening Waste	
Container Type (N/A)	
Description:	Organic waste from gardening / grounds maintenance.
Examples:	Grass, leaves, soil, plants.
EWC Code:	20 02 01 – biodegradable wastes. 20 02 02 – stones and soil.
Hazard warning:	Not applicable.
Disposal Container(s):	Everything collected into bags from wagons which is the regarded or recycled.
Local storage arrangements:	Move to registered site.
Collection and movement arrangements:	Remove and leave.
Central storage arrangements:	All cuttings are taken away and disposed of at appropriate recycling depot.
Transportation:	N/A
Documentation:	Waste transfer notes for 'non-hazardous waste' i.e., green waste.
Disposal:	N/A

Spillage arrangements:	<p>Weed killer, fuel – For any spills, a chemical spill kit to absorb the waste chemical; the absorbent material (socks or sand) shall then be contained within a suitable container in the vehicle and disposed of via a suitable waste broker. PPE shall be worn by all personnel handling hazardous waste.</p> <p>A waste consignment note shall be supplied upon disposal of waste and provided to the waste producer.</p>
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3.11 IM&T Equipment

IM&T Equipment	
Container Type (N/A)	
Description:	Redundant, broken or damaged IM&T equipment.
Examples:	Computers, monitors, keyboards, mice, printers, scanners, faxes and network switches, cabling, mobile phones, laptops, chargers
EWC Code:	<p>16 02 13* discarded equipment containing hazardous components other than those mentioned in 16 02 09 to 16 02 12</p> <p>16 02 14 discarded equipment other than those mentioned in 16 02 09 to 16 02 13</p> <p>16 02 16 components removed from discarded equipment other than those mentioned in 16 02 15</p>
Hazard warning:	Various
Disposal Container(s):	These items are covered in the Trust IM&T policy
Local storage arrangements:	Items for disposal are initially held in the IM&T Storeroom
Collection and movement arrangements:	For mobile phone collection please contact the Telecommunications Manager. Redundant phones are to be delivered to the Telecommunications team for secure disposal/ recycling.
Central storage arrangements:	Equipment marked for disposal held in central storage facility

Transportation:	N/A
Documentation:	<p>For non-hazardous equipment, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>Where external contractors are required to move equipment, which is deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years.</p>
Disposal:	Follow IM&T policy
Spillage arrangements:	N/A

3.12 Maintenance waste, fluorescent tubes, paints, oils and fuels

Maintenance waste fluorescent tubes, paints, oils and fuels	
	
Description:	Wastes generated through care and routine maintenance of the Trust sites.
Examples:	fluorescent tubes, paints, oils and fuels
EWC Code:	Fluorescent tubes – 20 01 21* Paints – see chapter 08 of European Waste Catalogue Oils – Various
Hazard warning:	Various
Disposal Container(s):	Fluorescent tubes are to be stored preferably in compounds or away from staff /service user areas and will be removed by Estates Provider on request. Low energy (fluorescent like) bulbs to be handled in same manner as fluorescent tubes above. Paints, Oils and Fuels should all have a secure lid on before being transported around.
Local storage arrangements:	There is a nominated site for the Trust for the holding of waste lamps / tubes which is the Prestwich recycling yard. All other sites will need to have a specific and safe storage area. All paints, oils and fuels will have to be stored in a safe and secure area until a collection can take place.

Collection and movement arrangements:	<p>When the lamp containers are full arrange for collection via an approved waste broker / contractor.</p> <p>Lamps removed from sites not containing lamp containers shall be stored in a suitable container and then transported to the nominated site for disposal. A waste consignment note shall be produced for each movement of waste.</p>
Central storage arrangements:	<p>Sites are nominated with the Trust for holding the waste lamps, all other sites shall also transport waste lamps to the nominated location awaiting collection.</p>
Transportation:	<p>Engineers are provided with suitably sized road worthy vehicles with containers to be able to transport the waste lamps</p>
Documentation:	<p>Waste transfer notes shall</p>
Disposal:	<p>For non-hazardous items, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>Where external contractors are required to move items which are deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years.</p>
Spillage arrangements:	<p>When a spill has been identified, the spill shall be contained using appropriate chemical spill kits (Example: absorbent socks / pads, PPE to be worn.</p>

3.13 Catering Cooking Oil Waste

Catering Cooking Oil Waste	
	
Description:	Cooking Oil
EWC Code:	EWC code: 20 01 25 20 01 26*
Hazard warning:	Various
Disposal Container(s):	300L Drums
Local storage arrangements:	This is stored outside the Catering kitchen areas across the trust.
Collection and movement arrangements:	A specialist cooking oil company will be brought in to safely remove the waste. A waste consignment note shall be produced for each movement of waste.
Central storage arrangements:	Sites are nominated with the Trust for holding the waste lamps, all other sites shall also transport waste lamps to the nominated location awaiting collection.
Transportation:	Transported from site by an approved catering oil disposal company.

Disposal:	<p>For non-hazardous items, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>Where external contractors are required to move items which are deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years.</p>
Spillage arrangements:	<p>When a spill has been identified, the spill shall be contained using appropriate chemical spill kits (Example: absorbent socks / pads, PPE to be worn).</p>

3.14 Medical Devices

Medical Devices	
	
Description	Electrical and electronic medical equipment deemed assets under the remit of the Electro-Biomedical Engineering (EBME).
Examples:	Oximeters, Thermometers, Blood Pressure Machines, Nebulisers, ECG Machines and Medical Fridges.
EWC Code:	Various
Hazard warning:	Various
Disposal Container(s):	All medical devices are returned to medical devices store for disposal.
Local storage arrangements:	All medical devices are returned to medical devices store for disposal.
Collection and movement arrangements:	All collections and movement of condemned equipment are to be emailed to medical devices email address (medicaldevices@gmmh.nhs.uk) Medical devices will arrange with transport to collect the items.
Central storage arrangements:	All items are to be collated in the Prestwich Recycling Yard for collection by an approved WEEE Waste carrier.
Transportation:	All items will be transported via an upper tier waste carrier.
Documentation:	For non-hazardous equipment, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.

	Where external contractors are required to move equipment deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years.
Disposal:	External contractor employed by the Trust.
Spillage arrangements:	N/A

3.15 Waste Electrical & Electronic Equipment (WEEE)

Waste Electrical & Electronic Equipment (WEEE)	
	
Description:	<p>❖ Waste electrical & electronic equipment (WEEE) is divided into six categories within the TRUST:</p> <ol style="list-style-type: none"> 1. IM&T and telecommunications equipment i.e., PC's and phones 2. Medical equipment machinery i.e., physiotherapy sports equipment 3. Large household appliances i.e., fridges, freezers 4. Small household appliances i.e., microwaves, kettles, fans 5. Lighting equipment i.e., fluorescent tubes & lamps 6. Monitoring equipment i.e., smoke detectors, thermostats
Examples:	<p>IT equipment – PC's, mobile phones, bleeps, faxes, scanners, mice, keyboards.</p> <p>Domestic and vaccine fridges.</p>
EWC Code:	<p>Computers 16 02 13*, 16 02 14, 16 02 16</p> <p>Industrial machinery (heavy) 16 02 09*, 16 02 10*, 16 02 11*, 16 02 12*, 16 02 13*, 16 02 14, 16 02 15*, 16 02 16</p> <p>Industrial machinery (light) 16 02 09*, 16 02 10*, 16 02 11*, 16 02 12*, 16 02 13*, 16 02 14, 16 02 15*, 16 02 16</p> <p>Fridges 16 02 11*</p> <p>Freezers 20 01 23*</p> <p>Fluorescent tubes and other mercury-containing waste 20 01 21*</p>
Hazard warning:	Various depending on waste type being discarded.
Disposal Container(s):	N/A

Local storage arrangements:	Remove from service user / office environment and place in a secured area pending removal off site
Collection and movement arrangements:	<p>Do not dispose of any WEEE items via black bag waste or via skips</p> <p>Fridges etc – Once condemned, contact Porters to arrange collection.</p> <p>I.T. equipment & Telephones - Contact the IT & Telecommunications Department.</p> <p>Some suppliers may offer a discount on new purchases if you agree to take on the obligations of WEEE for that item. We suggest that you DO NOT follow this course of action, as it will be your responsibility when it comes to disposal.</p>
Central storage arrangements:	This is at the GMMH Recycling Yard at Prestwich.
Transportation:	<p>For non-hazardous equipment, a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>Where external contractors are required to move equipment, which is deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years.</p>
Documentation:	<p>For non-hazardous WEEE a Waste Transfer Note system is to be used. The Waste Transfer Note is to be kept by the site generating the waste for 2 years from the date of collection of the waste.</p> <p>Where external contractors are required to move WEEE which is deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the chemical waste for 3 years.</p>
Disposal:	<p>TRUST will have a responsibility to dispose of WEEE that was:</p> <ul style="list-style-type: none"> ▪ Purchased before 13th August 2005 or not replaced on a “like for like” basis, i.e., historical WEEE ▪ Orphaned WEEE where the producer/seller cannot be traced i.e., gone out of business ▪ Infected and therefore outside WEEE requirements ▪ Where “contractual arrangements have been agreed” i.e., to negotiate a cheaper purchase price the Trust agrees to undertake disposal arrangements.

3.16 Mattresses for recycling

Mattresses for recycling			
			
EWC	20 03 07	HP Code	Non-hazardous
Description	Large mattress clear clinical waste bags can be sourced via NHS Supply Chain. Please contact waste@gmmh.nhs.uk for the up-to-date codes		
Local Storage Arrangements	<ul style="list-style-type: none"> • Correctly sealed bag. • Temporary stored in Dirty Sluice or allocated departmental stores where necessary. Never left unattended in public / service user areas. • Transferred to Disposal room by appropriate member of staff 		
Trust Collection and Movement Arrangements	Mattresses transferred into disposal room and stored in accordance with Trust Waste Handling Procedure.		
Documentation	A waste transfer note is to be used for all consignments of clinical waste collected by the appointed waste contractor. The consignment note is to be kept on site by the Trust for 2 years		
Disposal	Suitably Waste to Energy facility & recycling facility.		
Spillage Arrangements	Any container that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.		

3.17 Toner Cartridges

Toner / Ink Cartridges	
	
<div> <div>EWC</div> <div>08 03 17* 08 03 18</div> </div>	
Description	The Trust operates a Trust wide toner cartridge recycling scheme whereby the cartridges are returned to either a specialised ink toner recycling firm or returned to Ricoh when new supplies are delivered.
Local Storage Arrangements	<ul style="list-style-type: none"> All used toner and ink cartridges should be safely placed back in to the replacements box and then sealed.
Trust Collection and Movement Arrangements	<p>Ink Cartridges and Toners transferred into disposal room and stored in accordance with Trust Waste Handling Procedure.</p> <p>If you have a used Ricoh toner, please contact the Waste and Environment Manager for details on how to register on the Ricoh smart returns platform.</p> <p>All other toners will have to be safely boxed up, once this is done, please contact the Waste and Logistics Manager to organise the collection from site</p>
Documentation	Where external contractors are required to move items which are deemed to be hazardous, a Hazardous Waste consignment sheet is to be used. The consignment sheet is to be kept by the site generating the waste for 3 years
Disposal	Recycling
Spillage Arrangements	Any container that is split, torn or not sealed correctly should not be transferred; all spillages should be contained and cleaned according to the Trust Spillage procedure (page 10 - 14) by an appropriately trained member of staff.

4. TRUST RECYLING YARD PRODCEDURE

Compound Standard & Control Measures	<ul style="list-style-type: none"> Lockable Gates secured with a padlock. Must only be used during Monday – Friday 08.00-17.00 Access to First Aid Kit and Eye Wash Kit. Clean - free from unauthorised waste and spillages Certain waste streams allocated roof provided dependent on an assessment of <ul style="list-style-type: none"> risk of unauthorised access, weather and environmental conditions i.e., leaves, snow etc type of waste – hazardous, cardboard etc <p>Recycling Yard Safety Controls</p> <p>Slips Trips & Falls</p> <ul style="list-style-type: none"> – Recorded Pre-shift checks of work conditions. – Access control to recycling yard area to limit unauthorised access. – Staff instructed not to leave waste on floor or to obstruct access. – Procedure to clear safe workspace before commencing operations. – Adequate waste storage provided. – Operatives and waste porters issued with adequate footwear. – Work areas away from curbs and other trip hazards. – Access to grit/de-icer in cold conditions. – Adequate drainage. – Adequate lighting. – Activities configured to minimise (or eliminate) need to work at height. <p>Manual Handling – safety controls</p> <ul style="list-style-type: none"> – Mandatory manual handling training for all staff with additional practical session for high exposure roles. – Waste sacks sized to encourage safe loads. – Training to emphasise safe loading of waste containers and movement of waste. – Wheeled bins include a break or some other mechanism to ensure bins can be immobilised. – Bin condition to be checked visually on regular basis. – Staff instructed to place faulty or damaged bins out of use and identify them to management. – Staff provided with adequate PPE. Operatives to the contractor's standards and relevant to their range of tasks, other authorised users of the area to a standard commensurate with the scope of their tasks. – Skips, Bins and container types appropriate to contents. – Staff instructed not to leave bins so that they obstruct access.
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	<p>Storage of Waste</p> <ul style="list-style-type: none"> – Adequate skips, bins and containers provided. – Waste collected at sufficient frequency to prevent overspill and/or excessive build up. – Bins cleaned periodically. – Skips, Bins and containers closed when not in active use. – Where appropriate/necessary bins/containers are subject to regular maintenance checks. – Contingency plans in place to cover collection/storage of waste in abnormal circumstances. – Procedures for appropriate segregation of hazardous wastes. – Staff provided with appropriate PPE. Operatives to the contractor's standards and relevant to their range of tasks, other authorised users of the area to a standard commensurate with the scope of task required to be undertaken – Task specific training given. – Vermin control in place. – Regular checks on storage facilities include checks on cleanliness and odour i.e., daily check sheet completed by operative. Clinical waste check by the Transport Supervisor. – Permeable surface. – Hazardous wastes isolated in leak proof container or confined to fenced/gated area (locked when operative not present) <p>Contact with Objects</p> <ul style="list-style-type: none"> – Recorded Pre-shift checks of work conditions. – Gates, container doors, flaps etc supplied with effective restraint mechanisms. – Non-portering wheeled bins include a break or other mechanism to ensure bins can be immobilised. – Staff instructed not to leave bins so that they obstruct access. – Staff provided with adequate PPE, Operatives to the contractor's standards and relevant to their range of tasks, other authorised users of the area to a standard commensurate with the scope of tasks required to undertake – Operations configured to eliminate storage at height. – Training to stress need for additional care in high (or gusty) wind conditions.
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	<p>Moving Vehicles</p> <ul style="list-style-type: none"> – Area gated and only accessible to authorised vehicles. – No through flow of vehicles. – Separate vehicle turning and operational areas. – Staff training includes emphasis on vehicle awareness. – Waste contractors are required to collect within core hours when the Transport team are available to act as a banksman. – Waste contractors are required to present risk assessments and safe systems of work as appropriate. – Waste contractors are to be provided with copies of relevant Trust risk assessments and work procedures. – Waste Porters and compound operative provided with high-visibility clothing <p>Unauthorised Waste</p> <ul style="list-style-type: none"> – Area gated and only accessible to authorised staff members and vehicles (key access limited to named individuals). – Vehicle gates locked when operative not present. – CCTV Coverage of area. – Adequate Lighting. – Signage. <p>Confidential Waste Storage</p> <ul style="list-style-type: none"> – Dedicated storage room with access control (access limited to named individuals). – Dedicated disposal contract with Certificates of Destruction for each consignment. – Specific waste sacks that are easily identifiable. – Drawstring closures. <p>Sharps Injury Risk – safety controls</p> <ul style="list-style-type: none"> – Procedures for adequate segregation of waste in place. – Waste audit programme in place. – Sharps training given to Clinical staff. – Training to emphasise visual check of loads etc before handling. – PPE Provided to waste porters (Gloves). – Additional PPE (work clothing) provided too operative. – First aid facilities on site. – Adequate bins and containers provided. – Adequate lighting. – Procedures to minimise handling of hazardous waste.
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	<p>Noise</p> <ul style="list-style-type: none"> – Vehicle and machinery operation confined to Core working hours. – Machinery does not cause excessive noise. – Machinery to be located as far as practical from Chapman Barker Unit with containers etc placed to act as barrier. – Waste collections to be scheduled to minimise disruption. – Waste storage and container size maximised to minimise collection frequency. – Signage. – Contractors required to keep noise to minimum when on site. <p>Exposure to elements</p> <ul style="list-style-type: none"> – Operative supplied with adequate clothing and work equipment. – Sheltered areas available. – Heated shower and changing facilities located opposite the Transport Department. <p>Lone Working & Day Time Operation</p> <ul style="list-style-type: none"> – Operations configured to minimise night-time operations. – Use of machinery only by compound operative during core working hours. – Adequate storage available for out of hours operations. – CCTV Coverage – Adequate lighting. – Area gated and only accessible to authorised vehicles (key access limited to named individuals). – Vehicle gates locked when operative not present.
<p>Compound Waste Activities</p>	<p>Clinical Waste - storage</p> <ul style="list-style-type: none"> • Section for Empty bins • Section for Full Bins - for the following waste streams: <ul style="list-style-type: none"> ○ Yellow Sharps ○ Orange Sharps ○ Yellow Bag ○ Orange Bag ○ Tiger Bag ○ Cytotoxic/Cytostatic Clinical Waste ○ Non-Hazardous Medicines - Blue ○ Cytotoxic/Cytostatic Medicine - Purple

Compound Security	<ul style="list-style-type: none"> • Lockable Gates • Padlocks on all gates • Always locked - Key provided to authorised people <p>NB: Failure to lock the compound breaches Environmental, Health & Safety, Transport and Anti-terrorism Legislation</p>
Internal Transfer In/Out of Compound	<p>Transfer of Healthcare Waste 360 litre & 770 litre Bins in/out of compound</p> <p>360 & 770 litre bin in:</p> <ul style="list-style-type: none"> • Correctly Segregated. • Bag waste not compacted. • Incorrectly segregated waste transferred where possible using PPE and Grabber. • Locked. • No waste over-flowing. • Tag in place. • Correct waste code identified on the Tag. • Located in correct location in the compound. <p>Bin Out:</p> <ul style="list-style-type: none"> • Clean. • Not damaged. • Wheels working. • SRCL Tag in place. • Lock working.
Collection Time at each location	Agreed 'Time Window' of collection for each Compound
External Transfer of Healthcare Waste 770 & 360 Bins	<ul style="list-style-type: none"> • Driver to Phone Contact Number: • Member of Staff from Portering to be available to: <ul style="list-style-type: none"> ○ Meet Driver ○ Open Compound ○ Check Standard of bins being unloaded, clean, lockable, not damaged ○ If fail, then use Bin rejection tag ○ Check Bins being loaded onto vehicle are correctly tagged ○ Sign paperwork to confirm correct information has been entered. ○ Lock compound ○ Transfer document to HWCN file held by the Waste and Environment Manager

Spillage Arrangements	All spillages should be contained and cleaned according to Trust policy by an appropriately trained member of staff. Any further action required will be on the advice of the Infection Control Team.
NB: All collections by waste contractor must be supervised. Compound must be locked.	

Stericycle Healthcare waste bins tags

Waste Type	Picture of Container	Storage/Disposal Area
Offensive waste – yellow/black stripe bags (Stored in yellow 770 litre wheeled bins with yellow/black labels) 		Local waste storage areas and main waste compound
Clinical/infectious waste (Orange bags - stored in yellow 360 litre or 770 litre wheeled bins with orange label) 	 	Local waste storage areas and main waste compound

<p>Sharps waste</p> <p>(Sharps containers and yellow boxes - stored in yellow 770 litre wheeled bins with yellow label)</p> 		<p>Local waste storage areas and main waste compound</p>
<p>Medicine waste</p> <p>(Blue containers from Pharmacy and units - stored in yellow 770 litre wheeled bins with blue label)</p> 		<p>Local waste storage areas and main waste compound</p>
<p>Cytotoxic/static waste (purple lid containers stored in yellow 770 litre wheeled bins with purple label)</p> 		<p>Local waste storage areas and main waste compound</p>

<p>Infectious waste for incineration</p> <p>(Yellow bags from Clozapine Clinics – stored in yellow 770 litre wheeled bin with yellow label)</p> 		<p>Local waste storage areas and main waste compound</p>
<p>Gypsum waste – yellow/black stripe bags</p> <p>(Initially stored in 360 litre brown wheelie bins and transferred to 770 litre wheeled bins with Gypsum Waste label)</p> 	 	<p>360 litre brown wheelie bins. Main waste compound – 770 litre wheeled bins.</p>

APPENDIX 1 – INDICATIVE LIST OF CATEGORY A PATHOGENS

UN number and name Microorganism

UN 2814

Infectious substance affecting humans

- Bacillus anthracis (cultures only)
- Brucella abortus (cultures only)
- Brucella melitensis (cultures only)
- Brucella suis (cultures only)
- Burkholderia mallei – Pseudomonas mallei – Glanders (cultures only)
- Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)
- Chlamydia psittaci – avian strains (cultures only)
- Clostridium botulinum (cultures only)
- Coccidioides immitis (cultures only)
- Coxiella burnetii (cultures only)
- Crimean-Congo haemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli, verotoxigenic (cultures only)
- Ebola virus
- Flexal virus
- Francisella tularensis (cultures only)
- Guanarito virus
- Hantaan virus
- Hantavirus causing haemorrhagic fever with renal syndrome
- Hendra virus

- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)
- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus (Mpox)
- Mycobacterium tuberculosis (cultures only) ^a
- Nipah virus
- Omsk haemorrhagic fever virus
- Poliovirus (cultures only)
- Rabies virus (cultures only)
- Rickettsia prowazekii (cultures only)
- Rickettsia rickettsii (cultures only)
- Rift Valley fever virus (cultures only)
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae type 1 (cultures only) ^a
- Tick-borne encephalitis virus (cultures only)
- Variola virus

- Venezuelan equine encephalitis virus (cultures only)
- West Nile virus (cultures only)
- Yellow fever virus (cultures only)
- Yersinia pestis (cultures only)

**** Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B (carriage on road only) ****

APPENDIX 2 – LIST OF CYTOTOXIC & CYTOSTATIC PHARMACEUTICALS

Product Approved Name	
Anastrozole	Medroxyprogesterone
Azathioprine	Megestrol
Bicalutamide	Menotropin
Chloramphenicol inc. eye drops 0.1% or greater	Mifepristone
Ciclosporin	Mycophenolate mofetil
Cidofovir	Nafarelin
Coal Tar Containing Products	Oestrogen containing products
Colchicine	Oxytocin (including syntocinon and syntometrine)
Danazol	Podophyllin
Diethylstilbestrol	Progesterone containing products
Dinoprostone	Raloxifene
Dithranol containing products	Ribavarin
Dutasteride	Sirolimus
Estradiol	Streptozocin
Exemestane	Tacrolimus
Finasteride	Tamoxifen
Flutamide	Testosterone
Ganciclovir	Thalidomide
Gonadotrophin, chorionic	Toremifene
Goserelin	Trifluridine
Interferon products inc. peginterferon	Triptorelin
Leflunomide	Valganciclovir
Letrozole	Zidovudine
Leuprorelin acetate	

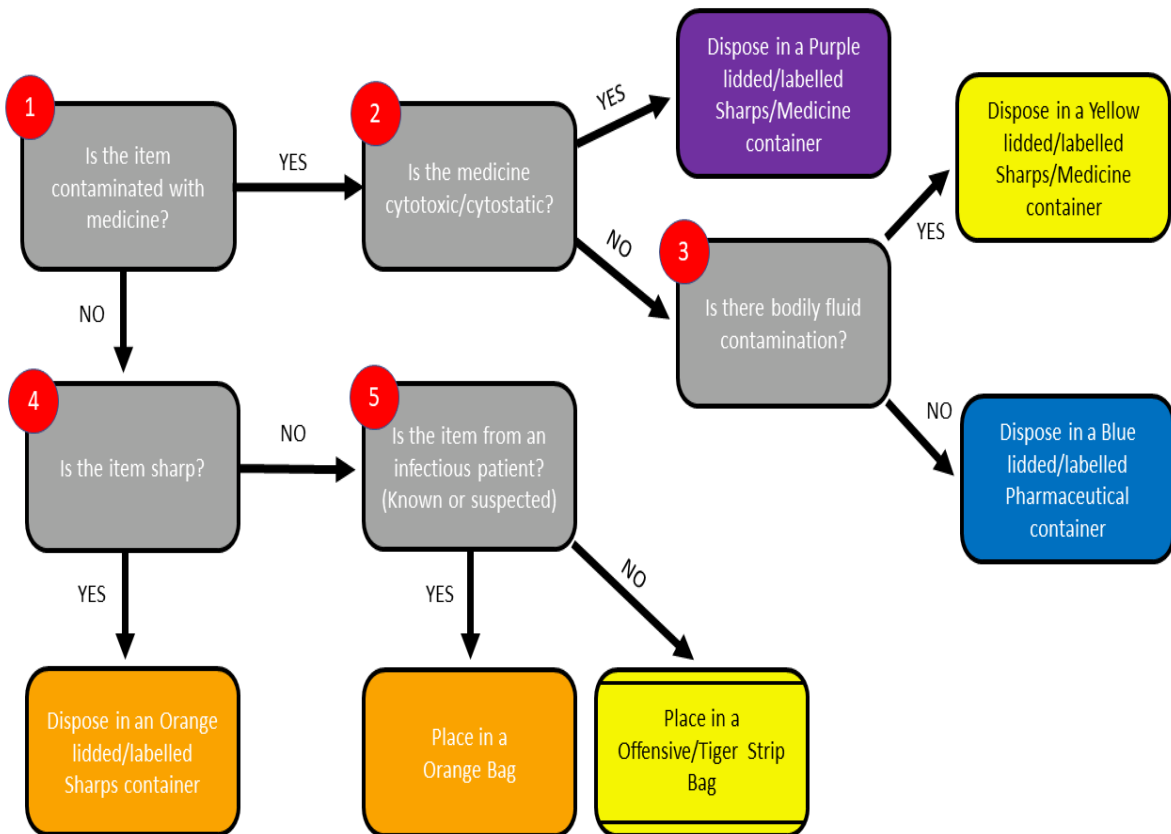
APPENDIX 3 – WASTE BAG AND CONTAINER SEGREGATION POSTER

<p>Offensive (Yellow and Black Tiger Strip effect) Bag Non-infectious waste</p> 	<p>Orange Bag Infectious waste NOT contaminated with medicines.</p>	<p>Yellow Bag Chemical or Medicinal contaminated items only.</p>	<p>Black & Clear Bag Domestic and Dry Mixed Recycling waste.</p>	<p>Blue lid with blue sticker on yellow or blue container Clean Non – Hazardous Medicinal contaminated items.</p>	<p>Purple lid with purple sticker on yellow or blue container Cytotoxic/ Cytostatic Hazardous Medicinal Waste.</p>
<p>Contents: Non-infectious continence wastes (nappies, incontinence pads, feminine hygiene products), swabs, dressings, gauze urine pots, blood contaminated items from non-infected service users. Additionally – Non-infectious healthcare waste including aprons, gloves, wipes.</p>	<p>Contents: Infectious swabs, dressings, gloves, aprons, masks, and other materials contaminated with infectious bodily fluids and micro-organisms.</p>	<p>Contents: Infectious swabs, dressings, gloves, other materials contaminated with infectious bodily fluids and medicinal or chemical contamination.</p> <p>Please check the Procedural Manual for advice regarding Category A Pathogens.</p>	<p>Contents: Domestic (Black and Clear Bag) - include food waste, crisp and sweet wrappers, food packaging, polystyrene and coffee cups and flowers etc.</p> <p>Dry Mixed Recycling (Clear Bag) include clean and empty milk cartons, plastic bottles, aluminium & steel cans. Also includes clean and dry flat packed cardboard, newspapers and non-confidential loose paper.</p>	<p>Contents: Unused, part used and out of date tablets, creams, liquid dose medicines and patches. Tablets in containers & empty blister packs, unopened medicine vials, liquids in bottles. Inhaler cartridges, loose tablets & droplet bottles with pipettes.</p>	<p>Contents: Unused, part used and out of date cytotoxic /Static medicines</p> <p>Includes Chloramphenicol, Finasteride, Colchicine, Methotrexate, Oxytocin, Oestrogen and or Progesterone products.</p>
<p>Disposal Route: Energy from waste.</p>	<p>Disposal Route: Alternative treatment.</p>	<p>Disposal Route: Disposal by Incineration.</p>	<p>Disposal Route: Sent to Material Recovery Plants</p>	<p>Disposal Route: Energy from Waste and maybe Incinerated.</p>	<p>Disposal Route: Incineration.</p>

APPENDIX 4 – WASTE SHARPS CONTAINER SEGREGATION POSTER

<p>Yellow lid with yellow sticker on yellow container</p>  <p>Medicinal contaminated items only.</p>	<p>Orange lid with orange sticker on yellow container</p>  <p>Infectious waste NOT contaminated with medicines.</p>	<p>Purple lid with purple sticker on yellow or blue container</p>  <p>Cytotoxic/Cytostatic Waste</p>
<p>Contents: Sharps - Infectious contaminated needles, broken ampoules and vials containing residual pharmaceuticals.</p>	<p>Contents: Sharps – Infectious contaminated single use-instruments, scalpels, razors, scissors, blades, needles used for taking bloods and acupuncture needles.</p>	<p>Contents: Sharps - Infectious contaminated needles, broken ampoules and vials containing residual cytotoxic and cytostatic medicines.</p>
<p>Disposal Route: Incineration.</p>	<p>Disposal Route: Incineration or via Alternative Treatment.</p>	<p>Disposal Route: Incineration.</p>

APPENDIX 5 – CLINICAL WASTE ASSESSMENT FLOW CHART



DEFINITIONS / GLOSSARY OF TERMS	
Waste	<p>Waste is defined throughout the EU by the Waste Framework Directive (and in the UK by Section 75(2) of the Environmental Protection Act 1990) as:</p> <p><i>“Any substance or object which the holder discards or intends or is required to discard”</i></p> <p>In law once something has become waste it remains waste irrespective of potential for reuse or intrinsic value. Waste is subject to all relevant regulation until it is deemed to have reached “end of waste status.”</p> <p>Determining end of waste status is not straightforward, but for the Trust’s purposes can be either: final disposal or treatment/reprocessing by a permitted operator via a process that has been approved by the Environment Agency.</p>
Controlled Waste	<p>Controlled waste is defined by Section 75 of the Environmental Protection Act 1990 as: household, industrial and commercial waste or any such waste.</p> <p>For the purposes of this policy all Trust waste is controlled waste. (For interpretation of the definitions of ‘household,’ ‘industrial’ and ‘commercial’ waste see EPA s.75 and the Controlled Waste Regulations 2012)</p>
Clinical Waste	<p>Clinical Waste is defined in the UK by the Controlled Waste (England and Wales) Regulations 2012 as:</p> <p>Waste from a healthcare activity (including veterinary healthcare) that:</p> <ul style="list-style-type: none"> a) Contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms. b) Contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or. c) as a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive 67/548/EEC on the approximation of laws, regulations and administrative provisions relating to the classification, packaging, and labelling of dangerous substances, <p>And waste of a similar nature from a non-healthcare activity.</p>

Hazardous Waste	<p>Hazardous Waste is defined in law by Reg. 6 of the Hazardous Waste Regulations 2005 and Reg. 4 of the List of Wastes Regulations 2005.</p> <p>Further guidance on the classification of Hazardous Waste is provided in the Environment Agency publication: Technical Guidance WM2: Interpretation of the definition and classification of hazardous waste.</p> <p>N.B. <i>To ensure capture of all waste substances that may require additional management control, the scope of this policy takes a broad interpretation of the definition of hazardous waste that may include waste substances that fall outside of this legal definition (see section 2).</i></p>
Waste Hierarchy	<p>The Waste Hierarchy is defined by Art.4 of Directive 2008/98/EC as the:</p> <p><i>“Priority order in waste prevention and management legislation and policy:</i></p> <ul style="list-style-type: none"> a) Prevention. b) Preparing for re-use. c) Recycling. d) Other recovery, e.g., energy recovery; and e) Disposal.”
COSHH	Control of Substances Hazardous to Health Regulations
CQC	Care Quality Commission
DEFRA	Department for Environment, Food and Rural Affairs
EA	Environment Agency
EPR	Environmental Permitting Regulations
GMMH	Greater Manchester Mental Health NHS Foundation Trust
HTM	Health Technical Memorandum
HWCN	Hazardous Waste Consignment Note
IPC	Infection Prevention and Control
MFT	Manchester University NHS Foundation Trust
RBH	Royal Bolton NHS Foundation Trust
SLA	Service Level Agreement
SOP	Standard Operating Procedure
WEEE	Waste Electrical and Electronic Equipment Recycling