



Waste Management Policy

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V1.0	24th April 2019	Approved by Management Assurance Group
V1.1	September 2022	Updated by Estates Business Support Manager and Sustainability Manager
V1.1	November 2022	Recommended by Health, Safety and Wellbeing Group
V2.0	December 2022	Approved by Compliance and Risk Group

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Linked procedural documents	IPC Safe Practice Guidelines Hardware Management Policy
Dissemination requirements	
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants,

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governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1.0 Introduction

The East of England Ambulance Service NHS Trust (hereon referred to as the Trust) covers an operational area of 7,500 square miles and provides the patient population with emergency, non-emergency and urgent care services.

The Trust has a legal responsibility to provide proper and safe equipment and safe systems of work and has a duty to exercise such reasonable care in the management of hazardous waste so as to avoid such acts and omissions which could reasonably be foreseeable to cause injury or harm to any person(s) who are closely and directly affected by the Trust's business. In taking reasonable care the Trust has considered relevant legislation in developing this policy document. The Trust also recognise our environmental responsibility to reduce waste going to landfill and promote more sustainable waste management practices.

The Management of Health and Safety at Work Regulations is based on the assessment of risk and, as healthcare waste is viewed as a substance hazardous to health under the Control of Substances Hazardous to Health Regulations (COSHH) due to it containing micro-organisms and pharmaceuticals, it is fundamental to and sets out the duty of the Trust to manage the risk by eliminating it, preventing it or putting in adequate control measures to reduce it. This policy will complement and develop the risk management initiatives already in place within the Trust, ensuring that future services and or service redesign remains safe and meets the needs of the population served as well as the changing healthcare environment.

The main risk for the Trust under COSHH is the day-to-day management of healthcare waste. The Trust recognises that minimum handling, tidiness, safe storage and transportation of clinical waste are essential to ensuring the health and safety of staff, patients and the general public.

2.0 Purpose

This policy is informed by the Hazardous Waste Regulations 2005, which provides an effective system of control for waste streams that are deemed harmful to human health or the environment or are difficult to handle. The term 'Hazardous Waste' is used in England to describe waste with hazardous characteristics in line with the European Hazardous Waste Directive and this term will be used throughout this policy document.

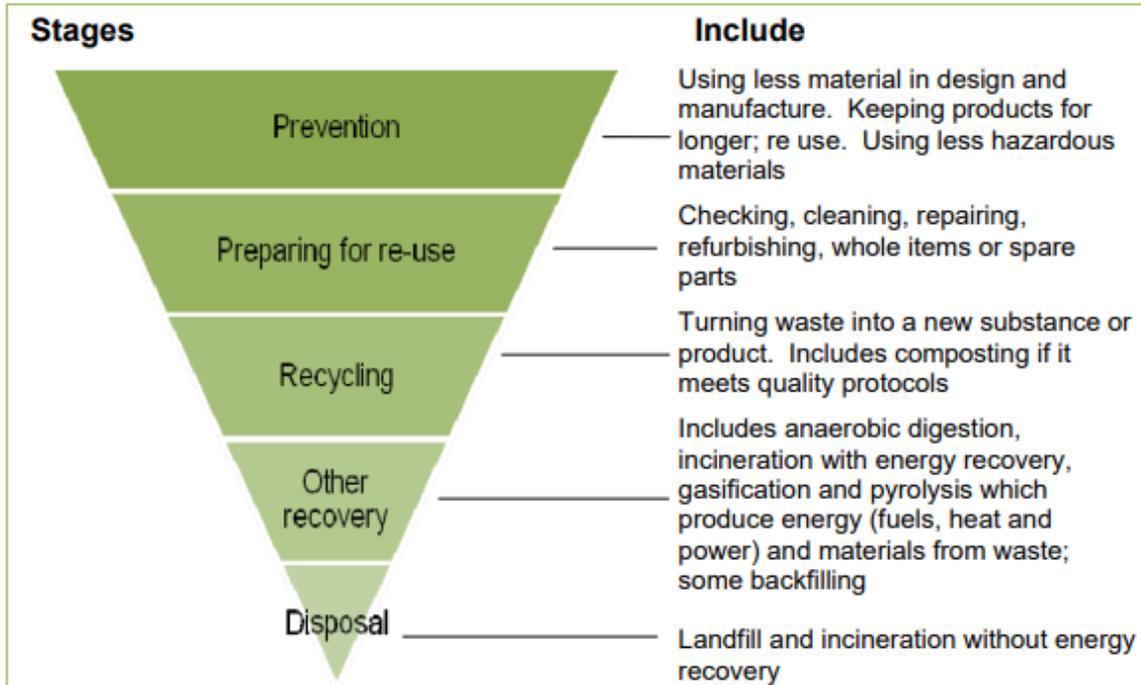
Reference within this policy document is also made of the of the Health Technical Memorandum 07- 01 Safe Management of Healthcare Waste in the context of the Trust's operations.

The purpose of this policy is to advise all staff employed by the Trust of the potential risks associated with the management of hazardous waste and to communicate the procedures and systems that have been put into place to ensure the safe segregation, handling, transportation and disposal of waste. All staff are required to follow this best practice guidance to reduce the potential risk and avoid injury, infection, and other harm to themselves, colleagues, patients, contractors and the general public.

Other intended outcomes include:

- Decreased risk of misappropriation of waste streams
- Decreased risk of prosecution arising from failure to comply with waste regulations
- A reduction in the volume of waste going to landfill, with a target of zero to landfill
- An increase in the volume of waste which is recycled
- Supporting delivery of the Trust's Green Plan
- Reducing the overall volume of waste produced, in line with the waste hierarchy and move towards a more circular system of resource management

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① The waste hierarchy is set out at Article 4 of the revised Waste Framework (Directive 2008/98/EC). The definitions of each of the stages can be found in Article 3 of the Directive. Non-exhaustive lists of disposal and recovery operations can be found in Annexes I and II of the Directive, respectively.

This Policy should be read in conjunction with the other Health and Safety policies as set out in 16.0.

3.0 Duties

3.1 *All Staff*

All staff have a duty to ensure that all waste is:

- described and labelled accurately
- safely and properly disposed of, via receptacles specifically provided for that purpose, taking note of any segregation requirements, as quickly as possible

Staff are also responsible for:

- selecting appropriate PPE based upon the risk assessment of the activity to be undertaken in accordance with EEAST safe practice guidelines, reducing health and safety risks arising from the disposal of clinical waste
- reporting to their Line Manager, Health Safety Manager / Risk Manager, and Health and Safety Representative, any issues arising from handling, transporting or disposing of clinical waste identified during the course of their work or in their working environment that is a potential hazard that could cause harm to colleagues, patients, contractors, visitors and others
- reporting all accidents and incidents involving clinical waste in accordance with the Trust's Management of Incidents Policy.

3.2 *Chief Executive*

The Chief Executive has overall responsibility for having an effective risk management system in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of Governance. Whilst the strategic development of risk management including waste compliance and its associated activities lies with the Chief Executive, the operational responsibility for implementation is delegated to the Executive Directors, Heads of Departments and General Managers. This responsibility is discharged through the Health, Safety and Wellbeing Group, and through the Compliance and Risk Group

3.3 Director of Nursing, Clinical Quality and Improvement

The Director of Nursing, Clinical Quality and Improvement holds delegated responsibility for managing clinical risk and clinical governance which incorporates any potential risks relating to clinical care including decontamination, infection control, healthcare waste management, medicines and research. They are responsible for ensuring that correct reporting lines exist internally and externally to provide a safe system of work for the clinical care of patients, which includes the management of hazardous waste. This is currently managed through chairmanship of the Trust Infection Prevention and Control (IPC) Group.

3.4 Infrastructure and Estates Programme Lead

The Infrastructure and Estates Programme Lead holds delegated responsibility for managing risk associated with all waste streams across the Trust. They are the designated lead in providing the Trust with organisational assurance for the management of waste and is responsible for the provision of a comprehensive performance reporting system to evaluate the effectiveness of the internal controls and risk management of waste. The day-to-day operational management of waste is devolved to the Waste Manager.

3.5 Head of Estates and Facilities

In conjunction with the IPC team, and the Operational Managers, the Head of Estates and Facilities holds delegated responsibility for all waste management operational issues, including development of procedures for the collection and disposal of waste.

The Head of Estates and Facilities is responsible for:

- ensuring that all healthcare waste is segregated, labelled, stored and disposed of safely and lawfully
- ensuring that the Trust's Waste Management Policy is kept up to date
- liaising regularly with Operational Managers to ensure that local healthcare waste disposal arrangements at depots and

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with other acute trusts/hospitals meet the Trust's legal obligations, and that measures that are reasonable in the circumstances are taken to prevent unlawful handling, storage, transporting and disposal of clinical waste

- ensuring that the requirements of this policy are brought to the attention of all staff and managers who have responsibilities for waste management across the Trust.

3.6 Waste Manager

The Waste Manager is responsible for ensuring that:

- potential risks are managed in accordance with the Trust's Risk Management Policy
- all waste contractors deliver services to a high standard, as stated in the SLA
- the Trust, in conjunction with the waste contractors, pursue innovation and improvements in the sustainability of all waste management
- audit findings from the DGSA are feedback to local management and acted upon
- training materials on waste management and SOPs are up to date and readily available to all staff
- each site has the appropriate waste receptacles to be able to segregate and dispose of waste safely

3.7 Operational Managers

Operational Managers, as advised through frequent liaison with the Waste Manager, are responsible for ensuring that:

- local healthcare waste disposal arrangements at depots and with other acute trusts/hospitals meet the Trust's legal obligations
- measures that are reasonable in the circumstances are taken to prevent unlawful handling, storage, transporting and disposal of clinical waste; and that
- risk assessments on the arrangements for healthcare waste are completed (according to the Trust's Risk Assessment Policy) and recorded, in conjunction with the Risk Manager, for each ambulance station and depot, and each main receiving hospital that staff attend on a regular basis where the waste follows the patient.

3.8 Waste Contractors

The Trust have appointed waste contractors for each of the following waste streams:

- Workshop waste, including vehicle batteries, tyres and waste oil
- Confidential waste; including electronics, uniform and paper
- Clinical waste; including sharps and waste pharmaceuticals
- General and recycling waste; including WEEE waste and household batteries
- Miscellaneous waste; including furniture and pallets

As part of the tender evaluations, each contractor is obliged to provide the Trust with their business continuity plans, quality assurance processes and environmental policies. Each contractor also has to demonstrate how they will support the NHS Carbon Reduction plan, and how they will have a positive social value impact.

Contract performance is managed by the Trust's Waste Manager, who is the main point of contact in the Trust for the external waste contractors.

The appointed contractors, and any subcontractors that work on their behalf, are responsible for the safe, ethical and lawful transportation and disposal of the waste and are legally obliged to provide the Trust with a waste transfer/consignment note.

3.9 *Dangerous Goods Safety Advisor (DGSA)*

An external body appointed by the Trust for auditing and assurance on practices relating to all dangerous goods which includes the following:

- Waste batteries
- Oxygen and Entonox
- Pharmaceuticals
- Clinical waste
- General waste

The Trust's DGSA provides a monthly report on the audit findings, with recommendations for improved safety and compliance. The DGSA may provide SOP documents and training materials if applicable and offer guidance and advice to the Trust on all matters relating to dangerous goods.

4.0 Consultation and governance

This policy has been developed with engagement from key stakeholders and will continue to be reviewed and updated every 3 years, or sooner if legislation and internal procedures fundamentally change.

5.0 Handling and disposal of all waste streams

Waste stream	Handling	Disposal
General waste	<p>Staff should utilise the bins provide to segregate general and recycling waste.</p> <p>The cleaning staff bag the general waste and place into the external bins for collection by the contractor.</p>	<p>External contractor collects and disposes of the waste with a target of zero to landfill, providing the Trust with a waste transfer note.</p>
Recycling	<p>Staff should utilise the internal bins provided to segregate general and recycling waste.</p> <p>The cleaning staff place the dry, mixed recycling into external bins for collection by the contractor.</p> <p>Household batteries should be deposited in the containers provided at each station.</p>	<p>External contractor collects and sends waste for recycling at a licenced facility, providing the Trust with a waste transfer note.</p> <p>Contractor collects and recycles batteries once the container is full. The waste manager must be notified if the bin contains more than 2% lithium content.</p>

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Waste stream	Handling	Disposal
	<p>Containers are provided at key sites for waste electrical and electronic equipment (WEEE), to be accessed by authorised personnel only. This waste stream should only be utilised for equipment without data storage</p> <p>Florescent lighting tubes should be disposed of using the coffins provided at specific sites. To be handled by authorised personnel only.</p>	<p>The recycling and disposal of WEEE waste varies depending on the equipment type, but primarily involves either shredding or disassembly.</p> <p>Consignment notes to be provided upon collection, as these are classified as hazardous waste.</p>

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Waste stream	Handling	Disposal
Confidential	<p>Paper: Staff should place paper waste, containing any sensitive or confidential information into the locked bins provided.</p> <p>IT: The IT department should store the items in a secure room until collection is arranged. Please refer to the Hardware Management Policy for further detail.</p> <p>Uniform: Each station should have lockable facilities to bag and store uniform waste until collection is arranged.</p>	<p>Confidential paper is collected and shredded by the appointed contractor on a regular schedule.</p> <p>Confidential IT and uniform waste are collected on an ad hoc basis and destroyed by the appointed contractor.</p>
Clinical	<p>Offensive waste: Non-infectious waste: such as PPE, dressings, empty cardboard urine/vomit bowls and non-medicated intravenous bags, should be placed in a tiger stripe bag, sealed with the approved swan neck tie method, and disposed of in the bin provided.</p>	<p>The contractor will collect the waste from each ambulance station and provide a consignment note to the Trust. It can be incinerated at a lower temperature, such as through a waste-to-energy route.</p>

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<p>Clinical</p>	<p>Infectious waste: All items which are contaminated with an infectious disease, either known or suspected, should be placed in an orange bag, sealed with the approved swan neck tie method, and disposed of in the bin provided.</p> <p>High consequence infectious waste: Commonly referred to as Category A waste, please see Appendix A for the SOP on proper handling and disposal of this waste stream.</p> <p>Sharps: Used medical items such as needles should be placed in a sharps container immediately after use. Personal sharps containers are available for treatment outside the vehicle, and larger sharps boxes are mounted inside all DSAs. The outer labels should be fully completed, and boxes not filled above the stated fill line. Full sharps boxes, or those which have been in use for more than 3 months, should be returned to the station and placed inside the bin provided. Extra care</p>	<p>The contractor will collect the waste from each ambulance station and provide a consignment note to the Trust. This must be incinerated at a high temperature.</p> <p>A special collection must be arranged, and no other waste can be present in the vehicle during transportation. It must be incinerated at a high temperature.</p> <p>The contractor will collect sharps waste from each ambulance station and provide a consignment note to the Trust. There are various treatment options for this waste.</p>
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	<p>should be taken to avoid needlestick injuries. Please refer to IPC Safe Practice Guidelines.</p> <p>Pharmaceuticals: Out of date pharmaceuticals and controlled drug destruction kits should be placed in blue lidded containers. These are not routinely stored on stations and must be ordered from the Supplies team when required.</p> <p>All clinical waste should be stored inside locked bins, inaccessible to members of the public, until it is collected by the contractor.</p>	<p>A special collection must be arranged with the contractor, who will subsequently provide a consignment note.</p>
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Waste stream	Handling	Disposal
Workshop	<p>Staff must utilise the appropriate containers for the following:</p> <ul style="list-style-type: none"> • Oil filters • Aerosols • Oily rags • Coolant • Waste Oil • Vehicle batteries • Scrap metal <p>Failure to do so can create a serious explosive and contaminant risk. All containers must be locked to prevent theft.</p>	<p>Contractors are responsible for surveying each workshop site at the start of the contract and providing the correct containers for disposal.</p> <p>A consignment note should be provided for all collections, and a rebate for scrap metal is payable to the Trust.</p>

6.0 Clinical Waste dos and don'ts

Do:

- Ensure that all clinical waste is removed from a patient's home
- Bag the clinical waste in accordance with instructions above
- Keep the waste securely on the vehicle until it can be safely disposed of at an ambulance station, into the correct receptacle
- Contact your line manager for advice if you are unsure about the waste categories
- Ensure all sharps bins are kept closed, to reduce the risk of needlestick injuries for yourself and your colleagues

Don't:

- Dispose of any clinical waste in a hospital bin. The hospitals are not licenced to dispose of the Trust's clinical waste, and this could lead to fines and or/prosecution for the Trust, and the members of staff involved. The same applies to care homes, or any other care setting.
- Leave high consequence infectious waste unattended at any time. The nature of this waste means that it could be used as part of terrorist activity
- Overfill any waste bag, this can lead to the bag splitting, contaminating other waste and/or leaking onto staff

7.0 Laundry

The majority of used linen being transported to off-site laundries will not normally be assessed as dangerous for transport. However, any linens which have come into contact with a patient carrying a suspected or confirmed high consequence infectious disease should be treated as Category A waste – please see appendix A for the full guidance. Linens which are heavily soiled or contaminated with infectious bodily fluids may need to be disposed of as infectious clinical waste, in orange bags.

8.0 Waste documentation

Waste consignment note for clinical waste only

The carrier can transport waste in bulk if it is necessary, provided that it is compliant with the European Agreement on the International Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment 2002, and that the vehicle is appropriately marked for International and/or UK domestic Journeys.

The carrier will ensure that all the appropriate documentation is completed and filed for an audit trail. The waste provider is legally obliged to report waste volumes on a quarterly basis to the Environment Agency.

The Consignment Note, regardless of its origin (top copy), must be retained by the Trust for three years. All Consignment Notes must be completed in full showing name and address of the station or depot and the unique registration code for that site and the location where the healthcare waste will be taken to for either treatment or disposal, the European waste code, (appropriate to the type of waste for disposal) the packing code, the UN number (3291) the mode of disposal (incineration only) the SIC code appropriate to our trade (other healthcare) (85.14)

Waste Transfer Note for other waste streams

- Retained for 2 years

All records must be fully maintained and kept for a minimum of three years and made available for inspection by the Environment Agency and the Trusts DGSA for auditing.

9.0 Waste documentation

All staff who handles healthcare waste must ensure that they wear the appropriate PPE issued by the Trust. Any disposable items must be appropriately discarded after use, and staff should refer to the IPC Safe Practice guidelines for hand hygiene.

10.0 Reporting Incidents

Any incident, injury or spillage, or near miss, involving healthcare waste must be reported and recorded in accordance with the Trust's incident reporting procedure; and in the case of needlestick injury staff should refer to the PEP guidance to arrange immediate treatment.

11.0 Training

Waste management training is in development, which has been designed to supplement the IPC training which already forms part of the induction and annual CPD course. This will comprise of the risks associated with handling, segregation, storage safe disposal and transportation and procedures for dealing with spillages and accidents and, where appropriate, the use of personal protective equipment. As well as a general understanding of the different waste streams and how the Trust can meet national targets for waste reduction and zero to landfill.

12.0 Monitoring Compliance

Audits should be carried periodically by line managers to ascertain compliance with the correct procedures for segregation, disposal and collection of all waste streams. The Trust will carry out periodic audits of its waste disposal contractor to ensure waste is disposed of in line with appropriate regulations.

Managers are responsible for monitoring the operation of the waste disposal system on stations or depots for which they are responsible. They are to complete checks in accordance with the Infection Prevention Control audit process as defined within the IPC Audit Policy.

The Waste Manager will arrange a yearly audit to examine the effectiveness of all waste management processes.

Incidents related to breaches of waste management will be recorded within the Datix risk management system and monitored through the Trust's Governance arrangements.

13.0 References

The Health and Safety at Work Act 1974

The Environmental Protection Act 1991

The Environment Act 2021

The Hazardous Waste Regulations 2005

The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

The Controlled Waste Regulations 2012

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment 2009

The Waste Electrical and Electronic Equipment Regulations 2013

The Management of Health and Safety at Work Regulations 1999

HTM 07- 01 Safe Management of Healthcare Waste

Health and Social Care Act 2008: Code of practice on the Prevention & Control of Infections

14.0 Appendices – up to date version available on Trust intranet

Appendix A – SOP for Category A Waste

Appendix B – IPC Safe Practice Guidelines

Appendix C – Hardware Management Policy

15.0 Equality Impact Assessment

EIA Cover Sheet		
Name of process/policy	Waste Management Policy	
Is the process new or existing? If existing, state policy reference number	Existing, POL060	
Person responsible for process/policy	Head of Estates	
Directorate and department/section	Estates	
Name of assessment lead or EIA assessment team members	Head of Estates	
Has consultation taken place? Was consultation internal or external? (please state below):	Yes	
Internal	Estates	
	IPC Team	
<p>The assessment is being made on:</p> <p>Please tick whether the area being assessed is new or existing.</p>	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	X
	Department changes	
	Project plan	
	Action plan	

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	Other (please state) Training programme	
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EQUALITY ANALYSIS					
What is the aim of the policy/procedure/practice/event? To inform safe and legally compliant waste management processes.					
Who does the policy/procedure/practice/event impact on? None					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Who is responsible for monitoring the policy/procedure/practice/event? Head of Estates					
What information is currently available on the impact of this policy/procedure/practice/event? N/A					
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No					
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	

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Who is responsible for monitoring the policy/procedure/practice/event?

Head of Estates

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Audits to be carried out by IPC, Waste Manager, Trust DGSA and waste contractors.

16.0 Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Improvements in waste management processes	Waste Manager, the Trust's Dangerous Goods Safety Advisor (DGSA) and IPC team	Station audits and contract management of waste providers	Monthly	<p>Monthly audit report from DGSA</p> <p>Monthly contract review meetings with waste providers</p> <p>Monthly audits by IPC</p>	Designated waste manager within the Estates team will monitor and manage the waste management processes, which will be supported by approval of the updated policy	It is recommended that CRG approve the Waste Management policy, which will inform future staff training and improvement projects	The policy has been updated to reflect changes in national legislation, and to emphasise the roles and responsibilities of staff with regards to waste management practices.