BrisDoc Patient care by people who care

NHS

Waste Management Protocol Policy

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Introduction

BrisDoc is committed to delivering Integrated Urgent Care (IUC) Services and in-hours Primary Care services within a robust and effective Environmental Management framework. The organisation aims to reduce its carbon footprint and operate in a sustainable manner, aligning with the principles and aspirations of the Climate Change Act 2008. This commitment underpins BrisDoc's core value relating to *Our Resources and Social Impact*.

The legal duty to ensure the proper disposal of waste is established under Section 34 of the Environmental Protection Act 1990, supported by the Environmental Protection (Duty of Care) Regulations 2003. Waste produced by healthcare organisations is defined under the Controlled Waste (England and Wales) Regulations 2012 and, where classified as hazardous, is subject to the Hazardous Waste Regulations 2005 (as amended). The management of healthcare waste is further guided by Health Technical Memorandum (HTM) 07-01. Additionally, electrical and electronic waste is governed in the UK by the Waste Electrical and Electronic Equipment (WEEE) Regulations 2013.

This protocol must be communicated to and adhered to by all employees, suppliers, and contractors. It reflects a structured hierarchy of waste reduction and promotes continuous improvement in waste management through the implementation of appropriate and measurable quantitative targets.



Our Core Values



Our Patients

Treat patients with compassion, dignity, respect and in a timely, responsive and person-centered way, championing health equalities 24/7.

Our People

Grow our people through our coaching culture, clear leadership, strong work life balance, flexible and portfolio roles, focus on wellbeing and enable all employees, as co-owners to get involved in the development of our organisation.

Our Services

Deliver excellent community based, sustainable healthcare through our services that are safe, supportive, collaborative, effective, open, transparent and foster a culture of learning and improvement.

Our Resources

Through openness to innovation and best use of information technology, challenge ourselves to make the best use of resources to support our communities and the environment.

Our Social Impact

Commit to; tackling climate change through green innovations and reducing our carbon emissions, being an equal and diverse employer that proactively promotes inclusion, engaging with local communities so that we are informed by public voice, giving back to our community through volunteering and our Community Fund.

Background

This policy has been prepared with the objectives of:

- Ensuring compliance with all relevant legislation
- Providing all co-owner with guidance in the safe handling and disposal of waste in line with health, safety, and infection control requirements
- Enabling co-owner to recognise and comply with all legal requirements
- Identifying specific responsibilities
- Identifying and promoting safe methods of segregation and disposal
- Reducing the impact that BrisDoc's business has on the environment.

This protocol will ensure that BrisDoc works towards a concept of total waste management, with waste prevention and reduction at its heart, to reduce pollution and make efficiency cost savings.

Definition of Waste

Waste refers to any material, substance, or item that is no longer required by its holder and is disposed of, intended for disposal, or must be disposed of in accordance with legal or regulatory requirements.

(Appendix 1).

Accountability

The Finance Director has ultimate responsibility and accountability for waste management within BrisDoc and will ensure, along with the Health & Safety Steering Group that through policies and procedures, BrisDoc is compliant with all Legal and Statutory responsibilities and directives issued by the Environment Agency, Department for Environment, Food & Rural Affair.

Waste Management Protocol Policy

The Integrated Care Board (ICB) is responsible for contracting medical & sanitary waste collection arrangements for Practice Services and Osprey Court. The IUC service is a tenant in the premises from which the service is delivered and waste collection arrangements are the responsibility of the landlord.

All Managers should ensure that co-owners are aware of, and comply with, all aspects of this Waste Management Protocol and promote and encourage a culture of waste reduction, re-use, and cost savings within their business area.

The Facilities Manager and Primary Care Operations Manager is responsible for monitoring and ensuring compliance with waste management practices and standards undertaken by contractors of their landlords with respect to the BrisDoc services operated from those premises. They are responsible for liaising with the Landlord/Contractor with respect to any non-compliance.

All co-owners have a personal responsibility for the way in which their conduct impacts on the environment with particular regard to minimising waste. This personal responsibility extends to ensuring such waste is dealt with in accordance with the principles and guidance set out in this policy.

The Facilities Manager will monitor and review arrangements made for Osprey Court and IUC. Practice Services Operations Managers will monitor and review arrangements for Practice Services for the management of waste and will advise the Finance Director as to their effectiveness in making sure that:

- Waste production/disposal is minimised in so far as is possible and the risks associated with handling, transportation and disposal are adequately controlled
- Appropriate arrangements are in place for the collection, safe storage and removal of waste by approved contractors
- Approved containers are provided for each type of waste
- Legislative and other requirements are complied with, and waste is disposed of effectively and safely
- Facilities Manager / Primary Care Operations Managers and co-owners are compliant with this protocol and safety training and equipment is adequate to carry out duties associated with 'Waste Management'. Co-owners are to promote reduction, re-use and cost saving throughout all aspects of administration work areas. During inductions, guidance is issued to co-owner regarding waste management arrangements or recycling initiatives.
- Copies of liability insurance, carriers' licences and disposal site licences etc. from contractors handling or receiving waste from BrisDoc are kept on file
- Trends in waste reduction are monitored.

Facilities and Primary Care Operations Managers will:

- Assist with waste reduction initiatives
- Ensure that personal protection and basic hygiene precautions are adhered to when handling waste
- Assist in ensuring waste disposal procedures comply with the appropriate codes of practice e.g. correct use of coloured bags
- Ensure receptacles, collection and storage points are kept clean and tidy etc. A Waste Transfer Note (WTN), which is used for the transfer of non-hazardous waste (including offensive waste, sanitary waste, domestic waste, and recycling), must be retained for a minimum of two years from the date of transfer, in accordance with legal requirements.
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- Ensure that any environmental Learning Events are documented and reported to the Governance Team with actions followed up
- Administer procedures for recording waste consignments.
- Should ensure all purchases are made bearing in mind the impact of packaging
- Will aim to eliminate secondary packaging.

Facilities Manager, Primary Care Operations Managers and Line Managers:

- Should ensure that wastes which may require disposal as special waste, for example those exhibiting a COSHH warning symbol or Healthcare related waste, are identified to enable their disposal in accordance with applicable regulations; They will also be responsible for obtaining WTNs for any waste disposed of by a third party
- Should ensure that all co-owner are compliant with waste management practices.

All Co-Owners

- Should be familiar with the policy and procedures for waste management
- Should complete their mandatory Environmental Sustainability online training.
- Should report dangerous waste situations to their line managers as soon as they are identified, and assist with completion of the Learning Event reporting form
- Should ensure that personal protection and basic hygiene precautions are adhered to
- Should assist with the correct classification of waste and the reduction of waste produced.

The cleaning companies that Brisdoc contract in are responsible for the disposal of 'household' waste and the cleaning and maintenance of waste receptacles.

Location specific arrangements are set out in appendix 2.

General guidelines for Waste Management

Waste should be segregated according to its content, and disposed of in the appropriate manner and in the appropriate container.

Segregation should be carried out at source; by ensuring it is placed into the appropriate bin/waste container.

Office waste bins are provided to facilitate the correct and safe segregation of waste at source.

Bins should only be used for the purpose they are designed for.

Cardboard for recycling should be flat packed and left for collection in a tidy and safe manner.

Appendix 3 provides further details.

Assessing Clinical Waste

All waste bags should be no more than 2/3 full. This allows enough space for the bag to be tied using a suitable plastic zip tie or secure knot.

Waste bags should be appropriately labelled or tagged before collection to ensure traceability, typically including details such as the date and point of origin (e.g. ward or department). Full information, including the organisation's address, is recorded on the relevant waste transfer or consignment documentation, although some waste contractors may apply additional labels where required.

When handling tied waste bags, only hold the bag by the neck and keep at arms-length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag.

If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag.

Guide for correct colour waste streams

Colour waste stream and disposal type	Container type	Description
Yellow: **Infectious waste** for incineration in a suitably permitted or licensed facility (must not be sent for alternative treatment)	Yellow bag or yellow lidded sharps container	**Waste classified as infectious** Waste contaminated with body fluids from a patient with a known or suspected infection which poses a potential infection risk and there are also medicines or chemicals present**.** Examples are: • Anatomical wastes and tissue samples preserved in hazardous chemicals •medicinally-contaminated syringes, medicated dressings • Diagnostic kits contaminated with potentially infectious body fluids and chemical reagents (this does not include sticks from dip tests)
Orange: **Infectious waste** can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licensed facility	Orange bag or orange lidded sharps container	**Waste classified as infectious** Waste contaminated with body fluids from a patient with a known or suspected infection, but no contamination with medicines or chemicals. Examples are: • Contaminated PPE (gloves, aprons, etc.) • Contaminated dressings that do not contain an active pharmaceutical • Very small pieces of tissue • Syringe bodies contaminated with body fluids, but not medicines
Yellow and black striped: **Offensive/hygiene waste** may be landfilled in a permitted or licenced waste facility Note: Liquids, e.g. urine, faeces, vomit, should not be placed in this waste stream and may need to be discarded to foul sewer before containers are discarded	Yellow and black striped bag	**Waste classified as offensive (non-hazardous)** Waste from patients with no known or suspected infection which may be contaminated with body fluids. Examples are: • Gloves, aprons • Dressings (including blood stained) • Empty non-medicated infusion bags • Stoma or catheter bags • Cardboard vomit/urine bowls • Incontinence pads • Female hygiene waste, nappies

Blue: Medicinal waste non-hazardous medicinal waste for incineration in a permitted or licenced waste facility	Blue lidded sharps container	**Waste classified as non-hazardous medicinal waste (non-cytotoxic or cytostatic).** Examples are: • Unused medicines in original packages • Part empty containers containing residues of medicines • Empty medicine bottles
Black: Domestic waste for landfill at a suitable permitted facility	Black bag (clear or opaque bags may be used)	**Includes items normally found in household waste.** Examples are: • Newspapers • Food waste • Paper towels • Uncontaminated couch roll • Packaging

Category	Segregation	Treatment/disposal
Offensive (non-infectious)	Yellow bag with black stripe (tiger) bag	Energy from waste, landfill or other permitted processes
Clinical waste (infectious only)	UN approved orange bag, UN approved box or sharps container	For alternative treatment
Healthcare waste contaminated with non-hazardous pharmaceuticals or chemicals)	UN approved yellow bag, UN approved box or sharps container	For incineration or other permitted process
Waste contaminated with cytotoxic or cytostatic medication	UN approved purple bag, UN approved box or sharps container	For incineration
Non-hazardous pharmaceuticals (no sharps)	Blue box/container	For incineration or other permitted process
Anatomical waste/full blood bag and blood preserves	UN approved red lidded container	For incineration only
Domestic	Black/clear bags	Energy from waste, recovery or landfill
Recycling	Clear, green or other colour bag	Recycling

Waste Minimisation

The cost of waste disposal is increasing. Generation and disposal of waste not only increases costs, but also requires additional resources in materials, space and co-owner time, so the true cost of waste for BrisDoc can be much greater than is apparent.

There is a need to further galvanise co-owners into pursuing waste minimisation and preventive techniques:

- The re-use of office equipment & furniture
- Producing electronic copies of documents and avoiding dependence on paper copies

Appendix 1

Definitions of Waste

Hazardous Waste (non-clinical)

Batteries
Fluorescent Tubes
Oils/Lubricating/Hydraulic/insulating
Asbestos
Solvents/Refrigerants/Aerosol Propellants
PCs, TVs,
White Goods
Printer/Photocopier Cartridges Photographic Developer
Spent Cleaning agents/aerosols

Non-Hazardous Waste

- Wooden Furniture
- Waste Paper
- Confidential Documents (Shredding)
- Non-Confidential
- Cardboard
- Food Waste
- General Waste
- Glass
- Plastics
- Metal
- Aluminium Cans
- Scrap
- Garden Waste

Clinical Waste (for further information please view)

Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste (england.nhs.uk)

Clinical waste is defined as being in one of the following five categories:

- Group A - All human tissue including blood (whether infected or not) animal carcasses and tissue from veterinary centres, hospitals or laboratories, and all related swabs and dressings. Waste materials, where the assessment indicates a risk to stag handling them, for example from infectious disease cases. Soiled surgical dressings, swabs and other soiled waste from treatment areas.
- Group B - Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.
- Group C - Microbiology cultures and potentially infected waste from pathology departments (laboratory and post-mortem rooms) and other clinical or research laboratories.
- Group D - Certain pharmaceutical products
- Group E - Items used to dispose or urine, faeces and other bodily secretions or excretions assessed as not falling within group A. This includes used disposable bedpans or bedpan liners, incontinence pads, stoma bags and urine containers. Where the risk assessment shows there is no infection risk, group E wastes are not clinical waste as defined.

General/Domestic Material that poses no risk to health may be disposed of by landfill. In the main, general waste is that arising from offices, co-owner and visitor catering areas, kitchens, stores, residences, homes, workshops and other areas where there is no risk of potentially infected material being present.

The following principles should be adhered to:

- Clinical/special waste should not be mixed with general waste;
- Black bags should be used for disposal of general waste;

Solvent/Chemical Waste Substances under both of these categories are dealt with by approved and appropriate disposal methods, by an approved waste management contractor following assessment by the department of the substance type.

The following principles should be adhered to:

- Local protocols for the storage and disposal of this waste should be followed;
- Local protocols which are managed by Primary Care Operations Managers must comply with current legislation;

Aerosol/Glass Waste

The following principles should be adhered to:

- Disposable aerosol containers and items of uncontaminated glass should be disposed of in a purpose-designed box labelled “Class/aerosol waste – do not incinerate”
- Services using aerosol containers that can be returned to the producer for recycling should produce a local procedure for the storage, handling and transportation of these items
- Small items of contaminated glass should be disposed of in an approved sharps container
- If large broken or unbroken items of glassware, contaminated or not, need to be disposed of they should be brought specifically to the attention of the contracted cleaner.

The Facilities Manager / Primary Care Operations Managers will ensure that recyclable materials including Aerosol/Glass is managed within the landlord recycling receptacles.

Appendix 2

Charlotte Keel Medical Practice:

Charlotte Keel Medical Practice (CKMP) is managed by BrisDoc. CKMP adopts the Comprehensive Infection Prevention and Control Policy by BrisDoc.

Anenta provides nationwide environmental services including the collection, treatment, recycling and final disposal of hazardous waste and is the designated provider for the disposal of hazardous waste for CKMP. This is collected weekly on a Monday. This collection is documented in the yellow Anenta folder held at the Sirona desk at Charlotte Keel Health Centre.

NHS Property Services Ltd manages the building and are responsible for ensuring that the healthcare (clinical) waste is correctly labelled, securely tied using a plastic tie and segregated according to policy.

A monthly audit by the CKMP Infection Control Lead is undertaken to check the clinical waste outside the building.

Black bags and recycling are managed by Veolia.

Broadmead Medical Centre

Broadmead Medical Centre (BMC) is managed by BrisDoc. BMC adopts the comprehensive Infection Prevention and Control Policy by BrisDoc.

Broadmead Medical Centre is located with the Boots building in Broadmead and Boots is the overall landlord who manages disposal of general (non-clinical) waste and the cleaning company for the premises – Webbs.

Anenta provides nationwide environmental services including the collection, treatment, recycling and final disposal of hazardous waste and is the designated provider for the disposal of hazardous waste for BMC.

This is collected weekly on Friday's. The Nurse on-duty contacts Anenta if additional collections need to be requested.

Clinical waste is emptied daily by Webbs cleaning company and taken to the basement bins.

Locked sharps bins are also added to the lockable Anenta bins for collection.

Due to the high prevalence of MRSA within the population group all clinical waste is treated as infective and orange waste stream bags are used as standard.

BMC staff are responsible for ensuring that the healthcare (clinical) waste is correctly labelled, securely and securely knotted and segregated according to policy.

Homeless Health Service

Homeless Health Service (HHS)is managed by BrisDoc. HHS adopts the Comprehensive Infection Prevention and Control Policy by BrisDoc.

Anenta provides nationwide environmental services including the collection, treatment, recycling and final disposal of hazardous waste and is the designated provider for the disposal of hazardous waste for HHS. This is collected weekly on Friday's. Their contact information is available on emis homepage for staff if additional collections need to be requested

Clinical waste is emptied daily by the on-duty nurse and taken to the lockable Anenta bins at the rear of riverside hostel at the end of the day. In exceptional circumstances full clinical waste bags may be stored in the sluice overnight but must be taken out the next morning.

Locked sharps bins are also added to the lockable Anenta bins for collection

Due to the high prevalence of MRSA within the population group all clinical waste is treated as infective and orange waste stream bags are used as standard.

HHS staff are responsible for ensuring that the healthcare (clinical) waste is correctly labelled, securely and securely knotted and segregated according to policy.

Cardboard and clean plastic recycling are added to riverside hostel recycling

Non-clinical waste is managed by Riverside contractors and bins are emptied daily.

Osprey Court

Anenta collect the medical waste from unit 20 Osprey Court every 4 weeks. Medical waste is stored in locked cabinet within the facilities store room. WTN's are stored on the sdrive.

Anenta also collect the sanitary waste from all Osprey units every 4 weeks.

General waste and recycling are collected weekly from the large bins located in the Osprey Court car park. This service is provided by SUEZ and is arranged through Country Estates, the site's management company. Cleaning contractors are responsible for removing waste from the Osprey Court units on a daily basis and transferring it to the designated bins.

Appendix 3

Waste Disposal Procedures

Non-Healthcare Waste

Waste Type BrisDoc Disposal Method

General Office/Domestic Waste Place into General Bin / Recycling Bins for daily collection

- ALL Waste Paper - place waste paper into Confidential/Recycling Sacks for Contractor Confidential Waste regular collection
- Cardboard - flat pack and store neatly for daily placement in the recycling receptacle
- Sanitary Waste - place in designated containers located in co-owner washrooms
- Aluminium Cans - place empty cans into Recycling Collection Bins
- Plastic material - place in Recycling Collection Bins
- Fluorescent Tubes - Tubes removed by the Facilities Team and disposed of appropriately
- PCs collection and removal arranged by disposed of via the Digital Team or the CSU (for Practice Services)
- TVs, white goods - collection and removal arranged by the Facilities Team
- Osprey Court Food Waste is placed into recycling boxes and collected by a local farm composting scheme
- Commercial mobile phones will be managed and disposed of by the Digital Team

Printer Cartridges/Photocopier Cartridges

- Place in boxes provided which are located throughout our facilities for collection by a nominated organisation for recycling.

Wooden Furniture

- Removal and re-use/disposal arranged by the Facilities Team

Procedure for disposal of Waste Paper including Confidential Waste

ALL WASTE PAPER (including CONFIDENTIAL WASTE PAPER) to be disposed of in the appropriate receptacle

- All waste paper in should be recycled
- Confidential/shredding receptacles should be kept in appropriate areas, where they will not cause a hazard to co-owner
- Non-confidential waste paper should be placed in a recycling box in order to be disposed of by the cleaning co-owner
- Waste will not be allowed to build up in line with Health, Safety and Fire regulations
- Waste will be collected by approved contractors for shredding and disposal in line with agreed 3rd party agreements
- Levels of Waste will be monitored and information captured.

Healthcare Waste

Healthcare waste must be disposed of in line with the NHS colour categorisation set out in section 6.

Healthcare waste disposal training will be managed and documented by the Nurse Lead for each service.

Change Register

Date	Version	Author	Change Details

12.05.23	2	SFlew	Core values updated/ wording changed from CCG to ICB/ Co-owner wording changed to co-owners/Incidents wording changed to Learning Events
23/02/2024	2.1	G Cuff	Page 3 Regulation update. Page 4 change from Senior Management Team to Green Board. Removal of reference to EU. Reference to Manager, changed to Facilities Manager. Page 5 adverse Learning Event changed to Environmental Learning Event. Reference to all co-owner changed to co-owners. Page 7 Removal of reference to reusing files and stationary when appropriate. Page 8 related policies and procedures change of wording from Environmental management policy to Green Policy. Page 9 external publication link updated. Page 10 aerosol / glass waste the following sentence was added, the Facilities Manager will ensure that recyclable materials Including aerosol / glass is managed within landlord recycling receptacles. Page 12 Non healthcare waste, bullet point added regarding Osprey Court food waste recycling.
13/05/2026	2.2	G Cuff	Potential removal of Green Board – Does this still exist? Updated sections to include Primary Care Operations Manager. Updated staff to co=owners. Updated clinical waste section. Finance Director named as the accountable person. Reportable to H&SSG, changed from Green board.