

Waste Management Policy

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	This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All	
Target staff categories	Various	

Purpose of this document:

This policy identifies the wide range of waste produced in the hospital setting. This waste will be segregated, sorted, handled, transported and disposed of as safely and efficiently as possible and in accordance with "Safe Management of Healthcare Waste, Version 1". Directorates and departments must ensure that any local policies/procedures conform to this waste management policy.

Key amendments to this Document:

Date	Amendment	By:
Aug 10	Review and reformatting of policy	Paul Graham
Feb 12	Review regulatory requirements, Safe Management of Healthcare Waste, Version 1 and reformatting of policy	Val Harris Head of Facilities
May 15	Review and update	JS/PG
Aug 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
Dec	Document extended for 3 months as per TLG	TLG

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2017	recommendation	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document until January whilst document is reviewed and approved	Heather Gentry/Emma Bridges
27 TH June 2019	Document extended for 6 months whilst final stages of approval process is undertaken	Emma Bridges
23 rd January 2020	Document extended for 6 months whilst review takes place with new Director of Facilities and Estates	Ray Cochrane
August 2020	Document extended for 6 months during COVID period	QGC/Gold Meeting

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1. Introduction

Worcestershire Acute Hospitals NHS Trust (Trust) recognises the environmental and health impacts that waste may present. Incorrect waste disposal could lead to pollution, which is detrimental to health and the environment. The Trust aims to ensure that the waste management processes do not pose a risk to patients, visitors, staff, refuse collectors, any other person or the environment. The Trust is committed to waste segregation, minimisation and recycling wherever practicable in line with the waste hierarchy and current waste legislation.

The Trust recognises that efficient waste management has financial benefits, both by reducing waste disposal costs, and reducing the potential of prosecution/clean-up costs if legal requirements are not adhered to.

2. Scope of the Policy

This Waste Management Policy applies to all services directly provided by the Trust. All staff should familiarise themselves with the policy. Waste Management will be undertaken in a variety of environments, from the Trust hospital sites, patient homes and specialist clinics on other health organisation sites and is the responsibility of all staff. The Trust expects that the principles of this policy will be used as the minimum standards for all services.

3. Definitions

3.1 Medical devices

Medical devices are defined in the Medical Devices Regulations as:

“An instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application which:

- a) is intended by the manufacturer to be used for human beings for the purpose of:
 - i. diagnosis, prevention, monitoring, treatment or alleviation of disease,
 - ii. diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
 - iii. investigation, replacement or modification of the anatomy or of a physiological process
 - iv. control of conception; and
- b) does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, even if it is assisted in its function by such means, and includes devices intended to administer a medicinal product or which incorporate as an integral part a substance which, if used separately, would be a medicinal product and which is liable to act on the body with action ancillary to that of the device.”

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3.2 Offensive/hygiene Waste

Waste which is non-infectious and does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it. Examples include, incontinence and other waste produced from human hygiene, sanitary waste, nappies and items of equipment which do not pose a risk of infection including gowns, plaster casts etc.

3.3 Domestic Waste

Domestic waste means mixed municipal waste from healthcare and related sources that is the same as, or similar to, black-bag domestic waste from domestic households. Domestic waste includes paper, aerosols, non-contaminated glass, cardboard and outer packaging etc.

3.4 Waste Food

Accumulated food waste generated from catering facilities, including central dish washing facilities.

3.5 Confidential Waste

Material, often patient or staff records, which requires shredding prior to final disposal. The Departmental Manager or Head of Department will decide whether waste is confidential.

3.6 Low Level Radioactive Waste

Material containing low levels of radioactivity usually generated from a pharmacy department, radiotherapy unit or from certain clinical procedures in a ward/clinic. Such waste may be disposed of under specific supervision and controls via a designated drainage route or, appropriately packaged, labelled and monitored, via incineration.

4. Responsibilities and Duties

4.1 Chief Executive's Responsibility and Delegation

Whilst the Chief Executive accepts overall responsibility for the management of waste generated on Trust premises, responsibility will be delegated via the Director of Asset Management.

4.2 Management Responsibilities

All ward/departmental managers and matrons will be responsible for ensuring that their work areas comply with the requirements of this policy and that their staff are appropriately trained and receive sufficient information to be able to handle and dispose of waste correctly. Where necessary, managers will carry out risk assessments in order to identify any necessary control measures that may need to be implemented.

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4.3 Employees Duties

All staff will comply with the requirements of this policy and report any hazards and incidents immediately to their manager/supervisor via the Datix incident reporting system. All staff are responsible for ensuring that the waste they produce is safely and correctly disposed of in accordance with this policy.

5. Safe Management of Waste

5.1 Legal and Statutory Obligations

This section provides an overview of the regulatory regimes (as detailed in appendix 1) that affect waste management practices within the Trust. This covers health and safety, environmental, infection control and transport requirements.

5.1.1 Waste Legislation and Obligations

Waste Framework Directive – The Waste Framework Directive (WFD) is the primary European legislation for the management of waste. It is the overriding legislation that English waste legislation and regulation is derived.

Waste (England and Wales) Regulations 2011 – The WFD was revised in 2008. The revisions are being implemented in England and Wales through the Waste (England and Wales) Regulations 2011.

The Trust must consider the hierarchy of waste management options for materials used and disposed from its sites. The waste hierarchy sets out, in order of priority, the waste management options:

- Prevention;
- Preparing for re-use;
- Recycling;
- Other recovery (for example, energy recovery);
- Disposal.

The Trust community healthcare teams carry controlled waste in the course of their daily activities.

Duty of Care – The Trust has a legal responsibility to ensure that waste is produced, stored, transported and disposed of without harming the environment and to human health. This is called “duty of care”.

The statutory duty of care applies to everyone in the waste management chain. It requires the Trust and others who are involved in the management of the waste to prevent its escape, and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal.

The statutory requirements covering duty of care in waste management are contained in Section 34 of the Environmental Protection Act 1990. The following regulations contain relevant aspects of the duty of care requirements:

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- Control of Pollution (Amendment) Act 1989
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- Controlled Waste Regulations 1992
- Controlled Waste (Amendment) Regulations 1993
- Environmental Protection (Duty of Care) Regulations 1991
- Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003
- Environmental Protection (Duty of Care) (Amendment) (Wales) Regulations 2003
- Waste (England and Wales) Regulations 2011

Under the duty of care regulations the Trust shall provide a **Duty of Care Waste Transfer Note** (Environment Agency format example of a waste transfer note can be seen in appendix 7) for each movement of non-hazardous waste. The note shall accurately describe the type of wastes including an appropriate European Waste Catalogue (EWC) code classification, 2007 Standard Industry Classification code (SIC) and a declaration of compliance to Regulation 12 of the Waste (England and Wales) Regulations 2011.

If the waste produced does not change in description only one a year is required. Waste transfer notes must be kept for a minimum of **2 years** at each site from which non-hazardous waste is collected.

The Trust shall comply with the following (as a minimum requirement) Duty of Care obligations:

- Describe the waste fully and accurately.
- Store waste securely and safely on-site.
- Pack waste securely (where appropriate) in line with the Carriage Regulations.
- Register as a waste carrier (if required) and make all reasonable checks on waste carriers, which include checking all registrations with the appropriate regulator.
- Select an appropriate recovery, treatment or disposal method.
- Ensure that the types of waste specified by European Waste Catalogue codes (and quantity if relevant) fall within the terms of the waste contractor's environmental permit or exemption.
- Complete a waste transfer note or hazardous waste consignment note prior to waste being transferred to another party, signing as required.

Environmental Permitting and Waste Management Licensing – Permits and licences issued by the appropriate authorities are required for the storage, transfer, treatment and disposal of waste.

The Environmental Permitting (England and Wales) Regulations 2010 provide a consolidated system for environmental permits and exemptions for industrial activities, mobile plant, waste operations, mining waste operations, water discharge activities, groundwater activities, radioactive substances activities and include provision for a number of Directives including Batteries. The regulations set out the powers, functions and duties of the regulators.

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The Trust must comply with the relevant aspects of The Environmental Permitting (England and Wales) Regulations 2010 or where applicable meet the requirements of appropriate exemptions to these regulations.

The Trust is exempt from the requirement to hold a permit for the storage of waste under the conditions of the Non-Waste Framework Directive exemptions (NWFD). The NWFD exemptions do not require registration with the authorising authority (Environment Agency). The NWFD exemptions are only authorised when the conditions of the exemptions are complied with. The Trust shall ensure that the conditions of the NWFD exemptions are complied with.

Pre-acceptance Audits are a requirement for producers of healthcare wastes in England and Wales in order to comply with the permit requirements of the waste contractor at the permitted site receiving the waste. The Trust shall implement systems for auditing to ensure that statutory requirements for pre-acceptance of healthcare and/or any other waste are met.

Hazardous Waste – Hazardous Waste (England and Wales) Regulations 2005, Hazardous Waste (England and Wales) (Amendment) Regulations 2009, List of Wastes (England) Regulations 2005, List of Wastes (England) (Amendment) Regulations 2005 and Waste (England and Wales) Regulations 2011 define and regulate the segregation and movement of hazardous waste from the point of production to the final point of disposal or recovery.

Hazardous waste shall be classified in accordance to the Technical Guidance WM2, Environment Agency Hazardous Waste: Interpretation of the definition and classification of hazardous waste (2nd edition v2.3), as detailed in European Waste Catalogue (EWC) section below.

Hazardous Waste Producer Premises Registration – Under the requirements of The Hazardous Waste (England and Wales) Regulations 2005 (as amended), Part 5, Notification of Premises, Paragraph 21 Requirement to notify premises, it is a legal requirement to notify the Environment Agency “*where hazardous waste is produced at, or removed from, any premises other than exempt premises*”.

Premises that are used by a dental, veterinary or medical practice are exempt from the requirement to register if they fall under the qualifying limitation of 500kgs. That is the total aggregated quantity of hazardous waste produced at, collected at, or removed from the premises is less than 500kg in any period of twelve months.

It is the duty of the Trust as a hazardous waste producer to notify the relevant premises to the Environment Agency for a period of twelve months (the period of notification) and renew the registration at the end of that period if hazardous waste continues to be produced or removed from the premises.

Hazardous Waste Consignment Note – shall be completed for every transfer of waste that is classified as hazardous (Environment Agency format example of a hazardous waste consignment note can be seen in appendix 8). There is a requirement to give a full description of the waste, its EWC code, along with its associated hazards, 2003 Standard Industry Classification code (SIC) and a declaration of compliance to Regulation 12 of the Waste (England and Wales) Regulations 2011.

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The Trust as a producer is legally responsible for ensuring that relevant parts (Part A, B and D) of the consignment note are completed appropriately.

The Producer, Holder and Consignor (Trust) must keep a register that contains copies of the following records for a period of **3 years**:

- Standard or Multiple Consignment notes (including Annexes), and
- A consignee's copy of each consignment note (completed Part E sections), together with a description (or confirmation) of the method of disposal or recovery applied to the waste or Consignee returns to the producer or holder (quarterly returns).

Also where relevant, the register should contain records of:

- Rejected loads details, and
- Carrier Schedules

If the waste was removed from a notified premises (registered hazardous waste premises), then the Trust must keep the register at that premises. It is the Trust's responsibility to ensure that all records are kept securely and are readily retrievable at all times.

European Waste Catalogue (EWC) – The Environmental Permitting (England and Wales) Regulations, the Hazardous Waste Regulations, the List of Wastes Regulations (in England and Wales and Northern Ireland) require producers to adequately describe their waste using both a written description and the use of the appropriate EWC code(s) on both waste transfer and consignment notes.

The UK Environmental Regulatory Authorities have produced a joint guidance document on the interpretation, definition and classification of hazardous waste entitled WM2 (Second Edition, version 2.3) which denotes the EWC. The EWC contains 20 chapters of specific codes that catalogue of all wastes, grouped according to generic industry, process or waste type. The EWC coding of chapter 18 (Waste from natal care, diagnosis, treatment or prevention of disease in humans) is contained in appendix 2.

EWC codes that are either absolute entries, because they will always be hazardous, or mirror entries (which can either be hazardous or non-hazardous depending on the content of dangerous substances at, or above, certain thresholds) or non-hazardous entries. Absolute hazardous entries are shown in red with an asterisk (*), mirror entries in blue with an asterisk (*) and Non-hazardous entries are shown in black.

Waste is subject to assessment in relation to 15 hazard groups (see appendix 3) identified in the Waste (England and Wales) Regulations 2011 amendments to the Hazardous Waste Regulations.

Waste Batteries and Accumulators Regulations 2009 – The EU Batteries Directive aims to reduce the impact on the environment of the manufacture, distribution, use, disposal and recovery of batteries. Certain parts of the Directive are implemented in the UK by the Waste Batteries and Accumulators Regulations 2009.

The Trust must ensure that all waste batteries collected by battery compliance schemes are treated and recycled in line with the directive's requirements by approved Battery Treatment Operators (ABTOs) and Approved Battery Exporters (ABEs).

Waste Electrical and Electronic Equipment Regulations – The Waste Electrical and Electronic Equipment Directive (WEEE Directive) was introduced into UK law in January 2007 by the Waste Electrical and Electronic Equipment Regulations 2006 and subsequent amendments.

The Waste Electrical and Electronic Regulations (WEEE Regulations) introduce responsibilities for businesses and other non-household users of electrical and electronic equipment (EEE). The Trust must ensure that all separately collected WEEE is treated and recycled in line with the regulations.

The Site Waste Management Plans Regulations – The Site Waste Management Plans Regulations 2008 enforce that any Trust construction projects that cost over £300k needs a Site Waste Management Plan (SWMP).

The Trust must ensure that the SWMP for projects including new build, maintenance, alteration or installation/removal of services such as sewerage, water set out how building materials and resulting waste is to be managed during the project.

Animal By-Products Regulations – Animal by-products are animal carcasses, parts of carcass or products of animal origin that are not intended for human consumption. The handling, use and disposal of animal by-products is controlled by the European Union (EU) Animal By-products Regulation 2009 and the EU Implementing Regulation 2011. The main aim of these regulations is to prevent animal by-products from presenting a risk to animal or public health through the transmission of disease. The regulations are enforced in England and Wales by the Animal By-Products (Enforcement) (England) Regulations and the Animal By-Products (Enforcement) (Wales) Regulations 2011.

Should the Trust send food waste for treatment or recovery then it shall ensure compliance to these regulations.

Radioactive Substances – the following regulations apply to permitting radioactive substances in the UK:

- The Environmental Permitting (England and Wales) (Amendment) Regulations 2011
- Radioactive Substances Act 1993

Radioactive materials are stored and disposed (e.g. waste in the form of human excreta) on the Hospital sites. The Trust must ensure the requirements of The Environmental Permitting (England and Wales) (Amendment) Regulations 2011 and Radioactive Substances Act 1993 are complied with.

5.1.2 Controlled Drugs Legislation and Obligations

Controlled drugs are subject to special legislative controls as they are potentially harmful. The Misuse of Drugs Regulations 2001 lists the medicines that are classified as controlled drugs.

The management and destruction of controlled drugs in accordance to the Misuse of Drugs Regulations 2001 is outside the scope of this policy. The Trust Medicines Policy Controlled Drugs ensures compliance to the Misuse of Drugs Regulations.

The denaturing of controlled drugs on Trust sites is classified as a waste management activity and therefore must comply with The Environmental Permitting (England and Wales) Regulations 2010.

The Environmental Permitting (England and Wales) Regulations 2010 provide an exemption (T28) for the denaturing of controlled drugs at the premises of production (i.e. the place where the waste was originally produced). **The Trust must ensure that a T28 is registered for each premises of production and the conditions of the exemption are complied with.**

5.1.3 Infection Prevention and Control Legislation and Obligations

Healthcare waste in England is addressed in the 'Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance' (referred to in Section 21 of the Health and Social Care Act).

Compliance to the relevant infection control regulations is outside the scope of this policy and dealt with in the following policies:

- Inoculation Incident Protocol (including needlestick injuries and human bites) Policy Ref: WAHT-INF-012

5.1.4 Health and Safety Legislation and Obligations

Health and safety legislation is based on the assessment of risk. Control of Substances Hazardous to Health Regulations (COSHH) and the Management of Health and Safety at Work Regulations, in line with health and safety at work legislation specifically require those dealing with potentially hazardous substances (including waste) to assess the risk to the public and staff that may come into contact with it. In practice, this involves the development of risk assessment policies and procedures and putting in place arrangements to manage the risks effectively.

The Control of Substances Hazardous to Health Regulations (COSHH) sets out the duty to manage the risk of exposure to hazardous substances including

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waste. The Management of Health and Safety at Work Regulations and its associated Approved Code of Practice (ACOP) provide a framework for managing risks at work, including risks from healthcare waste, not covered by more specific requirements such as COSHH.

The arrangements and requirements of this policy and other associated policies form the basis for the management of the risk associated with waste. This policy is an integral part of the overall health and safety management system.

Specific details for compliance to the relevant COSHH regulations and the Management of Health and Safety at Work Regulations are outside the scope of this policy and dealt with in the following policies:

- Health and Safety Policy
- Risk Assessment Procedure
- Control of Substances Hazardous to Health Policy

5.1.5 Transport Legislation and Obligations

The carriage of dangerous goods is subject to regulatory control under the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 and The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2011 (known as the Carriage Regulations), and these apply throughout the UK. The Carriage Regulations are intended to reduce, to reasonable levels, the risk of harm or damage to people, property and the environment posed by the carriage of dangerous goods.

In the UK, these regulations implement the requirements of the 'European Agreement, Concerning the International Carriage of Dangerous Goods by Road' (known as ADR). The movement of dangerous goods by road shall be concentrated on for the purpose of this policy, but the Trust should seek specialist assistance should dangerous goods be carried by rail, air, sea, and/or inland waterway.

The Trust has statutory duties to comply with requirements of the carriage regulations as a consignor, carrier and receiver of dangerous goods. Therefore the Trust must comply with the relevant aspect of the carriage regulations including:

- substance classification and identification
- packaging, marking, labelling and transport documentation
- training of personnel involved in the chain of distribution
- safety equipment and emergency procedures
- safe loading
- vehicle specification, operation and marking

Under the statutory requirements of ADR the Trust shall appoint a Dangerous Goods Safety Adviser (DGSA) that holds the relevant vocational training certificate in accordance to 1.8.3 of ADR. The duties of the DGSA shall include:

- Monitoring and advising on compliance to the relevant requirements on the carriage of dangerous goods.

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- Investigate and where appropriate prepare reports on serious accidents, incidents or serious infringements recorded during the carriage, loading or unloading of dangerous goods.
- Prepare an annual report on the activities in the carriage of dangerous goods.

5.2 Healthcare Waste Management

5.2.1 Healthcare Waste Classifications

Healthcare waste is defined as waste from natal care, diagnosis, treatment or prevention of disease in humans/animals. Examples of healthcare waste include infectious waste, laboratory cultures, anatomical waste, sharps waste, medicinal waste, laboratory chemicals and offensive/hygiene waste from healthcare areas.

5.2.2 Clinical Waste Classification

The definition of clinical waste is provided by the Controlled Waste Regulations
Clinical waste is defined as:

1. "...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, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
2. "...any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it."

Clinical waste can be divided into three broad groups of materials:

1. Any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property H9 Infectious)
2. Certain healthcare wastes which pose a chemical hazard (for example one of H1 to H8, H10 to H15)
3. Medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.

Clinical waste is usually always classified as hazardous waste with one exception which is segregated non-cytotoxic and non-cytostatic medicines (EWC 18 01 09).

5.2.3 Infectious Waste

The Hazardous Waste Regulations define “Infectious” as:

H9: Infectious Substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms

Under EWC code classification infectious healthcare waste is classified as hazardous under EWC code 18 01 03* (*wastes whose collection and disposal is subject to special requirements in order to prevent infection*)

5.2.3.1 Identification of Infectious Waste

Infectious waste is essentially a waste that poses a ‘known or suspected’ risk of infection, regardless of the level of infection posed. The procedure for determining whether a waste is considered to be infectious should be based on clinical assessment of whether an unidentified infection of any type is **suspected** or **known**. The assessment should be on an item and/or patient specific basis by a healthcare practitioner.

The term “known or suspected” relates to diagnosis and treatment rather than laboratory identification. Therefore, where a patient presents with symptoms that may have several causes, one of which is an infectious agent, an infection is “suspected”. Once a diagnosis has been made, or a laboratory result obtained, this may become “known”. Both are considered to represent “H9: Infectious” under this assessment.

Examples of infectious (H9) waste include:

- Waste from infectious disease cases.
- Waste from wound infections (e.g. contaminated dressing from a leg ulcer with a bacterial infection)
- Hygiene products from patients in with UTI infections.
- Waste from patients with diarrhoea and vomiting caused by infectious agents or toxins. For example Norovirus and Clostridium difficile.
- Blood contaminated dressings from a patient with HIV, Hepatitis B, rubella, measles, mumps, influenza or other infection that may be present in the blood.
- Respiratory materials from patients with Pulmonary Tuberculosis, Influenza, Respiratory syncytial virus (RSV) or other respiratory infections.
- Contaminated waste from provision of general healthcare to patients with known or suspected underlying or secondary microbial diseases.

5.2.4 Sharps Waste

Sharps are items that could cause cuts or puncture wounds, e.g. syringes with needles, blades, stitch cutters, broken ampoules and other sharp disposable items, where they may be uncontaminated, or contaminated with infectious, medicinal or cytotoxic/cytostatic medicinal properties. See appendix 5 for sharps waste segregation requirements.

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5.2.5 Medicinal Waste

Medicinal waste is classified into 4 categories:

1. Cytotoxic and cytostatic medicines (medicines that possess one or more of the hazardous properties H6: Toxic, H7: Carcinogenic, H10: Toxic for Reproduction or H11: Mutagenic);
2. Medicines that possess other hazardous properties (for example flammable, irritant, harmful and ecotoxic);
3. Medicines that possess no hazardous properties but are pharmaceutically active and may interact with biological systems at low doses.
4. Medicines that have no hazardous properties and contain no pharmaceutically active agents (for example sterile water, saline, glucose, etc).

Under waste classification cytostatic and cytotoxic medicines (category 1 above) are classified as hazardous waste under EWC code 18 01 08* (*cytotoxic and cytostatic medicines*)

Appendix 4 contains a list of cytotoxic/cytostatic medicines.

Medicine waste that does not possess any one or more of the hazardous properties: H6 Toxic, H7 Carcinogenic, H10 Toxic for reproduction or H11 Mutagenic (categories 2 and 3 above) are classified as non-hazardous waste under EWC code 18 01 09 (*medicines other than those mentioned in 18 01 08*).

Medicines that have no hazardous properties and contain no pharmaceutically active agents (category 4 above) are classified as non-hazardous waste under EWC code 18 01 04 (*wastes whose collection and disposal is not subject to special requirements in order to prevent infection*). It must be noted that where a pharmaceutical additive such as potassium has been made to these waste types they must be disposed of as EWC 18 01 09 or 18 01 08* (where the additive is cytostatic/cytotoxic).

To render waste safe all pharmaceutically active substances present in the waste, both hazardous and non-hazardous, must be destroyed during disposal at a suitably authorised facility e.g. incineration.

5.2.6 Offensive Waste

The term 'Offensive waste' describes healthcare waste which is non-infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it.

Under waste classification offensive wastes are non-hazardous under EWC code 18 01 04 (*wastes whose collection and disposal is not subject to special requirements in order to prevent infection*)

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Examples of waste that are offensive include:

- Dressings from non-infectious wounds
- incontinence and other waste produced from human hygiene
- sanitary waste
- nappies
- medical items and equipment which do not pose a risk of infection, e.g. protective clothing

Offensive waste is **not**:

- sharps
- chemicals
- medicines
- body parts

Offensive waste should not be compacted unless in accordance with the conditions of an Environmental Permit.

5.2.7 Anatomical Waste

Anatomical is waste that includes recognisable body parts and placenta that require disposal by incineration. The waste must be transferred in rigid yellow UN-approved containers with red lids and clear labelling.

Anatomical waste is classified as hazardous under EWC code 18 01 03* (*wastes whose collection and disposal is subject to special requirements in order to prevent infection*).

5.2.8 Chemical or Pharmaceutical Contaminated Infectious Waste

Chemical or pharmaceutical contaminated infectious waste includes chemical contaminated samples, diagnostic kits, and pharmaceutical contaminated (not cytotoxic/cytostatic) items.

The waste must be disposed of in the yellow clinical waste stream for incineration as hazardous under EWC code 18 01 03* (*wastes whose collection and disposal is subject to special requirements in order to prevent infection*).

5.2.9 Teeth

Waste teeth may be classified as non-anatomical infectious waste and where no amalgam contamination is present teeth and spicules are to be placed in the sharps bin. Teeth contaminated with amalgam must be treated as amalgam waste.

5.2.10 Amalgam Waste

All dental, oral and maxillofacial surgery areas should have amalgam separators installed. These should be of an appropriate ISO standard and fitted in such a way that they capture any amalgam contained in wastewaters. All waste amalgams (including teeth contaminated with amalgam) must be segregated for appropriate disposal/recovery by specialist contractor in white bodied containers.

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Dental amalgam and mercury including spent and out-of-date capsules, excess mixed amalgam, and contents of amalgam separators should be disposed of as hazardous waste under EWC code 18 01 10* (*amalgam waste from dental care*)

5.2.11 Maggots – All maggots used for wound management should be secured in a ridged yellow container or double-bagged in yellow bags and marked as UN3291.

5.2.12 Blood Transfusion Bags Containing Liquids

Blood transfusion bags would normally be regarded as a non-infectious waste. As a non-infectious waste, blood bags should not be placed in the clinical waste stream, as mixing is prohibited.

Liquid waste is prohibited from landfill and therefore part filled blood bags must not be placed directly in the offensive waste stream.

Any residual free liquid can be drained to the foul sewer before the empty bag and giving set can be disposed of in the offensive waste stream.

5.2.13 Gypsum Waste

Gypsum wastes include plaster casts, back slabs and related materials (chiropractors/podiatrists) and plaster study models in dental. Gypsum (calcium sulphate) is not permitted in mixed landfill with general domestic waste as it generates hydrogen sulphide gas.

The vast majority of plaster casts and models are not infectious and should not be placed in the clinical waste stream. Gypsum plaster casts should not be placed in the offensive waste stream either. These should be segregated and labelled as a specific EWC 18 01 04 gypsum waste stream and disposed of separately.

5.2.14 Transmissible Spongiform Encephalopathy (TSE) - Infected Waste

Waste known or suspected to be contaminated with Transmissible Spongiform Encephalopathy (TSE) agents, including CJD, must be disposed of by high temperature incineration in suitable authorised facilities. This waste must be disposed of in a yellow bag or yellow rigid hard burn bin for incineration. The Creutzfeldt-Jakob (CJD) & Variant CJD (vCJD) minimising the risk of transmission Ref: WAHT-INF-012 infection control policy must be complied with for this waste material.

5.2.15 Medical Devices

Medical devices need to be managed appropriately in relation to the hazardous nature of the device when considering disposal. The Trust Medical Devices Policy must be complied with.

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5.2.15.1 Infected/Used Medical Devices

Where implanted medical devices have been in contact with infectious bodily fluids and have been assessed to be infectious, they should be classified and treated (disposed) as infectious waste. If the device contains hazardous substances or components including nickel cadmium and mercury-containing batteries, the description of the waste on the consignment note must fully describe the waste and all its hazards. For example, an implanted device with a nickel cadmium battery should be classified as:

1 8 01 03* Infectious waste containing Nickel Cadmium batteries [Hazards: Infectious (H9) and Corrosive (H8)]

5.2.15.2 Disinfected/Unused Medical Devices

Disinfected medical devices should be classified as non-infectious healthcare waste. The description given of the waste must adequately describe the waste and any hazardous characteristics (even if the waste is not classed as hazardous waste). For example, a disinfected device containing a nickel cadmium battery should be classified as:

16 02 13 Discarded equipment containing hazardous components other than those mentioned in 16 02 09 to 16 02 12 [Hazard: Corrosive (H8)]

5.2.15.3 Waste Electrical and Electronic Equipment Directive (WEEE)

Within the scope of this policy the WEEE regulations are mentioned in relation to Medical Devices Electrical and Electronic Equipment (MDEEE). Manufacturers will define which MDEEE should be excluded from the scope of the WEEE regulations because of its intended use and because there is a high possibility that infectious substances will be present in the internal parts of the equipment at the end of life. Medical devices that cannot be safely and effectively decontaminated will be treated as hazardous waste. Non-infectious MDEEE may be included within the WEEE Regulations and disposed of in accordance with Trust procedures.

5.2.16 Radioactive Waste

Radioactive waste generated by the Trust from healthcare includes radioactive materials used in diagnostic and therapeutic medicine. This waste is considered to be low-level radioactive waste. The Environment Agency regulates the **Keeping** and **Use** of radioactive materials and the **Accumulation** and **Disposal** of radioactive waste.

Clinical waste contaminated with radioactive materials released by the Nuclear Medicine department is normally below the maximum level of **Very Low Level Waste** (VLLW <400 kilobecquerels/0.1m³, 40 kBq per single item). At this level of contamination the waste can be incinerated in accordance with other properties, i.e. infectious waste where there is a suspected or known risk of infection (EWC 18 01 03*) or offensive where no risk of infection is present (EWC 18 01 04).

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Non-Clinical waste contaminated with radioactive materials below the VLLW threshold can be disposed through the domestic waste stream (i.e. landfill) without any restrictions.

Reference: VLLW Exemption Guidance, September 2011, Environment Agency document.

5.2.17 Category A Contaminated Clinical Waste

Clinical waste could be generated at the Trust site that meets the criteria of Category A in accordance to the carriage regulations. Clinical waste containing a Category A micro-organism presents higher risks to human health and the environment than clinical waste of category B and therefore must be controlled under different procedures including special security provisions in line with the carriage regulations.

5.2.17.1 Definition

Category A waste is defined as an infectious substance that is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to healthy humans or animals.

NOTE: *An exposure occurs when an infectious substance is released outside of the protective packaging, resulting in physical contact with humans or animals.*

An indicative list of infectious substances that meet these criteria is provided in Appendix 6. Infectious substances that do not meet the criteria for inclusion in Category A are **Category B**.

5.2.17.2 Classification

Category A clinical waste from humans are those material that are known or suspected of containing any of the particular micro-organism on the indicative list in Appendix 6. Assessment is based on the known medical history and symptoms of the source human, endemic local conditions or professional judgement concerning individual circumstances of the source human or confirmed cases from diagnostic testing.

Examples of materials found in the Trust may include cultures, specimens or clinical waste containing any of the particular micro-organism on the indicative list in Appendix 6.

Materials meeting the criteria for Category A shall be assigned to **UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS**, for carriage.

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5.2.17.3 Category A Clinical Waste Handling Procedures

Category A waste generated in the Trust laboratories is treated in the laboratory autoclaves onsite to render it safe for transport. This process is controlled by the local laboratory procedures.

The Trust laboratories may also have cultures and specimens that meet the criteria for inclusion in Category A that are to be transported to reference laboratories. This process is controlled by the local laboratory procedures.

The Trust does not deal with patients with infections meeting the criteria of Category A, but there is a very remote possibility that the Trust could have a patient that does have a known or suspected Category A infection. Should this situation occur then the two procedures must be followed one the Viral Haemorrhagic Fever Policy for patient care and secondly the Trust Ebola clinical protocol.

5.2.17.4 Immediate Action

Where a known or suspected Category A infection is identified contact infection control via switchboard then notify the consultant microbiologist via switchboard.

5.2.18 Domestic Waste

Domestic waste means mixed municipal waste from healthcare and related sources that is the same as, or similar to, black-bag domestic waste from domestic households. The Trust must not place any hazardous waste in this waste stream or place this waste in the clinical waste stream. The waste should therefore be non-hazardous and suitable for disposal by landfill (where pre-treatment requirements are met), municipal incineration with or without energy recovery, alternative municipal treatment processes, or via recycling streams.

This waste is classified as EWC 20 03 01 *mixed municipal* for disposal.

5.2.19 Confidential Waste

Confidential Waste is waste that contains information that would identify an individual patient, employee or business and be deemed to be either personally or organisationally sensitive in nature.

Confidential waste bags must not be left in areas where the public may gain access to them. It is important that all staff are aware that these bags must be locked in a secure area if clinics or departments are closing or are unsupervised by Trust staff.

An external company is employed to destroy confidential waste to British Code of Practice BS8470 in line with the Data Protection Act. This means that the paper is cross shredded to an agreed size. Bags are supplied for the collection of this waste. Waste material where possible should be recycled.

5.2.20 Healthcare Waste Colour Coding System

Health and safety, carriage and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. The Trust has a legal requirement under the hazardous waste regulations to ensure that waste is segregated appropriately.

Correct segregation of different types of waste is critical to safe management of healthcare waste and the use of colour coded receptacles is the key to good segregation practices.

The Trust has adopted the recommended clinical waste colour coded segregation system of Safe Management of Healthcare Waste Version 1.0, as detailed below.

Healthcare waste colour coding system:

Colour	Description/Disposal
 Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Orange	Waste which may be “treated” Indicative treatment/disposal required is 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.
 Purple	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Yellow/Black	Offensive/hygiene waste Indicative treatment/disposal required is landfill or incineration in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.
 Red	Anatomical waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Blue	Medicinal waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Black	Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
 White	Amalgam waste For recovery

The Trust will choose the most appropriate waste receptacle for the waste generated in a particular area.

5.2.21 Healthcare Waste Segregation and Packaging

In accordance with good environmental practices the Trust segregate its waste in order to facilitate the use of alternative treatment rather than place reliance on incineration as the sole means of disposal.

The table in appendix 5 identify the segregation, packaging and packaging colour coding requirements for each waste stream.

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It is the responsibility of each and every employee or contractor operating on behalf of the Trust to ensure that the segregation and packaging requirements of healthcare wastes contained in this policy is implemented in all Trust controlled buildings.

5.2.22 Healthcare Waste Bag Securing and Handling

When the waste bags are 2/3 full twist the neck of the sack firmly, double it back to form a “swan neck”. Secure with the correct tag. The use of ID tags ensures a clear auditable waste trail in the event of investigations or incidents

5.2.23 Healthcare Waste Labelling

Each waste container will be tagged, labelled or marked prior to removal from disposal points so that the waste generation source can always be identified up to the point of final disposal/destruction and an audit trail is complete.

All sharps containers shall have the aperture housing closed and locked. All details on the container label shall be completed

5.3 Storage of Waste

Storage areas at the point of production should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated and so as to avoid waste of different classifications being stored together in the same area. Different waste streams in the same store should be clearly separated, such that a leak from one waste category cannot contaminate the contents or packaging of another.

Each ward/department has a designated waste storage or disposal area and waste must not be stored outside this area. Waste will be collected from these areas at a frequency determined by local circumstances. Clinical waste storage carts must be kept locked and secure at all times.

The Trust has a dedicated waste storage compound for the secure storage of waste and dangerous goods in accordance with section 34 of the Environmental Protection ACT 1990 and Chapter 1.10 of ADR 2011.

5.4 Disposal of Waste

Infectious healthcare waste of Category A will be handled in accordance to section 5.2.17. All other infectious waste (Category B) will be contained within sealed and labelled clinical waste sacks and disposed of via incineration or alternative treatment technologies. The waste sacks will be stored and transported in suitable clinical waste carts in accordance to the relevant aspects of the carriage regulations.

Carts must be fully functional, clean and fit for purpose with effective locking device. It must be ensured that the carts are not overfilled and the compacting of healthcare waste does not occur within.

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All Sharps will be disposed of within a suitable sharps container which is appropriately labelled and stored separately to any clinical waste sacks, in accordance with the Inoculation Incident Protocol (including needlestick injuries and human bites).

All Cytotoxic and Cytostatic waste will be disposed of in an appropriate sealed container and as directed in the Trust's Medicines Policy.

Any radioactive waste, electrical waste or waste for recovery will be collected from the relevant work area and disposed of as required either via the Estates/Technical Services Departments (Alexandra and Kidderminster Hospitals) or Siemens/ISS Facility Services, Healthcare (Worcestershire Royal Hospital)

5.5 Non-healthcare Waste

The following is a list (not exhaustive) of non-healthcare waste that is generated by the Trust and should not enter healthcare waste streams:

- fluorescent tubes;
- batteries;
- cleaning chemicals;
- oils (hazardous and edible);
- grounds waste;
- domestic waste streams;
- paper, glass, cans, food;
- food waste;
- furniture;
- construction and demolition waste;
- asbestos;
- paints;
- waste electrical and electronic equipment (WEEE).

These waste types are handled on their individual properties and managed within the waste regulation regime described in section 5.2.

5.5.1 Recycling

The trust is actively engaged in recycling certain types of waste which avoid the need for the waste to be sent to landfill or other alternatives. The trust is committed to continue where possible to recycle all types of waste which fall into this category and the trust has the resources and facilities in order that this can be achieved. Currently the trust recycles the following:

- Cardboard
- Waste oil
- Batteries
- Printer cartridges
- Office paper
- Fluorescent tubes
- Waste cooking oil

Under the requirements of the Waste (England and Wales) Regulations 2011 the Trust must implement practices to facilitate the separate collection of waste paper, metal, plastic and glass from 1st January 2015.

5.6 Discharge to Sewer

Any discharge to sewer, other than domestic sewage, must have the prior agreement of the statutory responsible bodies. The dispose of any waste to sewer must first seek advice from the sewerage undertaker.

It is essential that the sewerage undertaker is aware of the presence of substances and that disposal is permitted by the producer's trade effluent consent, where required.

Radioactive waste (e.g. waste in the form of human excreta) from Nuclear Medicine is disposed to sewer under an Environmental Permit issued and regulated by the Environment Agency.

5.7 Personal Protection and Hygiene

Where a risk assessment identifies the need for personal protective equipment this will be provided in accordance with the relevant legislation. Any necessary information and training will also be provided to ensure its safe use. Suitable washing and alternative hand hygiene facilities will be provided in all areas where there is a need to handle and/or store waste.

The Trust will offer immunisation against Hepatitis A, B and tetanus to appropriate staff. (Advice can be sought via the Occupational Health Department)

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5.8 Adverse Incidents and Accidents

Adverse incidents and accidents relating to the segregation, handling, transport or collection of waste should be reported as per the Incident Reporting Policy. Any hazardous waste that is wrongly disposed of in to the domestic waste stream should be reported as a Serious Incident and the Trust Serious Incident Procedure followed

5.8.1 Sharps Injuries

It is the responsibility of the individual to notify their manager/supervisor immediately if they sustain a sharps injury. The individual must report to the Occupational Health Department during working hours or to an Emergency Department at any other time. The Inoculation Incident Protocol (including needlestick injuries and human bites) Policy, Ref: WAHT-INF-008 must be adhered to and an Incident Reporting Form must be completed.(OK)

5.8.2 Emergencies

There may be occasions when an emergency situation occurs when handling or storing waste for example, a spillage of a hazardous material. The COSHH assessment process will help identify any potential risks and the manager of the work area will ensure that appropriate procedures are put in place and where necessary spill kits are provided with suitable information and training.

5.9 Waste Audits

Under environmental legislation the Trust have a cradle to grave responsibility for the control, management and disposal of their waste. Audit systems must be in place to ensure compliance to the relevant regulations and standards.

5.9.1 Internal Auditing

To ensure the continual monitoring of compliance against statutory requirements, the conditions of this policy and identifying training needs audits on healthcare waste will be carried periodically. The audits shall be coordinated by Infection Control Team/Facilities Monitoring Officer and carried out by appropriately trained personnel.

Copies of the audit will be passed to PEOG along with improvement measures if appropriate. PEOG shall monitor and ensure that identified issues are addressed and remedial actions completed. PEOG shall periodically report to TIPCC.

5.9.2 Pre-acceptance Audits

Pre-acceptance audits are a requirement for producers of healthcare wastes in England and Wales in order to comply with the permit requirements of the waste contractor at the permitted site receiving the waste. The Trust shall implement systems for auditing to ensure that statutory requirements for pre-acceptance of healthcare waste are met.

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This aspect will be managed by the Portering and Transport Services Manager who will arrange for relevant parties to carry out the pre-acceptance audits and provide reports at the frequency required by the Environment Agency.

The auditing system shall be in compliance to the requirements of Environment Agency Sector Guidance, Clinical waste, EPR 5.07 (<http://publications.environment-agency.gov.uk/pdf/GEHO0710BSVI-e-e.pdf>) and at the frequencies detailed in the Clinical Waste Pre-acceptance Briefing Note, October 2010 (http://www.environment-agency.gov.uk/static/documents/Business/Briefing_note_Oct_2010_vs_6_final.pdf)

5.9.3 Duty of Care Audits

The Trust has a statutory 'Duty of Care' to ensure that waste it transfers to a third party for disposal is handled in accordance to the relevant legislation requirements.

The Trust audit the waste contractor annually to ensure that waste is being transported in accordance with the carriage regulations and disposed of at appropriately permitted facilities in accordance with duty of care requirements and waste management legislation.

The Trust see this practice as a prudent means of meeting the requirements of the duty of care regulations to demonstrate the steps taken to prevent illegal handling or treatment waste. This aspect will be managed by the Portering and Transport Services Manager who will arrange for external auditors to carry out the Duty of Care audits and provide reports to the Trust.

5.9.4 Independent External Waste Audit

The Trust appoints an external independent waste adviser (not affiliated to any waste disposal company) to undertake periodic audits and provide an annual report on the following aspects:

- Review the Waste Policy and confirm compliance by all who are affected by it
- Waste practices and procedures (i.e. waste classification, segregation, packaging) at frontline activities
- Review waste storage
- Review waste documentation
- Suggest recommendations and requirements to ensure compliance to legislation and best practice

PEOG shall review the annual report and ensure that identified issues are addressed and remedial actions completed.

5.9.5 Dangerous Goods Audit

The Dangerous Goods Safety Adviser (DGSA) conducts periodic audits under the service agreement which includes a review of waste that is classified as dangerous goods for carriage in line with the relevant aspects of the carriage regulations. The audits include as a minimum a review of:

- training of personnel involved in the chain of distribution
- substance classification and identification
- packaging
- marking, labelling
- documentation

An annual report reviewing the Trust compliance level is provided by the appointed DGSA as per statutory requirements of the carriage regulations. PEOG shall review the annual report and ensure that identified issues are addressed and remedial actions completed.

5.10 Staff Training

The requirements of this policy for the safe management of waste cannot be effective unless it is applied carefully, consistently and universally. This requires that all staff with roles applicable to this policy be appropriately trained in the policy and associated procedures.

All staff will be trained in waste handling and segregation procedures in line with this policy. All staff will receive local induction training to make them aware of the types of waste, hazards, risks and the correct disposal procedures, including safe handling techniques. Where appropriate e-learning, infection control function specific training and external waste adviser awareness sessions will be used to enhance staff understanding and management of waste.

5.11 Statutory Records and Record Keeping

All regulatory paperwork associated with the movement of waste from the hospital sites will be maintained on site to ensure complete compliance with legislation. Documentation relating to waste shall be maintained in a register as detailed below.

5.11.1 Non-hazardous Waste Transfer notes

A transfer note is required that accurately describes the type of waste produced (see section 5.2). If the waste produced does not change in description only one a year is required. Waste transfer notes must be kept for a minimum of two years at each site from which non-hazardous waste is collected.

5.11.2 Hazardous Waste Consignment Note

Hazardous Waste Consignment notes must be completed for every transfer of waste which is classified as hazardous (see section 5.2). There is a requirement to give a full description of the waste, its EWC code, along with its associated hazards.

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It is the Trust's (producer) responsibility to ensure that relevant parts (Part A, B and D) of the consignment note are completed appropriately. For clinical waste these notes are pre-printed by clinical waste contractor and filled in at every collection. The waste contractor driver should not be relied upon to complete this document.

Copies of the Hazardous Waste Consignment notes must be retained in the register for a minimum of 3 years.

5.11.3 Consignee or Quarterly Returns

The consignee (disposal site) of hazardous waste is required to send a return to the Trust each quarter. This return is a record of what has happened to Trust hazardous waste and must be placed in the register for 3 years.

Returns must be either a form of the type provided in the Hazardous Waste Regulations or a consignee's copy of each consignment note (completed Part E sections), together with a description (or confirmation) of the method of disposal or recovery applied to the waste.

Where returns are not provided the Trust must request in writing as this is a legal requirement.

5.11.4 The Register

The Producer, Holder and Consignor (Trust) of hazardous waste must keep a register at the site of collection. The register should contain the following:

- Standard or Multiple Consignment notes (including Annexes), and
- Consignee returns to the producer or holder

Also where relevant, the register should contain records of:

- Rejected loads, and
- Carrier Schedules

5.11.5 Rejected Loads

Consignee's sometimes reject consignments of hazardous waste. When this happens they must provide an explanation. A new consignment note will be completed to move the waste elsewhere. A copy of this note should also be provided to the Trust.

5.11.6 Carriers Schedules

This document is needed where more than one carrier is involved in the transport of the waste. A copy of the schedule of carriers must be provided to the Trust before the waste is removed from the premises.

5.11.7 Dangerous Goods Transport Document

Unless otherwise specified in ADR any carriage of dangerous shall be accompanied with an appropriate transport document that contains the following information:

- UN number of the item/ substance being carried
- Proper shipping name
- Packing group number
- Number & description of packages
- Total quantity of each item
- Name and address of consignor
- Name and address of consignee
- Tunnel restriction code (where applicable)

Where the material is a hazardous waste also the hazardous waste consignment note will act as a dual document for waste and transport regulation compliance, where the above information is present.

5.11.8 Security of Records

It is the Trust's responsibility to ensure that all records are kept securely, readily retrievable at all times and available for inspection by the regulators.

6. Implementation

The implementation of this policy will be achieved through JNCC, PEOG the Trust weekly briefing system and the Policy will be issued to Cofeley for the WRH site.

6.1 Plan for Dissemination

This policy will be communicated to all staff-side safety representatives and Trust managers and made available to all staff via the Trust's intranet site.

6.2 Dissemination

See above.

6.3 Training and Awareness

Staff will be informed on this policy during Corporate and local induction training and during their two yearly risk management update training. Waste management will be included as part of the Infection Control training programme.

7. Monitoring and Compliance

PEOG will monitor the effectiveness of this policy, as a standard, and the general level of compliance with its requirements. The audits shall be coordinated by infection control team, carried out by appropriately trained personnel and reported back to the PEOG.

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8. Policy Review

The Trust Health Infection/Prevention Control Committee will review this policy every two years or upon any significant change to working practice or relevant legislation.

9. References

Policy References:

Code:

Health and Safety Policy	WHAT CG-125
Risk Assessment Policy	WHAT CG-002
Medicines Policy	What cg- 580
Control of Substances Hazardous to Health Policy	WHAT CG-269
Control of Infection Policy and Guidelines	
Prevention of Sharps Injuries including inoculation policy	
Occupational Health Policy/Personnel Policies and Procedures	
Induction/Training Policy	
Incident Reporting Policy	WHAT CG-008
Disposal Policy	
Departmental Policies (where applicable)	
Waste Electrical and Electronic Equipment Policy	
Mattress Disposal Policy	
Medical devices policy	WHAT CG-022
Decontamination policy	
Microbiology lab policy	

10. Background

10.1 Equality Requirements

There are no equality issues associated with this policy.

10.2 Financial Risk Assessment

There may be financial implications associated with this policy in terms of complying with the Regulations.

10.3 Consultation Process

This policy will be consulted via the PEOG as an Estates policy.

10.4 Approval Process

This policy will be agreed by the PEOG and finally approved by TIPCC Committee.

Appendices

Appendix 1: Compliance with Statutory Requirements and Other Guidance

Waste Management is organised in accordance with the prevailing legal framework, EC directives, national regulations and other recognised guidelines as detailed below:

- The Health and Safety at Work Act 1974
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- The Management of Health and Safety at Work Regulations 1999
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009
- The Waste Electrical and Electronic Equipment Regulations 2006
- The Waste Electrical and Electronic Equipment (Amendment) Regulations 2007
- The Waste Electrical and Electronic Equipment (Amendment) Regulations 2009
- The Waste Electrical and Electronic Equipment (Amendment) Regulations 2010
- The Medical Devices Regulations 2002
- The Medical Devices (Amendment) Regulations 2008
- The Pollution Prevention and Control Regulations 2000
- Environmental Protection Act 1990
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- Environmental Protection (Duty of Care) Regulations 1991
- Controlled Waste Regulations 1992
- Waste (England and Wales) Regulations 2011
- The Environmental Permitting Regulations (England and Wales) 2010
- Hazardous Waste (England and Wales) Regulations 2005
- Hazardous Waste (England and Wales) (Amendment) Regulations 2009
- List of Wastes (England) Regulations 2005
- List of Wastes (England) (Amendment) Regulations 2005
- Control of Pollution (Amendment) Act 1989
- Controlled Waste Regulations 1992
- Controlled Waste (Amendment) Regulations 1993
- Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003
- Environmental Protection (Duty of Care) (Amendment) (Wales) Regulations 2003
- Waste Batteries and Accumulators Regulations 2009
- The Site Waste Management Plans Regulations 2008

Principle Guidance

- Safe Management of Healthcare Waste, Version 1
- Clinical waste (EPR 5.07) Version 1.1 January 2011

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Appendix 2: European Waste Catalogue (EWC) coding for Waste from natal care, diagnosis, treatment or prevention of disease in humans.

EWC Code	Description of Healthcare Waste
18 01 XX	Waste from natal care, diagnosis, treatment or prevention of disease in humans
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*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of 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

Appendix 3: Properties of waste which render it hazardous (Annex III to the Waste Directive)

- H1 “Explosive”: substances and preparations which may explode under the effect of flame or which are more sensitive to shocks or friction than dinitrobenzene.
- H2 “Oxidizing”: substances and preparations which exhibit highly exothermic reactions when in contact with other substances, particularly flammable substances.
- H3-A “Highly flammable”
 - liquid substances and preparations having a flash point below 21°C (including extremely flammable liquids), or
 - substances and preparations which may become hot and finally catch fire in contact with air at ambient temperature without any application of energy, or
 - solid substances and preparations which may readily catch fire after brief contact with a source of ignition and which continue to burn or be consumed after removal of the source of ignition, or
 - gaseous substances and preparations which are flammable in air at normal pressure, or
 - substances and preparations which, in contact with water or damp air, evolve highly flammable gases in dangerous quantities.
- H3-B “Flammable”: liquid substances and preparations having a flash point equal to or greater than 21°C and less than or equal to 55°C.
- H4 “Irritant”: non-corrosive substances and preparations which, through immediate, prolonged or repeated contact with the skin or mucous membrane, can cause inflammation.
- H5 “Harmful”: substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may involve limited health risks.
- H6 “Toxic”: substances and preparations (including very toxic substances and preparations) which, if they are inhaled or ingested or if they penetrate the skin, may involve serious, acute or chronic health risks and even death.
- H7 “Carcinogenic”: substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce cancer or increase its incidence.
- H8 “Corrosive”: substances and preparations which may destroy living tissue on contact.
- H9 “Infectious”: substances and preparations containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.
- H10 “Toxic for reproduction”: substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce non-hereditary congenital malformations or increase their incidence.
- H11 “Mutagenic”: substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce hereditary genetic defects or increase their incidence.
- H12 Waste which releases toxic or very toxic gases in contact with water, air or an acid.
- H13(*) “Sensitizing”: substances and preparations which, if they are inhaled or if they penetrate

the skin, are capable of eliciting a reaction of hypersensitization such that on further exposure to the substance or preparation, characteristic adverse effects are produced.

(*) As far as testing methods are available.

- H14 “Ecotoxic”: waste which presents or may present immediate or delayed risks for one or more sectors of the environment.
- H15 Waste capable by any means, after disposal, of yielding another substance, e.g. a leachate, which possesses any of the characteristics above.

Appendix 4: List of Cytotoxic/Cytostatic Medicines

List of Cytotoxic/Cytostatic Medicines

Detailed below is a dedicated list of the cytotoxic/cytostatic medicines. Waste contaminated with these medicines shall be disposed in a purple lidded container.



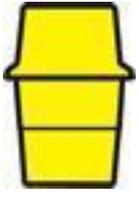
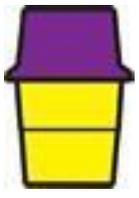
Technical Name (Product name or common use)	Technical Name (Product name or common use)	Technical Name (Product name or common use)
Aldesleukin	Estradiol (HRT & Contraceptive)	Nilutamide
Alemtuzumab	Estramustine phosphate sodium	Oxaliplatin
Alitretinoin (Tocino Cream)	Estrogen-progestin combinations (HRT & Contraceptive)	Oxytocin (Syntometrine)
Altretamine	Estrogens, conjugated (HRT & Contraceptive)	Paclitaxel
Amsacrine	Estrogens, esterified (HRT & Contraceptive)	Pegaspargase
Anastrozole	Estrone (HRT & Contraceptive)	Peginterferon
Arsenic trioxide	Estropipate	Pentamidine isethionate (Pentarinal)
Asparaginase	Etoposide	Pentostatin
Azacitidine	Exemestane	Perphosphamide
Azathioprine	Finasteride (Proscar)	Pipobroman
Bacillus Calmette-Guêrin Vaccine (BCG Vaccine)	Floxuridine	Pinitrexim isethionate
Bexarotene	Fludarabine	Picamycin
Bicalutamide	Fluorouracil	Podofilox (Warticon, Posatilin)
Bleomycin	Fluoxymesterone	Podophyllum resin
Bortezomib	Flutamide	Prednimustine
Busulfan	Fulvestrant	Procarbazine
Capecitabine	Ganciclovir	Progesterone (Contraceptive)
Carboplatin	Ganirelix acetate	Progestins (HRT & Contraceptive)
Carmustine	Gemcitabine	Raloxifene (Evista)
Cetorelix acetate	Gemtuzumab ozogamicin	Raltitrexed
Cetuximab	Choriogonadotropin alfa	Ribavirin
Clorambucil	Goserelin (Zoladex)	Rituximab
Chloramphenicol (Eye drops/Ointment)	Hydroxycarbamide	Sirolimus
Choriogonadotropin alfa	Ibritumomab tiuxetan	Streptozocin
Chlomethine hydrochloride	Idarubicin	Tacrolimus (Prograf & Advagraf)
Ciclosporin	Ifosfamide	Tamoxifen
Cidofovir	Imatinib mesilate	Temozolomide
Cisplatin	Interferon alfa-2a	Teniposide
Cladribine	Interferon alfa-2b	Testolactone
Coal Tar containing products	Interferon alfa-n1	Testosterone
Colchicine	Interferon alfa-n3	Thalidomide
Cyclophosphamide	Irinotecan HCl	Tioguanine
Cyclosporin	Leflunomide (Arava)	Thiotepa
Cytarabine	Letrozole	Topotecan
Dacarbazine	Leuprorelin acetate (Prostrap)	Toremifene citrate
Dactinomycin	Lomustine	Tositumomab
Danazol	Medroxyprogesterone (Depo-Provera)	Trastuzumab
Dasatinib	Megestrol	Tretinoin (Retin A)
Daunorubicin HCl	Melphalan	Trifluridine

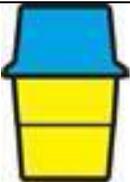
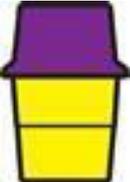
Denileukin	Menotropins	Trimetrexate glucuronate
Dienestrol (Contraceptive Pill)	Mercaptopurine (Puri-nethol)	Triptorelin
Diethylstilbestrol	Methotrexate	Uramustine
Dinoprostone	Methyltestosterone	Valganciclovir
Dithranol containing products	Mifepristone	Valrubicin
Docetaxel	Mitomycin	Vidarabine
Doxorubicin	Mitotane	Vinblastine sulphate
Dutasteride (Avodart)	Mitoxantrone HCl	Vincristine sulphate
Epirubicin	Mycophenolate mofetil	Vindesine
Ergometrine/methylethergometrine	Nafarelin	Vinorelbine tartrate
		Zidovudine (Trizivir, Retovir, Combivir, AZT)

Appendix 5: Segregation and packaging requirements for healthcare waste

Waste Description	Container Type	Permitted Wastes	Non-permitted Wastes
<p>Anatomical Waste</p> <p>Recognisable body parts and placenta waste</p> <p>EWC 18 01 03*</p>	 <p>Rigid yellow hard burn bin with a red lid</p>	Anatomical waste only	<p>Non-anatomical waste</p> <p>Sharps</p>
<p>Infectious Clinical Waste</p> <p>Healthcare waste from known or suspected infectious sources contaminated with pharmaceutical or chemical products</p> <p>EWC 18 01 03*</p>	 <p>Yellow clinical waste bag or rigid yellow hard burn bins</p>	<p>Chemical or pharmaceutical contaminated infectious waste includes:</p> <p>Chemical contaminated samples,</p> <p>Diagnostic kits</p> <p>Pharmaceutical contaminated (not cytotoxic/cytostatic) items.</p>	<p>Cytotoxic/cytostatic contaminated infectious waste</p> <p>Sharps</p>
<p>Infectious Clinical Waste</p> <p>Healthcare waste from known or suspected infectious sources contaminated with cytotoxic/cytostatic products</p> <p>EWC 18 01 03*/18 01 08*</p>	 <p>Purple clinical waste bag</p>	Cytotoxic/cytostatic contaminated infectious waste	<p>Non-cytotoxic/cytostatic contaminated infectious waste</p> <p>Sharps</p> <p>Free liquids</p>
<p>Infectious Clinical Waste</p> <p>Healthcare waste from known or suspected infectious sources suitable for alternative treatment technologies</p>		<p>Soiled dressings, swabs, wipes, gloves, urine sample containers and other items from patients with infections</p> <p>Waste contaminated with bodily fluids from patients with</p>	<p>Metal objects. Anatomical waste.</p> <p>Medicines waste (including IV bags and glass containers)</p>

<p>EWC 18 01 03*</p>	 <p>Orange clinical waste bag</p>	<p>infections including diarrhoea, vomiting & UTI's</p> <p>Blood contaminated waste from a patient with blood infections</p> <p>Respiratory materials from a patient with respiratory infections</p>	<p>Chemically contaminated waste (including packaging)</p> <p>Offensive waste i.e. non-infectious healthcare waste</p> <p>Domestic waste</p> <p>Sharps</p> <p>Free liquids</p>
<p>Offensive Waste</p> <p>Waste that does not meet the definition of infectious waste but may cause offence due to presence of recognisable healthcare waste items</p> <p>EWC 18 01 04</p>	 <p>Yellow & Black Striped (Tiger Bag)</p>	<p>Dressings from non-infectious wounds</p> <p>Incontinence pads, catheter bags, stoma bags, urine sample pots, vomit bowls, urine bowls, sanitary waste & waste nappies from non-infectious patients.</p> <p>Swabs, wipes, soiled couch roll, tongue depressors, ear speculums and other healthcare waste from non-infectious sources</p> <p>Gloves, aprons, paper towels & other items soiled with bodily fluids</p> <p>Blood contaminated waste from non-infectious sources</p> <p>Empty (non-sharp) un-medicated saline and glucose bags.</p> <p>Empty (non-sharp) blood bags.</p>	<p>Infectious waste</p> <p>Waste with chemical or pharmaceutical contamination</p> <p>Domestic waste</p> <p>Sharps</p> <p>Free liquids</p>
<p>Sharps not contaminated with medicinal products</p>		<p>Sharps not contaminated with medicinal products</p>	<p>Sharps contaminated with medicines but not cytotoxic & cytostatic</p>

<p>EWC 18 01 03*</p>	 <p>Orange lidded sharps bin</p>	<p>Single use instruments and equipment</p>	<p>Sharps contaminated with cytotoxic & cytostatic medicines</p> <p>Free liquids (don't inject fluids into bin treat needle and syringe as one unit)</p> <p>Gloves, cotton wool, i.e. non-sharp items</p>
<p>Sharps contaminated with medicines but not cytotoxic & cytostatic</p> <p>EWC 18 01 03*/18 01 09</p>	 <p>Yellow lidded sharps bin</p>	<p>Sharps not contaminated with medicinal products</p> <p>Single use instruments and equipment</p> <p>Loose tablets (not cytotoxic & cytostatic)</p> <p>Sharps contaminated with medicines but not cytotoxic & cytostatic</p> <p>IV lines and giving sets (sharp part attached) contaminated with medicines but not cytotoxic & cytostatic</p>	<p>Sharps contaminated with cytotoxic & cytostatic medicines</p> <p>Free liquids (don't inject fluids into bin treat needle and syringe as one unit)</p> <p>Gloves, cotton wool, i.e. non-sharp items</p>
<p>Sharps contaminated with cytotoxic & cytostatic medicines</p> <p>EWC 18 01 03*/18 01 08*</p>	 <p>Purple lidded sharps bin</p>	<p>Sharps contaminated with cytotoxic & cytostatic medicines</p> <p>IV lines and giving sets (sharp part attached) contaminated with cytotoxic & cytostatic medicines</p>	<p>Sharps not contaminated with medicinal products</p> <p>Sharps contaminated with medicines but not cytotoxic & cytostatic</p> <p>Free liquids (don't inject fluids into bin treat needle and syringe as one unit)</p> <p>Gloves, cotton wool, i.e. non-sharp items</p>
<p>Waste Medicines (non-</p>		<p>Non-hazardous (not cytotoxic/cytostatic)</p>	<p>Cytotoxic/cytostatic medicinal waste</p>

<p>cytotoxic/cytostatic) Non-hazardous pharmaceutical products EWC 18 01 09</p>	 Blue lidded rigid hard burn bin	<p>medicinal waste in original packaging. Medicine bottles (empty & with residues) Blister packs that contain medicines or residue</p>	<p>Loose tablets Free liquids</p>
<p>Cytotoxic/cytostatic Waste Medicines Hazardous (cytotoxic/cytostatic) pharmaceutical products EWC 18 01 08*</p>	 Purple lidded rigid hard burn bin	<p>Cytotoxic/cytostatic medicinal waste in original packaging. Cytotoxic/cytostatic medicine bottles (empty & with residues) Blister packs that contain cytotoxic/cytostatic medicines or residue</p>	<p>Non-cytotoxic/cytostatic medicinal waste Loose tablets Free liquids</p>
<p>Amalgam Waste Amalgam and mercury contaminated waste. EWC 18 01 10*</p>	 White bodied rigid bin	<p>Amalgam waste including teeth contaminated with amalgam Amalgam capsules Spent and out-of-date capsules Excess mixed amalgam Contents of amalgam separators</p>	<p>Non-amalgam waste Teeth without amalgam fillings (placed in sharps bin)</p>
<p>Gypsum Waste Gypsum (calcium sulphate) containing waste</p>	<p>Clear bag labelled: Gypsum Waste EWC 18 01 04</p>	<p>Plaster casts Back slabs Chiropodists/podiatrists related materials</p>	<p>Non-gypsum based waste Infectious waste</p>

<p>EWC 18 01 04</p>	 <p>Yellow & Black Striped with label identifying "Contains Gypsum"</p>	<p>Plaster study models</p>	<p>Sharps Free liquids</p>
<p>Confidential Waste Waste that contains information that would identify an individual patient, employee or business.</p>	<p>Blue Bag/blue box</p>	<p>Confidential paper waste only</p>	<p>Non-confidential paper waste Infectious waste or waste contaminated with medicines Metal (including staples) or plastic waste Pharmaceutical or sharps waste Free liquids</p>
<p>Domestic Waste Domestic waste means mixed municipal waste from healthcare and related sources that is the same as, or similar to, black-bag domestic waste from domestic households. EWC 20 03 01</p>	 <p>Black Bag</p>	<p>Non-healthcare waste Empty blister packs without medicines or residue Sterile packaging Food waste and packaging Newspapers & magazines Flowers Plastic drinks containers & cups Paper hand towels</p>	<p>Infectious waste Waste contaminated with medicines Offensive waste Pharmaceutical waste Sharps Free liquids</p>

		Other items of household waste	
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Appendix 6: Indicative List of Category A Micro-organisms (ADR 2011)

Items contaminated with the specific micro-organisms identified in the list below, are to be classified as Category A infectious substances.

Micro-organisms

Bacillus anthracis (cultures only)
Brucella abortus (cultures only)
Brucella melitensis (cultures only)
Brucella suis (cultures only)
Burkholderia mallei - *Pseudomonas mallei* – Glanders (cultures only)
Burkholderia pseudomallei – *Pseudomonas pseudomallei* (cultures only)
Chlamydia psittaci - avian strains (cultures only)
Clostridium botulinum (cultures only)
Coccidioides immitis (cultures only)
Coxiella burnetii (cultures only)
 Crimean-Congo haemorrhagic fever virus
 Dengue virus (cultures only)
 Eastern equine encephalitis virus (cultures only)
Escherichia coli, verotoxigenic (cultures only) ^a
 Ebola virus
 Flexal virus
Francisella tularensis (cultures only)
 Guanarito virus
 Hantaan virus
 Hantavirus causing haemorrhagic fever with renal syndrome
 Hendra virus
 Hepatitis B virus (cultures only)
 Herpes B virus (cultures only)
 Human immunodeficiency virus (cultures only)
 Highly pathogenic avian influenza virus (cultures only)
 Japanese Encephalitis virus (cultures only)
 Junin virus
 Kyasanur Forest disease virus
 Lassa virus
 Machupo virus
 Marburg virus
 Monkeypox virus
Mycobacterium tuberculosis (cultures only) ^a
 Nipah virus
 Omsk haemorrhagic fever virus
 Poliovirus (cultures only)
 Rabies virus (cultures only)
Rickettsia prowazekii (cultures only)
Rickettsia rickettsii (cultures only)
 Rift Valley fever virus (cultures only)
 Russian spring-summer encephalitis virus (cultures only)
 Sabia virus
Shigella dysenteriae type 1 (cultures only) ^a
 Tick-borne encephalitis virus (cultures only)
 Variola virus

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

a Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B. NB this authorisation does not apply to waste material for disposal.

Appendix 7 Environment Agency Format Example of a Waste Transfer Note

Duty of care: waste transfer note Keep this page and copy it for future use. Please write as clearly as possible.

Section A – Description of waste

A1 Description of the waste being transferred

 List of Waste Regulations code(s)

A2 How is the waste contained?
 Loose Sacks Skip Drum
 Other _____

A3 How much waste? For example, number of sacks, weight

Section B – Current holder of the waste – Transferor

By signing in Section D below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011 Yes

B1 Full name

 Company name and address

 Postcode _____ SIC code (2007) _____

B2 Name of your unitary authority or council

B3 Are you:
 The producer of the waste?
 The importer of the waste?
 The local authority?
 The holder of an environmental permit?
 Permit number _____
 Issued by _____
 Registered waste exemption?
 Details, including registration number

 A registered waste carrier, broker or dealer?
 Registration number _____
 Details (are you a carrier, broker or dealer?)

Section C – Person collecting the waste – Transferee

C1 Full name

 Company name and address

 Postcode _____

C2 Are you:
 The local authority?

C3 Are you:
 The holder of an environmental permit?
 Permit number _____
 Issued by _____
 Registered waste exemption?
 Details, including registration number

 A registered waste carrier, broker or dealer?
 Registration number _____
 Details (are you a carrier, broker or dealer?)

Section D – The transfer

D1 Address of transfer or collection point

 Postcode _____
 Date of transfer (DD/MM/YYYY) _____

D2 Broker or dealer who arranged this transfer (if applicable)

 Postcode _____
 Registration number _____
 Time(s) _____

Transferor's signature _____
 Name _____
 Representing _____

Transferee's signature _____
 Name _____
 Representing _____

Appendix 8 Environment Agency Format Example of a Hazardous Waste Consignment Note

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Form HWCN01v111

The Hazardous Waste Regulations 2005: Consignment Note



PRODUCER'S/HOLDER'S/CONSIGNOR'S COPY (Delete as appropriate)

PART A Notification details

- 1 Consignment note code:
- 2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile):
- 3 Premises code (where applicable):
- 4 The waste will be taken to (name, address and postcode):
- 5 The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile):

PART B Description of the waste

If continuation sheet used, tick here

- 1 The process giving rise to the waste(s) was:
- 2 SIC for the process giving rise to the waste:
- 3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code)(6 digits)	Quantity (kg)	The chemical/biological components in the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, number and size
			Component	Concentration (% or mg/kg)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

EWC code	UN identification number(s)	Proper shipping name(s)	UN class(es)	Packing group(s)	Special handling requirements
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART C Carrier's certificate

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

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

Where this note comprises part of a multiple collection the round number and collection number are:

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

- 2 Carrier registration no./reason for exemption:
- 3 Vehicle registration no. (or mode of transport, if not road):

Signature
Date Time

PART D Consignor's certificate

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

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011.

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

Signature
Date Time

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

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted/rejected	Waste management operation (R or D code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 1 I received this waste at the address given in A4 on: Date Time
- 2 Vehicle registration no. (or mode of transport if not road):
Name:
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
- 3 Where waste is rejected please provide details:

I certify that waste permit/exempt waste operation number:

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

Where the consignment forms part of a multiple collection, as identified in Part C, I certify that the total number of consignments forming the collection are:

Signature
Date Time

HWCN01v111