Reference Number: UHB038 **Version Number:** 5	**Date of Next Review:** *10/02/2029* **Previous Trust/LHB Reference Number:** *109*

WASTE MANAGEMENT POLICY AND PROCEDURE

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that all waste is managed in accordance with the Welsh Health Technical Memorandum (WHTM) 07-01, the waste hierarchy, and all relevant environmental, health and safety, and transport legislation. Our aim is to protect patients, staff, the public, and the environment by minimising waste generation, ensuring effective segregation, and promoting best practice in waste handling and disposal.

This document and supporting Procedure Document aims to describe in an easy to navigate, user friendly and concise manner, the policy, and correct procedures for managing all waste streams produced as a result of the activities and services of Cardiff and Vale University Health Board.

The Health Board is committed to managing waste in line with Welsh Government strategy, current legal obligations, and other applicable requirements. Wherever reasonably and economically practicable, we will apply the principles of the Waste Management Hierarchy to drive continual improvement in our environmental performance. Our approach to sustainable waste management focuses on using resources efficiently, reducing waste generation, and managing waste in a way that supports circular economy principles and sustainable development.

Policy Commitment

- To reduce waste production, the Health Board aims to, as far as reasonably practicable, carefully consider the disposal implications of all developments, purchases, and donations.
- To the extent reasonably and economically practicable, the Health Board aims for all members to reuse articles that have not yet reached the end of their life. These articles fall outside waste legislation and can be reused.
- Where opportunities exist and where regulations apply, waste recycling must be encouraged and implemented to minimise the amounts of waste destined for landfill.
- Comply with the Waste Recycling (Wales) Regulations 2023 by separating recyclable materials such as paper, cardboard, glass, metal, plastic, cartons, food

waste, unsold small waste electrical and electronic equipment (sWEEE), and unsold textiles.

- To ensure the safe treatment of waste or reduce its hazardous properties prior to recycling or disposal, the Health Board aims to comply with legislation by properly segregating, storing, handling, transporting, and treating waste.

- When the production of waste is unavoidable, the Health Board aims to ensure that segregation, storage, handling, transport, and disposal processes comply with legislation and utilise the best available techniques.

- To the extent possible, the Health Board aims to develop waste management systems that comply with applicable mandatory codes of practice, best practices, and guidance related to other Health Board policies and procedures for managing waste.

- Waste is classified and segregated in accordance with legislation, ensuring that the categories of waste transported by or on behalf of the Health Board meet the waste acceptance criteria of the authorised waste receiving site or process.

- All members of the Health Board ensure that the wastes generated by their activities is segregated and identified in accordance with the specific requirements outlined in the Operational Procedures and Waste Legislation.

- Detail safe and correct segregation, handling, transportation and disposal practices.

- Specify training and auditing requirements.

Supporting Procedures and Written Control Documents

- Cardiff and Vale University Health Board Waste Management Procedure
- Cardiff and Vale University Health Board Environmental Policy
- Cardiff and Vale University Health Board Infection Control Policies
- Cardiff and Vale University Health Board Health and Safety Policies
- Cardiff and Vale University Health Board Fire Safety Policy
- Contractor Waste Acceptance Criteria
- Pre-Waste Acceptance Criteria

Other supporting documents are:

List all documents the reader needs to be aware of alongside / in support of this document

Applicable Legislation

Only the primary Acts and main Regulations are listed by the date of becoming law. Subsequent amendments are not included in this list.

The Health and Safety at Work Act 1974
All regulations enabled by The Health and Safety at Work Act 1974 that pertain to waste management must be adhered to in order to minimise and control risks to the health and safety of all individuals involved in waste management. The following regulations specifically reference waste management:

- Manual Handling Operations Regulations 1992
- The Management of Health and Safety at Work Regulations 1999.
- The Genetically Modified Organisms (Contained Use) Regulations 2014
- Control of Substances Hazardous to Health Regulations (COSHH) 2002.
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009.

Environmental Protection Act 1990
All regulations enacted under this Act that pertain to waste management must be followed to minimise and control risks to human health and the environment. The following regulations specifically address waste management:

- European Waste Framework Directive (2008/98/EC) 2008
- The Controlled Waste (England & Wales) Regulations 2012
- Environmental Permitting (England & Wales) Regulations 2010
- The Animal By-Products (Enforcement) (Wales) Regulations 2014
- Environment (Wales) Act 2016.
- Well-being of Future Generations (Wales) Act 2015
- The Landfill (England and Wales) Regulations 2002
- The Waste Electrical and Electronic Equipment Regulations 2013
- The Hazardous Waste (England and Wales) (Amendment) Regulations 2016.
- Clean Neighbourhoods and Environment Act 2005

Data Protection Act 2018 and the General Data Protection Regulation
The disposal of recycling and waste must be managed such that the requirements of the Data Protection Act are maintained at all times.

The Human Tissue Act 2004
HTA Code of Practice 5: Disposal of Human Tissue. The removal, storage and disposal of human organs and tissue.

Workplace Recycling Regulations Wales 2023
From April 2026, Hospitals must sort their waste for recycling, including paper, card, glass, metal, plastic, cartons, food waste, small waste electrical and electronic equipment (sWEEE), and textiles. recyclable materials must be correctly presented separately for collection.

Applicable Mandatory, Codes of Practice, Best Practice and Guidance

WHTM 07-01: Safe Management of Healthcare Waste
This document has been produced and updated in partnership with Department of Health, Defra, and the Department for Transport and with full support and cooperation of the

Regulators (Environment Agency and the Health and Safety Executive) and the devolved administrations.

When new or updated guidance documents from government or departmental bodies (such as the Department of Health, NHS Estates, Natural Resources Wales, HSE, WAG, etc.) are issued to regulate waste management practices, the Health Board's policy is to ensure full compliance with these directives.

Scope

This policy applies to all Cardiff and Vale UHB staff, including those with honorary contracts, across all sites and services where healthcare waste is generated.

Responsibilities

To ensure safe and effective waste management within the Health Board, the following responsibilities have been assigned.

Chief Executive
accepts overall responsibility for all matters, including those regarding waste management.

Directors / Heads of Estates and Facilities Departments
Ensure that managers have a clear understanding of their responsibilities and that appropriate training is provided to help staff achieve their objectives.

Head of Waste Compliance and Recycling / Waste Management Team
Ensure that dedicated waste management staff and the services they provide meet the requirements of the policy, procedure and comply with relevant legislation.
Ensure all waste records are maintained in accordance with the regulations.
Ensure audits are conducted to ensure that the Health Board complies with this policy, procedures, and relevant legislation.
Conduct investigations and make recommendations for improvements when accidents and incidents are found to be non-compliant with the policy, procedures, or legislation.
Ensure that contractors who supply the Health Board with waste management services comply with the Policy, Procedure and legislation.
Investigate and report non-conformances to the Regulatory Authority when a waste management accident, spillage, or release occurs, posing apparent risks to human health, the environment, or amenity.
Ensure that all regulatory requirements, including Waste Management Licences, Exemptions from Waste Management Licences, Carriers Certificates, and operator competency, are maintained to the required standards.
Conduct annual Duty of Care Audits of waste contractors and service providers to ensure ongoing regulatory compliance.
Conduct Pre-Acceptance Audits of all Facilities/Premises that produce waste to ensure regulatory compliance.

Departmental / Ward Managers

Provide appropriate training to all personnel involved in the production and disposal of waste. Share best practices and demonstrate their implementation. Collaborate with the Waste Management Department to improve waste management systems in response to accidents, incidents, or non-compliant disposal events, ensuring adherence to policy, procedures and relevant legislation. **All Health Board Employees** All staff are responsible for adhering to the legislation, policy and the associated procedures. Cooperation is essential at all levels of the Health Board and every staff member should understand their role in these arrangements.
Resources The Health Board shall maintain the level of service, equipment, and facilities necessary to develop and uphold the objectives of this procedure. The Health Board shall implement this Policy and supporting Procedures to the extent reasonably practicable with available resources. When new legislation or technological advancements arise, the Health Board must seek the best value solutions that reduce the environmental impact of waste. It shall be the financial responsibility of a Clinical Board or directing management body to fund internal departmental waste management systems to ensure compliance. It will be the responsibility of the Health Board to allocate sufficient resources to enable the implementation of new waste management systems that are deemed necessary to comply with improvement or enforcement instructions from the regulatory authority. Where wastes are produced that fall outside that which is normally budgeted by a Cardiff and Vale University Health Board Service Level Agreement, then the Waste Management Department reserves the right to levy a charge for the collection and disposal of that waste.

Equality & Health Impact Assessment (EHIA) Part 1 - Equality Impact Assessment (EQIA)	*An Equality and Health Impact Assessment has been completed. No significant negative impacts identified.*

Equality & Health Impact Assessment (EHIA) Part 2 - Health Impact Assessment (HIA)	An Equality and Health Impact Assessment has been completed. No significant negative impacts identified.

Policy Approved by	Digital & Infrastructure Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Digital & Infrastructure Committee
Accountable Executive or Clinical Board Director	Geoff Walsh, Director of Capital Estates and Facilities
Author	James Randall-Bromley, Head of Waste Compliance & Recycling
Disclaimer **If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**	

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
3	*25 April 2017*	TBC	Updated Organisational Policies to be read alongside Policy. Format of procedure follows UHB corporate template
4	June 2021		
5	February 2026	11/02/2026	Full rewrite in line with updated waste legislation and guidance.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Cardiff and Vale University Health Board Waste Management Procedure

Sections Select the required section below.....

01 CAVUHB Waste Management Policy

02 Sustainable Waste Management

03 Waste Definition and Classification

04 Clinical Waste

05 Clinical Bag Waste

06 Clinical Sharps Waste

07 Gypsum Waste

08 Radioactive Waste

09 Anatomical Waste

10 Pharmaceutical Waste

11 Recycling Waste

12 Electrical Items (WEEE Waste) & Ink Cartridges

13 Food Waste

14 Black Bag Waste

15 Batteries

16 Scrap Furniture, Equipment & Mattresses

17 Chemical Waste

18 Confidential Waste

19 Asbestos, Mercury, Oil and Amalgam

20 Training, Auditing DGSA, Community Waste

02. Sustainable Waste Management

Circular Economy

To achieve net zero carbon by 2030 and become a zero-waste organisation, the Health Board must apply the principles of a circular economy into the full lifecycle of the procurement of goods and services as per the Health Boards ''Shaping our Future Sustainable Healthcare Plan''. Applying the principles of a circular economy to our procurement and waste management practices is key to delivering the Health Boards objectives.

The Waste Hierarchy

The waste hierarchy is a framework for managing waste which ranks disposal methods according to their environmental impact, with 'Prevention' being the most preferrable option and 'Landfill' the least. The hierarchy comes from Article 4 of the EU's Waste Framework Directive and is still used in the UK as guidance for best practice waste management. The Health Board has adopted the waste hierarchy from WHTM 07-01 to drive us towards our goal of becoming net zero carbon by 2030 and a zero-waste organisation.

Prevention
Prevention represents the highest priority within the waste hierarchy and focuses on actions taken before materials become waste. In the context of healthcare, prevention is integral to delivering sustainable services and reducing environmental impact. By avoiding unnecessary procurement and minimising waste generation, the Health Board can reduce both financial costs and the environmental burden associated with disposal.

All staff are encouraged to adopt the following principles to support waste prevention:

- Think Long-Term: Prioritise quality over quantity. Investing in durable, high-quality items can be more cost-effective and resource-efficient over time. Consider the full lifecycle of products during procurement decisions.

- Assess Genuine Need: Implement effective stock control to avoid over-ordering. Before purchasing new items, assess whether existing stock is still fit for purpose. Replacement should be based on need, not preference. Specialist teams such as Infection Prevention and Control, Manual Handling, Health and Safety, Clinical Engineering, and Maintenance can provide guidance on appropriate replacement criteria.

- Consider Alternatives: Where feasible, opt for reusable rather than single-use items. Evaluate whether mains-powered equipment can replace battery-operated alternatives to reduce waste and improve efficiency.

- Collaborate and Share Resources: For items used infrequently or subject to minimum order quantities, explore opportunities to share resources across departments. Use internal communication channels and staff networks to coordinate shared purchasing or redistribution of surplus stock.

Reuse
Health Board employees should prioritise reusing materials wherever possible to support waste prevention and sustainability. This includes reusing office supplies, such as folders and binders, repurposing packaging materials, and opting for reusable containers and utensils in place of disposable ones. Incorporating reuse practices into daily routines can significantly reduce the amount of waste generated, conserve resources, and contribute to the circular economy. Reuse retains the value of our products and establishes a circular loop.

While reuse is a key principle of sustainable waste management, several barriers can hinder its implementation. These include limited time to explore alternatives, short decision-making timescales, and insufficient storage capacity. Despite these challenges, it is essential that action to support reuse is taken promptly once an item is identified as surplus to requirements.

To facilitate reuse, staff are encouraged to take the following steps as a minimum:

- **Advertise items** on Viva Engage to increase visibility across the organisation.
- **Email distribution lists** to advertise with colleagues and departments on your own and other sites.
- **Contact the Waste Management Team** to identify potential options.

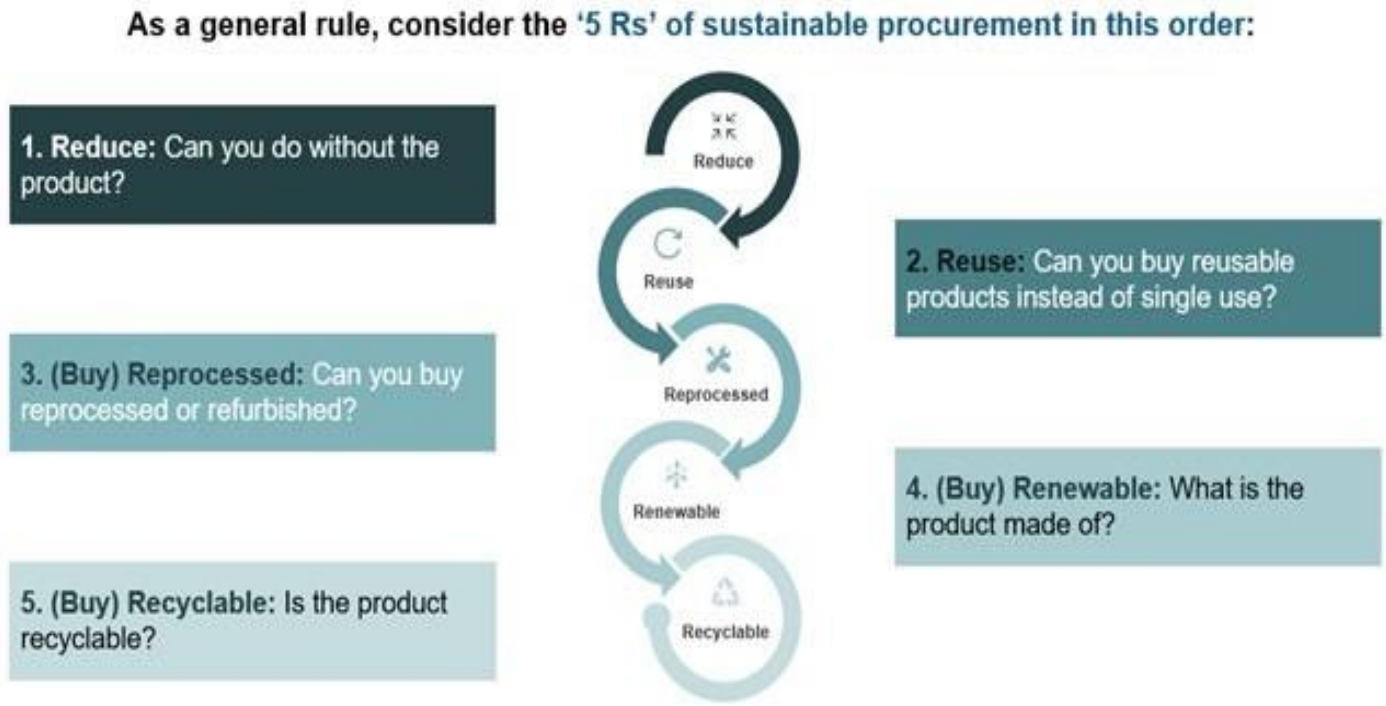
Recycle
Recycling is a critical component of waste management within the Health Board. From April 2026, all hospitals in Wales, including NHS and private hospitals, must comply with the Environmental Protection Waste Recycling (Wales) Regulations 2023. This legislation mandates that hospitals separate their recyclable waste materials, such as food, paper and card, glass, metals, plastic, cartons, unsold textiles, and small waste electrical and electronic equipment (sWEEE), for collection. The aim of this law is to improve the quality and quantity of recycling, reduce carbon emissions, and tackle the climate emergency by ensuring that recyclable materials are properly sorted and managed.

Staff are encouraged to ensure that recyclable materials such as paper, cardboard, plastics, and metals are correctly sorted and placed in designated recycling bins. By doing so, these materials can be processed and reintroduced into the production cycle, reducing the need for new resources and minimising environmental impact. Effective recycling practices support the principles of the circular economy, where waste is transformed into valuable resources, contributing to a more sustainable and environmentally responsible healthcare system.

Recover
Waste is processed and used as a fuel or feedstock in energy generation and the recovery of water, heat, materials and nutrients such as in cement production or anaerobic digestion. These generation and recovery processes can produce greenhouse gases and harmful pollutants which create poor air and water quality locally. This method of waste disposal destroys the waste and therefore fails to retain the value of our procured goods and makes them impossible to be recycled or reused.

Disposal
Waste is disposed of via domestic waste stream and is sorted on or off site by waste services or waste contractors. Items that can be recycled are sorted into a separate recycled waste streams and suitable items that cannot be recycled are sent for energy generation or recovery.

Landfill
Waste is disposed of in landfill, abiding by the principles of a linear economy whereby material is not segregated, reused, recycled or used in a recovery process and the value of the material is not retained within the supply chain. The material has escaped the supply chain after one use and cannot be used to create new materials or products.



02.1. Procurement Engagement and Sustainable Decision-Making

When considering the replacement of a product or service, it is essential to engage with your Procurement colleagues. They are available to:

- Provide expert advice on available options, alternatives, and delivery timelines.
- Review supplier obligations, including take-back schemes for products and packaging.
- Identify standardised items listed on Oracle to ensure consistency and compliance.

Key Considerations for Procuring Products or Services

To support informed and sustainable procurement decisions, consider the following questions:

Suitability and Effectiveness

- Is the current product or service meeting operational and clinical needs?
- What improvements are necessary to enhance outcomes for patients and staff?

Waste Reduction and Environmental Impact

- Can the use of single-use items be eliminated or reduced?
- Will the new provision affect waste management logistics (e.g., storage space or collection requirements)?

Packaging and Circular Economy

- Can suppliers minimise packaging or incorporate circular economy principles?

Supplier Credentials

- Are suppliers affiliated with recognised environmental or quality schemes?
- Can these accreditations be verified?

Workforce Development

- Does the provision include training or awareness initiatives to support staff development and retention?

Benchmarking and Best Practice

- Are there examples of similar products or services being procured sustainably within the sector?

Table 1 – Waste Disposal Options

Disposal Option	Description	Waste Examples
Recycling	Processing of waste to make new products	Paper, Plastics, Cardboard, Glass, Metals, WEEE, Textiles Wood, Batteries, Printer Cartridges, Absorbent Hygiene Products
Anaerobic Digestion	Breakdown of biodegradable waste creating fertiliser and energy from waste	Food Biodegradable wastes
Composting	The decomposition of biodegradable solid waste	Food Biodegradable wastes
Energy from Waste	Creating energy (electricity or heat) from the treatment of waste	Various
Alternative Treatment	Treatment by heat, chemicals or irradiation to render clinical waste safe	Orange clinical waste
Incineration	Combustion of waste at high temperatures (between 800 – 1100oC)	Medicines Purple / Yellow Sharps Hazardous Waste, Gypsum waste
Landfill	Burial of waste in the ground. Some wastes require burial at a deeper level, or in a specially licensed landfill	Residual Waste Offensive Waste (deep landfill) Hazardous Waste

03. Waste definition and classifications

Definition of 'waste'

Waste is defined in EU Directive 2008/98/EC as
"Any substance or object which the holder discards or intends or is required to discard."

It includes any kind of household, commercial or industrial waste, as well as clinical and hazardous waste.

Part II of the Environmental Protection Act 1995 (amended) defines waste as:
"Any substance which constitutes a scrap material or an effluent or other unwanted surplus substance arising from the application of any process, and any substance or article which requires to be disposed of as being broken, worn out, contaminated or otherwise spoiled."

Examples of waste produced in the healthcare sector are:

Table 2 – Types of healthcare waste

Hazardous Waste	Non-Hazardous Waste
Infectious Waste	Residual (General) Waste
Anatomical Waste	Recycling Waste
Cytotoxic/Cytostatic Waste	Organic (Food) Waste
Amalgam and Mercury Containing Waste	Furniture
Radioactive Waste	Offensive/Hygiene Waste
Paints and Solvents	Confidential Waste
Waste Electrical Items	Construction Waste
Asbestos	Non-Contaminated Filters
Batteries	
Oils	
Hazardous Chemicals	
Gypsum Waste	
Fluorescent Tubes	
Contaminated Filters	
Furniture containing Persistent Organic Pollutants (POPs)	
Pharmaceutical Waste	
Refrigerated Items	

If you are the last person to use or handle an item that is now considered to be waste IT IS YOUR RESPONSIBILITY TO ENSURE THAT IT IS PUT INTO THE CORRECT DISPOSAL ROUTE (ie bin, bag or other dedicated container).

The producer of waste products must define, identify and store wastes correctly and prevent unauthorised access or accidental release while awaiting collection.

It is essential to identify and segregate clinical wastes from domestic waste at the point of production. All departments involved with the production and handling of clinical/domestic wastes are therefore required to adopt the following colour coded system detailed in **Table 3 Below.**

The identification tagging and removal of waste bags from bins to waste hold/storage areas is the responsibility of the waste producer and or Facilities Staff. Sharps boxes or other rigid clinical waste containers must be signed on assembly, on closure, properly sealed, identified and delivered to waste hold/storage areas by the waste producer. In laboratory areas it is the responsibility of laboratory staff to deliver all hazardous waste to the designated waste hold/storage areas.

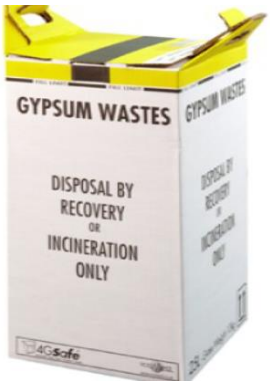
When waste is unsuitable for storage at a designated waste hold/storage area then the producer must ensure that the chosen storage area is safe and secure.

Domestic/household waste should not be placed into orange, offensive, yellow, or purple waste bags/bins, and **under no circumstances** must clinical wastes, sharps or hazardous wastes be placed in the black residual waste bags or clear recycling bags.

Table 3 – Waste Colour Code/Disposal Routes

Type of Waste	Receptacle	Disposal Stream
Red Top (LID) Rigid Body Anatomical Waste		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility.
Yellow Bags and Carboard Boxes Non-Sharp infectious or suspected infectious waste that is contaminated with medication		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility.
Yellow Top (lid) Rigid Sharps Box Sharps contaminated with medication other than cytotoxic and/or cytostatic medication		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility.
Orange Bags and Cardboard Boxes Non-Sharp waste that is infectious/hazardous or suspected to be infectious/hazardous that is not contaminated with medication		**Alternative Treatment** Treatment required for safe disposal to be "rendered safe" in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration. **Hazardous/infectious waste**

Type of Waste	Receptacle	Disposal Stream
Orange Top (Lid) Rigid Sharps Box Non medicated sharps containing blood/infected products		**Alternative Treatment** Treatment required for safe disposal to be "rendered safe" in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration. **Hazardous/infectious waste**
Purple Top (Lid) Rigid Sharps Box and Purple Bags Sharps containing Cytotoxic/Cytostatic medication Bags containing non sharp waste contaminated with Cytotoxic/Cytostatic medication		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility.
Yellow Bag with Black Stripes (Tiger Bag) Non infectious, offensive/hygiene waste. Items used in care of patients and PPE.		Treatment required for safe disposal is recovery for energy or landfill in a suitable permitted or licensed site.

Type of Waste	Receptacle	Disposal Stream
Yellow/Black Box labelled ''Gypsum Wastes'' Materials contaminated with Gypsum. Plaster casts, Surgical plaster and Dental Moulds		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility and/or specialist landfill.
Blue Carboard Cartons Labelled ''Pharmaceutical waste'' Pharmaceutical Waste – tablets in blister packs, empty elixir bottles		**Waste which requires disposal by incineration** Treatment required for safe disposal is incineration in a suitably permitted or licensed facility.
Black Bags Residual (General) Waste. Non-recyclable, non-infectious/hazardous waste found in any household or office.		**Recovery for energy** or landfill in a suitable permitted or licensed facility
Clear Bag Blue Label Recyclable Paper and Card		**Recycling** Waste is recycled in permitted or licensed recycling facility

Type of Waste	Receptacle	Disposal Stream
Clear Bags, Red label Recyclable Plastics, metals, cartons. Bottles, tins, food cartons etc.		**Recycling** Waste is recycled in permitted or licensed recycling facility
Food Waste Caddy Organic, biodegradable waste		**Anaerobic Digestion** Waste is processed at permitted or licensed anaerobic digestion facility.
Cardboard Large carboard boxes and Packaging		**Recycling** Waste is recycled in permitted or licensed recycling facility
Chemical Waste All chemical waste should be assessed		**Specialists** To be disposed of via specialist waste contractor. Contact Health & Safety or Waste Management for advice.

Type of Waste	Receptacle	Disposal Stream
I.T Equipment Laptops, Monitors, Hard Drives, Printer, Ink cartridges, Keyboards etc.		**Returned to I.T Department** The I.T Department will cleanse all data from equipment then process for recycling.
WEEE Mixed Electric, electronic equipment Non Hazardous Hazardous		**Specialist Recovery** Recycling, Recovery and Re-Use
Bulky Scrap Waste Chairs, filling Cabinets, tables and other large furniture or equipment.		**Reuse, Recovery, Recycling/RDF or Landfill**
Equipment containing chlorofluorocarbons Fridge-freezers and other Refrigerated Equipment		**Specialist Recovery/ Recycling**

Type of Waste	Receptacle	Disposal Stream
Batteries Small, Portable, handheld or Household.		**Specialist Recovery/ Recycling** To be disposed of via specialist contractor
Fluorescent Tubes Fluorescent Lighting Tubes		**Specialist Recovery/ Recycling** To be disposed of via specialist contractor
Amalgam Waste Amalgam capsules, Amalgam and Teeth Containing Amalgam (From Dental Department)		**Specialist Recovery** To be disposed of via specialist contractor
Edible Oil/Fat Cooking Oil Segregated for Recycling		**Recycling** Collected in original containers by contractors for recycling
Confidential Waste Information, Patient Records, Financial Records		**Shredded** Collected by contractor for Shredding

04. Clinical Waste

In the Welsh Health Technical Memorandum (WHTM) 07-01 Clinical Waste is defined as:

"Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles, or other sharp instruments which, unless rendered safe, may prove hazardous to any person coming into contact with it. It also includes waste arising from medical, nursing, dental, veterinary, pharmaceutical, or similar practice, which may cause infection to any person coming into contact with it".

Table 3 provides a detailed description of the clinical waste categories and the European Waste Catalogue (EWC) codes – these can be important reference numbers that users come across.

Broadly, clinical waste can be divided into two categories:

- Waste which poses a risk of infection: including human or animal tissue, sharps, blood and other bodily fluids; and
- Medicinal waste: including waste arising from veterinary or dental practice, investigation, research and treatment.

Waste producers are required to adequately describe their waste using both a written description and the use of appropriate European Waste Catalogue (EWC) codes. The section pertaining to clinical wastes from human healthcare in the EWC catalogue is section 18 01 'wastes from natal care, diagnosis, treatment or prevention of disease in humans'.

EWC Code	Description of Waste
18 01 01	Sharps (except 18 01 03)
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	**Wastes whose collection and disposal is subject to special requirements in order to prevent infection**
18 01 04	Wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, incontinence waste, linen, disposable clothing, diapers)
18 01 06*	**chemicals consisting of or containing dangerous substances**
18 01 07	chemicals other than those mentioned in 18 01 06
18 01 08*	**cytotoxic and cytostatic medicines**
18 01 09	medicines other than those mentioned in 18 01 08
18 01 10*	**amalgam waste from dental care**

*The use of **bold text** and * in the table above denotes hazardous waste.*

CAVUHB Clinical Waste Training: CAVUHB Clinical Waste Segregation.pptx

05. Clinical Bag Waste

Non-sharp clinical bagged waste refers to waste generated in healthcare settings that does not include sharp objects but may still be contaminated with infectious agents or hazardous substances. This type of waste must be placed in specific colour coded bags for safe disposal to prevent health risks and environmental contamination.

05.1. Yellow Bag / Cardboard Box Soft Box Waste – EWC 18 01 03* & 18 01 09

Description

Non-Sharp infectious or suspected infectious waste that is contaminated with medication. Information Video: Yellow Bag Video

Examples

Infectious waste, medical dressings/bandages, tissue blocks, iv tubing/bags etc that is contaminated with chemical, pharmaceutical residue.

Storage/Disposal

Yellow Bag Waste should be segregated at source and placed in yellow 770l wheeled bins designated for this waste type. **Under no circumstances** should this waste be mixed with any other clinical or non-clinical waste.

05.2. Orange Bag / Cardboard Box Waste – EWC 18 01 03*

Description

Non-Sharp waste that is infectious/hazardous or suspected to be infectious/hazardous that is not contaminated with medication. Information Video: Orange Bag Video

Examples

Infectious Soiled dressings, swabs, incontinence pads, gloves, aprons, empty catheter bags, suction tubing etc, contaminated with Infectious blood or body fluids.

Storage/Disposal

Orange Bag Waste should be segregated at source and placed in yellow 770l wheeled bins designated for this waste type. **Under no circumstances** should this waste be mixed with any other clinical or non-clinical waste.

05.3. Purple Bag Waste EWC - 18 01 03* & 18 01 08*

Description

Bags containing non sharp waste contaminated with Cytotoxic/Cytostatic medication.

Information Video: Cytotoxic/Cytostatic Video

Examples

This waste will only be produced in small quantities in general wards/departments, when certain patients are receiving chemotherapy treatment. Contaminated dressings, bandages, PPE etc.

Storage/Disposal

Purple bag waste should be segregate at source and placed into 770l Wheeled bins designated for this waste type. Under **no circumstances** should cytotoxic/cytostatic waste bags be mixed with general or any clinical/infectious waste. All areas should display the below list in specific locations i.e treatment/drug rooms and highlight frequently used items.

Cytotoxic/Cytostatic Hazardous Medicine List - Hazardous Medicine List

Yellow/Black Tiger Bag Waste EWC 18-01-04

Description

Non-infectious, offensive/hygiene waste. Items used in care of patients and PPE. Information Video: Tiger Bag Video

Examples

Nappies, incontinence & sanitary waste, PPE, dressings contaminated with blood and body fluids from patients assessed to be non-infectious.

Storage/Disposal

All tiger bags will be disposed of via deep landfill or used as a Refuse Derived Fuel (RDF) and must therefore not contain any infectious, anatomical or pharmaceutical waste, which must either be treated or incinerated.

The Following Clinical Waste Assessment Flow Chart should be used to determine whether the waste they are disposing of is clinical/infectious, offensive or medicine contaminated.

Clinical Waste Bag Assessment Flow Chart

Is the patient known to be infectious?

Does the patient history indicate they may be infectious?.....e.g. MRSA, Shingles, Pulmonary TB?

NO ← | → YES

Does the patient have any signs/symptoms that indicate they may be infectious?

.... i.e. vomiting, diarrhoea, inflamed wound. etc

NO ← | → YES

Do you know/suspect the patient may be infectious for any other reasons?

.... i.e. your clinical judgement assessment, clinical judgement, e.g. history of MRSA

NO ← | → YES

Does the waste contain any PHARMACUETICLE RESIDUE?

.... i.e. iv lines, bags, tubes etc

YES ↓

NON-INFECTIOUS OFFENSIVE WASTE

PPE, Incontinence & Sanitary Waste, Dressings etc.

INFECTIOUS WASTE FOR INCINERATION

Contaminated with Medication

INFECTIOUS WASTE

Do not put Anatomical or pharmaceutical waste into this waste stream

06. Clinical Sharps Waste

Clinical Sharp Waste refers to specific type of clinical waste that includes any device or object used to puncture or lacerate the skin. This type of waste is classified as biohazardous and must be handled with care to prevent injury and the spread of infectious diseases. Proper disposal of sharps waste is crucial to prevent injuries, the transmission of infectious diseases and harm to the environment.

06.1. Yellow Sharps Boxes – EWC 18 01 03* & 18 01 09

Description

Sharps that are contaminated with medicinal products, excluding Cytotoxic and Cytostatic Waste. These sharps are typically used in medical procedures involving pharmaceuticals.

Examples

Sharps used for the administration of general pharmaceuticals and/or contrasts, including part used vials and ampoules.

Yellow sharps boxes should be segregated at source and must not be stored with orange bags/sharps or any other waste stream.

06.2. Orange Sharps Boxes – EWC 18 01 03*

Description

Sharps that are not contaminated with pharmaceutical or medicinal products. These sharps are typically used in procedures where no medication residue is present, such as blood collection or vaccinations

Examples

Needles, syringes, scalpels, broken contaminated glass that is not contaminated with medicine.

Orange sharps boxes should be segregated at source and must not be stored with any other hazardous/non-hazardous waste stream

06.3. Purple Sharp Boxes – Cytotoxic/Cytostatic Sharps

EWC 18 01 03* & 18 01 08*

Description

Specifically designed for the safe disposal of sharps contaminated with cytotoxic and cytostatic medicines, which are often used in cancer treatment.

Examples

Needles, Syringes, scalpels contaminated with Cytotoxic/Cytostatic Pharmaceuticals.

Purple Sharps boxes should be segregated at source and must be stored separate from orange/yellow sharps waste and all other waste streams.

Sharps boxes or other rigid clinical waste containers should be filled to maximum three quarters fill OR the fill line, whichever is reached first. Sharps boxes must be signed on assembly, on closure, properly sealed, identified and delivered to waste hold/storage areas by the waste producer. In laboratory areas it is the responsibility of laboratory staff to deliver all hazardous waste to the designated waste hold/storage areas.

The following Clinical Sharps Waste Assessment Chart should be utilised to ensure the correct color-coded sharps box is selected for disposal.

Clinical Sharps Waste Assessment Chart

SHARPS WASTE DISPOSAL GUIDE

Not following the sharps waste disposal guide correctly could lead to a £*0,000+ figure **fine by Natural Resource Wales (NRW)** plus fines from our waste contractor.

Is the sharp cytotoxic or cytostatic?

YES

Dispose of in a **purple** lidded sharps unit

NO

Is the sharp contaminated with medicines?

YES

Dispose of in a **yellow** lidded sharps unit

NO

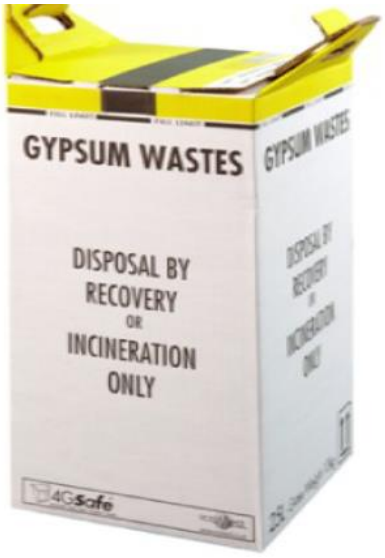
Dispose of in an **orange** lidded sharps unit

Do not use sharps units for the disposal of free liquids.

Sharps units should be filled to **maximum** of three quarters full OR to the fill line marked on the container, whichever is reached first.

Ensure to date and sign box when assembled.

07. Gypsum Waste - EWC 18 01 04



Description

Clinical gypsum waste refers to gypsum-based materials used in healthcare settings, such as dental practices, hospitals, and clinics. These materials include plaster casts, dental study models, and other gypsum products that may be contaminated with infectious agents or hazardous substances.

If gypsum is mixed with other biodegradable waste in a normal landfill, then hydrogen sulphide gas can be released. Hydrogen sulphide is a toxic, colourless, flammable gas with a very distinct foul odour. Exposure can lead to adverse health effects. So appropriate methods of disposal should be followed.

Examples

Plaster Casts and Moulds: Gypsum-based materials are often used in orthopaedic procedures to create casts or moulds for immobilising or supporting injured limbs. Once these casts are no longer needed, they become gypsum waste.

Dental Plaster: Dental offices and clinics use gypsum-based materials, such as dental plaster or dental stone, for making impressions of teeth and oral structures. Waste generated during dental procedures involving these materials would be classified as gypsum waste.

Surgical Plaster Waste: Some surgical procedures may involve the use of gypsum-based materials for wound care or as part of specialised medical devices.

Laboratory Waste: Gypsum may be present in certain laboratory equipment, such as fume hoods, countertops, or sinks, which are used for chemical analyses, experiments, or sample preparations. Waste generated during laboratory activities involving these materials would be considered gypsum waste.

Disposal of Non-Infectious Gypsum

Gypsum is banned from normal landfill and must be disposed of in a way suitable for high sulphide waste. Gypsum waste should always be placed into yellow boxes specifically labelled Gypsum. Gypsum Waste must always be segregated at source and never mixed with any other waste stream, especially waste bags/containers destined for landfill.

Disposal of Infectious Gypsum

If Gypsum waste is infectious or suspected to be infectious then it must be disposed of in a rigid yellow box through the infectious waste stream for incineration. **(EWC 18 01 03*)**

08. Radioactive Waste EWC 18 01 10*

Description

Radioactive waste refers to any material that contains or is contaminated with radionuclides at concentrations or activities above regulatory thresholds, making it subject to control under environmental and radiation protection legislation. This waste is generated through the use of radioactive substances in medical diagnostics, treatment, and research. The management of such waste must comply with the conditions of Environmental Permits and follow the principles of Best Available Techniques (BAT) and the ALARP (As Low As Reasonably Practicable) approach to ensure safety and environmental protection.

Examples

Within the Health Board, radioactive waste is primarily produced by the RMPCE Directorate and Laboratory Services, with contributions from departments handling nuclear medicine patients. Examples include:

- **Short-lived solid waste** (e.g., contaminated gloves, syringes) from diagnostic procedures.
- **Long-lived solid waste** (e.g., sealed sources, radionuclide generators).
- **Organic liquid waste** from laboratory processes.
- **Aqueous waste** (e.g., patient excreta containing radiopharmaceuticals).
- **Sealed sources** no longer in use, such as gamma camera flood-field sources.

Storage/Disposal

Radioactive waste is segregated by type and half-life and **must be** stored in secure, designated areas. At UHW, this is managed by the MPCE department; at UHL, by the Nuclear Medicine department. Short-lived waste is stored for decay and reclassified after one week for disposal as non-radioactive waste. Long-lived and organic liquid waste is stored for up to three months before being transferred to licensed contractors. Aqueous waste is either stored until out of scope or disposed of via designated sinks, with appropriate signage and record-keeping. Gaseous waste is not produced by the UHB and thus not subject to disposal.

09. Anatomical Waste - EWC 18 01 02 & 18 01 03*

Description

Anatomical waste is defined as any recognisable body part, tissue or organ arising from healthcare with exception of that which is generated post-mortem. Anatomical waste must be segregated from other wastes and contained in rigid sealed containers, identified suitable only for high temperature treatment.

All human tissue/anatomical waste including samples, specimens and biopsies. Anatomical waste must be disposed of separately to general infectious waste (i.e., not in orange clinical bags).

Disposal

Anatomical waste should be carefully packaged in appropriately size red lidded containers, clearly labelled "Anatomical Waste – For Incineration Only".

Preserved Items

Items which have been preserved in formalin should be drained of any chemical preservative and carefully packaged in appropriately sized red lidded rigid containers clearly labelled "Anatomical Waste – For Incineration Only"

Post-mortem Anatomical Waste

The removal, storage and disposal of human organ and tissue post-mortem are subject to The Human Tissue Act 2004.

To arrange for the disposal of post-mortem anatomical waste, Section A of the Human Organ and Tissue Disposal Form must be completed. This form should detail the size and type of containers, as well as the type of waste. Once completed, the form should be submitted to the Waste Management Team. Waste Management will then forward the form to specialist waste contractors to arrange the collection. The form will follow the journey of the waste from collection to destruction. Subsequently, the waste management team will organise the transportation of the waste to the main waste compound, ready for collection. After the waste has been collected and disposed of, the contractors will provide proof of destruction.

Human Organ and Tissue Disposal Form HTA - F6.07.02.pdf

10. Pharmaceutical Waste - EWC 18 01 09

Description

Pharmaceutical waste is defined as any medicine or drug that may be expired, unused, or left over after medical treatment or surgical procedures. It also includes drugs that have been prescribed to patients but are no longer needed. This waste can include a variety of substances, including:

- Prescription drugs
- Over-the-counter medications
- Some dietary supplements
- Compound drugs
- Some homeopathic drugs

Environmental and Health Considerations

Due to the potential risks pharmaceutical waste poses to both human health and the environment, it **must not** be disposed of via sinks, toilets, or general waste systems. Improper disposal can lead to contamination of water sources and ecosystems.

Regulatory Oversight

The management and disposal of pharmaceutical waste are regulated by agencies such as Natural Resources Wales, which ensure that disposal practices are safe, compliant, and environmentally responsible.

Disposal

All unused, returned by patients, or expired medicines must be returned to the Pharmacy in accordance with the Return to Pharmacy Policy. The Pharmacy is responsible for the appropriate classification, packaging, and disposal of these items.

Part-used medicines that do not fall under the Return to Pharmacy Policy must be disposed of in designated blue containers clearly marked “Pharmaceutical Waste.”

Pharmaceutical waste **must be** segregated at the point of generation and **must never** be mixed with other waste streams to prevent cross-contamination and ensure regulatory compliance.

11. Recycling Waste

From April 2026, all hospitals in Wales, both NHS and private must comply with the Environmental Protection (Waste Recycling) (Wales) Regulations 2024, which require the separate collection of recyclable materials including paper and card, plastic, metal, and cartons. These materials must be sorted at the point of disposal and kept separate throughout the collection and recycling process to ensure high-quality recycling outcomes. The legislation is designed to reduce contamination in recycling streams, increase the volume of materials that can be effectively recycled, and support Wales's broader environmental goals of cutting carbon emissions and moving toward a zero-waste society.

Information Page: Workplace recycling | GOV.WALES

Information Video: Workplace recycling

Avoid Contamination: Biffa | How-To #2: Reduce and Avoid Contamination

Wish cycling: Biffa | How-To #3: Avoid Wishcycling

CAVUHB Non-Clinical Waste Training: CAVUHB Non-Clinical Waste Segregation.pptx

11.1. Clear Bags - Paper and Card – EWC 20 01 01

Description

Paper and card recyclable waste refers to discarded paper and cardboard materials that are clean, dry, and suitable for reprocessing into new paper products.

Examples

Items include office paper, newspaper and magazines, small cardboard, mail and flyers, paper bags etc.

Non-recyclable

Items that are often mistaken for recyclable paper and card: used tissues/paper towels, greasy pizza boxes, waxed cardboard, plastic coated paper, disposable coffee cups, metallic paper etc.

Storage/Disposal

Paper and Card should be clean, dry and separated then disposed of into blue waste bags designated for paper and card waste. Blue bags should be placed into wheeled bins designated for recycling waste. Recycling waste **must never** be mixed with clinical waste.

11.2. Clear Bags – Plastic, Metal and Carton – EWC 15 01 04, 15 01 02 & 15 12 04

Description

Plastic, Metal and Carton recyclable waste refers to discarded plastic, metal and carton items that are clean, dry and suitable for processing into new products.

Examples

Items include disposable coffee cups, drink bottles, drink cartons and cans, foil used in food packaging, trays made from synthetic polymers.

Non-Recyclable

Items often mistaken for recyclable plastic, metal and carton: plastic bags, toothbrushes, toys, crisp and sweet wrappers, food/drink containers with residue etc.

Storage/Disposal

Plastic, Metal and Carton Items should be clean, dry and separated then disposed of into clear waste bags designated for this waste stream. Clear bags should be placed into wheeled bins designated for recycling waste. Recycling waste **must never** be mixed with clinical waste

11.3. Carboard Waste – EWC 20 01 01

Description

Cardboard waste refers to discarded or unwanted large cardboard materials that are no longer needed for their original purpose.

Examples

This type of waste is typically generated from packaging, shipping boxes, product containers, and other cardboard-based items that are too large to fit in Paper and Carboard waste bins. It is a common form of waste in all departments.

Storage/Disposal

Carboard should be dry, free from all wrapping, tape and bindings, broken down flat and placed in waste storage areas separated from clinical waste. Proper preparation and segregation of cardboard waste support efficient recycling and help maintain compliance with environmental standards.

12. Waste Electrical and Electronic Equipment (WEEE)

From April 2026, all hospitals in Wales, both NHS and private must comply with the Environmental Protection (Waste Recycling) (Wales) Regulations 2024, which include specific provisions for the management of Waste Electrical and Electronic Equipment (WEEE). Under this legislation, hospitals are required to separately collect and manage unsold small WEEE (sWEEE), such as broken or obsolete medical devices, IT equipment, and other electronic tools. This separation ensures that valuable materials like metals and plastics can be recovered and hazardous substances are safely handled. The regulation aims to reduce the volume of electronic waste sent to landfill or incineration, support the circular economy, and contribute to Wales's broader goals of reducing carbon emissions and addressing the climate emergency.

All WEEE waste collection should be requested through the synbiotix help desk for acute sites. For community sites please contact the Waste Management Department to arrange collection.

Facilities Helpdesk - Synbiotix Healthcare Solutions : Login

12.1. Non-Hazardous WEEE Items - EWC 20 01 36

Description

Non-hazardous WEEE (Waste Electrical and Electronic Equipment) refers to discarded electrical and electronic items that do not contain hazardous substances or persistent organic pollutants (POPs) above regulatory thresholds. These items are safe to handle under standard waste management procedures.

Examples

Basic household electronics without batteries or circuit boards containing hazardous materials and Small Appliances such as toasters and kettles.

Storage/Disposal

Non-hazardous WEEE items must be stored in a designated waste storage area or other suitable area that is segregated from all other waste streams. Items must be clearly labelled with the date on which collection was requested. The request must specify both the type of item and its precise location. Non-hazardous WEEE **must never** be mixed with any other type of waste. Proper segregation ensures compliance with environmental regulations and facilitates safe recycling.

12.2. Hazardous WEEE Items – EWC 20 01 23*

Description

Hazardous WEEE (Waste Electrical and Electronic Equipment) refers to discarded electrical or electronic devices that contain substances harmful to human health or the environment.

Examples

Fridges and Freezers refrigerated serving counters, old television monitors, energy saving bulbs, printed circuit boards, automatic dispensers ect.

Storage/Disposal

WEEE items must be stored in a designated waste storage area or other suitable area that is segregated from all other waste streams. Items must be clearly labelled with the date on which collection was requested. The request must specify both the type of item and its precise location. **Under no circumstances** should hazardous WEEE be mixed with any other type of waste. Proper segregation is essential to ensure compliance with environmental and safety regulations.

12.3. I.T Equipment – EWC 20 01 35* & 20 01 36

Description

I.T. waste, also known as Information Technology waste, is a subset of electronic waste (WEEE) that specifically includes discarded electronic devices used for computing, data processing, and telecommunications.

Examples

Desktop, laptops, keyboards, mice, routers, hard drives, servers, mobile and tablet devices etc.

Storage/Disposal

All I.T. waste must be delivered to the I.T. Department at UHW or to Central Stores at UHL. Prior to disposal, all devices are securely wiped of data to ensure information security. Licensed contractors then collect the items for environmentally responsible recycling. Community sites should contact Waste Management department to arrange collection.

I.T. waste must be kept separate from all other waste streams to ensure proper handling and compliance with data protection and environmental regulations.

12.4. Ink Cartridges – EWC 08 03 07*, 08 03 18, 20 01 27*, 20 01 28

Description/Example

Ink cartridge waste refers to used, empty, or expired printer ink and toner cartridges that are no longer suitable for use.

Storage/Disposal

Used ink and toner cartridges should be transported to the designated central collection points: the UHW I.T Department or UHL Central Stores. Before placing cartridges into the collection area, remove all packaging. Cardboard and other packaging materials must be disposed of locally using appropriate recycling or waste bins. You may use any empty cardboard box to hold the cartridges for transport. Be sure to follow your local disposal procedures, and if you need further assistance, contact the Waste Management Team for guidance.

13. Organic Food Waste – EWC 20 01 08

Description

Food waste refers to any biodegradable waste material that is intended for human consumption but is discarded, lost or uneaten at any stage of the supply chain.

This type of waste is considered "organic" because it comes from living organisms and can be broken down by microorganisms into natural elements like carbon dioxide, water, and compost.

Examples

Common examples include uneaten meals left on trays due to patients being discharged, transferred, or undergoing medical procedures during mealtimes. Overproduction in kitchens/restaurants, where meals are prepared in bulk to ensure availability. Uneaten food discarded by patients, staff and public.

Storage/Disposal

Food waste **must be** disposed of in the designated food waste containers located within waste storage areas or in the large food waste bins provided at specified collection points. **Under no circumstances** should food waste be placed in general waste or any other waste stream.

14. Black Bag Waste (Residual Waste) – EWC 20 03 01

Description

Residual waste refers to the waste that remains after all recyclable, compostable, and reusable materials have been separated out. It typically includes items that cannot be recycled or recovered. This waste is usually sent to landfill or energy recovery facilities.

Examples

Examples of residual waste include crisp packets, sweet wrappers, plastic film, polystyrene packaging, broken crockery, and heavily soiled food containers. These items cannot be recycled or composted and must be disposed of as general waste.

Storage/Disposal

Residual waste should be placed in the designated black waste bags. Black bags should be placed into wheelie bins designated for residual (general) waste. **Do not** place recyclable or clinical waste items such as PPE in black waste bags. Residual waste **must never** be mixed with clinical/hazardous waste.

15. Batteries – EWC 16 06 04, 20 01 34, 16 06 01*, 16 06 03*, 16 06 02*, 20 02 33*

Description

Battery waste refers to used or discarded batteries that are no longer functional or needed, including household, rechargeable, and industrial types. These batteries often contain hazardous materials such as lead, mercury, cadmium, and lithium, which can pose serious environmental and health risks if not disposed of properly. When improperly discarded, battery waste can contaminate soil and water, harm wildlife, and contribute to pollution. To mitigate these risks, battery waste is recycled through certified processes that safely recover valuable materials and prevent toxic substances from entering the environment.

Examples

Examples of battery waste include common household batteries like AA, AAA, and 9V batteries used in remote controls and toys, as well as button cell batteries found in watches and hearing aids. Rechargeable batteries from mobile phones, laptops, and power tools, such as lithium-ion and nickel-metal hydride batteries also contribute to battery waste. Larger sources include lead-acid batteries from vehicles and backup power systems. Even batteries from e-cigarettes, electric scooters, and solar storage systems are part of this growing waste stream

Storage/Disposal

used batteries should be placed in the designated battery waste container located in the waste storage area. Ensure batteries are not leaking or damaged, if they are, report them to the Waste Management Team immediately. Once the container is full, inform the Waste Management Team for safe collection and disposal in line with Health Board procedures. Always wash hands after handling used batteries, Batteries **must never** be placed into any other waste stream. Disposing of batteries in sharps boxes poses a **serious risk** of chemical leakage, fire, or explosion, endangering staff and waste contractors.

16. Scrap Furniture or Equipment (Non-Electrical) - EWC 20 03 07

Description

scrap furniture and equipment refer to non-functional, outdated, or damaged items that are no longer suitable for use but do not pose any clinical or biological risk. These items are typically generated during refurbishments, equipment upgrades, or routine maintenance. They must be assessed for potential reuse, donation, or recycling before disposal.

Examples

Examples of scrap furniture and equipment includes items such as broken chairs, desks, filing cabinets, worn-out trolleys, old IV stands etc.

Storage/Disposal

All Scrap Furniture and Equipment waste collection should be requested through the synbiotix help desk for acute sites. For community sites please contact the waste management department to arrange collection.

Facilities Helpdesk - Synbiotix Healthcare Solutions : Login

Scrap Waste items must be stored in a designated waste storage area or other suitable area that is segregated from all other waste streams. Items must be clearly labelled with the date on which collection was requested. The request must specify both the type of item and its precise location.

16.1. Mattresses – EWC 18 01 03*

Description

Damaged mattresses from clinical applications which are considered infectious waste.

Assessment/Disposal

Mattress collection must be arranged directly by the ward or department through a specialist contractor. When assessing or disposing of mattresses, please ensure that the following guidelines and procedures are followed carefully to maintain safety and compliance.

Mattress Check - P.R.O. Matt Mattress Check_Rev1_Nov23 (002).pdf

Fault Reporting - Fault Reporting Process_Rev1_Nov23 (002).pdf

Mattress and Bed Movements - Mattress and Bed Movement Guidlines updated 2023.pdf

17. Chemical Waste – EWC Various, Contact Waste Management

Description

Chemical waste refers to any discarded solid, liquid, or gaseous substance that is hazardous or potentially harmful due to its chemical properties. Chemical waste can be toxic, corrosive, flammable, or reactive, and must be handled with strict safety measures to prevent harm to staff, patients, and the environment.

Examples

This includes substances such as disinfectants, solvents, laboratory reagents, cleaning agents, and expired or unused pharmaceuticals. Hazardous Chemical waste is usually produced in laboratories, pharmacy, boiler treatment and cleaning/decontamination.

Storage/Disposal

Chemical Waste **Must be** stored in accordance with COSHH requirements. For disposal of Chemical Waste, contact the Waste Management Department providing the data sheet, container size/number and volume remaining in the container.

Chemical Waste **must be** handled with strict safety measures to prevent harm to staff, patients, and the environment. Proper segregation, labelling, storage in secure containers, and disposal through licensed hazardous waste contractors are essential to ensure compliance with health and environmental regulations.

18. Confidential Waste – EWC 20 01 01

Description/Examples

Confidential waste refers to any material that contains sensitive, personal, or private information which must be securely disposed of to protect privacy and comply with data protection laws.

This includes documents with patient details, staff records, financial information, and any other data that could lead to a breach of confidentiality if accessed by unauthorised individuals.

Disposal

Confidential waste **must be** stored in secure, clearly marked containers and disposed of through approved shredding or secure destruction services to ensure complete data protection. For more information contact the Waste Management Team.

19. Asbestos – EWC 17 06 05 & 17 06 01

Any waste material likely to contain or be contaminated with asbestos

All asbestos waste must be handled in accordance with the approved Asbestos Management Plan and associated policies and procedures. For further guidance, please contact the Compliance and Assurance Team, Health and Safety Team or Estates Team.

If you encounter any material that is suspected to contain asbestos:

- Do not disturb, move, or touch the material.
- Immediately contact the relevant Estates Department.
- Request urgent assistance and report the location and nature of the material.

Oil – EWC Various, refer to Waste Management Team

All waste oils must be stored in suitable, leak-proof containers. These containers should then be placed within an appropriate secondary containment system, such as a drip tray or bund that is capable of holding at least 110% of the total volume stored.

To arrange for collection, please contact an approved waste contractor.

For further advice or support, Contact the Waste Management Team.

19.1. Mercury – EWC 16 01 08*

Any items containing mercury

Examples

Sphygmomanometers

Thermometers

Disposal

To arrange disposal of Mercury Waste, contact the Waste Management Team. Waste Management will arrange for this waste to be removed and securely stored until it can be disposed of by a specialist contractor.

This waste **must be** kept secure at all times.

19.2. Amalgam Waste – EWC 18 01 10*

Description

Amalgam waste refers to any waste material that contains dental amalgam, a mixture primarily composed of mercury along with other metals such as silver, tin, copper, and zinc.

Because amalgam contains elemental mercury, it is classified as hazardous waste. Improper disposal can lead to mercury contamination in water systems, posing serious environmental and health risks.

Examples

Amalgam waste is commonly generated in dental practices and medical facilities during procedures like cavity fillings, restorations, or the removal of old amalgam fillings.

Storage/Disposal

Amalgam waste must be placed in a designated, clearly labelled container specifically intended for this waste stream. Each department is responsible for arranging collection directly with an approved specialist waste contractor. Contact Waste Management for advice.

20. Training

It is the responsibility of all departmental managers to ensure that all new staff members receive appropriate waste management induction training before they are considered competent to perform their duties.

New staff must be provided with the following information:

- An overview of the Waste Management Policy and Procedures, including guidance on how to access the most current version.
- Clear instructions on the correct procedures for handling, segregating, disposing, and storing waste relevant to their role.
- A breakdown of roles and responsibilities related to waste management.
- An explanation of the Health Board's current environmental objectives concerning waste.
- Emergency procedures for waste-related incidents and the process for incident reporting.
- Guidance on the correct use of Personal Protective Equipment (PPE) where required.
- Information on the need for appropriate vaccinations, where applicable.
- Departmental managers are also responsible for ensuring that existing staff have received the same level of training as outlined above.

CAVUHB Clinical Waste Segregation.pptx

CAVUHB Non-Clinical Waste Segregation.pptx

Training may be delivered through:

- Dedicated waste management training sessions.
- Inclusion in broader training programmes (e.g., infection prevention and control, medical devices).
- Department-specific training upon request.

Training needs will be identified through a Training Needs Analysis, Departmental Training Plans, and the Value Based Appraisal (VBA) process.

All relevant staff must undergo retraining whenever significant changes are made to waste management policies or procedures.

Training records must be maintained in accordance with the Health Board's record retention policies

20.1. Audit

The Facilities Team and Assurance and Compliance Team are responsible for the preparation of an annual environmental audit schedule in accordance with the requirements of the ISO 14001:2015 Environmental Management Standard. Given its significance as an environmental aspect, waste management will always be included in the audit schedule.

The extent and focus of waste-related audits each year will be determined based on a risk-based approach and the findings of previous audits.

Each waste management audit will be designed to assess compliance with the Health Boards waste management policy and procedures. At a minimum, the audit will evaluate:

- Safe handling practices
- Correct use of designated waste containers
- Condition and suitability of wheelie bins
- Proper sealing, labelling, and storage of waste
- Adequacy of staff training
- Accuracy and completeness of waste-related records
- Effectiveness of local waste management procedures
- Clarity and execution of local waste management roles and responsibilities

These audits are intended to evaluate the overall effectiveness of the waste management system. They are conducted in addition to more frequent, department-level audits that ensure day-to-day compliance with established procedures.

In addition to internal audits, off-site waste management audits will be conducted to ensure that all contracted waste service providers manage Health Board waste in full compliance with applicable legal and regulatory requirements.

As a minimum, each 'Duty of Care' audit will assess the following:

- Safe handling and storage practices at the contractor's facility
- Traceability of waste – the contractor must demonstrate that waste collected from the Health Board on a specific date was received and processed at the audited site. This will involve a review of waste transfer and consignment notes
- Verification of compliance – including confirmation that the waste carrier is properly registered and that the receiving site holds the appropriate environmental permits or licenses
- Review of any regulatory issues or enforcement actions associated with the site
- Staff training relevant to waste handling and compliance
- Accuracy and completeness of record-keeping
- General housekeeping standards at the site

These audits are essential to uphold the Health Board's environmental responsibilities and ensure full compliance with waste management legislation.

20.2. Dangerous Goods Safety Advisor (DGSA)

A Dangerous Goods Safety Advisor (DGSA) is required when the organisation transports healthcare waste that is classified as dangerous goods under ADR regulations. This includes:

- Clinical waste (UN 3291) above ADR transport thresholds (e.g., >333 kg).
- Category A infectious waste (UN 2814, UN 2900, UN 3549).
- Medicinal waste that is hazardous in transport (UN 1851, UN 3248, UN 3249).
- Chemical waste arising from healthcare activity that is hazardous for transport (e.g., corrosive, flammable or toxic chemical residues).
- Chemical-contaminated clinical waste (e.g., PPE or absorbents contaminated with hazardous substances).
- Dental amalgam containing mercury (UN 2025).
- Radioactive healthcare waste subject to Class 7 transport controls.

The DGSA ensures that dangerous healthcare waste is correctly classified, packaged, labelled, documented and transported in compliance with ADR and the Carriage of Dangerous Goods Regulations.

DGSA Contact Details

Name: Naomi Heredia Hernández

Organisation: Independent Safety Services Ltd

Telephone: 0114 272 2113

Email: Naomi@issafe.co.uk

DGSA Responsibilities

The DGSA will:

- Advise on correct classification of all dangerous waste types (infectious, medicinal, chemical, dental, sharps, and radioactive).
- Ensure appropriate UN-approved packaging is used (e.g., P621, P622 for clinical waste).
- Verify correct labelling and marking of hazardous waste packaging.
- Ensure waste consignment and transport documentation is compliant.
- Investigate any incidents involving dangerous healthcare waste.
- Provide an annual DGSA compliance report.

Organisational Responsibilities

The organisation must:

- Appoint a DGSA whenever dangerous healthcare waste above ADR thresholds is transported.
- Ensure correct classification of all dangerous waste types, including chemicals, medicines, infectious waste, amalgam and radioactive waste.
- Ensure staff use the required UN-approved packaging (e.g., P621/P622) and correct hazard labels.
- Complete and retain accurate consignment documentation for all dangerous waste movements.
- Provide ADR awareness training to staff handling or transporting dangerous waste.
- Use only waste contractors who can demonstrate ADR compliance and DGSA support.
- Report any incidents involving dangerous waste to the DGSA and act on recommendations.
- Receive and review the DGSA annual report and implement any required improvements.

20.3. Community Healthcare Waste

Community midwives and nursing teams generate healthcare waste during the delivery of care in patients' homes and community settings. This procedure outlines the requirements for safely classifying, handling, and transporting this waste in line with legal and organisational responsibilities, ensuring it is managed and returned to healthcare sites for appropriate disposal.

Dangerous goods legislation requires specific types of containers/packaging to be used that are correctly marked and labelled, these are summarised in this document. ALL staff must comply with the dangerous goods regulations and relevant waste legislation.

Offensive Waste (Tiger Bag)

Offensive Waste is not infectious so is not classed as dangerous goods. If a patient is giving birth in their own home and is considered not to have an infection, then with the patient's permission, Health Board staff can leave up to 7 kg of soft waste (pads, dressings, wipes etc. contaminated with body fluids) in the patient's own bin in a black bag. If they do not give permission and the patient is considered not to have an infection, then the waste must be segregated into the tiger striped offensive waste bags and brought back to a Health Board site in the staff member's vehicle and disposed of with other offensive waste bags.

As the waste is not infectious, it is not a dangerous good and so there are no restrictions on how the bag has to be contained in the car although there are still health and safety and practical issues which could be overcome by using a standard plastic box or similar.

Infectious Waste

All infectious waste must be removed from the patient's home by the healthcare worker. It must not be put in the patient's domestic waste bin.

Infectious waste would include contaminated waste from patients with a known or suspected infection and is always classed as dangerous goods.

The infectious waste stream includes all soft infectious waste, which must be segregated into the appropriate colour-coded bags in accordance with the Health Board's clinical waste segregation procedures.

All sharps waste such as needles, vials, and ampoules, must be disposed of in correctly colour-coded sharps containers, following the Health Board's colour-coding requirements.

Sharps containers must be signed and dated before use. All sharps containers must be correctly assembled before use, they are also equipped with a temporary closure mechanism, this must be engaged when the container is being transported.

Community teams that carry infectious clinical waste on behalf of the Health Board must ensure that the relevant packaging is used when the waste is transported on the roads:

- Loose orange clinical waste bags are not compliant for carriage in their own right but can be used as an inner package in an approved outer package (e.g. UN approved Daniels transport container, orange Econix Bio-bin etc.).
- The red lidded anatomical waste containers (or equivalent Bio-bins) are compliant for carriage on the road in their own right but the containers must be sealed and kept upright.
- Sharps bins are compliant for carriage on the roads in their own right provided the temporary closure is engaged, or the container is sealed or otherwise not able to open under duress.

Placenta Waste

Placentas are classified as anatomical waste and must be segregated into a red-lidded anatomical waste container that is capable of being sealed. It must not be placed into the domestic waste stream and must be removed from the patient's home by a healthcare worker if not retained by the mother.

Marking & labelling of clinical waste packaging

All packaging supplied by the Health Board for infectious waste (sharps bins, anatomical waste containers and orange bags) must be pre-labelled and marked with the following dangerous goods information: 'UN3291' and the Class 6.2 Infectious Substance danger label, as shown below:

Provided infectious clinical waste is carried in compliant packaging, i.e. correctly marked and labelled, sharps bins, red lidded anatomical waste containers and orange bags (with the orange bags included in a suitable outer package also suitably marked), then there are no other paperwork, equipment (e.g. fire extinguishers) or vehicle marking requirements.

20.4. Dangerous Goods Requirements

Exemptions Related to Quantities Carried: Community workers will only move small quantities of dangerous goods under thresholds where exemptions apply. Road Derogation 2 removes the requirement for healthcare workers transporting dangerous goods under the small load threshold to carry a transport document.

Class 2: Medical gases: Road Exception 1 removes the requirement for healthcare workers transporting medical gases to carry a fire extinguisher under the following conditions:

- medical gases are contained in a cylinder(s), as part of a set that includes a regulator, hose and mask with a total maximum number of 6 cylinders per vehicle
- measures have been taken to prevent any leakage of contents in normal conditions of carriage
- healthcare workers are appropriately health and safety trained,
- a risk assessment has been carried out for the carriage.

Diagnostic Specimens

When diagnostic specimens (bloods, urines) are moved on the roads in vehicles, these specimens must be packaged as follows into a three-part packaging system:

1. The sample container (e.g. blood tube or universal container)
2. Secondary sealable bag containing absorbent material where the specimen is liquid – place the sample container in the secondary bag and seal; and
3. Outer packaging – place the package in the outer container.

Either the secondary or the outer packaging must be rigid. For community healthcare workers, the outer packaging is usually rigid.

The container used must be Health Board approved suitable packaging that has been proven (by the Health Board or via the manufacturer) to be capable of meeting various testing requirements detailed in the legislation.

The outer package must be labelled with the following dangerous goods information. "UN3373" and

"BIOLOGICAL SUBSTANCE, CATEGORY B" text must be at least 6 mm high:

BIOLOGICAL SUBSTANCE, CATEGORY B

Provided this compliant packaging system is used for specimens (including the use of the absorbents and the correctly marked and labelled outer package), then there are no other paperwork, equipment (e.g. fire extinguishers) or vehicle marking requirements.

Used Medical Equipment

Used medical instruments that are single use should be disposed in the clinical waste (sharp instruments, must be placed in sharps bins). Where instruments are returned to Health Board sites for sterilisation, then a suitable container must be used that is durably, legibly and visibly marked with the words "USED MEDICAL EQUIPMENT" or "USED MEDICAL DEVICE" on an outside surface. The container used must be Health Board approved suitable packaging that has been proven (by the Health Board or via the manufacturer) to be capable of meeting various testing requirements detailed in the legislation.

Pharmaceuticals

Under special provision 601, there are no restrictions on carrying pharmaceuticals in a vehicle, provided the pharmaceutical is ready for use and in its original packaging.

Loading & Security

All dangerous goods must be kept secure and carefully loaded into and stowed in vehicles. You must report an incident to the Waste Management or the Health Boards DGSA if any dangerous goods are lost or stolen whilst in your possession.

20.5. Monitoring

Departmental managers are responsible for monitoring compliance with this policy at the local level.

Overall oversight and coordination of monitoring activities will be carried out by the Waste Management Team.

Audit Type	Process	Frequency	Owner
Pe Acceptance Waste Audits	assess segregation practices of clinical waste, with results shared with local management to drive improvement and ensure compliance.	>5tone – Annually <5tonne – 5 Yearly	External Independent Auditor Waste Management Team
Local Waste Management Audit	Monitor the correct handling, transport, segregation, and storage of waste in line with Health Board policies and procedures	Monthly	Waste Management Team Infection Prevention and Control
ISO 14001 Audit Programme	Review waste management in line with this policy, key objectives and targets, legal requirements and improvement plans	On Going	Facilities Compliance and Assurance Team Waste Management Team
Training	Competence Testing, Feedback Forms, Training Records	On Going	Departmental Managers Learning and Development Team Waste Management Team
Dangerous Goods Safety Audit	Interviews Examination Disposal Observation of handling and classification	Annual	Capital Estates and Facilities External Independent Auditor