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## **WASTE MANAGEMENT PROCEDURE**

### **Introduction and Aim**

The Procedure supports the Waste Management Policy and is directed to all aspects of waste management that occur as Cardiff and Vale University Health Board fulfils its obligations to:

- a) provide acute, primary and community healthcare;
- b) provide and maintain the buildings, boundaries and the facilities contained within them.
- c) maintain regulatory compliance;
- d) maintain cooperation with partners, stakeholders and contractors

The Procedure supports other obligations with respect to aspects of waste management that are inherent in other Health Board Policies and Procedures.

The Procedure and associated operational procedures provide instructions on the classification, management, training and audit with respect to waste management. This will ensure the storage, handling, transport, treatment and/or disposal of waste generated by the Organisation is managed to minimise the risks of harm to human health, damage to the environment or detriment of the local amenity.

### **Objectives**

- For the Organisation to reduce the amount of waste produced, insofar as is reasonably practicable, by careful consideration of the disposal implications of all developments, purchases and donations.
- All members of the Organisation insofar as reasonably and economically practicable reuse articles that have not yet reached the end of life. Articles of this category 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.
- To render safe waste sent for treatment or reduce hazardous properties of waste prior to recycling or disposal by ensuring segregation, storage, handling, transport and treatment processes comply with legislation.
- Where the production of waste is unavoidable the Organisation ensures the segregation, storage, handling, transport and disposal processes comply with legislation and best available techniques
- To as far as it is able develop waste management systems to meet with other applicable mandatory, Codes of Practice, Best Practice and Guidance relating to

<p>other UHB Policies and Procedures managing waste.</p> <ul style="list-style-type: none"> <li>• Waste is classified and segregated in accordance with legislation ensuring categories of waste transported by or on behalf of the Organisation meets the waste acceptance criteria of the authorised waste receiving site/process.</li> <li>• All members of the Organisation 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.</li> </ul>	
<p><b>Scope</b> This procedure and operational procedures applies to all of our staff in all locations including those with honorary contracts, including Cardiff University and School of Medicine where waste is managed on their behalf.</p>	
<p><b>Equality and Health Impact Assessment</b></p>	<p>An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be an overall positive impact for all patients, carers, service users, visitor's, members of staff and public who may use this service. Key actions have been identified and these can be found in the accompanying EHIA paragraph 8.1, summary of the potential positive and/or negative impacts of the policy.</p>
<p><b>Documents to read alongside this Procedure</b></p>	<p><b>Applicable Legislation</b> Only the primary Acts and main Regulations are listed by the date of becoming law. Subsequent amendments are not included in this list.</p> <p><b>The Health and Safety at Work Act 1974</b></p> <p>All regulations enabled by this Act having matters relating to waste management must be complied with and so minimise and control risks to health and safety of all persons involved in the management of waste. The following regulations making specific reference to waste management include;</p> <ul style="list-style-type: none"> <li>• Manual Handling Operations Regulations 1992</li> <li>• The Management of Health and Safety at Work Regulations 1999.</li> <li>• The Genetically Modified Organisms (Contained Use) Regulations 2014</li> <li>• Control of Substances Hazardous to Health Regulations (COSHH) 2002.</li> <li>• The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009.</li> </ul> <p><b>Environmental Protection Act 1990</b></p> <p>All regulations enabled by this Act having matters relating to waste management must be complied with and so minimise and control risks to human health and the environment. The</p>

following regulations that make specific reference to waste management include;

- **Environmental Protection Act 1990**
- 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 2012.
- Clean Neighbourhoods and Environment Act 2005

#### **Data Protection Act 1998**

The disposal of 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.

#### **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.

- Cardiff and Vale University Health Board Waste Management Procedures
- Cardiff and Vale University Health Board Environmental Policy
- Cardiff and Vale University Health Board Infection Control Policies

	<ul style="list-style-type: none"> <li>➤ Cardiff and Vale University Health Board Health and Safety Policies</li> <li>➤ Cardiff and Vale University Health Board Fire Safety Policy</li> <li>➤ Contractor Waste Acceptance Criteria</li> <li>➤ Pre-Waste Acceptance Criteria</li> </ul> <p>Where new or amended Government and Department* guidance documents are issued to regulate the way in which wastes are managed by the Organisation, it is the Organisation's policy to ensure that these are complied with. [* refers to Department of Health, NHS Estates, Natural Resources of Wales, HSE, WAG etc]</p>
<b>Approved by</b>	Health & Safety Committee

<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Planning
<b>Author(s)</b>	Facilities Manager
<p><b><u>Disclaimer</u></b></p> <p><b>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 <a href="#">Governance Directorate</a>.</b></p>	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
3	25 April 2017	03/09/19	Updated Organisational Policies to be read alongside Policy. Format of procedure follows UHB corporate template

## **1.0 WASTE DEFINITION AND CLASSIFICATION**

- 1.1 Non Hazardous Hygiene Waste  
Non Hazardous Hygiene waste are those produced by healthcare activities that are known to be non infectious but are offensive or are such that they may be perceived to be clinical waste. Non hazardous hygiene wastes must be segregated from

All other healthcare waste at the point of production and stored separately for transport to an approved landfill.

- 1.2 **Autoclaved Clinical Waste**  
Clinical wastes that have been autoclaved on site prior to further treatment and or disposal shall be (if rendered safe) disposed of as non hazardous hygiene waste. If not rendered safe it should be disposed of by Alternative Heat Treatment.
- 1.3 **Clinical Waste for Alternative Heat Treatment (AHT)**  
Certain clinical wastes that are infectious are suitable for treatment by an approved AHT processes. The waste must be segregated from incineration only waste and must be identified and securely sealed in approved clinical waste sacks, bags or authorised containers. Clinical waste for AHT forms the bulk of the Organisations infectious clinical waste.
- 1.4 **Incineration only Laboratory and GM Waste**  
In some instances due to activities of a waste producer the infected clinical waste may also contain a mixture of chemicals, reagents or other constituent parts that give rise to additional hazardous properties. These wastes must be identified by the producing department such that the waste receives high temperature treatment.
- 1.5 **Medicinal Waste**  
All unused, patient returns or out of date medicines must be returned to the Pharmacy in accordance with the Return to Pharmacy Policy for classification, packaging and disposal. All part used medicines falling outside the Return to Pharmacy Policy and/or items contaminated with residues of medicines must be disposed into sharps boxes or other identified and approved containers suitable for high temperature treatment.
- 1.6 **Cytostatic/Cytotoxic Waste**  
All Cytotoxic waste that is produced outside the Return to Pharmacy Policy and items contaminated with residues of cytotoxic medicines must be disposed into identified and approved containers suitable for high temperature treatment.
- 1.7 **Liquid Clinical Wastes**  
Liquid clinical wastes for disposal must be securely sealed in leak proof containers or solidified where the risks of spillage or leaks are known.
- 1.8 **Anatomical Wastes**  
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.

The removal, storage and disposal of human organ and tissue post-mortem are subject to The Human Tissue Act 2004 and so fall outside the scope of this Policy.

- 1.9 **Clinical Waste Generated in the Community**  
The segregation of infectious and non infectious waste must be practiced at the home of a patient treated by the Organisation in accordance with this Policy. The Patient should be advised of the basic requirements so that they too can make best efforts to cooperate with this Policy. Only clinical waste produced by a patient in a home or other establishment that is the direct consequence of activities of the Health Board will the Health Board ensure that the waste is collected for treatment or disposal by an approved waste contractor.
- 1.10 **Waste Electrical and Electronic Equipment**  
Waste Electrical and Electronic Equipment (WEEE) is any item that that is powered by mains, battery or electricity. WEEE must be segregated from other waste in accordance with the Waste Electrical and Electronic Regulations 2006.
- 1.12 **Waste Batteries**  
There are certain battery types that are classified under the regulations as Hazardous Waste and so must be segregated, stored and transported for recycling separately from non hazardous batteries and or other waste.
- 1.13 **Waste Containing Mercury**  
Any waste product containing or contaminated by mercury is a Hazardous Waste and must be identified, collected and stored separately for treatment and/or recycling.
- 1.14 **Domestic Waste**  
Domestic waste is the non-recyclable, non-infectious and non hazardous waste found in any household or office.
- 1.15 **Waste Destined for Recycling**  
The Organisation will as opportunities arise implement waste recycling schemes to minimise the amount of biodegradable waste that goes to landfill and to reduce the impact to the environment from the final disposal of other wastes.

- 1.16 **Beds and Mattresses**  
Beds and mattresses at the end of life will be collected as clinical waste unless they are the property under contract of suppliers. These are then disposed of by Alternative Heat Treatment.
- 1.17 **Filters**  
Disposal of used filters must be in accordance with manufacturer's recommendations and with producer classifications being made to identify associated risks of contamination.
- 1.18 **Wastes Produced by Estates and Maintenance.**  
The Organisation's Estates and Maintenance Department waste materials must be returned to the site from which the maintenance employee is based and the wastes must be segregated into appropriate containers for transportation off sites for disposal.
- 1.19 **Wastes Collected by Charities**  
Any Charity raising money from processing waste materials arising within the Organisation shall be approved by the Organisation and must demonstrate compliance with waste regulation.
- 1.20 **Scrap Wastes**  
Scrap wastes are defined for the purposes of this policy as any object or material that has reached the end of its life and is unsuitable for disposal into any of the waste streams as above.
- 1.21 **Radioactive wastes**  
Radioactive wastes must be disposed of in accordance with the Radioactive Substances Act 1993 and with the Radioactive Authorisations granted to the Health Board by the Environment Agency. The communication protocol for producers of this waste is outlined in the Operational Procedures Manual. All other aspects of managing radioactive waste fall outside the scope of this Policy.
- 1.22 **Wastes Produced by Contractors**  
Contractors working at sites belonging to the Organisation must comply with the terms and conditions of the contract with respect to waste disposal. No waste generated by a contractor must knowingly be mixed in the Organisations waste management systems.

- 1.23 Confidential Waste  
The Organisation must only dispose of waste containing confidential information or images by an approved confidential waste processor.
- 1.24 Information Technology Equipment  
The Organisation's waste computers and peripherals must be disposed of in accordance with Appendix 14 of the IT Security Policy.
- 1.25 Toxic and Flammable Liquids  
All other aspects of managing Toxic and Flammable waste fall outside the scope of this Policy.
- 1.26 Other Wastes  
Advice should be sought from the Waste Management Department for any other waste substance or material that is not easily defined by the waste categories listed by this Policy.

## **2.0 IDENTIFICATION, DESCRIPTION AND STORAGE OF SEGREGATED WASTE**

- 2.1 The producer of waste products must define, identify and store wastes correctly and prevent unauthorised access or accidental release while awaiting collection.
- 2.2 Waste including trolleys and containers, must not be left unattended in lobbies to lift shafts, staircases or corridors, unless approved by the Fire Department. This is of particular importance in lower ground floor basement areas, as detailed in the Health Board Fire Safety Policy. In this connection waste should be kept in approved designated fire resisting stores and storage areas prior to collection. This action will significantly reduce the potential of arson attacks and mitigate fire damage caused in the event of a fire.
- 2.3 The Organisation uses coloured plastic bags, safety containers and waste transportation trolleys for all waste types to be stored safely at the point of production while they await collection from designated waste hold/storage areas. Site specific variations in storage, transport and collection exist.
- 2.4 The identification tagging and removal of waste bags from bins to waste hold/storage areas is the responsibility of the waste producer and or Operational Services 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.

- 2.5 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.

### **3.0 COLLECTION OF WASTE FOR TRANSPORT**

- 3.1 Waste will be collected from waste hold/storage areas at regular intervals in accordance with local needs. As far as possible empty clean designated waste trolleys will be replaced on a one for one basis.
- 3.2 Waste must be segregated in accordance with the requirements of the legislation such that description on the Controlled Waste Transfer Note or Hazardous Waste Consignment Note accurately reflects the waste load for transport.
- 3.3 All contracted waste carriers transporting waste on behalf of the Organisation must be in possession of a valid Waste Carriers Licence and must comply with all regulatory transportation requirements.
- 3.4 Transportation of waste materials between the Organisation's sites must occur in accordance with the Waste Management Licensing Regulations 1994 and this Procedure.
- 3.5 The Organisation's staff and vehicles must transport all non hazardous and hazardous waste to authorised transfer, treatment or disposal sites only. Each load must be accompanied by a Controlled Waste Transfer Note and/or Hazardous Waste Consignment Note and the Organisation must be in possession of a valid Waste Carriers Certificate.
- 3.6 Any vehicle used for the transportation of waste on the public roads must be fit for purpose and vehicles and drivers must comply with the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004.
- 3.7 All staff that arrange, oversee or cooperate with collections of waste materials on behalf of the Organisation must assist with the administrative requirement of Controlled Waste Transfer Notes and/or Hazardous Waste Consignment Notes.

#### **4.0 TREATMENT AND DISPOSAL OF WASTE**

- 4.1 Hazardous wastes where possible will be treated using appropriate technologies to remove or minimise the hazardous properties prior to disposal.
- 4.2 To ensure compliance with the Landfill Regulations 2002 all non hazardous waste destined for landfill will, as far as is reasonably practical, be reduced in weight by removing a proportion of the waste for recycling, whether at source through a separate recycling collection or at a licensed sorting facility.
- 4.3 All treatment/sorting facilities employed by the Organisation shall be licensed by the regulatory authority such that they are permitted to accept, transfer and treat wastes accordingly.
- 4.4 All disposal facilities employed by the Organisation or where waste products are produced by the treatment of the Organisation's waste will be disposed in accordance with a licence or permit granted by the regulatory authority.

#### **5.0 WASTE MANAGEMENT ACCIDENTS AND INCIDENTS**

- 5.1 The Organisation's employees must follow the current procedures as required by the Health Board's Health and Safety Policy and related policies.

Given the risks associated with the handling of waste, any accidents/injuries involving waste must be reported immediately in accordance with the Organisation's policy for the reporting of accidents and untoward incidents, utilizing the appropriate Incident Reporting Procedure.

- 5.2 Where accidents or incidents occur and are established as being non compliant with this Policy or with waste regulations, a Waste Management Breach of Policy Notice may be issued to a responsible department to identify correct procedure and ensure failures do not reoccur.
- 5.3 Where incidents occur and are identified as being non compliant with the UHB Data Protection Policy this must be reported immediately in accordance with the Organisation's policy for the reporting of accidents and untoward incidents, utilizing the appropriate Incident Reporting Procedure, a Waste Management Breach of Policy Notice may be issued to the responsible department to identify correct procedure and ensure failures do not reoccur.

- 5.4 All spillages of waste must be cleaned immediately without delay. Waste spillages should not be left unattended or unsecured. Where spillages occur in the ward or laboratory it is the responsibility of persons working in that area to clean up the spillage. Where spillages occur in “common areas” i.e. corridors etc then Operational Services must be notified immediately.
- 5.5 Advice for the management of spillages can be found via the Organisation’s Control of Substances Hazardous to Health Spillages guidance and the Handling Spilled Cytotoxic Spillage Procedure.

## **6.0 RESPONSIBILITIES**

### **6.1 The Chief Executive**

Ultimately responsible for ensuring that waste is managed in accordance with legislative requirements.

### **6.2 Directors / Assistant Directors**

Ensure Managers clearly understand what is required of them, and appropriate training is in place to assist staff to achieve objectives

### **6.3 Managers**

Ensure appropriate training is delivered to those involved in producing and disposing of waste. Share good practice and demonstrate this is being done.

Will assist with the Waste Management Department to make improvements to waste management systems where accidents or incidents occur or where disposal events do not comply with this Policy and the legislation.

### **6.4 Waste Manager**

Ensure that dedicated waste management staff and the services provided by these staff meet the requirements of the Policy and are compliant with the legislation.

Ensure all waste records are maintained in accordance with the regulations.

Ensure audits are undertaken to provide assurance that the Organisation is in compliance with this Policy, Procedure and legislation.

To undertake investigations and make recommendations for improvements as required where accidents and incidents are

identified as non compliant with the Policy, Procedure or legislation.

Ensure that contractors who supply the Organisation with waste management services comply with the Policy, Procedure and legislation.

Will undertake investigations and report non conformances to the Regulatory Authority where it is known that a waste management accident, spillage or release occurs such that there are apparent risks to human health, the environment or amenity.

Ensure that all regulatory requirements such as Waste Management Licences, Exemptions from Waste Management licences, Carriers Certificates, and competency of operators are maintained to the standards required.

Will undertake annual Duty of Care Audits of waste contractors and waste service providers to ensure regulatory compliance is maintained.

#### **6.5 All members of staff.**

It is the responsibility of all staff to adhere to the legislation, this Policy and Procedures to which it refers.

Cooperation is required from all levels of the Organisation and every member of staff should ensure an understanding of their part in the arrangements

## **7.0 RESOURCES**

- 7.1 The Organisation shall maintain the level of service, equipment and facilities such that the aim of this Procedure is developed and maintained.
- 7.2 The Organisation shall implement this Procedure as far as is reasonably practical from available resources. Where the implications of new legislation dictate or where new technological resources and solutions become available the Organisation must seek a best value solution that reduces the environmental impact of waste.
- 7.3 It shall be the financial responsibility of a Clinical Board or directing management body to fund internal departmental waste management systems to ensure compliance.

- 7.4 It will be the responsibility of the Organisation 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.
- 7.5 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.

## **8.0 WASTE MANAGEMENT TRAINING**

- 8.1 Waste Management training forms an integral part of the Organisation's mandatory training and staff induction programme that must be completed by all members of staff. Mandatory training is carried out annually using an E-learning web based tool and where circumstances require via seminars and presentations.
- 8.2 Where relevant waste management training will include the following:
- outlines current waste legislation and penalties for non compliance;
  - the responsibilities of individuals for the safe management of waste including 'Duty of Care' obligations;
  - the practical methods and definitions that enable waste segregation;
  - waste containers and storage arrangements;
  - waste identification;
  - a basic awareness of the transportation of waste;
  - a basic awareness of treatment and or disposal arrangements;
  - where to source advice on waste management issues.
- 8.3 Those supervising the waste handling procedures should ensure that persons handling waste:
- are fully aware of any dangers or risks which may arise in handling that waste;
  - have the necessary mechanical aids and equipment to handle that waste safely;
  - are trained in the procedures associated with segregation and waste handling appropriate to their work environment.

- 8.4 Further waste management training will be provided as required within the Organisation to meet with the requirements of this Policy.

## **9.0 WASTE MANAGEMENT TRACKING, AUDITING AND MONITORING**

- 9.1 It shall be the responsibility of any person who collects, transports and transfers wastes on behalf of the Organisation to maintain the administration and collection of data that will enable the Organisation to demonstrate regulatory compliance, performance review and development of strategic targets.
- 9.2 Waste Management Audits will be conducted on the Organisation's departments, wards and clinics as required evaluating compliance with waste regulations, Pre Acceptance obligations and this Procedure. The results of audits will be forwarded to department/unit managers to identify good practice, non conformances or areas requiring improvement.
- 9.3 Duty of Care Audits will be routinely conducted by the Organisation to evaluate the regulatory compliance of contracted waste carriers, waste transfer stations, waste treatment facilities and disposers.
- 9.4 Regular audits of the Organisation's environmental performance are carried out to maintain accreditation to the Environmental Management System Standard ISO14001. The Organisation may also receive periodic inspection by the Regulatory Authority to establish outcomes of the Organisation's waste management systems and as required should an environmental incident or regulatory offence occur.

