



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

EST 002 - Waste Management Policy

Executive or Associate Director Lead	Executive Director of Finance
Policy Author/ Lead	Estates and Facilities Support Officer/Waste Management Lead
Feedback on implementation to	Estates and Facilities Support Officer/Waste Management Lead

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Summary of Policy

Policy to outline SHSC's waste management protocols in addition to providing clear and concise information on how to comply with relevant legislation and best practice guidance relating to commercial waste management. The policy incorporates the recommendation's made in the Department of Health, Health Technical Memorandum (HTM) 07-01 Safe Management of Healthcare Waste Guidance.

Target Audience	All Trust Staff
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Keywords	Waste Management, Recycling, Reuse, Waste Reduction, Duty of Care, Healthcare Waste, Clinical Waste, Environmental Protection, Legal Compliance
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Storage and Version Control

Version 6 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (5, February 2018). Any copies of the previous policy held separately should be destroyed and replaced with this version.

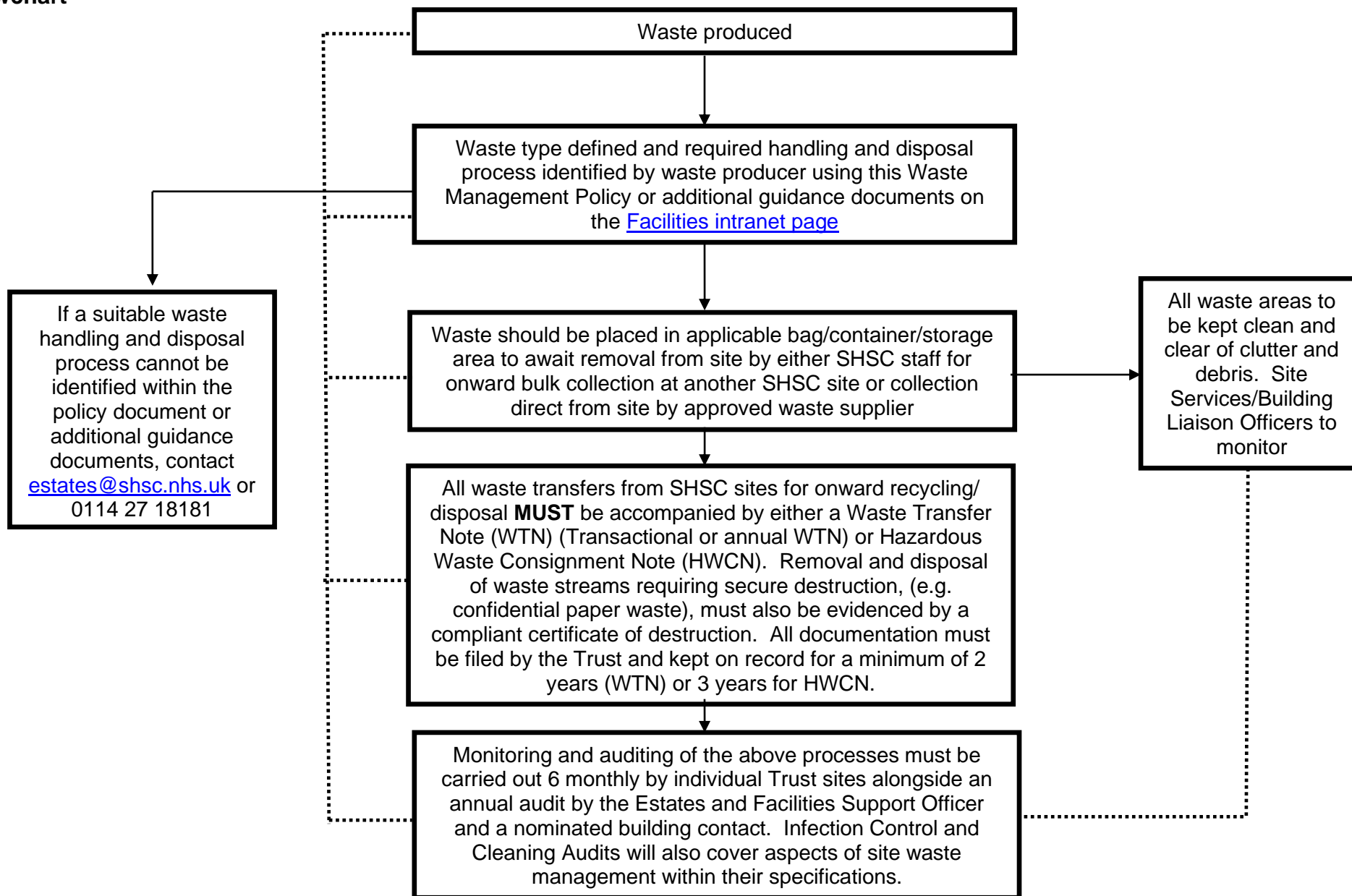
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	Review of V2	Apr 2008	
2	Consultation period V2	May 2008	
2	Ratification V2	Nov 2008	
3	Review of V3	Nov 2010	No changes made; awaiting 2013 HTM.
4	Review of V4	June 2014	Review of current policy in-line with up-to-date practices and current legislation (HTM).
4	Consultation period V4	Sept 2014	
4	Review following consultation period V4	Sept 2014	
4	Ratification V4	Oct 2014	
4.5	Addendum V4.5	April 2015	This Policy was Ratified by the Executive Directors Group on 23rd October 2014. Since this time, there have been many initiatives to promote the safe and appropriate handling and storage of waste prior to disposal including: Waste Road shows; Audits; Site reviews.
5	Review of V5	December 2017	Review of current policy to focus scope of policy on what the responsibilities of SHSC and its staff members are as waste producers. Operational guidance removed from policy and replaced by accessible supporting training documents.
5	Ratification of V5	February 2018	Completed
6	Review of V6	November 2020	Review of current policy to ensure it is up-to-date with current practices and waste legislation. Additional operational guidance provided in accessible training documents also to be reviewed.
6	Consultation Period V6	December 2020	Completed
6	Ratification of V6	February 2021	Expected

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Flowchart



1. Introduction

This policy has been revised to ensure it continues to meet SHSC Trust standards in addition to providing clear and concise information on how to comply with relevant legislation and best practice guidance relating to commercial waste management. The policy incorporates the recommendation's made in the Department of Health, Health Technical Memorandum (HTM) 07-01 Safe Management of Healthcare Waste Guidance. The Trust recognises its responsibilities to meet the Care Quality Commissions 'Essential Standards of Quality and Safety' (Outcome 10: Safety and Suitability of Premises), namely that 'there are arrangements and licences in place for the safe collection, classification, segregation, storage, handling, transport, treatment and disposal of clinical waste in line with current waste legislation'.

The Environmental Protection (Duty of Care) Regulations 1991, commonly referred to as the 'Duty of Care Regulations' came into force April 1992. Officially these impose:

'... a duty of care on any person who imports, produces, carries, keeps, treats or disposes of controlled waste or, as a broker, has control of such waste. The duty requires such persons to ensure that there is no unauthorised or harmful deposit, treatment or disposal of the waste, to prevent the escape of the waste from their control or that of any other person, and on the transfer of the waste to ensure that the transfer is only to an authorised person or to a person for authorised transport purposes and that a written description of the waste is also transferred.

These Regulations impose requirements under section 34(5) of the 1990 Act on any person who is subject to the duty of care as respects the making and retention of documents and the furnishing of copies of them.

Breach of the duty of care or of these Regulations is a criminal offence. The duty of care and these Regulations do not apply to an occupier of domestic property as respects the household waste produced on the property.

Regulation 2 requires the transferor and the transferee to complete and sign a transfer note at the same time as the written description of the waste is transferred. The transfer note must identify the waste in question and state its quantity, how it is stored, the time and place of transfer, the name and address of the transferor and the transferee, whether the transferor is the producer or importer of the waste, which (if any) authorised transport purpose applies, in which category of person the transferor and the transferee are and certain additional information.

Regulation 3 requires the transferor and the transferee to keep the written description of the waste and the transfer note or copies of them for two years from the transfer.

Regulation 4 imposes a duty on a person who is under a duty to keep any document by virtue of regulation 3 to furnish a copy of that document to a waste regulation authority if he is required to do so by the authority."

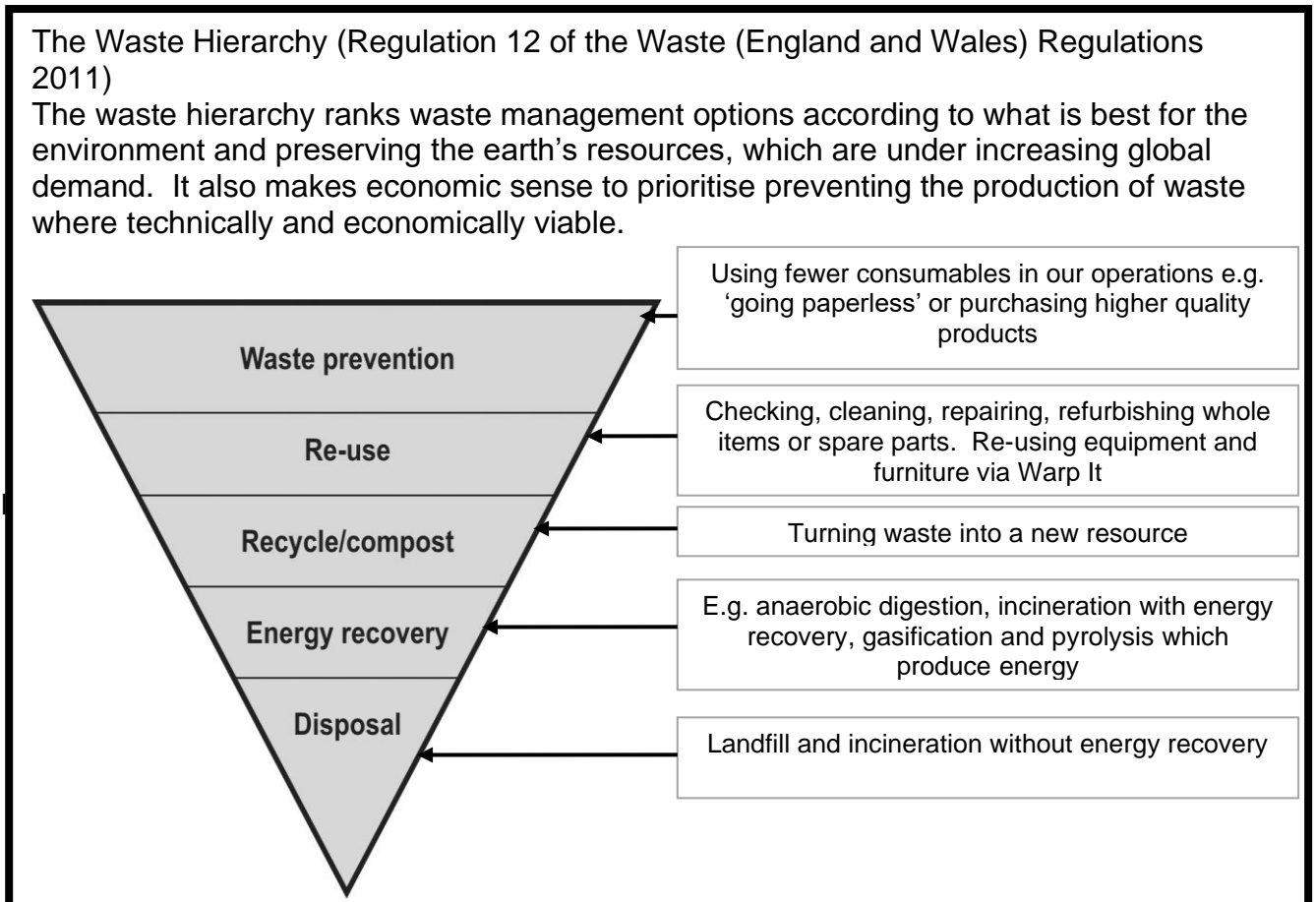
<http://www.legislation.gov.uk/ukxi/1991/2839/note/made>

What does this mean for Sheffield Health and Social Care NHS Foundation Trust?

SHSC as a waste producer must ensure it classifies, handles and disposes of waste in accordance with applicable waste regulations; a full list of the regulations it legally need to comply with are listed in section 13 of this policy. It must take all reasonable measures to:

- Identify and implement controls to prevent the escape of our waste to prevent harm to people and the environment.
- Classify and accurately describe our waste before collection, disposal or recovery.

- Apply the waste hierarchy to reduce the amount of waste produced as a Trust, and to apply the hierarchy as a priority order when transferring waste to another organisation, (see Waste Hierarchy guidance box below).
- Only transfer (move) waste with organisations who are licensed waste carriers.
- Ensure waste is only transferred to licensed and permitted disposal facilities, which are legally authorised to accept it.
- Keep a record of all waste transferred or consigned for a minimum of 2 years, (3 years for hazardous waste), and take appropriate steps to have these records available for the Environment Agency, should this be requested.



2. Scope

This policy is Trust-wide and applies to other agencies covered by agreements with the Trust. All staff/tenants based within Sheffield Health and Social Care NHS Foundation Trust (SHSC) premises must comply with this policy. Trust staff located within other organisations/Trust premises must adhere to whichever policy has the higher level of compliance where technically, environmentally or economically practicable.

Community healthcare workers, as producers of healthcare waste, must comply with this policy and follow instructions as provided in the HTM 07-01 Safe Management of Healthcare Waste Guidance.

Any waste arising from work carried out by a supplier or contractor on Trust sites shall be removed by the supplier or contractor in accordance with applicable waste regulations. Copies of waste transfer notes and/or consignment notes shall be provided to the Trust to keep on file.

In certain circumstances, contractors will be allowed to deposit waste in Trust facilities; however, this will only be with written agreement from the appropriate Directorate Manager approving the work to be carried out. (Contact the Estate Services Helpdesk on x18181 for further advice, if required).

3 Purpose

This policy has been compiled to inform Trust staff of the legal responsibilities it has as an organisation and as individuals to prevent the un-authorised disposal of waste. The policy includes clear guidance on the waste management procedure. This policy, and consequent waste management contracts the Trust holds for disposal of Trust waste, are solely for Trust waste and must never be used for personal use. Fly-tipping and personal use of Trust skips/bins on site is prohibited.

This policy will highlight where Trust staff can locate supporting training documents, which includes service or job role specific training aids and details of who should be contacted for waste management queries.

4 Definitions

ADR: European agreement concerning the carriage of dangerous goods by road.

Carriage Regulations: The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 ("CDG 2009"), came into force on 1 July 2009. They replace the 2007 regulations.

Classification: Description of waste in line with the List of Wastes (LoW) (England) Regulations.

EWC Code: European Waste Classification Code: A six-digit number identifying the type of waste producer together with the waste type and if the waste is hazardous (hazardous waste denoted by an * at the end of the code).

Community Healthcare/ Nursing: Healthcare activities that occur in the 'patients own home' environments including assisted living premises.

Confidential Waste: Confidential waste is defined as any personal information that can be used to identify individuals, including their name, address, contact numbers or any financial data.

Consignee: Premises that receive or dispose of hazardous waste.

Consignment Note: A document that must be completed in order to *move hazardous waste*. The note stays with the waste until its final destination.

Consignor: Premises that produce hazardous waste.

Controlled Waste: Controlled waste is waste that is subject to legislative control in either its handling or its disposal. The types of waste covered includes domestic, commercial and industrial waste.

COSHH: Control of Substances Hazardous to Health Regulations.

Cytostatic/ Cytotoxic: Any medicinal product that possesses any one, or more, of hazardous properties that are toxic, carcinogenic, toxic for reproduction or mutagenic.

Decontamination: The term widely used to collectively describe the combination of processes of cleaning, disinfection and sterilisation (medical Devices Agency, 1993/1996) to make a reusable device safe for further use on patients and safe for the user.

Disposal: Final placement or riddance of wastes, excess, scrap, etc., under proper process and authority with (unlike in storage) no intention to retrieve.

Dry Mixed Recycling (DMR): Mixed recyclable must only include: paper (office paper, newspaper- *not including tissues, napkins and hand paper towels*), cardboard (All brown or corrugated card, coloured cards, boxes and cardboard packaging material- *not including coffee cups or other food packaging such as sandwich packets.*), Empty plastic bottles and empty drinks cans, biscuit tins and food tins).

Duty of Care: When used in relation to waste management, this term refers to the statutory responsibilities of individuals and organisations meaning a statutory duty to prevent escape and take all reasonable measures to ensure that waste is dealt with appropriately from the point of production to the point of final disposal.

General Waste: Often referred to as “trade waste”, “domestic waste” or “black bag waste” general waste is any waste materials that can be defined as dry, light, non-hazardous and compactable.

Green Waste: Phrase used to describe non- hazardous, organic waste by-product of gardening or grounds maintenance activities. (E.g. grass cutting, leaves, compost, tree cuttings, bark chippings etc.)

Handling Waste: Carrying (moving), storing or treating waste.

Hazardous Waste (Special Waste): Waste containing hazardous properties with potential to cause greater harm to the environment and human health if mismanaged.

Healthcare Waste: Relates to waste that is produced by healthcare activities, and of a type specifically associated with such activities.

Infectious Waste: any healthcare waste which poses a risk of infection (and therefore by definition possesses the hazardous property H9 Infectious).

List of Wastes: A list of wastes (LoW), often called the European Waste Catalogue.

Offensive Waste: Waste that is non-infectious but may cause offence due to the presence of recognisable healthcare waste items body fluids, or odour. (e.g. Used stoma or catheter bags, incontinence pads, hygiene waste, used gloves/aprons).

Pharmaceutical Waste: Non- hazardous medicinal waste e.g. Non- Cytostatic/cytostatic; unused or refused medicines, empty medicine bottles, part empty packaging etc.

Pre-Acceptance Audit: Examination of waste audit information from the waste producer. Required by waste disposal sites before they can accept waste from the producer.

Registered Carrier: People or businesses who transport, buy, sell or dispose of waste, or arrange for someone else to do so, must be registered as Waste Carriers with the Environment Agency

Sanitary Waste: See Offensive Waste.

Segregate: The action of keeping different classifications of waste separate.

Sharps: Sharps are items that could cause cuts or puncture wounds. They include needles, hypodermic needles, scalpels and other blades, knives, infusion sets etc.

Transfer: Movement of waste from one location to another.

Waste: A material is considered to be waste when the producer or holder discards it, intends to discard it, or is required to discard it.

Waste Hierarchy: Prioritised order for waste management: prevent, reuse, recycling, other recovery, disposal.

Waste Producer: The business activity that produces the waste.

Waste Storage: Holding waste prior to transfer or disposal.

Waste Stream Categories of waste within a total movement from production to disposal.

WEEE: Waste Electrical and Electronic Equipment (in relation to EC Directive 2002/96/EC and the subsequent WEEE regulations).

Waste Transfer Note: A waste transfer note (WTN) is a document that details the transfer of waste from one person (business) to another.

Environment Agency (EA): Environment Agency. Regulator responsible for environmental regulation (including waste) in England and Wales.

HSE: Health and Safety Executive. Regulator responsible for Health and Safety in the workplace in Great Britain.

5 Duties

Chief Executive

The Chief Executive on behalf of the Trust Board has overall and final responsibility for ensuring it has compliant and effective waste management systems set up within the Trust.

A Board Level Executive Director

A Board Level Director will be responsible for the day-to-day operational management of this policy ensuring all Trust staff have access to the waste management policy and subsequent supporting training documents so the Trust can make certain that all staff and relevant stakeholders understand their responsibilities under the duty of care.

Facilities Directorate - Head of Estate Services

The Facilities Directorate, (with the Head of Estate Services having delegated day-to-day responsibility), is responsible for ensuring arrangements are in place to provide the safe, legal collection and disposal of waste by SHSC staff, (internal movement of waste), or licensed waste contractors. As part of SHSC's duty of care, the Facilities Directorate must carry out and evidence due diligence checks to make certain that SHSC waste is only transferred to legally permitted and licensed waste facilities and that they are authorised to receive our waste.

Estates and Facilities Support Officer- Waste Management Lead

The Estates and Facilities Support Officer will be responsible for advising Trust staff with day-to-day operational waste management enquiries and issues. They will manage the waste disposal contracts for SHSC and ensure all relevant legal and operational service level agreements are met. They will develop, disseminate and review supporting waste management training documents and provide face-to-face waste management training to Trust staff and relevant stakeholders, as required.

SHSC Staff

All staff have a duty to comply with the procedures set out in this document and should report to their line manager any observed failure, or potential weakness.

Service Managers, Heads of Department, Building Liaison Officers and all Operational Managers

Managers, as listed above, are responsible for ensuring that waste within the areas of their responsibility is managed in accordance with this policy ensuring that all staff involved in the handling and storage of waste are adequately trained and competent to conduct these procedures.

6 Waste Management - our Responsibilities

As detailed in the flowchart included in this policy the waste management process can be split into 6 stages:

- Definition and classification of waste streams
- Segregation
- Storage
- Transfer and disposal
- Record keeping
- Monitoring and auditing

6.1 Definition and Classification of Waste Streams

Waste producers have a responsibility to take all reasonable measures to accurately classify and describe waste before it is transferred for disposal, recycling or recovery. The waste description must include:

- A waste classification code
- Hazardous status confirmation
- Business type confirmation
- Name of the substance(s) (waste type)
- Detail on the process that produced the waste
- Confirmation of any special requirements related to the substance(s)

European Waste Catalogue

For each waste substance we produce as a Trust we must assign a 6-digit code taken from the EWC list of waste types. The list categorises wastes based on a combination of what they are and the process or activity that produces them. A list of codes frequently used in healthcare organisations can be downloaded from the SHSC intranet Waste Management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#)). The assignment of an accurate EWC code is essential as it provides a standard framework for all stakeholders throughout the waste management supply chain, i.e. from producer to end disposal point. The Estates and Facilities Support officer, in conjunction with the waste contractor, will typically agree and assign a code for the waste produced as a Trust.

Hazardous Status

The Trust must also categorise a waste stream as either hazardous or non-hazardous. A hazardous waste is defined as a waste that has one or more of the 15 hazardous waste properties listed below:

Hazardous waste Properties

- HP1 Explosive
- HP2 Oxidising
- HP3 Flammable
- HP4 Irritant
- HP5 Specific target organ toxicity/aspiration toxicity
- HP6 Acute Toxicity
- HP7 Carcinogenic
- HP8 Corrosive
- HP9 Infectious
- HP10 Toxic Reproduction
- HP11 Mutagenic
- HP12 Produces toxic gas in contact with air or acid
- HP13 Sensitising
- HP14 Ecotoxic
- HP15 hazardous property from list above not directly displayed by original waste

The table overleaf contains a list, (not exhaustive), of typical hazardous and non-hazardous waste streams produced in a healthcare environment. It is illegal to mix a hazardous waste with either a non-hazardous waste or another type of hazardous waste. Best practice guidance on the special requirements for handling, storage and transfer of all common waste streams can be downloaded from the SHSC intranet Waste Management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#))

Hazardous waste	Non- hazardous waste
Infectious waste	General waste (Domestic, black bag waste)
Cytotoxic and Cytostatic medicines	Food Waste
Cleaning Chemicals	Offensive (Tiger stripe)/
Laboratory Chemicals	Sanitary waste
Photo Chemicals	Mixed recycling (paper, plastic, cardboard, tins and cans)
Oils	Bulky waste i.e. Furniture (Non-electrical)
Batteries	Confidential Waste
Waste Electronic Electrical Items (WEEE)	Green waste (Grounds or gardening waste)
Asbestos	Demolition waste (inert, non-contaminated)
Paints and Solvents	
Diesel and Petrol	
Mercury	
Pesticides and Herbicides	
Fluorescent light tubes and light bulbs	
Compressed Gas	

6.2 Segregation and Storage of Waste

Segregation of waste at the point of production into colour-coded bags and/or waste receptacles, (see recommended colour coding in section 6.2.1), is vital for effective and compliant waste management. Health and Safety, Carriage and Waste regulations require that waste is handled, transported and disposed of in a safe and secure manner. To adhere to these regulations the Trust must ensure its waste is:

- Stored in a secure place
- Stored in suitable containers that stop waste escaping
- Stored in containers which are labelled clearly with the waste type they contain
- Stored taking all reasonable measures to prevent waste from blowing away and, where feasible, kept dry to reduce the risk of contaminated run off and increase the opportunity for materials to be recovered or recycled
- Segregated according to waste type so they do not mix with or contaminate each other so records can be kept accurately and relevant waste streams can be re-used or recycled more effectively

The Trust has additional responsibilities for the safe storage, handling and transportation of hazardous waste streams. These are detailed in supporting operational guidance on specific waste streams, which can be downloaded from the SHSC intranet waste management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#)).

It is imperative all Trust staff understand how to correctly segregate and store waste produced during their work activities to not only remain compliant, but also:

- To safeguard the health and safety of Trust staff, its service users, suppliers and the public by reducing the risk of exposure and injury.
- Protect the local environment and preserve natural resources.
- Reduce unnecessary spend on waste disposal, e.g. inefficiently filled waste containers, incorrect classification of waste etc.

- Reduce carbon impact; the NHS has made a commitment for carbon emissions we control directly to be net zero by 2040, with an ambition to reach 80% reduction by 2028-2032. Emissions we can influence to be net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.









The box below contains a non-exhaustive list of the categories into which SHSC's waste can be segregated. Additional guidance on required /recommended storage protocols for each waste type can be downloaded from the intranet waste management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#))

Waste Category	Description/Example
General waste	Domestic waste produced on sites that is dry, light, compactable and non-hazardous.
Mixed Recycling	Non-confidential paper, cardboard, clean and empty plastic bottles, tins and cans.
Glass Waste	Non-medicinally contaminated glass waste.
Offensive Waste	Offensive waste is non-clinical waste that is non-infectious and does not contain pharmaceutical or chemical substances, but may be unpleasant to anyone who comes into contact with it, e.g. healthcare waste such as outer dressings and protective clothing, e.g. masks, gowns and gloves or municipal offensive waste such as hygiene waste and sanitary protection, e.g. nappies and incontinence pads.
Confidential Waste	Patient, staff or supplier information held under legal and ethical obligations of confidentiality which require secure destruction when waste disposal is required.
Infectious bagged waste	Infectious clinical waste, (if waste is contaminated with chemicals or pharmaceuticals these must be segregated further) - waste from a specific patient confirmed or suspected to have a specific disease caused by a micro-organism or its toxin is likely to generate infectious waste.
Sharps and related waste contaminated with medicines	Sharps are items (or parts of items) of healthcare waste that could cause cuts or puncture wounds, including needles, the needle part of a syringe, scalpel and other blades, broken glass ampoules and the patient end of an infusion set. (Does not include sharps contaminated with cytotoxic or cytostatic medicines).
Sharps and related waste contaminated with cytotoxic or cytostatic medicines	Sharps contaminated with cytotoxic or cytostatic contaminated substances must be segregated as they hold hazardous waste properties. A list of examples of cytotoxic and cytostatic medication can be downloaded from the SHSC Intranet Waste Management page, (SHSC Intranet> Facilities Directorate> Waste Management).
Sharps and related waste contaminated with blood	Clinical sharps waste, infectious, non-medicinally contaminated, for instance, sharps used when carrying out phlebotomy activities.
Medicines/ Pharmaceuticals	Non-cytotoxic and cytostatic medicines, including used and out-of-date stock, refused and dropped medicines.
Cytotoxic and Cytostatic Medicines	Cytotoxic and cytostatic medicines including used and out-of-date stock, refused and dropped medicines. A list of examples of cytotoxic and cytostatic medication can be downloaded from the SHSC Intranet Waste Management page, (SHSC Intranet> Facilities Directorate> Waste Management).
WEEE	Waste electrical electronic equipment, e.g. any electrical device with a plug or powered by a battery.
Batteries	All types of batteries with various chemical compounds including

	domestic sized batteries e.g. pencil batteries (AA, AAA) lithium cell etc.
Hazardous waste (non-healthcare)	Examples include aerosols, flammables, alkaline substance, acidic substances, herbicides and pesticides, asbestos, fluorescent light tubes, light bulbs etc.
IT Equipment	Redundant or surplus IT equipment such as PC's, laptops, tablets, mobile phones, desk phones, monitors, screens etc. Contact IT to arrange secure disposal of hard drive or for further guidance.
Furniture and Equipment	Bulky items, such as office furniture and domestic type furniture such as wardrobes etc. This may include general waste items and metal.
Medical devices	See SHSC's Medical Devices Policy.
Food Waste	By-products from cook-from-fresh catering activity, e.g. vegetable peelings, out-of-date stock, refused meals, left-overs etc.
Green waste	Organic waste from gardening and grounds maintenance operations, e.g. grass cuttings, plant trimmings, fallen leaves, compost, chippings and soil.
Demolition/ Capital Project and Maintenance (Estates) related waste	Waste produced by the Estate Services Maintenance Department needs to be segregated into hazardous or non-hazardous categories and returned to the Facilities Directorate for disposal. Waste produced by contractors on behalf of the Trust must be removed and legally disposed of by the supplier/contractor unless prior agreement is authorised by Estate Services.

6.2.1 Waste bags, containers, bins, equipment and labelling

Best practice guidance within the HTM 07-01 highlights the importance of implementing a colour coding system to aid identification of waste type, classification and the correct onward disposal route. The table overleaf is taken from the HTM 07-01 detailing the colour coded segregation system used by SHSC.

Colour	Description
Yellow 	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility. (Infectious waste which is also chemically contaminated)
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 municipal incineration/energy from Waste at a suitably permitted or licensed facility.
Red 	Anatomical waste for incineration¹ Indicative treatment/disposal required is incineration in a suitably permitted facility.
Black 	Domestic (municipal) waste Minimum treatment/disposal required is landfill , municipal incineration/energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. <i>Recyclable components should be removed through segregation and only placed in clear sacks.</i>
Blue 	Medicinal waste for incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.
White 	Amalgam waste For recovery

An inventory of recommended waste related consumables, bins and equipment can be downloaded from the SHSC Intranet Waste Management page; ([SHSC Intranet> Facilities Directorate> Waste Management](#)). Waste containers and bags must be UN tested and approved and suitable for the environment in which they will be used, taking into consideration any additional safety or security requirements. Specification for bins regarding fire retardancy are provided in 'Firecode: Health Technical Memorandum 05-03 Part F' (specifically under "Management"). Consideration must also be taken on how the waste container(s) can be safely and effectively cleaned, as required. Within a clinical environment consideration will also need to be taken to ensure the container could not cause increased risk of harm to service users or staff, (for example the container should be assessed for ligature risk).

6.2.1.1 Waste Bags Service User Bedrooms and en suites

The Trust has issued a blanket restriction on the use of plastic, waste bags in service user bedrooms and en suite bathrooms. It is recommended that in these areas a bin suitable for use without a plastic waste bag should be selected. For

instance, a waste bucket type bin or bin with removable rigid liner. When a bin is selected for use without a bag, in addition to the requirements stated in 6.2.1, the following must be taken into consideration:

- A risk assessment of the use of the bin in the location chosen in terms of ligature, risk of harm to the service user or harm to Trust staff.
- Consideration on how the bin and/or removable rigid liner will be sufficiently cleaned after waste contents are removed.
- Whether in some settings, such as Older Adults Wards, where incontinence waste products require disposal, or where other clinical procedures need to be carried out, a 'bag to bed' procedure should be adopted. This would ensure any offensive/infectious waste produced whilst carrying out patient care is placed into an appropriate waste bag and the sealed bag removed from the room when care duties are completed.

If further guidance is required on handling waste in areas under the blanket restriction of plastic waste bags, contact the Trust's Waste Management Lead.

6.3 Waste storage areas

To comply with SHSC's duty of care as waste producers, waste storage areas must be kept clean and clear of clutter and debris. Regular checks of these areas must be conducted and any failures to comply with guidance offered in this policy reported to the Estate Services Helpdesk immediately. This includes reporting faults or damage to external waste containers, e.g. broken wheelie bin lids, faulty lids, broken locks etc.

All wheelie bin lids must be closed when not in use. All clinical and healthcare waste wheelie bins, (yellow plastic wheeled containers), must be closed and lids locked when not in use to prevent the escape of waste, cross-contamination of the contents of the bin and to contain associated odours with waste. External waste compounds must be locked when not in use. Access to these storage areas should be limited to only those that are authorised to handle waste. This will help prevent accidents, pests, incidents of vandalism and theft. It will also stop un-authorised people adding to the waste and so invalidating the waste description. Arrangements can be made, as required, for waste contractors to access waste compounds outside departmental operation hours by contacting the Estate Services Helpdesk.

6.3.1 Cleaning of external wheelie bins

The Facilities Directorate will ensure there are contractual arrangements in place to routinely clean or exchange wheelie bins supplied by the waste contractors.

All external wheelie bins should be regularly checked by site services/building liaison officers to ensure they are in good working condition, clean and free from debris/loose material at the bottom of the bins. If Trust sites have requests for wheelie bins on their sites to be cleaned or exchanged, contact the Trust Waste Management Lead.

6.4 Transfer and collection of waste

Staff who handle bagged waste or waste containers as part of their operational duties must ensure they are wearing appropriate Personal Protective Equipment (PPE) and clothing as specified in the risk assessment for that workplace activity. This may include appropriate hand protection, eye/face protection, safety shoes, aprons etc. Risk assessments may also specify whether vaccinations are required as a control measure when working with healthcare waste. A risk assessment must also stipulate control measures for handling emergency situations such as spillages.

When waste has been handled hand hygiene practices must be followed before commencing any other work activities. Staff loading or moving any waste containers must refer to the Back Care and Manual Handling policy to reduce the risk of injury. Any accident/incidents should be reported as per the instructions in SHSC's Incident Policy.

6.4.1 Handling Sharps Containers - personal protection and compliance

As identified in the Infection Prevention and Control Policy, to reduce the risk of cuts, punctures or needle stick injury and to ensure the Trust remains compliant with relevant legislation, sharps containers must:

- Be assembled correctly according to manufacturer's instructions. The person assembling must complete and sign the label on the container.
- Must have the correct colour-coded lid for the activity being carried out; i.e.
 - orange lid for blood contaminated sharps
 - yellow lid for medicinally contaminated sharps
 - purple lid for cytotoxic/cytostatic contaminated sharps.
- Be removed and replaced when the contents reach the 'fill indication line' or 3 monthly, whichever is soonest.
- Be closed securely when full, (permanent lock activated), and the person closing **must** complete and sign the label on the container.
- Not be sealed with tape.
- Be placed inside a larger sharps container if it cannot be locked and the larger container must then be locked.
- Never have the contents of a sharps container emptied out of the container.
- Not be placed inside orange clinical waste bags, (or any other waste bags).
- **Must** always have the temporary closure mechanism activated whenever the bin is left un-attended.
- Must not be used to dispose of soft healthcare or clinical waste such as swabs, dressings, wipes and gloves. All soft waste should be disposed of in appropriate healthcare waste bags. (Orange infectious or offensive waste bags).

Sharps containers **must not** be transferred from point of production to a waste disposal storage area if there is a failure to comply with any of the above instructions.

6.4.2 Discharge to Sewer

Any discharge to sewer, other than domestic sewage must have prior agreement of the statutory regulatory bodies. For example, disposal of medicines to foul sewer, food waste via sink macerators etc. Water UK has created National Guidance for Healthcare Waste Water Discharges (issued 2014). See the References section of this policy for details.

No wipes, (clinical, detergent wipes, face wipes, moist tissues etc.), or paper towels should be flushed down Trust toilets, even if the packaging states the product is 'flushable'. Flushed wipes can cause blocked drains and encourage vermin. All wipes must be disposed of in a waste bin and never flushed. If you need advice on a disposal route for wipes contact the Trust's Waste Management Lead.

Contact the Estate Services Helpdesk for any other advice on sewer discharge or to report blockages etc.

6.5 Frequency of waste collections and waste collection schedules

Waste should be prevented from accumulating at the point of production or in waste storage areas. Intervals between collections should be as short as is reasonably practicable. In

particular, bagged infectious or offensive waste collection frequencies should ensure that odours from waste do not cause a nuisance.

If wheeled receptacles, such as trolleys or roll cages, (the use of roll cages for this application should be avoided where practicable), are used to move waste in bags or sharps containers they must be used solely for this purpose and cleaned regularly.

Waste must only be removed from site by approved contractors as arranged by the Facilities Directorate. The Facilities Directorate will check and retain evidence that the authorised waste contractor has a valid waste carrier registration and the waste management facilities where our waste is transferred to have an environmental permit or registered exemption to accept our waste.

Trust staff must not make their own arrangements for waste removal from their place of work, for instance take recycling to a local Household Waste Recycling Site. If additional waste collections or ad hoc bulk waste removal is required, (for instance a skip for bulky waste or a clearance of records for secure disposal), an enquiry should be made with the Estate Services Helpdesk to arrange a suitable waste container by an approved waste supplier. No arrangements should be made for any third parties or contractors to handle/ transfer waste from sites that are not authorised to do so by the Facilities Directorate. If you need to make such arrangements, contact the Trust's Waste Management Lead.

6.5.1 Movement of waste in Trust transport fleet or private vehicles (Community Nursing)

SHSC is a registered Waste Carrier. If Trust transport or fleet vehicles are used to transport waste that is classified as dangerous in accordance with the Carriage Regulations, it must be in full compliance with the code of practice. ADR (a European agreement for the carriage of goods by road), specifies transport categories to determine the load thresholds over which the full provision of ADR apply. For SHSC waste (and goods) carried the thresholds below must be applied:

Transport Quantity	Substance	Threshold Quantity
0	Category A substances (UN 2814/2900)	0
2	Clinical Waste	333 kg/L
1	Medicines/ chemical wastes PG I (cytotoxic drugs)	20kg/L
2	Medicines/chemical wastes PG II (UN1851/3248/3249)	333 kg/L
3	Medicines/chemical wastes PG III (UN1851/3248/3249)	1000 kg/L
<i>(Consult ADR for full details)</i>		

Below these thresholds the following measures must be taken:

- A 2kg fire extinguisher must be carried on the vehicle
- General awareness training for all transport operatives involved

Where a private vehicle may be used to transport small quantities of clinical waste, (e.g. as part of community nursing duties), there is no need for the 2kg fire extinguisher in the vehicle. However, bags of waste must not be placed directly in the vehicle. They must be placed in a rigid, secure and leak-proof container approved for this process. Further sector-specific guidance for the management of waste in community healthcare can be found in section 10 of the HTM 07-01 or contact SHSC's Waste Management Lead.

6.5.1.1 Guidance for waste produced in the Community

If a member of SHSC staff produces waste, (e.g. waste PPE, sharps waste), while carrying out services in the community, (e.g. service user homes, care homes) and it has not been arranged/agreed to leave waste in the community setting, (e.g. a healthcare/clinical waste collection through Sheffield Teaching Hospitals, a Care Home or with Sheffield City Council), or it is inappropriate to leave waste behind, waste must be returned to a SHSC work base for safe and compliant disposal.

The Trust is in the process of sourcing a UN-approved, rigid container for transporting waste back to work bases. In the meantime, the Trust recommends the use of UN-approved Econix Biobins, (more information can be found here <http://bio-bin.co.uk/30-litre-bio-bin/>) for safe transportation of bagged waste produced in the community. These are available to order via the NHS Supply Chain for various waste types, for instance offensive waste and infectious waste.

The Biobins arrive flat packed in cases of 10, to be assembled according to package instructions. The rigid liner must be inserted for the bins to be UN-approved and ADR compliant to transport healthcare waste. The bins are suitable to store waste bags in a vehicle boot with a temporary closure in place. Waste bags can be removed at an SHSC base and placed in the appropriate, yellow healthcare waste bin, (see details below, disposal of community waste). The Biobins can be re-used, but if wear and tear occurs they must be replaced to ensure they remain UN-approved and ADR compliant.

Sharps containers used within the community must be used in accordance with guidance given in the section 6.4.1 of this policy. If transferred in a private vehicle they must be placed in the boot of the vehicle, or behind a seat, and secured in place so there is no risk of the container rolling around and spilling the contents.

Waste returned from the community back to work bases should be placed in yellow, healthcare waste wheelie bins located across the Trust's estate, (see the list below). Alternatively, your department may have an assigned, secure area to store waste. For instance, a locked cupboard or store room for sharps containers that are still in use or full, locked and ready for disposal.

If a member(s) of a community team plans to use one of the work bases identified below to dispose of waste, ensure the site is contacted, (either the Site/Building Liaison Officer or Senior Housekeeper), to ensure they are aware and can provide support on accessing the bins, where required. It is vital the correct bag/sharps container goes in the correctly-labelled bin. For instance:

- orange infectious waste bags in the yellow wheelie bin labelled for orange infectious waste and
- tiger stripe bags in the yellow wheelie bins labelled for tiger stripe waste.

No loose waste should go in the bins. Everything must be bagged or in a rigid locked sharps container. Keys for the bins should be available on site, but if staff require a key of their own, contact the Estate Services Helpdesk to obtain bin keys.

Bases to where healthcare waste and clinical waste can be disposed of are:

- Grenoside Grange – the housekeepers on site should be available to provide access to the compound.
- Michael Carlisle Centre - staff will need to ask for the key to the compound from the reception.
- Longley Centre - bins are located in the waste compound just above the Memory Service. A code is required for the gate.

- Woodland View Nursing Home - bins are located outside Oak and Beech Cottages; housekeepers should be available on site to provide a key, if required.

Additional disposal points may be available at other Trust sites. If waste needs to be taken to a site that is not listed above, or you have any additional questions regarding community waste, contact the Trust's Waste Management Lead to discuss.

6.5.2. Waste Collection Schedules

Up-to-date waste collection schedules can be downloaded from the SHSC intranet Waste Management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#)). If a site has a waste collection set up as an ad hoc frequency, SHSC will need to contact the waste contractor to book a collection. If a site has ad hoc waste streams that need collecting, contact the Estate Services Helpdesk who will request/arrange a collection.

The waste collection schedules available on the intranet will be updated as required by the Estates and Facilities Support Officer. Notification will be sent to individual sites should waste collections schedules need to be changed by a waste contractor. If any amendments are required for the frequency of your collections, e.g. the size of waste containers, if it is thought a waste collection has been missed or there are any comments/complaints regarding waste collections, please contact the Estate Services Helpdesk with your enquiry.

Inform the Estate Services Helpdesk as soon as possible if access arrangements change for your site, (for instance an access code, a lock change, your operational hours change or waste containers change location), even if this a temporary arrangement. This will allow the Estate Services Helpdesk to inform waste contractors of the changes to reduce the risk of missed collections and associated penalty charges to the Trust, (for instance a waste contractor might impose a wasted journey charge when they are unable to access waste containers).

Access to waste containers must, where reasonably practicable, be kept clear of obstruction (e.g. parked cars or loose material in front of the bins) at all times to reduce the risk of harm or injury to authorised staff and suppliers who need to access the containers and reduce potential for wasted journey charges.

6.6 Record Keeping

A key element of compliance with SHSC's duty of care is keeping a record of the waste held and transferred from its sites to authorised carriers and waste contractors.

6.6.1 Waste Transfer Notes (WTN)

When a non-hazardous waste transfer occurs, the transferor (SHSC) must complete a WTN. Both SHSC and the recipient of the waste must sign and keep a copy of the WTN. SHSC use an annual WTN to cover all its regular waste transfers of the same non-hazardous waste between SHSC and the same waste contractors. The annual WTN will contain a schedule of all SHSC workplaces where non-hazardous waste collections occur. Copies of annual WTN are held by the Facilities Directorate. Ad hoc or new/additional waste transfers should be recorded on a single WTN. Waste contractors produce WTN's on behalf of SHSC, nevertheless, the Trust has a duty of care to ensure it checks and confirms all information on the WTN(s) is correct.

6.6.2 Consignment Notes

The creation, signing and retention of consignment notes is a required process when transporting hazardous waste. The completion and accuracy of the waste classification, description and composition of the waste on the consignment note is the sole, legal responsibility of the consignor (SHSC). The waste producers can produce consignment

notes on behalf of SHSC after discussion and confirmation of what is being consigned to them. The waste contractors can choose to run multiple collection rounds meaning they collect small amounts of hazardous waste from more than one site, on the same vehicle on the same day transferring to the same consignee, (end disposal point). Each collection from each site must have a consignment note with a unique code and a common round number indicating if the note was part of a multiple collection round.

As a consignment note needs to be produced for each individual transfer of hazardous waste, a copy will need to be handed to the SHSC site being collected from and retained. The note must be checked and signed by both parties. A competent member of staff must check and sign the consignment note ensuring they have checked the following information is correct on the note:

- Details of the origin of the waste are correct, (e.g. the consignor, SHSC and the correct site name).
- The HWCN has a consignment code.
- The waste described is correct, (e.g. the waste being removed from site matches the waste described on the HWCN. This must include waste name, waste EWC code, quantity of waste, physical form of waste, container type and hazard code).
- The HWCN must contain details of where the waste is going to be taken, (e.g. details of the consignee, SHSC's approved waste supplier).
- The waste producer should be SHSC, unless waste was produced on site by a partner organisation, for instance Occupational Health Services.
- The HWCN must have the waste carrier details completed, (e.g. registered waste carrier name, registration number and details of vehicle used).

Further guidance and training is required can be accessed by contacting the Trust's Waste Management Lead. Paper copies of consignment notes must be stored on the SHSC site where the waste was produced. The department's Red Box file should indicate where these are stored on site.

To minimise resource use, waste contractors may use a paperless WTN or HWCN. The waste contractor will have an electronic copy of the note on a PDA, which will need to be electronically signed by a member of SHSC staff at point of collection. The Facilities Directorate have a central mailbox where all signed, electronic copies of consignment notes are retained on file on behalf of Trust sites. If copies of a consignment note are required by a Trust site, liaise with the Estate Services Helpdesk. In the event the waste contractor is unable to produce an electronic note due to operational issues, the waste contractor will produce a paper consignment note to record waste transfers affected.

6.6.3 Retention of waste documentation

SHSC **must** keep copies of waste documentation, (either electronically or on paper format), for:

- Two years for non-hazardous WTNs
- Two years for non-hazardous season tickets (annual WTN)
- Three years for hazardous waste consignment notes

If an authorised officer of the Environment Agency or local authority asks SHSC to provide the written description of waste, or a copy of it, and it fails to do so, they can issue a fixed penalty notice. Where the waste is hazardous waste, a variable monetary penalty for breach of the requirements to supply information may be issued.

7 Development, Consultation and Approval

This policy and supporting documentation has been developed by the Trust Waste Management Lead, Sarah Ellison. The following staff members and groups have been invited to comment on the policy as part of the consultation process:

Julie Marsland, distributed on behalf of Staff Side
Mark Gamble, Head of Estate Services
Daniel Mulhall, Maintenance Manager
Charlie Stephenson, Health and Safety/Risk Advisor
Stephen Price, Fire and Security Officer
Nicola Woodhead, Interim Head of Procurement
Katie Grayson, Lead Nurse - Infection Prevention and Control
David Emblen, Operations Manager: Transport and Stores Services
Andrew Piggott, Transport Manager
Joan Palmer, Site Services Manager
Jillian Perlstrom-Wright, Estates Compliance Officer
Debbie McGinty, Senior Pharmacy Technician
Abiola Allinson, Chief Pharmacist
Kerrie Marshall, Admin Co-ordinator Specialist Services
Lynne Holmes, Site Services Coordinator
Janet Mason, Hotel Services Manager
Sharron Mawkes, Site Services Coordinator
Nicola Chatterton, Admin Assistant
Liam Powell, IMST Service Desk Team Leader
James Clarke, Head of Technical Support
Sarah Roberts-Morris, Senior Operational Manager
Khatija Motara, Senior Operational Manager
Naomi Hebblewhite, Senior Operational Manager
Tracy Staniland, Admin Manager, Community
Kate Sales, Ward Manager, Dovedale 1 Ward
Joanne Sims, Clinical Nurse Manager, Grenoside Grange
Joyce Nyamushosho, Deputy Ward Manager, Acute
Mark Welbon, Ward Manager Acute
Melanie Dyche, Senior Housekeeper, Firshill
Helen Payne, Director of Facilities Management
Anita Winter, Service Director, Learning Disabilities
Hester Litten, Patient Safety Investigator

Changes as a result of consultation are as follows:

Changes to Version Control log (Advice by Nicola Chatterton)

The governance group to review this policy is the Policy Governance Group.

Consultation and review will take place between 18 December 2020 and 4 January 2021.

8 Audit, Monitoring and Review

NHSLA Risk Management Standards - Monitoring Compliance Template						
Standard x Criterion x						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
a) Duty of Care, waste disposal route checks, (e.g. disposal site visits)	Review, audit	Estates and Facilities Support Officer	Annual	Waste Contractor and Technical Support Officer	Waste Contractor and Estates and Facilities Support Officer	Head of Estate Services
b) Pre-Acceptance <i>(Audit issued by clinical waste contractors to ascertain the origin and type of clinical or healthcare waste so the correct disposal route can be assigned)</i>	Audit	Estates and Facilities Support Officer	Annual or as requested by clinical waste contractor	Waste Contractor and Technical Support Officer	Waste Contractor and Estates and Facilities Support Officer	Head of Estate Services
c) Trust site compound/storage area reviews	Review, audit	Estates and Facilities Support Officer	6-monthly	Estates and Facilities Support Officer	Estates and Facilities Support Officer and Building Liaison Officer /Ward Manager	Head of Technical Support, Facilities Directorate

d) Ward/site audits	Review, audit	Building Liaison Officer /Ward Manager	Annual	Estates and Facilities Support Officer and Building Liaison Officer/Ward Manager	Estates and Facilities Support Officer and Building Liaison Officer /Ward Manager	Estates and Facilities Support Officer
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Waste audits are a mechanism for ensuring the Trust fulfils its legal obligations as waste producers. Trust waste audits of all SHSC workplaces should be carried out annually by a Ward/Building Liaison Officer in partnership with the Estates and Facilities Support Officer and follow-up visits scheduled, if required. Records of these audits will be retained within Estate Services; copies of which are shared with each Building Liaison Officer and action plan developed as required.

Ward/Building Liaison Officers must monitor and carry out regular checks of their area(s) of responsibility to ensure applicable waste management processes for their department are set up in accordance with this policy and supporting training documents and the health and safety of Trust staff and our contractors.

Estate Services is responsible for annual duty-of-care visits to the contractors' sites and pre-acceptance audits. Records of the audits and Waste Contractor Documentation are retained within Estate Services.

This policy will be reviewed every three years, or as and when there are required changes in SHSC's waste management procedures or changes in waste management legislation.

9. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Upload the new policy on to the intranet and remove the old version	Head of Communications	February 2021	
Inform all Trust staff of the revised policy via a Trust-wide email, requesting team managers make this policy accessible to all their staff. All old versions of this policy must be recycled and replaced with the latest version.	Estates and Facilities Support Officer and Head of Communications	February 2021	
Supporting training documents to be developed and uploaded to the SHSC intranet Facilities widget under Waste Management.	Estates and Facilities Support Officer	February 2021	

10 Dissemination, Storage and Archiving (Control)

This policy will be posted on the Sheffield Health and Social Care NHS Foundation Trust intranet website and available to all staff within seven days of its ratification.

Links to the new, electronic copy of the policy shall be circulated via *Connect* (Trust-wide email). Previous copies should be replaced.

The previous Waste Management Policy - February 2018 - will be removed from the Trust's intranet.

An archive copy of the previous policy and the new updated policy shall be stored with Estate Services for reference.

The Trust's Waste Management Lead is responsible for archiving and version control.

Version	Date added to intranet	Date added to internet	Date of inclusion in <i>Connect</i>	Any other promotion/ dissemination (include dates)
1.0	April 2008	April 2008	April 2008	
1.1	May 2008	May 2008	May 2008	
1.2	November 2008	November 2008	November 2008	
2	November 2010	November 2010	November 2010	
2.1	June 2014	June 2014	June 2014	
2.2	September 2014	September 2014	September 2014	
2.3	September 2014	September 2014	September 2014	
2.4	October 2014	October 2014	October 2014	
3	June 2017	June 2017	June 2017	
4.1	September 2017	September 2017	September 2017	
4.1	December 2017	December 2017	December 2017	
5	February 2018	February 2018	February 2018	
6	February 2021	February 2021	February 2021	

11 Training and Other Resource Implications

11.1 Access and availability of the Waste Management Policy

All staff, must have access to this policy - including part-time, shift, temporary agency and contract shift staff. Staff will be required to read this policy before they commence a new role within the Trust to ensure they are fully aware of the extent of their responsibilities as waste producers. Tenants, contractors and suppliers must also be made aware of their responsibilities to manage waste produced in accordance with guidance given in this policy and local, site specific requirements, as necessary.

This policy provides guidance on all requirements and risks associated with effective and compliant healthcare waste management. Supporting literature has been produced to provide operational, job-specific or waste stream-specific training. Clarity on any of the specific elements of the Waste Management Policy, or supporting documents, can be sought by contacting the SHSC Waste Management Lead.

11.2 Local induction training and Job Specific Training

The immediate line-manager of the ward or department must, within Local Induction training, (and as detailed within health and safety risk assessments), make staff aware of their responsibilities in relation to:

- The risks associated with healthcare waste, its segregation, handling, storage and collection
- Personal hygiene
- Any waste management procedures which apply to their type of work
- Procedures for dealing with spillages and accidents
- Emergency procedures
- Appropriate use of protective clothing

To support Trust managers with local induction and on-going staff waste management training posters, waste labels and other beneficial waste management process information is available for staff on the intranet Waste Management page, ([SHSC Intranet> Facilities Directorate> Waste Management](#)). If additional support or guidance is required to encourage and enhance compliance with the guidelines outlined in this policy, (for instance for staff with higher levels of responsibility for waste management, such as transport, housekeepers, caretakers, gardeners), a request can be made to the Trust Waste Management Lead for advice and support. On site sessions on specific areas of waste management, Tool Box Talks (TBTs) and guidance documents may be produced in conjunction with our waste contractors, where reasonably and practicably feasible. Please contact the Trust Waste Management Lead for support examining training needs of staff and co-ordinating appropriate training.

In addition to the Local Induction Programme, risk assessments, carried out by a department as part of their obligation for the management of health and safety and CoSHHH should identify which staff are involved with handling healthcare waste and the use of appropriate training as a control measure. If staff require additional training on handling medication they will need to consult the Medicines Management Policy. If in doubt, contact SHSC's Pharmacy for advice on 0114 27 18632 or 27 18633.

12 Links to Other Policies, Standards (Associated Documents)

SHSC Policies and Documents:

- Control of Substances Hazardous to Health (CoSHH)
- Health and Safety Policy
- Back Care and Manual Handling Policy
- Decontamination Policy
- Fire Safety Policy
- Incident Policy and Procedure
- Infection Prevention and Control Policy
- Infection Prevention and Control Standard Precautions, Prevention of Sharps Injuries and prevention of Exposure to Blood and Body Fluids Policy.
- Medicines Management Policy
- Medical Devices Policy
- SHSC Sustainable Development Management Plan
- Training Needs Analysis

Legislation and Standards:

- The Health and Safety at Work etc. Act 1974
- The Control of Substances Hazardous to Health (amendment) Regulations 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 2007
- The Hazardous Waste Regulations 2005
- The Hazardous Waste (England and Wales) (Amendment) Regulations 2009
- The Medical Devices Regulations 2002
- The Pollution Prevention and Control Regulations 2000
- Environmental Protection Act 1990
- Environmental Permitting (England and Wales) Regulations 2007
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) (amendment) Regulations 1998
- Waste (England and Wales) Regulations
- Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003
- Controlled Waste (amendment) Regulations 1993
- National Guidance for Healthcare Waste Water Discharges, Water UK, August 2014

References:

- Care Quality Commissions 'Essential Standards of Quality and Safety' (Outcome 10: Safety and Suitability of Premises)
- Control of Substances Hazardous to Health (COSHH) 2002
- Department of Health HTM 07-01: Safe Management of Healthcare Waste
- Environment Agency
- European Waste Catalogue (EWC) codes
- Health and Safety at Work Act 1974
- NHS Sustainable Development Unit - 'Sustainable, Resilient, Healthy People and Places Strategy (2014)'
- The Environmental Protection (Duty of Care) Regulation 1991 (Explanatory Notes)
- The Hazardous Waste (England and Wales) Regulation 2005

- The List of Wastes (England) Regulations 2005
- The Management of Health and Safety at Work Regulation 1999

13 Contact Details

Title	Name	Phone	E-mail
Executive Director of Finance	Phillip Easthope	27 16716	phillip.easthope@shsc.nhs.uk
Director of Facilities Management	Helen Payne	27 18697	helen.payne@shsc.nhs.uk
Head of Technical Support - Estate Services	James Clarke	27 18190	james.clarke@shsc.nhs.uk
Estates and Facilities Support Officer/Waste Management Lead - Estates Services	Sarah Ellison	22 62251	sarah.ellison@shsc.nhs.uk
Estate Services Helpdesk	Estate Services Helpdesk	27 18181	estates@shsc.nhs.uk
Senior Nurse - Infection Prevention and Control	Katie Grayson	27 18621	katie.grayson@shsc.nhs.uk
Chief Pharmacist	Abiola Allinson	27 16253	abiola.allinson@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Sarah Ellison 15/12/2020

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	N/A		
Disability	N/A		
Gender Reassignment	N/A		
Pregnancy and Maternity	N/A		

Race	N/A		
Religion or Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Marriage or Civil Partnership	N/A		

Please delete as appropriate: - Policy Amended/Action Identified
(see Implementation Plan)/no changes made.

Impact Assessment Completed by:
Name/Date

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	x
2.	Is the local Policy Champion member sighted on the development/review of the policy?	x
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	n/a
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	x
5.	Has the policy been discussed and agreed by the local governance groups?	n/a
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	n/a
Template Compliance		
7.	Has the version control/storage section been updated?	x
8.	Is the policy title clear and unambiguous?	x
9.	Is the policy in Arial font 12?	x
10.	Have page numbers been inserted?	x
11.	Has the policy been quality checked for spelling errors, links, accuracy?	x
Policy Content		
12.	Is the purpose of the policy clear?	x
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	n/a
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	x
15.	Where appropriate, does the policy contain a list of definitions of terms used?	x
16.	Does the policy include any references to other associated policies and key documents?	x
17.	Has the EIA Form been completed (Appendix 1)?	x
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	x
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	x
20.	Is there a plan to: i. review ii. audit compliance with the document?	x
21.	Is the review date identified, and is it appropriate and justifiable?	x