



# Policy:

## EST 002- Waste Management Policy

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Policy owner	Waste Manager
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### Summary of policy

This policy outlines SHSC's waste management Framework 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.

<b>Target audience</b>	All Trust Staff
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<b>Keywords</b>	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 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (13/01/2021). 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

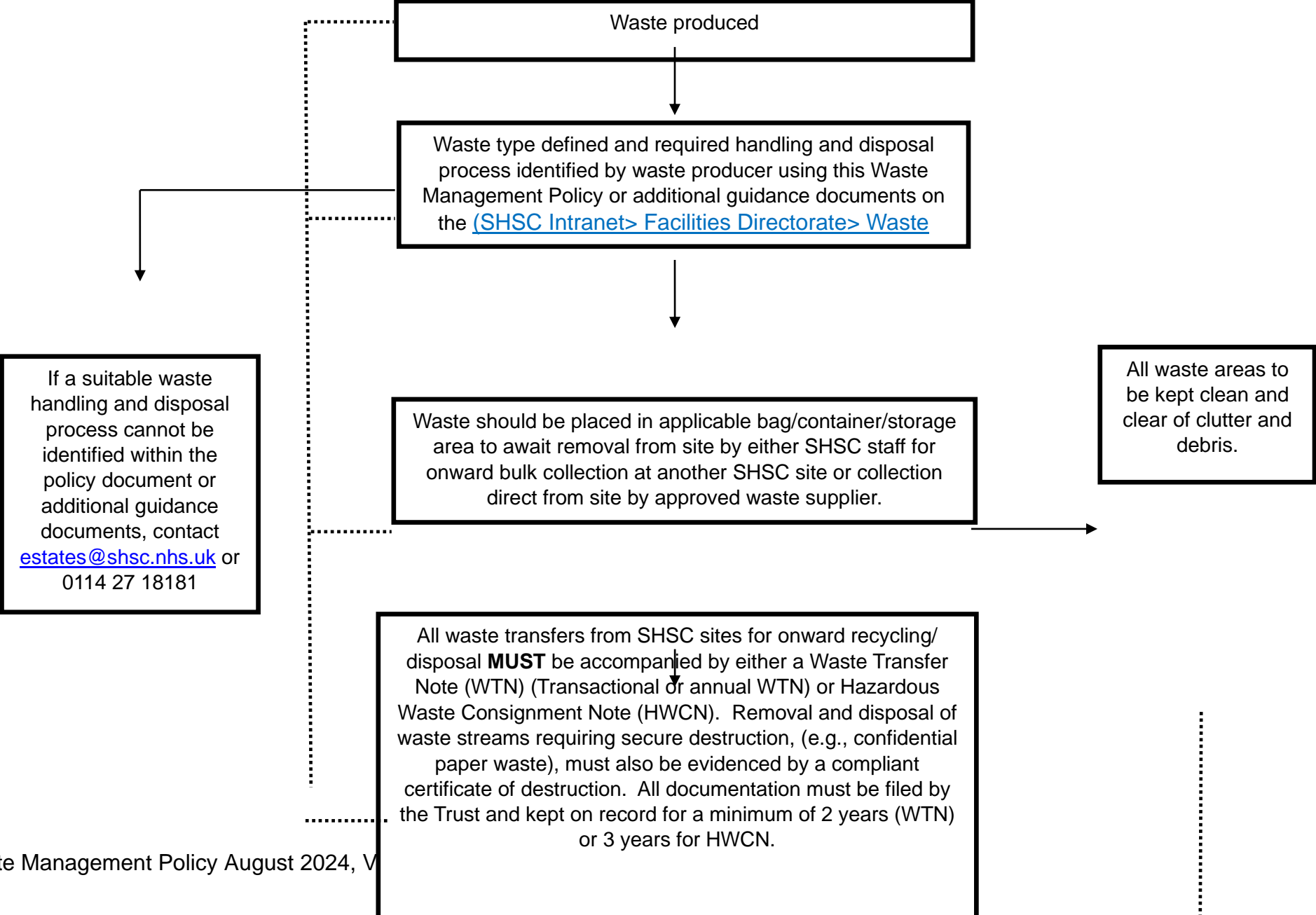
6	Review of V6	November 2020	Review of current policy to ensure it is up to date with current practices and waste legislation. Additional operational guidance provided in accessible training documents also to be reviewed.
6	Consultation Period V6	December 2020	Completed
6	Ratification of V6	February 2021	Expected
7	Review of V7	August 2024	Updated to reflect latest clinical waste strategy and Health Technical Memorandum (HTM 07-01) - Safe and sustainable management of healthcare waste

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Flowchart



## 1. Introduction

This policy provides a framework to outline Sheffield Health and Social Care NHS Foundation Trust (SHSC) approach to waste management to ensure compliance with regulations, standards and guidance. The policy incorporates the recommendation's made in the [Health Technical Memorandum \(HTM\) 07-01: Safe and sustainable management of healthcare waste](#). It also reflects the new [NHS clinical waste strategy](#), targeted at modifying clinical waste management through elimination of unwanted waste, improving reuse schemes, and deploying cheaper, more efficient, and sustainable means of clinical waste management.

The [NHS clinical waste strategy](#) is also designed to reduce waste-associated carbon emissions and work towards the NHS net zero target by 2040. It is also intended to protect human health and safety from waste-related environmental impacts.

The policy is also targeted at reducing waste-associated carbon emission, helpful in meeting NHS's net zero ambition by 2040. This will also curb negative environmental impacts associated with waste management, making the environment safe for patients, staff, and community at large.

To achieve the above, the NHS has put in its new strategy, the need to improve waste segregation and compliance through a 20-20-60 waste split target – 20% incineration (yellow bag) waste, 20% infectious (orange bag) and 60% offensive waste.

SHSC 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."

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 at SHSC, 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.

The waste hierarchy ranks waste management options according to what is best for the environment and preserving the earth's resources, which are under increasing global demand. It also makes economic sense to prioritise preventing the production of waste where technically and economically viable.

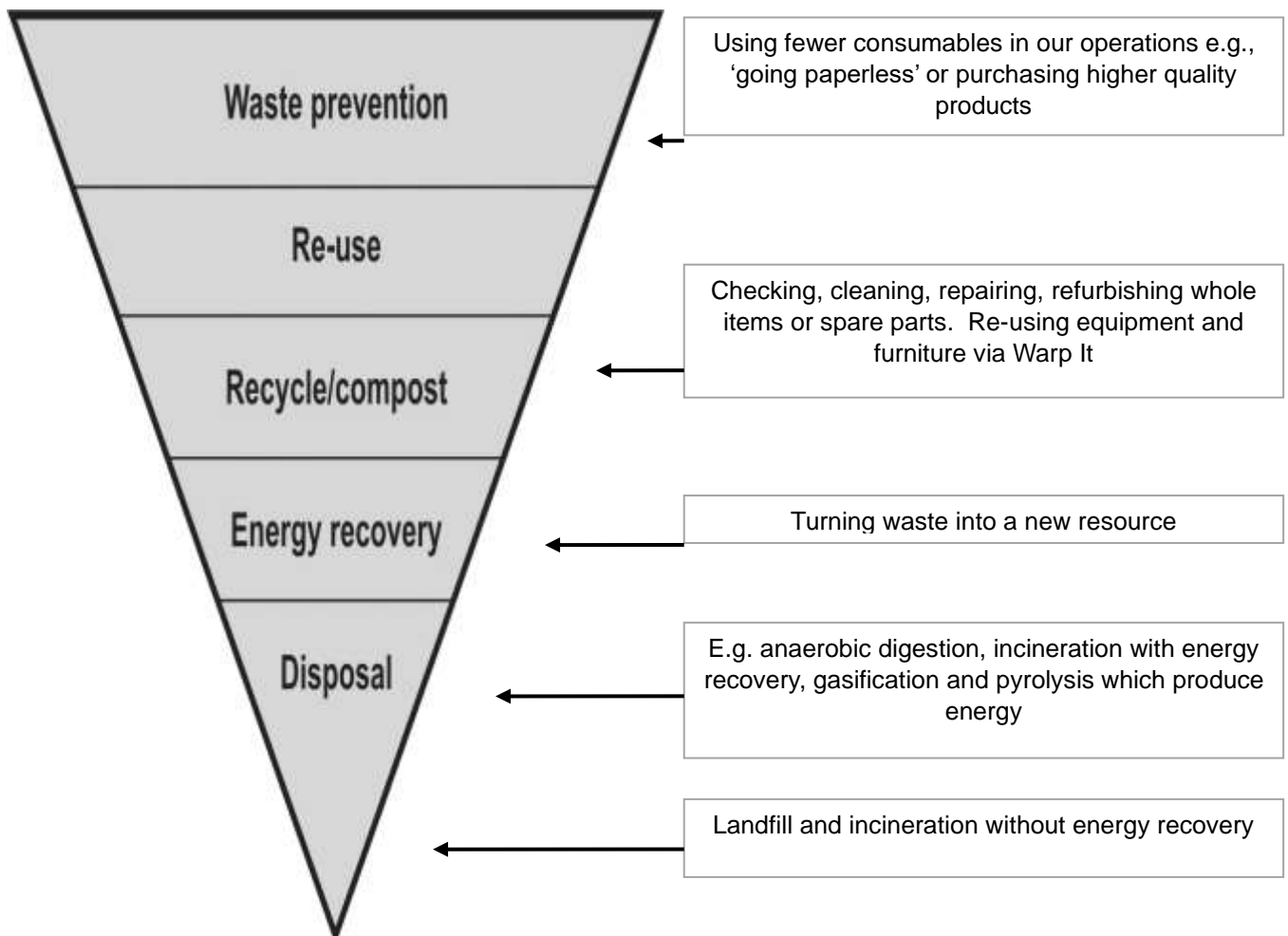


Figure 1: The Waste Hierarchy (Regulation 12 of the Waste (England and Wales) Regulations 2011)

## 1.1 NHS Strategic Objectives

### 1.1.1 NHS Clinical Waste Strategy

The new clinical waste strategy gives a 10-year framework from 2022, making it one of our reliance documents for waste management within SHSC. Compliance with the strategy will support the 2045 wider net zero carbon emissions. Besides NHS' objective to introduce offensive waste collections across all NHS organisations by 2023, it also aims to improve healthcare waste segregation by 2026, as shown in figure 2 There are adverse environmental and financial implications associated with improper offensive waste management. Therefore, tackling this will improve financial savings for the NHS, and reduce associated environmental burdens. Within the NHS Clinical Waste Strategy are targets to help fulfil long-term sustainable waste management goals. This can be achieved through correct segregation of clinical wastes:

- i. 20% of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration.
- ii. 20% of waste segregated to be sent to alternative treatment (AT).
- iii. 60% of waste segregated to be classified as offensive waste.

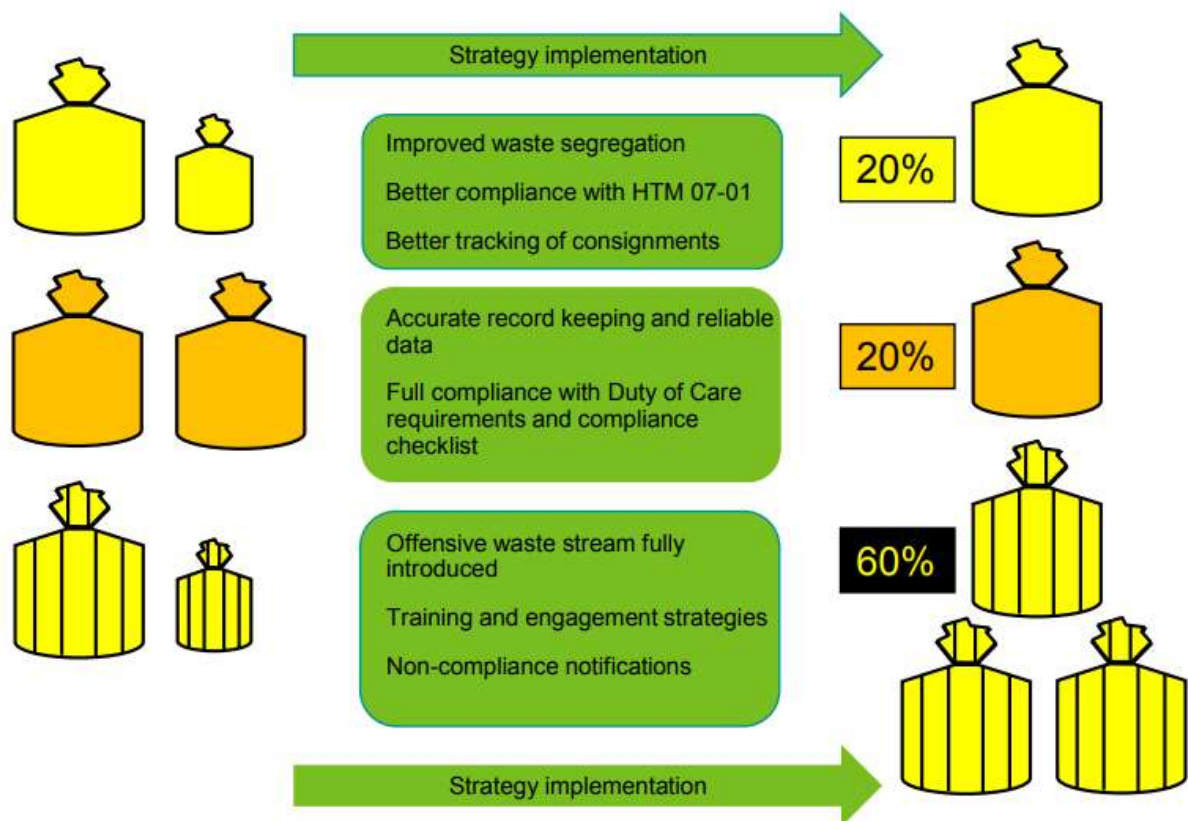


Figure 2: Clinical Waste Segregation Targets

Through proper segregation, SHSC can achieve the target illustrated in figure 2





Figure 3: NHS Clinical Waste Strategy targets

### 1.1.2 Sustainable Development & Circular Economy

An effective waste management system examines both consumption and production practices and pursues opportunities to reduce the environmental impacts of waste, at point of disposal (e.g., reducing toxicities as a result of improved CoSHH data), makes use of resources within waste and minimises or avoids waste altogether. This will ensure SHSC are delivering safe and cost-effective management of the waste we produce but also the sustainable management of our waste.

The UK is leading the way on tackling climate change and improving sustainability, and the NHS is leading the way in England. In 2019, the UK became the first major economy to commit to net zero emission by 2050. In 2020, the NHS set out its intent to support this ambition through its ‘Delivering a “Net Zero” National Health Service’ report (NHS England, 2020a). The report sets a clear target for achieving a net zero health service for direct emissions by 2040 and indirect emissions by 2045. In January 2022 the SHSC Board approved the Green Plan SHSC’s 4-year Sustainability strategy. The strategy sets out SHSC’s commitment and approach to achieving net zero to improve the sustainability of the Healthcare Services we provide. The Green Plan identifies 9 focus areas aligned to the main drivers of change and sources of carbon emissions. This includes an ambitious target for SHSC to reduce the carbon emissions under our direct control (including emissions from energy consumed, our fleet vehicles, business travel, waste production and disposal and water consumption) to be net zero by 2030.

A key principle SHSC will consider when designing our services, procuring goods and services and developing site waste management plans, to avoid waste, reduce our carbon impact and increase resource efficiency is applying the principles of the circular economy as opposed to the limiting opportunities of a linear economy.

Definition of a circular economy: a circular economy aims to move beyond the traditional concept of a “take, make, waste” society to one that decouples economic activity from the consumption of finite resources and designs waste out of the system. It is based on three principles:

- regenerate natural systems

- design out waste and pollution
- keep products and materials in use



Figure 4: Circular Economy, Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste, 2<sup>nd</sup> Edition page 14

## 2. Scope

This policy is Trust-wide and applies to other agencies covered by agreements with SHSC. All staff/tenants based within Sheffield Health and Social Care NHS Foundation Trust (SHSC) premises must comply with this policy. SHSC's 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 and Sustainable Management of Healthcare Waste Guidance.

Any waste arising from work carried out by a supplier or contractor on SHSC 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 SHSC to keep on file.

In certain circumstances, contractors will be allowed to deposit waste in SHSC 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

The purpose of this policy is:

- 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 in SHSC, 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.

### 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.

**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

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

**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).

**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.

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

**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).

**Persistent Organic Pollutants:** Poisonous chemical substances that break down slowly and get into food chains as a result.

**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

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.

**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 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.

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

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

**Wood waste:** Solid waste that consists of wood pieces or particles generated as a by-product or waste from the manufacturing of wood products, and the handling and storage of raw materials, trees, and stumps.

## 5 Duties

### Chief Executive

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

### Director of Strategy

The Director of Strategy will ensure that the Trust has a suitable policy and that there are suitable and sufficient arrangements in place for the management of waste. This includes ensuring that procedures in place to monitor effectiveness of these controls.

## **Associate Director of Estates and Facilities**

The Associate Director of Estates and Facilities has oversight of estates and facilities directorate, including waste management. Day to day duties for waste management will be devolved to the Head of Technical Support.

## **Head of Technical Support**

The Head of Technical Support will have delegated responsibility for the day-to-day operational management of this policy including:

- Responsible for sourcing waste management suppliers.
- Oversees waste management budget.
- Lead on Duty of Care audits.

## **Waste Manager**

- The Waste manager 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.

## **Infection Prevention and Control Team:**

Will assist in the implementation of the Waste Management Policy and Manual, with regard to infection control related issues.

- Will provide information and advice and support the training of Trust staff in aspects of waste management relevant to good infection control.
- Will assist in ensuring that the criteria laid out within associated national guidance and legislation in relation to waste are complied with.
- Will be consulted in relation to the planning, design, construction, refurbishment and commissioning of waste areas to ensure infection control protocols are complied with.

## **Health and Safety:**

- Provide expert advice in relevant Health and Safety guidance.

## **Waste Management Group:**

- Ensure compliance is maintained in accordance with the Environmental Protection Act 1990 (and its associated regulations), Health Technical Memorandum 07-01 Safe Management of Healthcare Waste and Control of Substances Hazardous to Health 2002.

- Provide the Trust with an overarching view of waste management and provide assurance that identified risks are effectively managed on behalf of the organisation.
- Promote co-ordination, co-operation, consultation and communication between all Trust staff and Trust-recognised Trade Unions in matters relating to waste management and associated health and safety concerns.
- Monitor and escalate any significant waste management compliance risks to the relevant Estates Compliance Group and ensure that the Health and Safety Committee have oversight of relevant risks.

### **Housekeepers**

- Responsible for putting the right bag in the right bin to promote segregation.
- Transfer bagged bins into internal or external bins in storage areas.
- Responsible for reporting damaged, broken and dirty bins to the waste manager.

### **Caretakers**

- Transports waste from internal storage areas to external bin compounds in big sites.
- Occasionally transports waste across sites.
- Wash internal receptacles.
- Report damaged, broken and dirty bins to the waste manager.

### **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, 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.
- Regularly check all external wheelie bins to ensure they are in good working condition, clean and free from debris/loose material at the bottom of the bins.
- Report damaged, broken and dirty bins to the waste manager.

## **6 Waste Management – Procedure Section**

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 at SHSC 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 at SHSC.

### *Hazardous Status*

SHSC 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 below 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](#))

Table 1: Hazardous and non-Hazardous waste types

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

## 6.2 Segregation and Storage of Waste

Segregation of waste at the point of production into colour-coded bags and/or waste receptacles, (see colour coding on table 3) 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, SHSC 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.

SHSC 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 that all SHSC 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 SHSC 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

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](#))

### 6.2.1 Clinical Waste Segregation

An understanding of effective clinical waste segregation will significantly reduce associated risks, costs, and adverse environmental impacts.

#### How to Segregate Clinical Waste

- Adhere to guidance on bin labels and posters.
- Dispose of infectious waste into the orange bag. The infectious waste should not be medically and/or chemically contaminated.
- Dispose of any offensive waste into the yellow and black striped bags (tiger bags)
- Don't dispose of general waste or recycling into clinical waste bins.

The new clinical waste strategy aims to eliminate unnecessary waste production by increasing clinical waste segregation and compliance. This can be achieved through a 20-20-60 clinical waste split– 20% incineration (yellow bag) waste, 20% infectious (orange bag) and 60% offensive waste. The 20-20-60 clinical waste split forms one of the Key Performance Indicators (KPIs) presented to the Waste Management Group within SHSC for monitoring.

Also, in alignment to support the green plan and net zero emissions target, there is an integration of the waste management KPIs within our sustainability dashboard (still in development). The Trust's clinical waste split/KPI will be published on the intranet and updated quarterly. Scores will be monitored across sites and forms follow-up audit.

### 6.2.2 Food waste segregation

There is a legal requirement for all households and non-domestic premises that produce over 5kg of food waste weekly to recycle their food waste. This unavoidable food waste is treated by anaerobic digestion to generate biofuel and digestate/fertilizer. In compliance with this, SHSC has trialled food waste recycling in three sites and will extend the scheme to other in-patient sites. Below are the procedures for food waste recycling:

- Collect food waste:** Collect all food waste, such as plate scrapings, fruits and vegetables, eggshells, potato peels, teabags, coffee grounds, bread, bones, rice, pasta, meat, fish and dairy products, cakes, pastries, etc. Also, fat, oil, and grease should be disposed of as food waste and must not be disposed of in the sinks, as this can cause blockages in drains and sewers.
- Segregate into dedicated food waste/kitchen caddies:** All food waste should be disposed of into food waste/kitchen caddies. These caddies must have lockable lids to

minimize odours and can be lined with clear compostable bags/liners (preferably) for easy disposal.

- iii. **Avoid contaminants:** Do not dispose of glass, plastics, and non-organic materials in the food waste bin, as they will contaminate the food waste bin and interfere with the recycling process.
- iv. **Empty food waste caddies:** Food caddies must be emptied regularly into external food waste bins to reduce odours and create sufficient space for ongoing food waste disposal.
- v. **Food waste collection:** SHSC's food waste supplier collects food waste in the external bins regularly (weekly) for recycling. Where collection does not happen, the site should inform the waste manager or estates helpdesk.

Table 2: Waste categories and Description









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-infectious and does not contain pharmaceutical or chemical substances but may be un-pleasant 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 or patient group, that is 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	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

cytostatic medicines	page, ( <a href="#">SHSC Intranet&gt; Facilities Directorate&gt; Waste Management</a> ).
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, ( <a href="#">SHSC Intranet&gt; Facilities Directorate&gt; Waste Management</a> ).
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. <b>Contact IT to arrange secure disposal of hard drive or for further guidance.</b>
Persistent Organic Pollutants (POPs)	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 SHSC must be removed and legally disposed of by the supplier/contractor unless prior agreement is authorised by Estate Services.
Hazardous Wood	Woods that are painted, coated, or preserved with chemicals harmful to the environment

### 6.3 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

Table 3: Colour coded segregation system

Colour	Description
Yellow 	<b>Chemically or medicinally contaminated waste- Waste which requires disposal by incineration</b>  Indicative treatment/disposal required is <b>incineration</b> in a suitably permitted or licensed facility. (Infectious waste which is also chemically contaminated)
Orange 	<b>Waste which may be ‘treated’</b>  Indicative treatment/disposal required is to be ‘rendered safe’ in a suitably permitted or licensed facility, <b>usually alternative treatment plants (ATPs). However, this waste may also be disposed of by incineration.</b>
Purple 	<b>Cytotoxic and cytostatic waste</b>  Indicative treatment/disposal required is <b>incineration</b> in a suitably permitted or licensed Facility.
Yellow/Black 	<b>Offensive/hygiene waste</b>  Indicative treatment/disposal required is <b>landfill</b> or municipal <b>incineration/energy from Waste</b> at a suitably permitted or licensed facility.
Red 	<b>Anatomical waste for incineration<sup>1</sup></b>  Indicative treatment/disposal required is <b>incineration</b> in a suitably permitted facility.
Black 	<b>Domestic (municipal) waste</b>  Minimum treatment/disposal required is <b>landfill</b> , municipal <b>incineration/energy from waste</b> or other municipal <b>waste treatment process</b> at a suitably permitted or licensed facility. <i>Recyclable components should be removed through segregation and only placed in clear sacks.</i>
Blue 	<b>Medicinal waste for incineration</b>  Indicative treatment/disposal required is <b>incineration</b> in a suitably permitted facility.
White 	<b>Amalgam waste</b>  <b>For recovery</b>

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).

## **6.4 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 must be conducted by the waste manager and waste handlers. Any failures to comply with guidance offered in this policy reported to the Estate Services Helpdesk immediately. This includes reporting faults or damage to 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 waste-associated odours.
- External waste compounds must be locked when not in use. Access to these storage areas should be only authorised waste-handlers. This will help prevent accidents, pests, incidents of vandalism and theft. It will also stop un-authorized 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

### **6.4.1 Cleaning of external wheelie bins**

This is part of the contractual arrangements in place to routinely clean or exchange wheelie bins supplied by the waste contractors on request.

## **6.5 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 and PPE is removed, 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's policy.

### 6.5.1 Handling Sharps Containers

As outlined within the SHSC Sharps policy, handling of sharps containers must be done in a way that considers the potential risks of sharps related incident and injury when handling sharps containers. Prior to transferring sharp containers to disposal storage area, sharps containers must:

- Be assembled correctly according to manufacturer's instructions (if required). 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 12 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.
- Sharps should never be emptied out of the sharps 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).

Where the above instructions are not met, an incident report must be submitted and reviewed and actioned as required for required areas of improvement. These are then reported to the Waste management Group and IPCC

### 6.5.2 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 Wastewater 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. Clinically contaminated wipes must be disposed of in the appropriate waste stream and non-clinically contaminated wipes must go into the general waste stream. If you need advice on a disposal route for wipes, contact the Trust's Waste Manager.



Contact the Estate Services Helpdesk on 18181 for any other advice on sewer discharge or to report blockages etc.

## 6.6 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 A duty of care is maintained to prevent harm to people and the environment from waste do not cause a nuisance.

If wheeled receptacles, such as trolley is used to move waste in bags or sharps containers they must be used solely for this purpose and cleaned as per scheduled.

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 Manager.

### 6.6.1 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 Manager.

#### **6.6.1.1 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.

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 storeroom 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 Manager to discuss.

### **6.6.2. 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 Waste Manager. 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) always 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.

### **6.6.3 Risk Assessment**

Waste handlers may be exposed to infectious waste and sharps, as well as encounter risks from manual handling of bins. Therefore, all waste handlers should refer to waste-associated risk assessment from their line managers.

## 6.7 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.

### 6.7.1 Waste Transfer Notes (WTN)

- When a non-hazardous waste transfer occurs from one site to another, the transferor (SHSC) through a staff onsite, 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.

### 6.7.2 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. The staff member checking must ensure that the consignment note has the below information.

- 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 if required can be accessed by contacting the Trust's Waste Manager. Paper copies of consignment notes must be stored on the SHSC site where the waste was produced. These documents should be stored on the local folder (W drive) in the Estates and Facilities department.

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.

### **6.7.3 Retention of waste documentation**

SHSC **must** keep copies of waste documentation, (either electronically or on paper format), and send scanned copies to the waste manager.

- 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 Manager. The following staff members and groups have been invited to comment on the policy as part of the consultation process:

Changes as a result of consultation are as follows:

Changes to Version Control log

Consultation and review took place between 5th August 2024 and 15th August 2024.

Staff Side

Head of Estate Services

Deputy Maintenance Manager

Health, and Safety/Risk Advisor

Fire and Security Officer

Head of Procurement

Infection Prevention and Control  
Head of Facilities and Health & Safety  
Transport Manager  
Estates Compliance Officer  
Senior Pharmacy Technician  
Chief Pharmacist  
Operational Support Manager  
Site Services Coordinator  
Housekeeping Manager  
Catering Manager  
General Manager – Acute Services  
General Manager – Crisis Services  
General Manager  
Admin Manager, Community  
Ward Manager, Dovedale 1 Ward  
Ward Manager  
Woodland View  
Senior Matron Acute Services  
Admin Assistant  
IMST Service Desk Team Leader  
Head of Technical Support  
Patient Safety Investigator

## 8 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
<b>Standard x Criterion x</b>						
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	Waste Manager	Annual	Waste Contractor and Waste Manager	Waste Management Group	Waste Management Group
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	Waste Manager	Annual or as requested by clinical waste contractor	Waste Contractor and Waste Manager	Waste Management Group	Waste Management Group
c) Trust site compound/storage area and bin reviews	Review, audit	Waste Manager, Waste Contractor, Caretakers,	6-monthly	Waste Contractor, and Waste Manager	Waste Management Group	Waste Management Group

		housekeepers, site and operational managers				
d) Ward/site audits	Review, audit	Building Liaison Officer /Ward Manager	Annual	Waste Manager and Building Liaison Officer/Ward Manager	Waste Manager and Building Liaison Officer /Ward Manager	Waste Management Group

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	August 2024	



<p>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.</p>	<p>Waste Manger and Head of Communications</p>	<p>August 2024</p>	
<p>Supporting training documents to be developed and uploaded to the SHSC intranet Facilities widget under Waste Management.</p>	<p>Waste Manager</p>	<p>August 2024</p>	

## 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 Manager is responsible for archiving and version control.

<b>Version</b>	<b>Date added to intranet</b>	<b>Date added to internet</b>	<b>Date of inclusion in <i>Connect</i></b>	<b>Any other promotion/ dissemination (include dates)</b>
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	
7	August 2024	August 2024	August 2024	

## 11 Training and Other Resource Implications

### 11.1 Training

According to HTM 07-01, training should be tailored to, and targeted towards job roles. General training topics include: the risks associated with healthcare waste, its segregation, handling, storage and collection.

On the other hand, the HTM 07-01 highlights bespoke training topics for waste handlers, such as understanding of marks and labels, handling bags/containers correctly, procedures in case of accidental spillage and how to report an incident.

Further, waste management training can be accessed on the Trust's intrant using the below link.

[Waste Segregation at SHSC - A quick guide | JARVIS](#)

### 11.2 Local induction training and Job Specific Training

The immediate line-manager of the ward or department must, within Local Induction training, 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 Manager for advice and support. On site sessions on specific areas of waste management, Toolbox Talks (TBTs) and guidance documents may be produced in conjunction with our waste contractors, where reasonably and practicably feasible. Please contact the Trust Waste Manager for support examining training needs of staff and co-ordinating appropriate training.

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.
- Sharps Policy
- Medicines Management Policy
- Medical and therapeutic Devices Policy
- SHSC Green Plan

### **Legislation and Standards:**

- The Health and Safety at Work etc. Act 1974
- The Control of Substances Hazardous to Health (amendment) Regulations 2002
- 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
- Greener NHS, Delivering a Net Zero NHS Delivery Plan, July 2022
- Clinical Waste strategy, NHS England, March 2023

### **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
Waste Manager	Nkechi Adiele	0114 2263045	nkechi.adiele@shsc.nhs.uk
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### 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.*

Nkechi Adiele

**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	Can this policy be amended so that it works to enhance relations between people in this

		this policy or changes to this policy?	group and people not in this group?
<b>Age</b>	N/A	N/A	N/A
<b>Disability</b>	N/A	N/A	N/A
<b>Gender Reassignment</b>	N/A	N/A	N/A
<b>Pregnancy and Maternity</b>	N/A	N/A	N/A
<b>Race</b>	N/A	N/A	N/A
<b>Religion or Belief</b>	N/A	N/A	N/A
<b>Sex</b>	N/A	N/A	N/A
<b>Sexual Orientation</b>	N/A	N/A	N/A
<b>Marriage or Civil Partnership</b>	N/A		

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

Impact Assessment Completed by: Name/Date
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## 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
<b>Engagement</b>		
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
<b>Development and Consultation</b>		
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
<b>Template Compliance</b>		
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
<b>Policy Content</b>		
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	x

	from incidents, complaints, near misses, etc.?	
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
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
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