



Managing Waste from Healthcare Activities

Working Towards Best Practice

A report to assist NHS Trusts in managing clinical waste



ENVIRONMENT AGENCY

Copies of this report can be obtained from:

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Acknowledgements

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Health and Safety Executive
NHS Executive
Health Estates Facilities Managers Association
Association of British Healthcare Industries
National Association of Waste Disposal Officers

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Bassetlaw NHS Trust
Chesterfield and North Derbyshire NHS Trust
Walsall NHS Trust
East Gloucestershire NHS Trust

The Environment Agency would like to thank:

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Pat Saunders of the Department of Public Health and Epidemiology at the University of Birmingham

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1 NEED FOR BEST PRACTICE GUIDANCE

Recent incidents involving the discovery of clinical waste in public places has raised a question about the present management of this waste. Yellow bags containing clinical waste, sharps containers, used needles and dental care waste have been found on unlicensed sites, riverbanks, highways and household waste sites. These incidents are serious breaches of the Duty of Care imposed by section 34 of the **Environmental Protection Act 1990** and the **Environment Protection (Duty of Care) Regulations 1991** and have led to NHS Trusts and others being prosecuted and fined. As a consequence, the Environment Agency has recognised the need to assist NHS Trusts, and others who produce clinical waste, in identifying good waste management practice. The intention of this report is to:

- define the sources and categories of clinical waste
- assist the producers of clinical waste in identifying the **best practical environmental option for disposal of this waste**
- offer guidelines towards achieving good clinical waste management

In addition to this report, a shorter complementary document has been prepared for those producing and managing clinical waste within the community.

“ We’ve appointed a full-time waste manager who understands what to do ”



2 CLINICAL WASTE MANAGEMENT AND RELATED LEGISLATION

Over recent years there have been increasing amounts of legislation, some of it extremely complex. In some cases, this has complicated matters for the waste manager. This section has been drafted with a view to explaining, in the most general terms, what some of this legislation may mean to the practising manager who is seeking practical advice. It should be noted that the paragraphs on the legislation do not offer definitive guidance. Rather waste managers must look to the appropriate legislation and guidance. The main source of guidance for the management of clinical waste is "Safe Disposal of Clinical Waste" published by the Health and Safety Commission's Health Services Advisory Committee (HSAC) in 1992. The report separates waste into five broad categories A,B,C,D and E.

Other important areas of legislation and guidance that waste managers should consider include:

- Environmental Protection Act 1990
- Environmental Protection (Duty of Care) Regulations 1991
- The Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- The Waste Management Licensing Regulations 1994
- Special Waste Regulations 1996
- Controlled Waste Regulations 1992
- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health Regulations 1994
- The Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use of Transportable Pressure Receptacles Regulations 1996

A more detailed guide to the legislation relating to clinical waste is shown at Appendix One.

Definition of Clinical Waste

The current definition of waste arising from healthcare activities is described in the **Controlled Waste Regulations 1992** as:

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

These definitions are open to interpretation. Therefore a number of guidance notes have been issued by the Department of the Environment, the Health and Safety Commission and the National Association of Waste Disposal Officers.

“ Since the introduction of rigid containers, needle stick injuries have reduced to zero ”

Categorisation of Clinical Waste

In the publication "Safe Disposal of Clinical Waste" (Health Services Advisory Committee 1992), clinical waste is categorised into five risk assessment groups:

Group A

- a) all human tissue, including blood (whether infected or not), animal carcasses and tissue from veterinary centres, hospitals and laboratories, and all related swabs and dressings.
- b) waste materials where the assessment indicates a risk arising from, for example, infectious disease.
- c) soiled surgical dressings, swabs and other soiled waste from treatment centres.

Group B

discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.

Group C

microbiological cultures and potentially affected wastes from pathology departments (laboratory and post mortem rooms) and other clinical or research laboratories.

Group D

certain pharmaceutical products and chemical waste.

Group E

items used to dispose of urine, faeces and other bodily secretions or excretions assessed as not falling within Group A. This includes disposable bed pans, incontinence pads, stoma bags and urine containers.

By categorising clinical waste, the waste can be appropriately segregated and managed within a sustainable waste management programme.

As part of the programme on European Priority Waste Streams two kinds of waste have been identified:

Household Hospital Waste

Most waste from healthcare activities falls into this category. This waste comprises much the same material as found in household waste and poses no greater health risk.

Healthcare Risk Waste

This waste category comprises the following: biological; infectious; chemical (including toxic and pharmaceutical materials such as cytotoxics); sharps (including needles, scalpels, sharp broken materials); radioactive material. In general terms these wastes are those falling within the HSAC Groups A to D, but may also include group E if the waste contains infectious material.

Another term in fairly common usage is **healthcare waste**. This denotes all waste within HSAC Groups A to E.

Very little clinical waste falls within the description of **special waste** as defined in the **Special Waste Regulations 1996**. These require the waste producer to follow a pre-notification and consignment note system which is administered by the Environment Agency. To assist with the interpretation of these Regulations, the Environment Agency has prepared a policy guidance note PTEM PO1 which is available from the Agency. Clinical waste that may also be special waste includes prescription only medicines and hazard group 4 infectious materials; the latter will not usually be found in normal hospital environments.

“ It’s important that all staff, and I mean all staff, know what to do with the waste they produce ”

Clinical waste is treated as **industrial waste** except where the waste arises from domestic properties, caravans, residential homes, moored vessels used wholly for living accommodation or from the activities of collecting litter and cleaning of land. Particular attention is drawn to **The Waste Management Licensing Regulations 1994**, which define the meaning of directive waste.

Sources of Clinical Waste

Clinical waste arises from a wide variety of sources such as NHS hospitals, private hospitals, residential homes, nursing homes, veterinary surgeries, medical and dental surgeries, research establishments, funeral directors and individual patients receiving care at home. Clinical waste produced from NHS sources within the NHS Executive West Midlands Region alone is estimated at 10,500 tonnes annually and, as community healthcare increases, clinical waste from this sector is expected to rise. The Environment Agency will be undertaking studies to determine the quantity of clinical waste being generated within the community.

Legislation

The responsibilities of an NHS Trust for managing clinical waste can be divided into three stages.

- 1. the generation, collection, handling and storage onsite**
- 2. the collection and transport off site**
- 3. disposal**

Of these stages, the Health and Safety Executive is responsible for ensuring that an NHS Trust has met its duties at stages 1 and 2 and the Environment Agency is the regulatory authority for stage 3.

However, waste producers must be aware of the Duty of Care under section 34 of the **Environmental Protection Act 1990** and the **Environmental Protection (Duty of Care) Regulations 1991** by which they must ensure that all clinical waste is managed in an appropriate way and is taken to an authorised or licensed facility. Except in certain circumstances, where waste producers transfer their waste to a waste carrier, that waste carrier must be registered with the Environment Agency under the **Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991**.

Stage 1

Unless rendered harmless, clinical waste is subject to safe working practices as required by the **Control of Substances Hazardous to Health Regulations 1994** and the general requirements of the **Health and Safety at Work Act 1974**. Guidance on good practice is contained in the HSAC publication "Safe Disposal of Clinical Waste".

Stage 2

The packaging and transport off site of clinical wastes are controlled by:

- **The Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use of Transportable Pressure Receptacles Regulations 1996, (CDGCPL2)**
- **The Carriage of Dangerous Goods by Road Regulations 1996,**
- **The Carriage of Dangerous Goods by Road (Driver Training) Regulations 1996.**

If, following a risk assessment the wastes are known to be infectious they must be classified, marked, packed and carried in accordance with the requirements set out for the risk group of the infectious agent.

Wastes where the infective status is not known and which fall into HSAC clinical waste categories groups A to C (referred to in the regulations set out above as healthcare risk waste) must be classified, marked, packed and carried in accordance with requirements set out for "clinical waste, unspecified". Group D wastes have to be classified according to their chemical composition. Group E wastes are not considered to be dangerous for carriage and hence fall outside these regulations.

For further guidance on the requirements enforced by the Health and Safety Executive, waste managers should consult their NHS Trust's health and safety adviser, HSE infoline (0541 545500) or the Services Group at their local HSE office.

Stage 3

Clinical waste is taken for disposal to:

- **purpose built incinerators**
- **municipal incinerators**
- **landfill sites**

“ From time to time we follow the collection contractors to see where they take the waste ”

Incineration facilities are authorised by either the Environment Agency or local authorities under Part 1 of the **Environmental Protection Act 1990**. The landfill sites are licensed by the Environment Agency under Part 2 of the **Environmental Protection Act 1990** and usually only accept limited quantities of animal waste and Group E waste. There are exceptions and some sites receive a wider range of waste. The Environment Agency has inherited waste management licences prepared by the former waste regulation authorities and is aware of the need for consistency of approach.

Usually wastes generated from the specialised areas within hospitals, (theatres, laboratories, pharmacies, radioactive areas) unless made safe by approved sterilisation techniques, are taken to authorised incineration plant for disposal. Clinical waste produced from general ward areas, in yellow containers, is also taken to authorised incineration plants. Some municipal incinerators are authorised to receive Group A(c) waste in addition to Group E. The usual disposal route for Group E waste generated from nursing, residential and private homes is municipal incinerators or landfills, where the authorisation or licence conditions permit. Waste made safe by autoclaving or other similar approved means is usually taken to municipal incinerators or landfills.

3 IDENTIFICATION OF BEST PRACTICE WITHIN NHS TRUSTS

The key to best practice in the management of clinical waste disposal is correct **identification** and **segregation**. By correctly identifying and segregating the waste at its source, the waste enters the most suitable waste stream and follows the appropriate disposal route. Incorrect identification and segregation can bring the risk of injury and infection and lead to the waste producer incurring additional costs. As the waste regulation authority, the Environment Agency is responsible for ensuring that licence and authorisation conditions for waste treatment and disposal facilities are being complied with and that unauthorised wastes are not admitted into facilities.

Audit Programme of NHS Trusts

The Environment Agency recognises the risks associated with the management of healthcare waste. Therefore, following the completion of a survey to determine the extent to which the NHS Trusts had adopted waste policies, which showed that most had, the Agency decided to develop an audit programme to identify good waste management practice within NHS Trusts. A questionnaire was designed to determine if an NHS Trust had:

- prepared and adopted a waste management policy
- implemented associated procedures and staff training
- incorporated a comprehensive waste segregation scheme
- adopted a review procedure

“ With better segregation I’m sure we could halve the content of the yellow sacks ”

Audit Programme Design

The format of the audit questionnaire may offer a useful reminder to NHS Trusts which have already adopted policies and procedures for managing their clinical waste and may provide a foundation to those reviewing policy and practice (see Appendix Two). Several NHS Trusts within the Midlands Region were willing to work with the Environment Agency to develop and test the audit programme and the small number selected provided a mix of acute and/or community establishments likely to exhibit a range of waste management procedures.

They were:

Bassetlaw NHS Trust
Chesterfield and North Derbyshire NHS Trust
East Gloucestershire NHS Trust
Walsall NHS Trust

Following the audit, the completed audit forms were returned to the NHS Trusts, together with the views of the Environment Agency on their waste management arrangements.

Outcome of Audit Programme

Overall, the Environment Agency audit team was impressed by the enthusiasm and commitment of the NHS Trusts to secure good waste management practice in buildings and sites not designed with waste treatment in mind. All the NHS Trusts visited demonstrated that waste management policies had been prepared and implemented and that they took a responsible attitude to their Duty of Care obligations.

After data collection the Environment Agency was able to focus on several key areas of waste management:

Waste Transfer and Disposal

Up until recently, some establishments had their own on-site incinerator plant for waste disposal. The removal of crown immunity and the requirement to meet emission regulations has meant the closure of hospital-based incinerators. These days, waste is usually taken off site for disposal elsewhere, often via transfer stations, which can increase the risk of waste going astray.

All the participating NHS Trusts had a responsible attitude to their Duty of Care and were mindful of the risks associated with handing the waste to a third party for transportation to the disposal facility. In accordance with their audit procedures, some NHS Trusts performed checks on their appointed contractor to ensure that the waste was taken to the designated disposal site.

Scope for Improvement

- **Random audit checks should be undertaken on the transport contractors, waste transfer notes and the disposal plant.**

Waste Segregation and Collection

The NHS Trusts were aware of the guidelines issued by the Health and Safety Commission in 1992 and all defined clinical waste accordingly. In addition, they were equally aware of the redefinition of clinical waste into healthcare risk waste and household hospital waste.

Arrangements to separate household type waste at general ward level were generally rudimentary. Patients were supplied with small locker waste bags for their own use. The content of these bags was regarded as domestic waste, but waste material from medical activities may inadvertently be placed in these receptacles and therefore enter an incorrect waste stream. Clinical waste generated from general ward procedures was usually placed in yellow plastic bags, held in storage areas, and taken for incineration in containers supplied by the contractor. In one NHS Trust, a system of wheeled bins had been introduced to replace motorised trolleys and cages. Although this method may not be suitable for every hospital site, this system minimised the number of times waste bags were handled and as a consequence minimised the risk of injury and spillage. Other NHS Trusts designated particular rooms or areas "yellow" or displayed large notices to encourage correct handling.

Scope for Improvement

The NHS Trusts were conscious of the relatively high cost of clinical waste disposal and expressed a desire to improve waste segregation procedures. However, they emphasised that these procedures must not be at the expense of increased risk of infection and must not affect compliance with health and safety regulations. The Environment Agency aims to work with National Health Service representatives on ways to reduce the quantities of clinical waste without compromising clinical standards.

To achieve better segregation of clinical and non-clinical waste the NHS Trusts would need to consider:

- **improving knowledge on the sources of waste and how much volume is generated, by each source**
- **introducing procedures and improving staff training to allow identification of clinical and non-clinical wastes**
- **developing quality control methods with associated risk assessments to attain the required degree of waste separation**

All this is easier said than done and many attempts have been made to segregate household waste from clinical waste on general ward areas. Some NHS Trusts have designated “yellow “ areas, such as treatment rooms, with others using yellow and black containers on the wards. Some NHS Trusts consider the risks of waste ending up in the wrong containers are too high to contemplate and as a result “play safe” by only allowing yellow containers on ward areas. This issue will increase in importance as collection and disposal costs rise.

Specialised waste management

All the NHS Trusts appeared to have adequate and safe arrangements for managing the disposal of waste generated from operating theatres, maternity wards, pharmacies, laboratories etc. These types of waste are taken to high temperature incineration plant for disposal.

Policy Review

There was attention to detail in all the NHS Trust’s written waste management procedures, but the methods and personnel involved in preparing policy varied, as did the methods of training staff.

Scope for Improvement

- **In the preparation, implementation and review of waste management policy, NHS Trusts should involve all waste-producing areas in the process and, where necessary, appoint dedicated waste managers.**

“ Clinical waste management is a team effort ”

4 GUIDELINES FOR GOOD CLINICAL WASTE MANAGEMENT

The NHS Trusts audited generally exhibited a good understanding of current guidance and waste-related legislation. The waste management arrangements within the NHS Trusts varied, but the audit programme did allow the Environment Agency to identify issues and make recommendations as to the best practical environmental option.

The Environment Agency recommends that:

- **All NHS Trusts prepare, adopt and implement policies and procedures for the management of clinical waste and all staff receive training in such procedures and their implementation.**
- **Those responsible for clinical waste management must ensure that they are familiar with regulations associated with the Duty of Care.**
- **NHS Trusts should give consideration to appointing dedicated waste managers who have a detailed knowledge of waste and health and safety legislation.**
- **All clinical waste producers and collectors should be provided with simple, clearly displayed instructions detailing what is expected of them.**
- **NHS Trusts should consider using an audit programme to assist them in defining scope for improvement. A suggested form is shown at Appendix Two.**
- **Random audit checks on the waste collection contractors, waste transfer notes and contracted disposal plants should be periodically undertaken.**
- **Secure lockable compounds should be provided for clinical waste storage before removal from the hospital site.**
- **To improve segregation of non-clinical and clinical waste, further data on the source and quantity of wastes will be necessary. In addition, a segregation scheme is only possible with the commitment of fully trained staff.**

- **Quality control procedures and associated risk assessments should be considered to assist NHS Trusts with waste segregation arrangements.**
- **All clinical waste producers must ensure that waste enters its legitimate waste stream and cannot escape from that waste stream, thus ensuring that the waste is safely managed and disposed of at a suitably licensed or authorised facility.**
- **Waste storage areas within NHS Trusts premises, including temporary storage areas, should be physically separated from areas to which the public has access.**
- **NHS Trusts and other producers of clinical waste must ensure that the correct storage containers are available, which must be used in accordance with the approved procedures for storing and carrying the waste to the disposal facility.**
- **Waste removed from NHS Trust's premises must be carried by a waste carrier in accordance with the regulations covering the carriage of clinical waste and the regulations covering the carriage of dangerous goods and associated driver training.**
- **All clinical waste must be taken to a facility authorised or licensed under Parts 1 and 2 of the Environmental Protection Act 1990 respectively.**

APPENDIX ONE GUIDE TO THE LEGISLATION

Waste Regulation

Waste

Section 75 (2) Environmental Protection Act 1990 (please note that this sub section as substituted by the Environment Act 1995, schedule 22, paragraph 88(2) is not in force as at 7 April 1997

Regulation 1 (3) The Waste Management Licensing Regulations 1994

The Controlled Waste Regulations 1992

Guidance: DOE Circular 11/94 Annex 2

Controlled Waste

Section 75 (4), (5), (6) and (7) Environmental Protection, Act 1990

The Waste Management Licensing Regulations 1994

Guidance: DOE Circular 6/96

Special Waste

Section 62 and 75 (9) Environmental Protection Act 1990

Regulation 2 and schedule 2, Special Waste Regulations 1996

Guidance: DOE Circular 6/96

Deposit, Treat, Keep or Dispose of Waste

Section 33(1) and (2) Environmental Protection Act 1990

Duty of Care

Section 34 Environmental Protection Act 1990

Environmental Protection (Duty of Care) Regulations 1991

Guidance: DOE Circular 19/91

Code of Practice: "Waste Management: The Duty of Care: A code of practice"
issued by the DOE, Scottish Office and Welsh Office in March 1996

Transporting Waste

Control of Pollution (Amendment) Act 1989

Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991

Guidance: DOE Circular 11/91

Special Waste Regulations 1996

Guidance: DOE Circular 6/96

Documentation

Control of Pollution (Amendment) Act 1989
Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
Guidance: DOE Circular 11/91
Section 34 Environmental Protection Act 1990
Environmental Protection (Duty of Care) Regulations 1991
Guidance: DOE Circular 19/91
Special Waste Regulations 1996
Guidance: DOE Circular 6/96

Health and Safety Legislation

Health & Safety at Work Etc. Act 1974
The Management of Health and Safety at Work Regulations 1992
(as amended)
The Manual Handling Operations Regulations 1992
Personal Protective Equipment at Work Regulations 1992
Control of Substances Hazardous to Health Regulations 1994
The Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use
of Transportable Pressure Receptacles Regulations 1996
The Carriage of Dangerous Goods by Road Regulations 1996
The Carriage of Dangerous Goods by Road (Driver Training) Regulations 1996



APPENDIX TWO CLINICAL WASTE AUDIT

Name of establishment:

Date of audit:

NHS Trust:

Address:

Named Contact:

(Position)

Tel No:

Fax No:

Agency contact:

Mr A Gubby

Regional Waste Strategy Officer

**The Environment Agency, Olton Court, 10 Warwick Road,
Olton, Solihull, West Midlands B92 7HX**

Tel: 0121 711 2324

Audit Team (names and phone numbers)

EA:

Trust:

NHS:

Pages 1 to 7 to be sent to Trust for completion/consideration prior to audit

Page 8 to be completed by auditor prior to departmental audits
(Waste Handling)

Pages 9/10 to be completed during audit, one set for each department audited

Pages 11/12 Audit detail/Trust comments

- 1.1 Is the Trust registered under EN/ISO9002? Yes/No
 Name of certification body:
 Registration No:
 Is the Trust seeking registration? Yes/No
If No,
 Are there quality procedures in place? Yes/No
-
- 1.2 Is the Trust accredited under BS7750/ISO14001/EMAS? Yes/No
 Name of verifying body
 Registration No:
If No,
 Does the Trust have a system in place for
 Environmental Management ? Yes/No
The Agency would appreciate sight of the Environmental Policy. Please send a copy to the contact named on the front of this document.
-
- 1.3 Waste Management Policy Yes/No
 When was the waste management policy written?
 Approved by whom? (status in organisation)
 When was it last reviewed?
 Review approved by whom?
 Is there a separate clinical waste policy? Yes/No
 Where are copies of the waste management and clinical waste policy(ies) held?
 How does the Trust manage the policy - is it a controlled document?
-
- 1.4 Is there a separate defined policy for special waste? Yes/No
 Has it been reviewed in light of the 1996 revision of the Regulations? Yes/No
-
- 1.5 Does the Trust have a specific policy to deal with spillages and possible contamination from spillages? Yes/No
Please send a copy of the Waste Management Policy to the contact named on the front of this document.

2.1 Is there a person with specific operational responsibilities for waste management? Yes/No

What is the status of this person within the Trust?

Please give an outline of the qualifications and training that this person has received.

Are responsibilities allocated to named individuals? Yes/No

How are the responsibilities implemented?

Can the Trust demonstrate how this is achieved?
(eg minutes of meetings etc)

Could the Agency have a sight of an example, if available, please.

2.2 Which waste management contractors are employed?

Are they Registered Waste Carriers? Yes/No

What is the extent of their responsibility?

Are they involved in waste management policy discussions? Yes/No

Do the contractors operate a quality management system? Yes/No

Comments:

2.3 Is there a waste reduction/re-use policy for

(a) general waste? Yes/No

(b) clinical waste? Yes/No

If Yes, please can the Agency have a copy.

What schemes are in operation?

What is currently under consideration for implementation?

2.4 What is currently being considered with respect to waste segregation?

What are the costs of waste treatment and disposal?

black bags

yellow bags - general

yellow bags - healthcare risk waste

sharps containers

recyclable materials, eg scrap metal, paper,

cardboard, others

Are you aware of the internal segregation/manpower/pre-treatment costs?

- 3.1 Does the Trust audit its waste management policy and implementation procedures? Yes/No
- Are the audits "internal" or "external"?
- How are these carried out, how often, and by whom?
- If internal, what training have the auditors received?
- What aspects does an audit cover?
-
- 3.2 What form does the audit report take?
- Who is consulted on the draft report, and who approves the final report?
- How widely is the report distributed?
- Who is responsible for correcting deficiencies?
Designation:
- Is there any follow-up to ensure implementation?
- What form does this take?
-
- 3.3 How often are the contractors handling clinical waste audited?
- Who carries out the audit, and what training have they received?
- What form does the audit take and what aspects are covered?
- How are deficiencies dealt with?
-
- 3.4 How does the Trust comply with Duty of Care?
- Where does the duty begin and end?

NOTE: Please make audit reports available for inspection



4.1 What categories of staff are trained with respect to waste management procedures? (please tick)

- Clinical Directors
 - Senior managers
 - Departmental Managers
 - Portering staff
 - Domestic staff
 - Nursing staff
 - Medical staff
 - Administrative staff
 - Ambulance staff
 - Other: (please specify)
-

4.2 What aspects of waste management does the training cover?

Are the courses tailored to the needs of different groups?

Yes/No

Who carries out the training?

What qualifications/experience do the trainers have?

4.3 Are records kept?

Yes/No

Where and in what form?

4.4 What arrangements are made for temporary or "agency" staff?

4.5 Who is responsible for identifying training deficiencies?

4.6 Are training needs reviewed on a regular basis?

How often?

What actions are taken where there is a failure to comply?

NOTE: Please make training records available for examination.

- 5.1 How is waste categorised and what quantities are produced (in tonnes per annum)?
- What types of containers are used?
- Are the following notes kept:
 Duty of Care transfer notes
 Special waste consignment notes any others (specify)
- Is there a designated person with responsibility for record-keeping? Yes/No
- Please make records available for review by auditor*
-

- 5.2 Is there a facility on site licensed under the Environmental Protection Act? (Part I or Part II?) Yes/No
- If Yes, what type of facility?*
- Who is the license holder?
- What date was the license issued and by whom?
- If No, Is there a facility which is exempt from licensing requirements?* Yes/No
- Is monitoring of emissions required? Yes/No
- Who undertakes this work and at what frequency?
- What is the future intent for the site?
- What is the period of the existing waste management contract?
- Is the operator qualified under the Waste Management Licensing Regulations 1994? Yes/No
-

- 5.3 Where do the wastes identified in 5.1 go for treatment and disposal?
- Alternative disposal routes:
- Procedures for segregation during handling by contractor until final disposal:

This form to be completed during interviews. Does not require to be completed by Trusts beforehand.

(a) General information

6.1 What are the handling routes for the different categories of waste identified in 5.1 and who is involved?

What internal vehicles are used?

Can the waste be separated on vehicles? Yes/No

Are the vehicles hosed down/cleaned, and how often?

6.2 Where is waste stored on site?

Are storage facilities adequate/secure?

Are different waste streams segregated, and how is this achieved?

What provisions have been made to segregate "special waste?"

Are storage facilities vermin proof?

How are spillages/breakages dealt with?

6.3 Are there procedures for autoclaving laboratory wastes to render them safe?

Yes/No

6.4 What are the procedures for disposal of human tissue?

6.5 What is the extent of waste arising from outpatient activity and what advice does the Trust give?

(b) Departmental audit:

Complete separate form for each department audited.

Department.....Time/date:.....

6.6 Is there a defined segregation policy for the department?

Yes/No

Where is such information displayed?

How is segregation achieved?

- 6.7 Are adequate containers/bags available? Yes/No
(ie yellow bags, sharps boxes, black bags and appropriate coloured bags for other materials)
- Are these suitable for the intended purpose/comply with policy? Yes/No
- Is any instruction displayed? Yes/No
-

- 6.8 Is there a tagging/bag marking system at point of origin?
- How is this implemented? Yes/No
-

- 6.9 How are drugs, particularly cytotoxics, disposed of from the department?
- a) used
b) partially unused
- (describe the type of container used, container labelling and the means by which it is transported)
-

- 6.10 How/where are wastes stored whilst in the department, prior to their removal?
- Are storage facilities for clinical wastes:
Secure?
Segregated?
-

- 6.11 How often is waste removed from the department?
Who removes it?
How is segregation maintained during transport/transfer?
-

- 6.12 How are spillages dealt with?
-

Comments:

Question the following personnel if possible:

1. The person responsible for segregation
Comments:
2. Front-line staff regarding their knowledge of clinical waste handling
Comments:
3. Any other:

Audit Team and contact numbers

Audit Manager:

(include telephone number)

Name of auditor(s):

Work undertaken	Print name	Date
1. compilation of pre-audit data		
2. departmental audits:		
a)		
b)		
c)		
d)		
e)		
f)		

Agency contact:

Mr A Gubby
Regional Waste Strategy Officer
Environment Agency, Olton Court, 10 Warwick Road, Olton
Solihull, West Midlands B92 7HX

Tel: 0121 711 2324

Comments made by Trust:

Date.....

MIDLANDS REGION ADDRESSES

REGIONAL OFFICE

Environment Agency
Sapphire East
550 Streetsbrook Road
Solihull
West Midlands B91 1QT
Tel: 0121 711 2324
Fax: 0121 711 5824

UPPER SEVERN AREA

Environment Agency
Hafren House
Welshpool Road
Shelton
Shrewsbury SY3 8BB
Tel: 01743 272 828
Fax: 01743 272 138

LOWER SEVERN AREA

Environment Agency
Riversmeet House
Newtown Industrial Estate
Northway Lane
Tewkesbury GL20 8JG
Tel: 01684 850 951
Fax: 01684 293 599

UPPER TRENT AREA

Environment Agency
Sentinel House
Wellington Crescent
Fradley Park
Lichfield WS13 8RR
Tel: 01543 444 141
Fax: 01543 444 161

LOWER TRENT AREA

Environment Agency
Trentside Offices
Scarrington Road
West Bridgford
Nottingham NG2 5FA
Tel: 0115 945 5722
Fax: 0115 981 7743



For general enquiries please call your local Environment Agency office. If you are unsure who to contact, or which is your local office, please call our general enquiry line.

**ENVIRONMENT AGENCY
GENERAL ENQUIRY LINE**

0645 333 111

The 24-hour emergency hotline number for reporting all environmental incidents relating to air, land and water.

**ENVIRONMENT AGENCY
EMERGENCY HOTLINE**

0800 80 70 60



**ENVIRONMENT
AGENCY**