# NHS Lothian Facilities

## Operational Policy

For

## Waste Disposal

<table>
<thead>
<tr>
<th>Title:</th>
<th>NHS LOTHAIN OPERATIONAL POLICY FOR WASTE DISPOSAL</th>
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<tbody>
<tr>
<td>Version Number:</td>
<td>1</td>
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<tr>
<td>ISO reference:</td>
<td></td>
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<tr>
<td>Related Strategy/Procedures/Action Plans:</td>
<td>ESTATES SITE SPECIFIC</td>
</tr>
<tr>
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<td>LHB PARTNERSHIP</td>
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<tr>
<td>Review date:</td>
<td>MAY 2014</td>
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1. Introduction

NHS Lothian attaches the greatest importance to the management of waste in a manner that is safe for its employees and all other persons likely to be affected by the production, storage, transportation and disposal of clinical and other waste arising from the activities of the organisation. With this in mind, this Waste Disposal Operational Policy has been prepared to provide a basis for doing all that is reasonably practical to achieve a service provision that is safe and without risk to health.

NHS Lothian is committed to the effective management of clinical and other waste arising through the development of realistic and acceptable procedures which meet the spirit and letter of the law. Such procedures must be effectively carried out and acknowledged in all of the Boards practices.

NHS Lothian will, so far as is reasonably practicable, ensure that clinical and other waste arising is properly and efficiently segregated, stored, transported and disposed of, in keeping with the Boards Duty of Care as prescribed in the Environmental Protection (Duty of Care) Regulations 1991 and all other relevant waste management legislation and guidance.

In recognition of its responsibilities under the Health and Safety at Work etc. Act 1974, the organisation will provide employees with sufficient information, training, supervision, equipment and safe systems of work to carry out their duties with regard to implementing this policy.

NHS Lothian recognises and accepts their responsibility to ensure the safe management of all waste arising. In order to achieve this, the highest priority will be accorded to the following aims and objectives:

a. Safeguard against the uncontrolled release or spillage of waste material;
b. Minimise the production and environmental impact of waste by reviewing materials used and practices employed;
c. Ensure that clinical waste is properly and efficiently segregated, stored, transported and disposed of;
d. Ensure procedures for waste management are established, adopted, understood and implemented;
e. Provide information, instruction, training and supervision as necessary to ensure the implementation of waste management systems;
f. Regularly review all activities to ensure compliance with environmental and Health and Safety legislation;
g. Take cognisance of, and implement any actions necessary, to address relevant matters raised by Infection Control, Health and Safety and other Committee meetings.

The assistance and co-operation of all employees is required in the pursuit of these aims and objectives.

The allocation of duties for waste management and practical arrangements for implementation are set out in this Policy. NHS Lothian will monitor, review and revise this Policy every two years or as circumstances require.

Chief Executive
2. **Types of Waste**

There is a nationally agreed hierarchy of waste management principles that apply throughout the NHS in Scotland. These principles are based on a simple and straightforward guide to waste production. Appendix 1 gives details.

2.1 **Clinical Waste**

Clinical waste means any waste which consists wholly or partly of:

- Human or animal tissue;
- Blood or other body fluids;
- Excretions;
- Drugs or other pharmaceutical products;
- Swabs or dressings;
- Syringes, needles or other sharp instruments.

which unless rendered safe may prove hazardous to any person coming into contact with it, and:

any waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion being waste which may cause infection to any person coming into contact with it (the Controlled Waste Regulations 1992).

As special waste, the Scottish Environment Protection Agency (SEPA) require to be notified at least three working days before any clinical waste is moved and consignment notes require to be kept for three years.
### 2.2 Other Wastes

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Disposal Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Textiles (Laundrette and Sewing Room)</td>
<td>All items disposed of appropriately will be laundered. These will be repaired where possible and reused or condemned and recycled or disposed.</td>
</tr>
<tr>
<td>2 General household waste (black &amp; clear bags)</td>
<td>Uplifted by Facilities staff and disposed of via the compactor then uplifted by a registered waste carrier and sent to landfill. *</td>
</tr>
<tr>
<td>3 Newspapers, magazines or junk mail items</td>
<td>Specific collection points throughout hospital (blue bins). Uplifted by Facilities and sent for recycling (St John’s hospital only).</td>
</tr>
<tr>
<td>4 Confidential and non-confidential paper waste</td>
<td>Opaque bags available for this located in almost every room or department. Bags to be secured by staff and uplifted by Facilities. Items sent for disposal and recycling with certificate of destruction provided for all loads sent.</td>
</tr>
<tr>
<td>5 Cardboard</td>
<td>All boxes to be flat packed by staff. Uplifted by Facilities and sent for recycling.</td>
</tr>
<tr>
<td>6 Glass (uncontaminated glass eg. coffee jars, drinks bottles etc.)</td>
<td>All areas provided with ‘Magpie Boxes’. All uncontaminated glass should be placed within the box. Staff should secure the box, which will be uplifted by Facilities and subsequently disposed of via a registered waste carrier to recycle.</td>
</tr>
<tr>
<td>7 Glass (contaminated eg. drugs vials etc.)</td>
<td>Disposal via sharps container (as per Board procedures).</td>
</tr>
<tr>
<td>8 Aerosols (non pharmaceutical)</td>
<td>All areas provided with ‘Magpie Boxes’. All aerosols should be placed within the box. Staff should secure the box, which will be uplifted by Facilities and subsequently disposed of by a registered waste carrier and recycled/landfilled.</td>
</tr>
<tr>
<td>9 Cooking oil (Catering dept)</td>
<td>Oil not for re-use should be drained into plastic containers. Secured and stored in the designated area. Transported to uplift point and final uplift by registered waste carrier for recycling.</td>
</tr>
<tr>
<td>10 Drinks cans</td>
<td>Designated bins are located within dining rooms. Contents uplifted and transported by Facilities and sent via a registered waste carrier for recycling.</td>
</tr>
<tr>
<td>11 Plastics</td>
<td>At Astley Ainslie Hospital, Royal Edinburgh Hospital, Western General Hospital and St John’s Hospital there is a facility for recycling plastics and wards and departments should place these in clear sacks for uplift by Facilities staff. On all other sites, including community, plastics are dealt with as per general household waste.</td>
</tr>
<tr>
<td>12 Food waste</td>
<td>Any food not fit to re-use is disposed via specific waste disposal equipment within catering departments.</td>
</tr>
<tr>
<td>13 Printer/toner cartridges</td>
<td>Used items should be secured in containers provided under contract and uplifted by carrier and sent for recycling.</td>
</tr>
</tbody>
</table>

*A number of sites will benefit by a process implemented by the contractor appointed which will divert up to 80% of this waste from landfill.*
<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Disposal Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 I.T. equipment (Computers, printers etc.)</td>
<td>The I.T. Department will first ascertain if any items identified as surplus can be re-used elsewhere in the organisation. I.T. Department will arrange for disposal as part of WEEE Regulations.</td>
</tr>
<tr>
<td>15 SANPRO – Items of waste used for the collection or disposal of human excreta and secreta.</td>
<td>Where risk assessment shows there to be no infection risk, Group E wastes are not clinical waste. Dispose by using brown (40 micron gauge) bags uplifted by Facilities staff for disposal through non-clinical waste. See Appendix 8, Sanpro Waste Operational Procedures. This relates to Ferryfield House, Ellen’s Glen, Finlay House, Corstorphine Hospital, Rosslynlee Hospital and Astley Ainslie Hospital. Service under review for all other long stay facilities.</td>
</tr>
<tr>
<td>16 Equipment containing mercury</td>
<td>All equipment containing mercury requires to be dealt with via Site Logistics Managers.</td>
</tr>
</tbody>
</table>

**Estates Department**

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Disposal Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Batteries</td>
<td>Items generated by or received by Estates are sorted by type and held in special drums. Uplifted by a registered specialist contractor when the volume held merits. Estates manage this service.</td>
</tr>
<tr>
<td>18 Florescent tubes</td>
<td>Used tubes are collected from all trust properties and returned to Estates. The waste is then placed into containers and disposed of via a designated contractor.</td>
</tr>
<tr>
<td>19 Oils</td>
<td>Waste oil is collected and stored in drums located within the Estates Departments. This is sent for reprocessing via a specialist contractor.</td>
</tr>
<tr>
<td>20 Engineering/building scrap</td>
<td>Securely stored in Works compound and removed by a specialist contractor on an opportunity basis. Dependant on its properties, the materials may be secured where required.</td>
</tr>
<tr>
<td>21 Waste/domestic scrap</td>
<td>Stored appropriately and uplifted registered waste carrier.</td>
</tr>
<tr>
<td>22 Furniture/non-electrical equipment</td>
<td>Contact Facilities – condemn note must be provided.</td>
</tr>
<tr>
<td>23 Paints</td>
<td>Where possible surplus paints are used or offered to others to use via Estates department.</td>
</tr>
<tr>
<td>24 Garden waste</td>
<td>Where possible waste is recycled via ‘chipping’ or composting. Other waste is disposed of via the domestic waste stream and landfill.</td>
</tr>
<tr>
<td>25 Asbestos</td>
<td>All potential sources/sites have been surveyed and identified materials documented. Only specialist contractors handle, remove, store or transport asbestos waste.</td>
</tr>
<tr>
<td>26 Waste electric and electronic equipment (WEEE)</td>
<td>Uplifted and stored by Estates Department. Removed by specialist contractor for dismantling and recycling of component parts.</td>
</tr>
</tbody>
</table>
### X-Ray Department

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Disposal Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Solid radioactive waste</td>
<td>Radioactive waste is produced during some treatments. This is stored, handled and managed in accordance with current legislation (e.g., Health and Safety at Work etc. Act 1974, Ionising Radiation Regulations 1999, etc.). This waste is handled, stored and disposed of in accordance with departmental policies and procedures. The Scottish Environmental Protection Agency (SEPA) carries out stringent monitoring.</td>
</tr>
<tr>
<td>28 Liquid radioactive waste</td>
<td>As for solid radioactive waste</td>
</tr>
<tr>
<td>29 Silver (film processing residue)</td>
<td>Silver is generated as a by-product of the processing of some x-ray films. The waste is handled, stored and disposed of in accordance with departmental policies and procedures. A specialist contractor uplifts and recycles this waste.</td>
</tr>
</tbody>
</table>

### Pharmacy

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Disposal Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Special waste – prescription only medicines (POM’s) eg. unused or out of date medicines, tablets etc.</td>
<td>POM’s are generated Lothian wide and are returned to Pharmacy via the standard ‘pharmacy box’. The waste is stored in 60 litre containers within the department until the volume held merits an uplift. As special waste, the Scottish Environmental Protection Agency (SEPA) require to be notified at least 3 working days, before the waste is moved and consignment notes kept for three years.</td>
</tr>
<tr>
<td>31 Waste anaesthetics</td>
<td>Those staff within Theatre Departments who have responsibility for the cleaning and replenishment of anaesthetic equipment with volatile anaesthetics should inform Pharmacy prior to change and arrange to transport at mutually convenient time.</td>
</tr>
<tr>
<td>32 Cytotoxic/cytostatic waste</td>
<td>The local procedures for the handling and disposal of cytotoxic and cytostatic wastes should be referred to (‘Cytotoxic Drugs, Safety Guidelines’). The disposal route for this waste will be decided after an assessment of the condition and type of residual waste and a classification as to whether the waste meets the criteria set by the Special Waste Regulations 1996. Please contact the Pharmacy Department for further information.</td>
</tr>
<tr>
<td>33 Aerosol waste</td>
<td>Used or expired pharmaceutical aerosols must be returned to the pharmacy for disposal using the Pharmacy Box, or other local arrangement.</td>
</tr>
<tr>
<td>Type of waste</td>
<td>Disposal Route</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Solid Radioactive waste</td>
<td>Radioactive waste is produced during some treatments.  This is stored, handled and managed in accordance with current legislation (eg. Health and Safety at Work etc. Act 1974, Ionising Radiation Regulations 1999 etc.)  This waste is handled, stored and disposed of in accordance with departmental policies and procedures.  The Scottish Environmental Protection Agency (SEPA) carries out stringent monitoring.</td>
</tr>
<tr>
<td>Liquid Radioactive waste</td>
<td>Disposed of via designated sink in Laboratories in accordance with local policy and statutory guidance.</td>
</tr>
</tbody>
</table>
3. Waste Segregation

Segregation is a key element of waste management and has a major influence on the options for the treatment and disposal of waste.

Part II of the Environmental Protection Act imposes a “duty of care” on everyone, who produces, carries, stores and disposes of waste, to take all reasonable measures to ensure that pollution to the environment and harm to human health are avoided. All “duty of care” legislation is subject to criminal law and civil law.

It is, therefore, vitally important that all members of staff handle, package, store and transport waste in a safe and secure manner and that the various types of waste detailed in Part 2 of this Operational Policy are segregated at source. In addition to the environmental and legal aspects of incorrect segregation, all staff involved in waste production and disposal, should be made aware that clinical waste disposal costs approximately 3 times more than that of general household waste.

Facilities staff who are responsible for removal of waste from wards and departments must ensure that household waste containers and clinical waste containers are collected and transported separately and remain segregated at all times.

Part 4 of this policy details the correct methods of disposing of waste and how waste should be packaged. Waste which is not packaged in accordance with this policy will not be uplifted by Facilities staff. Details of the colour coding system of bags and containers is shown in Appendix 5.

The arrangements for segregating wastes clearly apply in NHS Lothian hospitals, health centres, clinics, general medical and dental practices, mobile units or within schools and nursing homes registered by NHS Lothian. However, similar arrangements require to be made by healthcare professionals when administering care in residential homes and sheltered housing registered by Local Authorities and patients homes to ensure that clinical waste does not enter the household waste stream. When healthcare professionals administer care outwith NHS premises they must carry out a risk assessment to ensure that the decision on waste disposal is consistent with this policy. (Appendix 6).

The arrangements consider the location of clinical waste bag holders and bin type containers in surgical areas, treatment rooms, sluice rooms and similar dedicated areas where clinical waste arises. For wards and similar areas the arrangements consider locating clinical waste bag holders and bin type containers for times of use, to avoid patients and the public mistakenly entering household waste into the clinical waste stream.
4. Waste Disposal

4.1 Clinical Waste

Clinical waste as described in 2.1 shall be disposed of in one of the following ways:

a. Heat treatment and shredding. This is also referred to as Heat Disinfection System (HDS);

b. Incineration;

c. Maceration and discharge into sewer.

4.1.1 Orange Stream Clinical Waste

Low risk clinical waste consists of any of the following. (These may contain Advisory Committee on Dangerous Pathogens Hazard Group 1 – 3 pathogens but will exclude Transmissible Spongiform Encephalopathy and the agents associated with Creutzfeldt-Jakob Disease (CJD) and the wastes arising from related research, as detailed in the Report of the Advisory Committee on Dangerous Pathogens).

a. Soiled dressings, swabs, examination gloves, tubing, etc., and any other contaminated items which may have been in contact with or used in the treatment of patients – placed in bag containers;

b. Soiled incontinence pads, nappies and bedpan disposables - placed in bag containers; NB “sanpro” waste.

c. Used sharps, used drugs glass vials (empty), and syringes (fully discharged) - placed in sharps containers with orange lids;

d. Volumes of contaminated liquids, including suction waste - solidified to prevent leakage and placed in identified transit container;

e. Unrecognisable tissue - placed in bin containers;

f. Peritoneal dialysis and haemodialysis waste, empty bag into sluice, place in bag and then thick orange bag;

g. Autoclaved microbiological culture and other pathogenic laboratory/pathology waste – placed in transparent bags with light blue markings prior to autoclaving, thereafter in bag containers;

h. Blood - solidified to prevent leakage and placed in bin containers.
4.1.2 Orange Stream Waste Bags

Low risk clinical waste for bag containers must be placed in **ORANGE BAGS** to suit care setting policy. The bags should be filled to no more than two thirds full, closed using the swan neck method and/or securely sealed with a ratchet type ID clinical waste tag. Staples must not be used as they may cause injury to handlers and damage the bag.

For Group E Wastes, Papier Mache utensils for faeces, urine and vomit must be macerated for discharge into the sewer. If no macerator is available the contents must be flushed down the toilet and the empty container placed in an **ORANGE BAG** and treated as low risk clinical waste.

Urine and stoma bags which have been emptied, together with tubing, nappies and incontinence pads and stoma bags must be placed in **ORANGE BAGS** and treated as low risk clinical waste. [Some areas have been successful in taking this waste out of the clinical waste stream and disposed as “sanpro” waste – see Appendix 8].

Sanitary items such as nappies, sanitary towels, tampons, etc., should be placed in the designated disposal unit, where provided, **unless** the sanitary waste is a direct product of clinical/patient activity, in which case it should be disposed of as low risk clinical waste as detailed above.

4.1.3 Orange Stream Waste Management and Disposal of Sharps/Bin Containers

Used sharps, which may comprise of syringes, needles, scalpels and similar metal parts, cartridges, glass ampoules and vials, broken glass and any other sharp instrument, must be discarded intact and placed in a **UN type approved sharps container with orange lid** complying with British Standard 7320. Sharps containers supplied to clinical areas via Central Stores, purchased on Central Contract, comply with the above standards. Containers should only be filled to the “fill-to” mark. Unused medicinal or pharmaceutical products must be returned to the Pharmacy.

Quantities of liquid blood, dialysis fluid and other contaminated liquids must be within two clinical waste bags contained and placed in a rigid leak proof **UN Type approved bin container with orange lid**, of suitable size, complying with British Standard 7320.

Other low risk clinical waste for bin containers must be placed in a rigid leak proof **UN Type approved bin container with orange lid**, of suitable size complying with British Standard 7320. All bin containers supplied to clinical areas via Central Stores, purchased on Central Contract, comply with the above standards.

Sharps and bin containers must be suitably marked by location or a coded tag. The hospital, health centre/clinic, date and name of the ward/department generating the waste should be written clearly on the sharps/bin container or use coded tag. These sharps/bin containers must **NOT** be filled above the “fill-to” line. Sharps bins/containers should be changed monthly or when reaches to “fill to” line, whichever comes first. Sharps/bin containers must **NOT** be placed inside bags.
4.1.4 Yellow Stream Clinical Waste

High risk clinical waste consists of any of the following:

a. Human Tissue - Recognisable Body Parts – placed in special box containers;
b. Contaminated Metal Parts – Prosthesis and Pins, etc. – placed in special box containers;
c. Highly Infectious Waste Hazard Group 4 and CJD agents, etc. – placed in yellow clinical waste bags for incineration;
d. Infected Blood Waste Hazard Group 4 and CJD agents – stabilised to prevent leakage and placed in yellow clinical waste bags;
e. Placenta - placed in special box containers (placenta containers).

Care must be taken to ensure that aerosols and certain glass waste are not put into the YELLOW STREAM for incineration due to the explosion damage within incinerators and the resulting risk of injury to incinerator attendants.

4.1.5 Yellow Stream Waste Bags/Containers

Waste shall be bagged in UN type approved YELLOW BAGS for incineration to suit care setting policy. The bags should be filled to no more than two thirds full, closed using the swan neck method and securely sealed with a ratchet type clinical waste tag. Staples must not be used as these may cause injury to handlers and damage the bag. Bags should be marked when put in use with the date and name of generating ward/department, hospital, health centre/clinic.

Wards and departments should arrange uplifts of this waste by Facilities staff.

Anatomical waste is double bagged and placed in Clinical Waste wheelie bin/RIGID CONTAINERS for incineration. Containers should be locked and marked with theatre number, case number, date and time. After uplift of anatomical or pathological waste containers, Facilities staff shall transport this waste to secure storage for ultimate uplift and disposal.

4.1.6 Yellow Stream Waste – Contaminated Metal Parts (Artificial Joints/Pins/Surgical Tools) Waste Containers

All contaminated metal parts are to be incinerated. A YELLOW BOX with a black lid for incineration (XL box container) should be used. This system will be used for all Disposable Metal Products. The date and name of the ward/department generating the waste should be written clearly on the container along with the waste type printed INDELIBLY in BOLD eg. – CONTAMINATED METAL or PROSTHESIS - West Lothian Use ID tags.

Departments should arrange special uplifts of this waste by Facilities staff.

After special uplift of contaminated metal or prosthesis waste, Facilities staff shall transport the waste to dedicated, secure storage pending uplift for disposal.

4.1.7 Yellow Stream Waste – Waste Containers

Products of conception from Gynaecology should be placed in UN type approved YELLOW BAGS for incineration), closed using the swan neck method and sealed and forwarded to the Mortuary Cold Storage where they shall be placed in a UN type approved YELLOW BAG for incineration and UN type approved YELLOW bin container (for incineration) already in the deep freeze. When 50% full or at the end of each day this bin container should be sealed.
Placenta not being submitted for pathological examination and embryo and foetal tissue from pregnancies under 24 weeks duration NOT going for autopsy or for hospital cremation/burial should be contained in a clear plastic bag or suction unit liner and placed in a special UN type approved YELLOW CONTAINER – for incineration (placenta pack) box container and stored in a fridge. Placenta boxes have pre-printed labels attached to them which require to be completed to indicate the contents are for separate incineration.

Departments should arrange special uplifts of this waste by Facilities staff.

After uplift of waste, Facilities staff shall transport the waste to a freezer in the Mortuary or to similar dedicated, secure freezer storage pending uplift and disposal. The boxes shall be stored separately from clinical waste and finally disposed of by incineration. The guidelines provided in the Scottish Office DGM circular (1992) 4 dated 10 January 1994 on sensitive disposal of foetuses shall be followed at all times, copies of this guidance is held with the appropriate departments.

4.1.8 Orange Stream Waste – Laboratory and Other Highly Infectious Waste Containers

Potentially hazardous microbiological culture and other pathogenic clinical waste from pathology departments and other clinical or research laboratories should be autoclaved or otherwise made safe near the site of production before final disposal. Wastes destined for autoclaving should be labelled and bagged in a 170 gauge transparent bag marked “Autoclavable Disposable Bag” in blue lettering. Treated material should then be re-bagged in ORANGE BAGS.

If autoclaving is not possible the waste shall be placed in UN type approved YELLOW bin container with yellow lid for incineration.

Certain Laboratory and Other Highly Infectious Waste which can only be disposed by incineration waste shall be placed in UN type approved YELLOW bin container with yellow lid for incineration, eg.

a. all clinical waste from “highly infectious” cases ie. patients in strict isolation with known or suspected infection with Hazard Group 4 pathogens (eg. Lassa, Ebola and haemorrhagic fever viruses, etc.);

b. all clinical waste from the agents associated with Creutzfeldt-Jakob Disease (CJD) and the wastes arising from related research;

c. all animal carcasses from clinical or research Laboratories, with known or suspected infection with Hazard Groups 2 - 4 pathogens;

d. all unautoclaved microbiological culture and other pathogenic clinical waste from clinical or research Laboratories, with known or suspected infection with Hazard Groups 2 - 4 pathogens;

e. Infected blood, stabilised to prevent leakage (including any bags or tubes, etc.) with known or suspected infection with Hazard Group 4 pathogens.

Departments should arrange special uplifts of this waste by Facilities staff.

After special uplift of any contaminated waste, Facilities staff shall transport the waste to dedicated, secure storage.
4.2 **Special Waste**

Special Waste consists of any of the following:

a. Pharmaceuticals and Other Pharmacy Chemicals - placed in bin containers, marked “pharmacy”;

b. Cytotoxic and Cytostatic Waste – placed in bin containers, marked “cytotoxic/cytostatic”;

c. Radioactive Waste – under specific authorised procedures;

d. Mercury, Dental Amalgam and other “Heavy” Metals eg. contaminated Ni-Cad batteries from patient inserts – placed in bin containers, marked with type of substance contained.

Care must be taken to ensure that aerosols and certain glass waste are not put into the YELLOW STREAM for incineration due to the explosion damage within incinerators and the resulting risk of injury to incinerator attendants.

4.2.1 **Special - Pharmaceuticals and Other Pharmacy Chemicals**

“Pharmaceuticals and Other Pharmacy Chemicals” is taken to mean:

a. any medicinal product, as defined by section 130 of the Medicines Act 1968 (or a component used in the manufacture of such a product), which becomes unsuitable for use on the grounds of safety, quality or efficacy; or

b. pharmaceutical residues arising from healthcare treatment.

These wastes are designated as Special Wastes under the Special Waste Regulations: 1996 and require a pre-notification consignment note to facilitate handling and disposal. The required monitoring, handling, documentation and disposal of pharmaceutical waste is managed by the Pharmacy Department.

In the context of the Waste Disposal Operational Policy, such pharmaceutical waste can arise from the supply, storage and use of pharmaceutical products within the organisation’s property or indeed the return for disposal of unwanted medicines collected from patients whose treatment has been amended.

a. **Medicinal/pharmaceutical products considered unsuitable for use MUST** be returned to the Pharmacy Department, for disposal. Each item returned to Pharmacy must be documented;

i. **products removed from ward/departmental storage** must be recorded on an Indent for Pharmacy order form and clearly marked ‘for return to Pharmacy’. It is, thereafter, the responsibility of the Pharmacy Department to determine the appropriate disposal of the returned item(s).

ii. **products removed from patients** with their authority for disposal must be recorded on an “Authorisation for use or destruction of Patients’ Medicines”. 

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iii. **controlled drugs from wards.** The Pharmacy must be notified by telephone of the intended return of any Controlled Drug. Pharmacy will arrange for their return.

b. **Pharmaceutical residues from healthcare treatment are processed:**

i. **Fully discharged** ampoules/vials/syringes which may contain residual pharmaceutical waste must be discarded intact and placed in a **UN type approved bin container**, complying with British Standard 7320 and disposed by the Low Risk Clinical Waste – yellow container with orange lid.

ii. **Unused or large volume** residual pharmaceutical waste including all unopened medicinal or pharmaceutical products must be retained in the original container and returned to pharmacy for disposal. Advice on the disposal of pharmaceutical waste is available from the Pharmacy Department.

All Pharmaceuticals and Other Pharmacy Chemicals from Pharmacy Department are to be incinerated. Pre-notified wastes must be placed in a **UN type approved YELLOW BIN with blue lid for incineration**, of suitable size complying with British Standard 7320. The name of the pharmacy department generating the waste should be written clearly on the container along with the waste type printed INDELIBLY in BOLD eg. – **PHARMACY WASTE**.

Pharmacy Departments should arrange via Site Logistics Managers uplift of this waste by the licensed waste contractor.

### 4.2.2 Special - Cytotoxic and Cytostatic Waste

Cytotoxic and cytostatic wastes are designated as Special Wastes under the Special Waste Regulations: 1996 and require a pre-notification consignment note to facilitate handling and disposal. The required monitoring, handling, documentation and disposal of pharmaceutical waste is normally managed by the Pharmacy Department. Advice on the disposal of pharmaceutical waste is available from the Pharmacy Department.

All cytotoxic and cytostatic wastes are to be incinerated. Pre-notified wastes must be placed in a **UN type approved YELLOW bin container with purple lid for incineration**, of suitable size complying with British Standard 7320. Bin containers supplied to clinical areas via Central Stores, purchased on Central Contract, comply with the above standards. Containers should only be filled to the “fill-to” mark.

The date and name of the hospital, ward/department generating the waste should be written clearly on the bin, along with the waste type printed INDELIBLY in BOLD eg. – **CYTOTOXIC WASTE** or waste type identified by means of printed tape. These bin containers must **NOT** be filled above the “fill-to” line. **Bin containers must NOT be placed inside bags.**

Bins must be securely stored separately from all other waste and shall be uplifted by the licensed special waste contractor at predetermined times.
4.2.3 Special - Radioactive Waste

The waste generated is a by-product of Medical Diagnostic and Therapeutic Procedures using Radionuclides. This waste is classified as Clinical Waste and is a Group C waste. The accumulation and disposal of this waste is regulated by the Radioactive Substances Act 1993. NHS Lothian has a Certificate of Authorisation for the disposal and accumulation of Radioactive Waste.

The Radioactive Wastes are listed under:

a. Solid Radioactive Waste;
b. Liquid Radioactive Waste.

The Certificate includes proposals for the accumulation of Radioactive Waste, before it is disposed of.

The waste will be contained in approved metal containers as appropriate in the consent. Storage takes place in a locked storage room. Shielding will be used during storage where necessary. Appropriate protective clothing will be worn when handling these wastes.

Disposal of Radioactive Waste will be in accordance with the conditions contained in the Certificate of Authorisation for the Disposal and Accumulation of Radioactive Waste.

Disposal of Radioactive Waste is managed by NHS Lothian Radiation Protection Advisor.

4.2.4 Special – Mercury (See Appendix 3) for disposal use rigid yellow leak proof container with a red lid. Mark special waste and contact local Site Logistics Manager.

4.3 Waste Arising in Community Settings

When healthcare professionals administer care outwith NHS premises they must carry out a risk assessment as shown in Appendix 6 to ensure that clinical waste does not enter the household waste stream.

All used sharps and any wastes with a designated infection hazard will be returned to an operational NHS base, or be subject to special collection arrangements, for disposal in the ORANGE STREAM.

Foetal Tissue and Placenta and any wastes with a designated high infection hazard will be returned to an operational NHS base, or be subject to special collection arrangements, for disposal in the YELLOW STREAM.

Unused pharmaceuticals and other unused pharmacy chemicals administered by the healthcare professional outwith NHS premises and any designated special wastes will be returned to an operational NHS base, or be subject to special collection arrangements, for disposal as High Risk Clinical Waste – Special Waste. Any of the patient’s own unused pharmaceuticals and other unused pharmacy chemicals, etc. should be returned by the patient via the community pharmacy.
NHS Lothian Logistics Department provide a comprehensive uplift and disposal service for clinical waste and special wastes from community premises, general medical practitioners, general dental practitioners, community pharmacists and others. Access to the service is via the Transport Operations Manager, telephone number 01506 523601 (internal extension 53601). Details of the service provided are contained in Appendix 9.

4.4 Red Stream Waste – Particular Special Wastes – Arising Directly from Healthcare Processes for recovery

4.4.1 This is the highest class of waste arising from healthcare and the stream is subject to particular requirements for recovery as the wastes cannot be disposed by incineration.

This section details the particular requirements for recovery as the wastes which generally contain “Heavy Metals” are knowingly some of the most dangerous and hazardous substances used in the delivery of healthcare. Such waste is subject to the greatest rigours in handling to prevent risk of infection and contamination from wastes subject to particular statutory requirements.

Consideration should be made to avoid these wastes arising in the first place.

- Why does the waste arise in the first place?
- Could this be eliminated at procurement?
- Could better practice or alternative clinical techniques be employed?
- Are we using outmoded technology that created recurring revenue and environment impact?

Recovery and disposal of any residual substances is by specialist recovery and reprocessing outwith Scotland under controlled waste consignment to particular recovery facilities. It is waste specific, involving red colour coded waste containers labelled for each individual waste type. It is particularly expensive and has a high environmental impact. Waste in this category should be kept to only that defined as hazardous or as Special Waste, or with no other alternative and effective safe means of disposal.

4.4.2 Red Stream Waste - Segregation

Red Stream waste consists of certain waste on the “EC – Red List”. The following wastes are those expected to arise directly through the healthcare delivery environment (generally from dental and x-ray service functions):

a. Amalgam (normally from dental services, including amalgam, amalgam capsules and teeth with amalgam fillings for recovery and reprocessing) placed at sources into the specific and individual Red Stream bin container for recovery;

b. Lead and any other “heavy” metal compounds, including x-ray and other photochemicals and fixers with silver, cadmium, lithium, etc. (normally from dental and or x-ray equipment and associated processes) placed at source into the specific and individual Red Stream bin container for recovery;

c. If any other suspected Red List substances are identified for disposal, contact the NHS Board Waste Manager for further advice.
When healthcare professionals administer care outwith NHS premises they must carry out a risk assessment to ensure they are environmentally responsible and that such waste does not enter the household waste stream under any circumstance. If any of the above listed **RED STREAM** wastes arise, they should be returned to an operational NHS base for disposing only in the **RED STREAM** for recovery.

### 4.4.3 Red Stream Waste – Packaging – Using Bin Waste Containers

As a specific procedure – all Red Stream wastes from healthcare delivery as identified in section 4.4.2 for bin containers must be placed into the appropriate **RED STREAM** **UN type approved bin containers** to suit local care setting procedures (ie. red (or white in the interim) bin with appropriate Red lid and Red Stream label with appropriate red text). In particular, these specific bin containers are for disposing of:

**Amalgam** – (normally from dental services) to be carefully placed into either a 0.5, 1.0 or 5.0 litre size Red Stream waste bin container to suit the quantities of waste arising, ie. Red bin with a Red screw top lid and an Amalgam Waste – Red Stream label with red text.

**Amalgam Capsules** - (normally from dental services) to be carefully placed into either a 0.5, 1.0 or 5.0 litre size Red Stream Amalgam waste bin container selected to suit the quantities of waste arising, ie. Red bin with a Red screw top lid and an Amalgam Waste – Red Stream label with red text. Before use, place a self-adhesive pre-printed “Amalgam Waste – Capsules” label on the bin selected, over the existing bin label.

**Teeth with Amalgam** - (normally from dental services) to be carefully placed into either a 0.5, 1.0 or 5.0 litre size Red Stream Amalgam waste bin container selected to suit the quantities of waste arising, ie. Red bin with a Red screw top lid and an Amalgam Waste – Red Stream label with red text. As this must be clearly labelled to describe the contents, before use place a self-adhesive pre-printed “**Teeth with Amalgam**” label on the bin selected, over the existing bin label.

These are solely for Red Stream Amalgam Waste and consigned directly by way of the **RED STREAM** waste collection service for recovery and reprocessing.

Supply of bins and resulting up-lift will be by NHS Lothian Transport Services under controlled waste consignment working to Scottish Environment Protection Agency (SEPA) guidelines.

**Lead Foils** – (normally from dental services) placed into a 5.0 litre size Red Stream Lead Foils waste bin container to suit the quantities of waste arising, ie. Red bin with a Red screw top lid and a Lead Foils Waste – Red Stream label with red text. A 5.0 litre size Clinical User flip top sleeved room bin is also available for use in the processing room, where this is a user preference. When full of waste, the sleeve to be placed into the 5.0 litre size Lead Foils bins, as above.

This is solely for Red Stream Lead Foils Waste and consigned directly by way of the **RED STREAM** waste collection service for recovery and reprocessing.

Supply of bins and resulting up-lift will be by NHS Lothian Transport Services under controlled waste consignment working to Scottish Environment Protection Agency (SEPA) guidelines.
X-Ray and Associated Photochemicals, Fixers and Developers with Silver, Cadmium, Lithium, etc. (normally from dental and or x-ray services equipment and associated processes – for an individual and specific fluid or chemical, carefully placed without spillage into a 10.0 litre size Red Stream waste bin container to suit the quantities of waste arising, ie. Opaque bin with a screw top lid and a Red Stream waste label with red text. When full, the 10.0 litre container label should be completed with details of the specific fluid or chemical waste for disposing.

The label must state the appropriate EWC codes from Chapter 09 (Photographic Industry). The EWC code used will vary on the particular waste produced. Additional guidance can be sought from produce MSDS (COSHH sheets) and from the NHS Board Waste Manager.

Where individual bulk dental and x-ray and associated wastes are up-lifted directly by a specialist waste recovery contractor from NHS Board x-ray facilities and taken directly to the recovery facility, then use an appropriate Chapter 09 EWC code. See details below.

Where individual small quantities of dental and x-ray and associated wastes are up-lifted, stored or taken back by the NHS Board, or their healthcare waste contractor, for onward transfer to a specialist waste recovery contractor, then the appropriate Chapter 09 EWC code should be used, along with EWC code 18-01-06. Further advice on such consignments may be obtained from the NHS Board Waste Manager.

This is solely for individual and specific Red Stream Waste fluids/chemicals and consigned directly by way of the RED STREAM waste collection service.

Supply of bins and resulting up-lift will be by NHS Lothian Transport Services under controlled waste consignment working to Scottish Environment Protection Agency (SEPA) guidelines.

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<th>Waste Description</th>
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<th>Details</th>
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<td>09-01-01</td>
<td>Water based developer and activator solutions</td>
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<td>09-01-02</td>
<td>Water based offset plate developer solutions</td>
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<tr>
<td></td>
<td>09-01-03</td>
<td>Solvent based developer solutions</td>
</tr>
<tr>
<td></td>
<td>09-01-04</td>
<td>Fixer solutions</td>
</tr>
<tr>
<td></td>
<td>09-01-05</td>
<td>Bleach solutions and bleach fixer solutions</td>
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<tr>
<td></td>
<td>09-01-06</td>
<td>Wastes containing silver from on site treatment of photography wastes</td>
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<tr>
<td></td>
<td>09-01-07</td>
<td>Photographic film and paper containing silver or silver compounds.</td>
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<td>This is not special waste, but for NHS purposes shall be considered as</td>
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<td>if special waste and to be rendered unrecognisable.</td>
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<td>09-01-08</td>
<td>Photographic film and paper free of silver or silver compounds.</td>
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<td></td>
<td>09-01-99</td>
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<td>considered as if special waste and to be rendered unrecognisable.</td>
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5. **Transport and Storage Arrangements**

The offensiveness, the packaging, the storage and frequency of collection should be assessed, the risks recorded and appropriate transport and storage arrangements put in place.

Bags used for waste disposal must not be filled to more than two thirds capacity. During filling the bags should be held in an appropriate wall mounted bracket, or floor standing holder.

When the bag is ready for disposal, it should be removed from the holder, closed using the swan neck method and securely sealed with a ratchet type clinical waste tag. This tag for the larger sites will be coded to ensure traceability of the waste. Cardboard should not be bagged before collection.

Facilities staff will remove waste from wards and departments and transport the waste to designated collection areas. **Dedicated trolleys and bins must be used to transport waste.**

It is a serious disciplinary offence not to follow these requirements.

All containers must be identifiable as to the department disposing, either by coded tag or department name written clearly on container.

All clinical waste movements off sites, ie. collection from community premises, must be undertaken in accordance with legislative requirements under Special Waste Regulations 1996 (As Amended), Special Waste Amendment (Scotland) Regulations 2004. This requires all such waste to be consigned as special waste and drivers moving this waste must be appropriately trained and, where required, hold the appropriate ADR licence.

European Waste Catalogue (EWC) codes must be detailed on the consignment documentation, this provides a description of the dangerous good being carried on the vehicle.

5.1 **Storage of Containers in Clinical Areas**

Keep an adequate supply of clinical waste bags, sharps bins and bin containers in a clean dry storage area to avoid contamination prior to use in the clinical area;

a. Keep filled clinical waste bags, sharps bins and bin containers in designated areas separate from other waste eg. laundry prior to uplift;

b. Never allow unsecured clinical waste to accumulate in corridors, wards, treatment areas or other such unsuitable places where there is access by the public;

c. Never place heavy or sharp objects on top of clinical waste bags, sharps bins and bin containers;

d. Never throw or drop clinical waste bags, sharps bins and bin containers.
5.2 Basic Safety Rules

a. Clinical waste must be handled and transported safely and carefully at all times. Damaged containers create a risk of infection and/or injury to staff and others;
b. Incorrectly packaged, inadequately sealed or unlocked clinical waste containers will not be handled or transported.

Always:

a. Examine clinical waste containers carefully before handling or moving;
b. Wear suitable protective clothing and gloves;
c. Report all damage or incorrectly sealed containers to the person in charge of the designated collection point and supervisor;
d. Carry clinical waste bags by the neck;
e. Carry sharps bins, bin and box containers by the handle provided;
f. Transport clinical waste separately from all other items;
g. Ensure that a Spillage Kit, Trem Card, safety equipment and Consignment Notes are carried in the Collection Vehicle;
h. Drivers must carry with them identity card with photograph;
i. Ensure that the load is secure.
j. Wash hands after handling waste and before carrying out other duties.

Never:

a. Remove clinical waste containers unless they are properly sealed and labelled, showing type of the waste, origin and date sealed;
b. Remove damaged clinical waste containers;
c. Compact or crush clinical waste containers;
d. Throw or drop clinical waste containers;
e. Leave clinical waste unattended.

5.3 Minimum Standards for Clinical Waste Storage

Clinical Waste Storage shall:

a. Be secured (by lock) against unauthorised entry at all times and at the very least in non-public areas;
b. Be suitably marked CLINICAL WASTE – NO UNAUTHORISED ACCESS;
c. Be exclusive for clinical waste. If this is not possible, designated and delineated areas that pose no risk of infection or injury must be identified;
d. Be so arranged to ensure waste stream containers of suitable sizes are stored separately;
e. Be clean, free from spillage and subject to periodic cleaning at regular appropriate intervals;
f. Have adequate access and egress whenever required;
g. Have a copy of the organisation’s Written Spillage Procedure on display;
h. Be provided with a complete Clinical Waste Spillage Kit;
i. Have reasonable access to hand washing facilities close to point of storage;
j. Be free from visible signs of pest infestation;
k. Be adequately ventilated and illuminated.

5.4 Staff Protection

Staff handling clinical waste shall be offered appropriate immunisation, including Hepatitis B and Tetanus. There are arrangements for dealing with staff who decline to accept the Board immunisation service and for those who do not sero-convert, to include clear guidelines on the type of work conducted and the exposure prone procedures for patients and other staff.
6. Training Requirements

Suitable training must be given at regular frequencies in order to ensure the safety of all staff involved in the waste disposal process.

All staff who work in areas where waste arises must receive instruction in waste handling, segregation, storage, and disposal procedures, and the use of protective clothing as appropriate to their range of duties and other circumstances.

All staff who may be required to move clinical waste by hand within a particular location must:

a. Ensure that the date and origin of the waste is marked on the bag/container or suitably tagged;

b. Check the storage bags are securely sealed using the swan neck method;

c. Handle bags by the neck only;

d. Know the procedure in the case of accidental spillage (see Appendix 2);

e. Check that the seal on waste storage bag is unbroken when movement is complete;

f. Wear protective clothing and gloves at all times;

g. Segregate BLACK/CLEAR, ORANGE, YELLOW bags, cardboard and rigid sharps containers and ensure that they are stored separately where appropriate;

h. Ensure that local ward/departmental wheeled bins are kept locked, and are used safely at all times;

i. Follow hand washing techniques.

Training will be provided at induction and on a local needs assessed basis, as identified by ward/departmental managers, to groups of staff involved in the processing, transportation and storage of clinical waste. Training records will be maintained by ward/departmental managers.

Additional ad-hoc training will be provided when there have been changes to legislation, Policy, or operational needs.

An e-learning package on waste management has been developed for NHS Lothian and all staff are required to undertake this e-learning. Departments will be audited on staff up-take of this training.
7. Responsibilities

It is the responsibility of all line managers to ensure that the Waste Disposal Operational Policy is efficiently implemented by staff at all levels.

Responsibility for specific aspects of waste disposal are as follows:

7.1 The Chief Executive, Chief Operating Officers and Directors are responsible for:

a. Ensuring that Policies and Procedures are in place for the management and disposal of controlled waste and that these procedures are discharged by the staff designated below.

7.2 The Departmental Head/Line Manager/Person in Charge is responsible for:

a. Assessment of the risk arising from wastes in area of control.

b. Ensuring compliance with this Waste Management Policy - correct segregation, marking etc.

c. Transfer of the waste to a responsible person (Facilities staff) who is authorised for this purpose and who will carry out duties in accordance with the transfer certification under the Duty of Care.

d. Identifying training needs and organising the training and instruction of staff through the Waste Management and Infection Control Departments and keeping accurate records of training provided. An e-learning package is available throughout Lothian on the intranet.

e. Ensuring that waste management is covered within local induction, for all new, temporary and locum staff.

f. Completion of an incident report form for any issues involving waste management. Incident report to be completed as per local arrangement.

g. Community and Nursing staff are responsible for ensuring that a Risk Assessment is carried out on their clients waste, so correct segregation and disposal is achieved. They are responsible for identifying their training requirements.

7.3 The Designated Waste Manager is responsible for ensuring:

a. Receipt of properly packaged waste and depositing this safely in the correct containers to an agreed time schedule.

b. Each area where clinical waste is generated has the appropriate clinical waste containers in place.

c. The waste received at the designated area is disposed of in accordance with the Environmental Protection Act authorisation.

d. Review procedures for the handling and disposal of clinical waste in line with current legislation and best practice.
e. Representing the organisation in liaison with external authorities.

f. Overseeing monitoring of all waste disposal arrangements and carrying out of regular audit of clinical waste procedures and practices in conjunction with the Infection Control Nurse Team (where applicable) and members of the waste management group, thus ensuring compliance with legislation.

7.4 Producers - Nursing / Medical and Domestic Staff are responsible for:

a. Clinical/household/recycling waste is segregated and placed into correct colour coded waste bag.

b. Clinical/household waste bags must be no more than two thirds full.

c. When sealing clinical/domestic waste bags the following must be adhered to:

i) Clinical waste - the bag should be swan necked and/or sealed using a ratchet type clinical waste tag. On use, these bags should also be marked with the date and name of generating ward/department, hospital, health centre/clinic using a marker pen. Sharps containers should be correctly sealed and identified.

ii) Household waste - closed securely. There is no need to date these bags.

d. All waste must be segregated and placed into the appropriate containers to await uplift. These containers must not be overfilled.

e. Community staff carry out a risk assessment on all waste designated as clinical waste and ensures that the correct collection procedures are in place and regularly reviewed.

7.5 Facilities Porters and Drivers are responsible for:

a. The uplift and transport of all clinical/domestic waste from the designated collection points to the central storage areas, ensuring that the appropriate documentation is completed and accompanies the waste.

b. The porters/drivers must not uplift any clinical waste bags, which are not identified and appropriately sealed using a ratchet type clinical waste tag or swan neck tie and label. If this situation occurs, the porter/driver will bring this to the attention of the person in charge and request that the bag be appropriately sealed.

c. Ensuring correct use of personal protective clothing when collecting, handling waste.

d. Ensure utmost discretion when collecting waste from community settings.

e. Ensuring that waste carts received from the waste contractor are in a clean and fully operational condition prior to being issued to wards and departments.

f. Reporting any incidents relating to waste procedures to their line manager as per local protocol.
8. Security

During local ward or department storage of waste, **ORANGE bags, YELLOW bags and sharps containers** must be held in an appropriate colour coded clinical waste bin. The bins must be locked at all times, and should be held, where possible, in an area not normally accessible by patients or members of the public. Where colour coded bins are not available, then the waste should be stored securely, and separately from other waste streams (ie.: yellow, orange and black/clear waste must be kept separate from each other at all times). Keys for such bins should be secure from the public and not adjacent to bin.

During collection of waste, **ORANGE bags, YELLOW bags, sharps containers and designated containers** must be transported in an appropriate separate colour coded collection run by Facilities staff. The collection trolleys must be secured before leaving the ward or department and remain secure at all points between ward/department, and the clinical waste storage areas/loading bays as described in Part 5.

a. Anatomical waste from Theatres will be taken to the Store/Mortuary and kept within locked cold storage until collected for incineration;

b. Foetal tissue and placenta from Maternity will be kept in a locked refrigerator whilst awaiting collection for incineration;

c. Pathological waste will be kept in a locked refrigerator ready for collection for incineration.
9. Review Arrangements

This Waste Disposal Policy will be revised every two years. It will be kept under review and may also be amended in the light of service development or new legislation. Complaints, queries or suggestions concerning this policy should be forwarded to one of the following:

Head of Logistics 01506 523600
Local Site Logistics Managers Refer to local Internet Telephone Directory
## 10. References

**NOTE:**

*Where there is a requirement to address a listed reference, care should be taken to ensure that all amendments following the date of issue are included.*

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Appendix 1: Waste Hierarchy

There is a national agreed hierarchy of waste management principals that apply Board wide. These principles are based on a simple and straightforward guide to waste production.

**Waste Reduction**

Waste reduction involves minimising waste at source ie. avoiding producing waste, which reduces raw material use and production costs. This also reduces the cost of waste collection and disposal.

Waste reduction shouldn’t be a chore. It is just a matter of changing habits which will quickly becomes second nature.

**Re-use**

The term re-use refers to where waste is put back into the system without changing it chemically or physically. Historically many products were dealt with in this way eg. milk or soda bottles. Throughout the Board, internal envelopes are a good example.

**Recovery**

This involves the recycling of as much waste as practical from the disposal route. The most common of these will be cardboard, paper, glass and cans. Garden and kitchen waste can be composted and reused. Where possible we need to re-use any waste bi-products eg. after it has been through the Heat Disinfection System treatment process, clinical waste leaves a material called flock which can be burned and may in the future be used to generate energy in the form of heat.

**Disposal**

The last resort in the waste hierarchy, which may involve landfill, heat or incineration.
Appendix 2: Procedure for Accidental Spillage and Management of Accidental Exposure with Blood/Body Fluids

Specific groups of staff have been trained to deal with spillages in general areas, namely portering and domestic staff. Clinical staff should deal with spillages in clinical areas. Where staff are not adequately trained to deal with such instances they should secure the area and immediately contact their Line Manager.

Whenever a spillage occurs staff should locate the nearest spillage kit within their area and ensure that all required equipment is available. To aid staff, a content list should be provided. If contents are missing or inadequate staff should immediately contact their Line Manager.

A warning sign should be placed beside the spillage area (wet floor sign will suffice).

Before any spillage is dealt with, staff should be wearing the correct Personal Protective Equipment, the minimum being disposable gloves and plastic apron.

In clinical areas staff should follow the guidance laid out in the Trust ‘Infection Control Manual’. In general areas, a small amount of ‘on-duty’ granules should be used to cover the spillage. Allow time for the spill to be soaked up then as much of the granules and spillage as is possible should be lifted. This material should be placed in the orange clinical waste bag provided. Remember this material now contains the same hazard as the original spill and should be handled accordingly.

When the bulk of the spillage has been removed the area should be washed with ‘a general-purpose detergent eg. ‘Hospec’. It is imperative that the operator minimises splashing, as far as is possible, whilst carrying out the washing down procedure. If mops are used they should be rinsed, bagged and sent for machine washing.

After washing down and any other related work has been carried out, the disposable apron and gloves should be carefully removed and placed into the same orange bag as the spillage. This bag should now be sealed using a clinical waste tag provided within the spillage kit and disposed of in the correct manner.

Good hygiene standards should be maintained at all times and hands should be thoroughly washed after spillage procedure has been completed.

The incident should then be recorded using the NHS Lothian Incident Reporting System.
Appendix 3: Mercury Spillage Flowchart

**
Significant Spill: Large amount of mercury, or spill from sphygmomanometer where glass has broken and fallen from its casing giving rise to glass shards.

Evacuate, isolate and ventilate area of spillage and display warning sign in immediate area.

Notify appropriate manager.

Is the spillage significant? **

YES

Contact local health and safety advisor via switchboard

Contact Site Logistics Manager who will advise Waste Manager

Person in charge will record incident details on the mercury spillage log and complete an IR1 form.

All parties involved will review and evaluate the incident. N.B. Order replacement spillage kit from Central Stores Department.

NO

Obtain mercury spillage kit (see list next page).

Put on disposable safety equipment.

Collect spillage in accordance with spillage kit instructions using.

Transfer mercury or amalgam to labelled bottle provided in spillage kit.

**
Minor Spill: Thermometer, or partial spill from sphygmomanometer where glass is still contained within casing.

Contact local Site Facilities Manager
Appendix 4: Transport

Trolleys and carts used for the transportation of clinical waste must be designed and constructed so that:

a. They do not harbour insects;

b. They can be easily cleaned and drained;

c. Particles of waste do not become lodged in the fabric of the conveyance;

d. The waste may be easily loaded, secured and unloaded.

In circumstances where, due to lack of on site facilities, clinical waste is transported over the public highway to another location:

a. Appropriate documentation must be completed and accompany the waste;

b. Provision must be made for the storage of clinical waste, separate from all other materials. Adequate steps must be taken to prevent contamination of other materials carried;

c. Measures must be taken to ensure the security of the waste and to avoid spillage.

Where waste is to be stored prior to collection, the area must be:

a. Situated in a separate area of adequate size relating to the frequency of collection, with bags of each coded colour kept apart;

b. Sited on a well drained, impervious hard standing which is provided with wash down facilities and suitable catch drainage;

c. Kept secure from unauthorised persons, particularly children, and entry by animals and free from infestations by rodents and insects;

d. Accessible to collection vehicle.
Appendix 5: Clinical Waste Disposal

The following colour coded plastic bags and rigid containers must be used to segregate clinical waste, produced in all wards and departments.

<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>CONTAINER</th>
<th>DETAILS AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW RISK WASTE</td>
<td></td>
<td><strong>UN type approved Orange Plastic 170g bags. All waste for disposal by HDS in the</strong></td>
</tr>
<tr>
<td>Soiled dressings, swabs, gloves, disposable tubing</td>
<td>ORANGE BAG</td>
<td><strong>ORANGE STREAM.</strong></td>
</tr>
<tr>
<td>and any other items which may have been in contact</td>
<td></td>
<td>Sharps or Contaminated Metallic items <strong>must not</strong> be disposed of in this waste bag.</td>
</tr>
<tr>
<td>with or used in the treatment of the patient.</td>
<td></td>
<td>All orange bags must be placed in the clinical waste collection bins.</td>
</tr>
<tr>
<td><strong>NO Sharps or Contaminated Metal Parts or</strong></td>
<td></td>
<td>Bags should be filled to no more than 2/3 full, swan necked and securely sealed with a</td>
</tr>
<tr>
<td><strong>recognisable Human Tissue</strong></td>
<td></td>
<td>ratchet tag.</td>
</tr>
<tr>
<td>LOW RISK WASTE</td>
<td></td>
<td>**UN type approved Rigid Sharps/Bin container with orange lid complying with British</td>
</tr>
<tr>
<td>Used Sharps</td>
<td>RIGID CONTAINER</td>
<td>Standard 7320 for disposal by HDS in the <strong>ORANGE STREAM.</strong></td>
</tr>
<tr>
<td>Including disposable syringes, needles, scalpels</td>
<td></td>
<td>Sharps/Bin containers should <strong>NOT</strong> be filled above the 'fill-to' line The source **</td>
</tr>
<tr>
<td>and similar metal/sharp parts, cartridges, glass</td>
<td></td>
<td>must be identified.</td>
</tr>
<tr>
<td>ampoule, <strong>used</strong> vials and broken glass.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood and contaminated liquids, Dialysis Waste and</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrecognisable</strong> tissue.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>CONTAINER</th>
<th>DETAILS AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH RISK WASTE</strong> Pathological Waste</td>
<td>YELLOW BAG, THEN RIGID CONTAINER</td>
<td>UN type approved Yellow Plastic 300g bags. All waste for incineration in the <strong>YELLOW STREAM</strong>. All Pathological waste must be double bagged. All yellow bag waste must be stored and collected separately from all other clinical waste. Bags should be filled to no more than two thirds full, swan necked and securely sealed with a ratchet tag.</td>
</tr>
<tr>
<td>Including anatomical parts and human tissue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for incineration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated Metal Parts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certain Highly Infectious Waste for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>incineration</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIGH RISK WASTE</strong> Pathological Waste</td>
<td>RIGID CONTAINER</td>
<td>UN type approved YELLOW Rigid Bin/Box container with yellow lid complying with British Standard 7320 for disposal by incineration in the <strong>YELLOW STREAM</strong> with waste type marked <strong>INDELIBLY</strong> in <strong>BOLD</strong>. Bin/Box containers should <strong>NOT</strong> be filled above the 'fill-to' line. The source must be identified. Containers must be stored and collected separately from all other clinical wastes.</td>
</tr>
<tr>
<td>Including human tissue, foetal tissue and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>placenta for incineration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contaminated Metal Parts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF IN DOUBT, CONSULT YOUR SUPERVISOR, WASTE MANAGER OR INFECTION CONTROL TEAM**
Appendix 6: Community Waste Risk Assessment and Clinical/Special Waste Uplift Request Form (Example)

This form must be completed for all patients where a request for Clinical/Special Waste uplift is being made.

Section 1 - Risk Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (✔)</th>
<th>No (✔)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the waste contain significant quantities of blood or haemodialysis waste?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain items used to dispose of faeces known to be infected with eg. Salmonella paratyphi A, B, C; Salmonella typhi; Shigella dysenteriae; E. coli 0157 etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain items used to collect drainage from body cavities via drainage tubes, fistula etc., but excluding peritoneal dialysis, urine drainage or stoma bags.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain items used to collect respiratory secretions from an individual known or clinically assessed to have acute Pulmonary Mycobacterial infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain sharps (volume too great for staff members’ sharps container)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain human tissue eg. foetal tissue or placenta, or excretion/secrections or items from an individual with known or clinically assessed infection with a Group 4 Pathogen? **High Risk Clinical Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the waste contain cytotoxic material? **Special Waste</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Risk Assessment Carried Out .................................................................

Signature ..............................................................................................................

If the answer to all of the questions above is **NO** then the patients’ waste can be disposed of as household waste. Patients should be given advice on how to dispose of their waste and be provided with a community waste information leaflet. This assessment should be kept in the patients’ records.

If the answer to any of the above questions is **YES** then Clinical Waste is being generated and the remainder of the form should be completed in full and sent to the Site Logistics Manager. This assessment should be kept in the patients’ records and reviewed three monthly or sooner, if required.
### Section 2 - Description

<table>
<thead>
<tr>
<th>How is the waste contained?</th>
<th>Sharps Container</th>
<th>Yellow Sack</th>
<th>Orange Sack</th>
<th>Community Waste Bin</th>
</tr>
</thead>
</table>

What is the estimated amount of waste per week (number of items)?

<table>
<thead>
<tr>
<th>Is a lockable yellow-wheeled bin required (more than 2 sacks generated within a week)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the client been given an appropriate coloured sack, sharps container or community waste bin?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the client received full instruction on how to use and secure the sack, sharps container or community waste bin?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the client been given a community waste information leaflet?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has an appropriate secure location been identified to store the waste prior to uplift?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
## Section 3 - Location of Waste

| Full Name of Patient/Householder | __________________________ |
| Address | __________________________ |
| Telephone Contact Number | __________________________ |
| General Practitioner | __________________________ |

| Date Requested | Signature | __________________________ |
| Date Received | Signature | __________________________ |
| Date Written Reminder Sent to Client | Signature | __________________________ |
| Date Discontinued | Signature | __________________________ |
Appendix 7: Domestic / Confidential Waste Disposal

The following colour coded bags must be used to segregate domestic / confidential waste, produced in all wards and departments.

<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>CONTAINER</th>
<th>DETAILS AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-INFECTED HOUSEHOLD WASTE</td>
<td>BLACK/CLEAR BAG</td>
<td>Black/Clear Plastic 170 or 300g bags Bags should be filled to no more than two thirds full and securely sealed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>CONTAINER</th>
<th>DETAILS AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONFIDENTIAL WASTE</td>
<td>OPAQUE BAG – Logistics department can supply rigid cardboard sack holders</td>
<td>Opaque plastic bags Bags should be filled to no more than 12.5kg (28lbs) and securely sealed using the swan neck method. Keep in a safe and secure area until collection. All confidential waste uplifted by our contractor is subject to a certificate of destruction and duty of care audit.</td>
</tr>
</tbody>
</table>

Check with your local Logistics team as to the frequency and method of arranging for confidential waste to be uplifted.

IF IN DOUBT, CONSULT YOUR LINE MANAGER, WASTE MANAGER OR INFECTION CONTROL TEAM
Appendix 8: Sanpro Waste Operational Procedure

1. **Definition of Sanpro Waste**

   Where risk assessment shows there to be no infection risk, Group ‘E’ wastes are not clinical waste.

   The category Group ‘E’ includes any items of waste used for the collection or disposal of human excreta and secreta. It is excluded from the definition of clinical waste and is not considered dangerous for carriage.

   However, while infection risk is low, it should be recognised that these items will often be of an offensive nature requiring adequate steps for handling and disposal arrangements.

2. **Scottish Environmental Protection Agency**

   Correspondence with SEPA confirmed that “if the material being dealt with via this proposal be kept within the Group ‘E’ material then there is no preclusion to it being directed to the appropriate landfill disposal.”

3. **Clinical Risk Assessment**

   Clinical Risk Assessment prepared by the Infection Control Department.

4. **General Risk Assessment**

   The assessment assumes that Sanpro is low risk waste and not subjected to the requirements for clinical waste, as defined in statute. It is accepted that the inclusion of Sanpro waste within the trade waste stream requires additional precautions and arrangements; these have been fully addressed in the assessment process.

5. **Proposed System of Work**

   - Use of brown (40 micron gauge) bags for Sanpro waste disposal.
   - Brown, black and orange plastic sacks to be segregated pending disposal.
   - Brown sacks to be securely stored in locked wheeled container pending uplift.
   - Brown sacks to be properly sealed by ratchet ties to ensure effective closure. Ties indicating source of waste, ie. clinical waste tags.
   - Frequency of internal and external collections to be monitored and adjusted as determined by operational requirements.
   - External flat hardstanding created for wheeled bins pending uplift.
   - Enclosed fenced area created to securely retain the locked wheeled bins for clinical waste (orange plastic sacks and yellow sharps containers) and Sanpro waste (brown sacks).
   - Sanpro and clinical waste bins will be washed as required.
   - Disposal of trade waste (black sack) to continue unchanged.

6. **Training**

   Comprehensive staff training sessions to be provided to ensure full understanding of the system and the need for immediate responsiveness in case of any outbreak which necessitates that the Sanpro waste be treated as clinical waste.

   Training arrangements must ensure the inclusion of all disciplines and new/temporary/agency/bank staff appointments.
7. **Quality Assurance/Monitoring/Audit**

The Sanpro waste system, in common with the clinical waste system, will be subject to monitoring and audit of both process and quality.

**Appendix 9: Clinical Waste Up-Lift Service: Operational Guidelines**

1. **Definition**

1.1 This service has been established to deal with clinical waste covered by the Controlled Waste Regulations 1992 and Hazardous Waste Regulations (Second Edition) and defined as:

- any waste which consists wholly or partly of human or animal tissue, or waste contaminated with blood or any other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments being waste which unless rendered safe may prove hazardous to any person coming into contact with it; OR

- any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research of the collection of blood for transfusion being waste which may cause infection to any person coming in contact with it.

1.2 Pharmaceutical and cytotoxic waste can now be disposed of through the system as all waste is subject to special waste regulations. Advice should be sought from the administration of the clinical waste service as to the appropriate containers to be provided.

1.3 Dental amalgam, developer, fixer, etc. will now be available as a service provided and advice should be sought from the administration of the clinical waste service.

2. **Safe Management of Clinical Waste: Duty of Care**

The Environmental Protection (Duty of Care) Regulations 1991 imposes a duty of care on anyone who has a responsibility for clinical waste at any stage from its production to its disposal in order to ensure that it is legally and safely managed.

3. **Provision of Plastic Sacks/Sharps Containers**

3.1 Orange and yellow plastic sacks and 2, 4 or 7 litre sharps containers with orange and yellow lids will be provided and distributed by NHS Lothian.

3.2 The orange plastic sacks and sharps/rigid containers supplied by NHS Lothian will conform with UN3291 requirements.
4. **Security/Segregation**

4.1 Clinical waste should be segregated from all other waste and securely stored to prevent unauthorised access pending collection.

   Ideally the waste should be retained in a store dedicated to this use.

4.2 Sharps/rigid containers should also be kept separate from orange plastic sacks.

4.3 The use of biohazard warning signs on access doors to clinical waste stores is recommended.

5. **Presentation/Collection of Waste**

5.1 To ensure complete security, clinical waste and sharps containers will be up-lifted from agreed locations within premises.

5.2 NHS Lothian personnel who provide this comprehensive service will carry personal identity cards.

5.3 NHS Lothian personnel will agree the actual day/time/frequency for the collection of waste from individual premises.

5.4 Clinical waste sacks must be properly presented for collection ie:

   - the contents of utensils for faeces, urine and vomit must be flushed down the toilet and the empty container placed in an ORANGE BAG and treated as low risk clinical waste;

   - marked (indelible marker) with the unique location code number to enable easy identification throughout the collection/transport/disposal process, provide information necessary for audit purposes;

   - securely tied and tagged to ensure sacks can be safely carried by the neck;

   - staples must **not** be used;

   - **not** be overfilled, punctured or leaking;

   - maximum weight 5 kgs.

5.5 Single use/disposable instruments.

   Metal instruments eg. scissors, forceps speculae, should be disposed of via sharps/rigid containers. Again, this container should be marked (indelible marker) with the unique location code number and department address to enable easy identification throughout the collection/transport/disposal process and provide information necessary for audit purposes.
5.6 Sharps containers must also be properly presented:-

- marked with unique location code number, practice, department or section and dated;
- securely assembled and sealed;
- no more than two thirds full;
- handled separately and must not be placed in plastic sacks.

6. **Disposal**

The clinical waste and sharps/rigid containers collected will be disposed of in accordance with current legislation at location(s) arranged by NHS Lothian.

**CONTACT**

NHS Lothian  
Clinical Waste Up-Lift Service  
St John’s Hospital  
Howden Road West  
Livingston  
West Lothian  
EH54 6PP

Tel No: 01506 523620  Fax: 01506 523604

February 2010  
NS/DG
### Appendix 10

#### Waste Management Segregation

**Instructions for the use of plastic bags and containers**

Refer to NHS Lothian Waste Disposal Operational Policy

<table>
<thead>
<tr>
<th>Description of bags / containers</th>
<th>Description of waste</th>
<th>Collection points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORANGE STREAM CLINICAL WASTE</strong></td>
<td>Items with blood or body tissue waste eg dressings soaked with blood or body fluids. Refer to risk assessment guidance. The bags should be filled to no more than 2/3 full, closed using the swan neck method and / or securely sealed with a ratchet type ID clinical waste tag. Location generating waste must be identified on all bags.</td>
<td>Clinical areas</td>
</tr>
<tr>
<td><strong>YELLOW STREAM CLINICAL WASTE</strong></td>
<td>Human tissue and recognisable body parts, highly infectious waste (hazard group 4 and CJD agents etc). Foetal tissue. The bags should be filled to no more than 2/3 full, closed using the swan neck method and / or securely sealed with a ratchet type ID clinical waste tag. Location generating waste must be identified on all bags.</td>
<td>Clinical areas</td>
</tr>
<tr>
<td><strong>SHARPS CLINICAL WASTE</strong></td>
<td>Needles, syringes, blades, IV cannulae, introducers for IV giving sets excluding tubing. (Placenta packs must be disposed of in dedicated rigid container). Sharp containers must not be placed into orange / yellow clinical waste bags. Black lidded box must be used for contaminated metal parts eg hip prosthesis.</td>
<td>Clinical areas</td>
</tr>
<tr>
<td><strong>SANPRO WASTE – specific sites only</strong></td>
<td>Non-infected waste eg continence products, catheter drainage bags (empty), gloves, procedure aprons used only when dealing with sanpro waste. Refer to risk assessment guidance</td>
<td>Clinical areas</td>
</tr>
<tr>
<td><strong>GENERAL WASTE</strong></td>
<td>Non-infected general waste eg household, paper towels, wipes, flowers, food containers / packaging</td>
<td>All areas</td>
</tr>
<tr>
<td><strong>GLASS</strong></td>
<td>Uncontaminated glass and non-pharmaceutical aerosol. HAZARD: Broken glass, crockery, tins &amp; aerosols must be well wrapped and put into a suitable cardboard box for disposal as general waste or recycling. The box must be clearly labelled: <strong>DANGER AEROSOL AND GLASS WASTE</strong></td>
<td>All areas</td>
</tr>
<tr>
<td><strong>PRINTER CARTRIDGES</strong></td>
<td>All types of printer cartridge. Refer to local site arrangements via Logistics office</td>
<td>All areas</td>
</tr>
<tr>
<td><strong>ALUMINIUM CANS</strong></td>
<td>Refer to local site arrangements via Logistics office</td>
<td>Staff rest rooms dining and coffee rooms</td>
</tr>
<tr>
<td><strong>PAPER AND CONFIDENTIAL PAPER</strong></td>
<td>All office type paper including leaflets envelopes, A4 card folders Excluding: Plastic clips, large metal clips, cardboard, Yellow Pages, bulky catalogues, books, paper hand towels, couch rolls, sandwich wrappers, polystyrene</td>
<td>Non-patient secure areas</td>
</tr>
<tr>
<td><strong>CARDBOARD</strong></td>
<td>Bundled and flat packed. Refer to local site arrangements via Logistics Office</td>
<td>All areas</td>
</tr>
<tr>
<td><strong>RADIOACTIVE WASTE</strong></td>
<td>Refer to Waste Disposal Operational Policy</td>
<td>Department specific</td>
</tr>
<tr>
<td><strong>PHARMACEUTICAL, MERCURY SPILLAGE</strong></td>
<td>These &quot;special&quot; wastes are packaged stored and uplifted according to Waste Disposal Operational Policy</td>
<td>All areas</td>
</tr>
</tbody>
</table>