

# Waste Management Protocol Policy

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# Waste Management Protocol Policy

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# Waste Management Protocol Policy

## Introduction

BrisDoc, in the provision of integrated urgent care (IUC) services, in-hours primary care and walk-in services, is focused on operating within a highly effective Environmental Management framework that moves towards delivering services with a low carbon footprint. BrisDoc will operate well-prepared and sustainable services which reflect the aspirations of the Climate Change Act 2008, and meet the requirements for ISO 14001 standards for environmental management. This supports BrisDoc to meet its core value for Our Resources and Social Impact.

The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 (section 34) and the Environmental Protection (Duty of Care) Regulations 1991. Waste arising from healthcare organisations falls under the Controlled Waste Regulations 1992; Hazardous Waste Regulations 2005 and Radioactive Substances Act 1993. Electrical and Electronic waste falls under the Waste and Electronic Equipment Directive (WEEE Directive)

This protocol should be brought to the attention of all employees, suppliers and contractors. This protocol mirrors a hierarchy of waste reduction and will demonstrate continual improvement in waste management by use of suitable 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.

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## Background

This policy has been prepared with the objectives of:

- Ensuring compliance with all relevant legislation
- Providing all staff with guidance in the safe handling and disposal of waste in line with health, safety, and infection control requirements
- Enabling staff 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 is a substance or object that is no longer part of the normal commercial cycle or chain of utility. Most waste goes to landfill, incineration or is disposed of using alternative technologies. Waste, irrespective of its disposal method, has the potential to pollute land, air and water. (appendix 1).

## Accountability

The Managing Director has ultimate responsibility and accountability for waste management within BrisDoc and will ensure, along with the Senior Management Team, that through policies and procedures, BrisDoc is compliant with all Legal/Statutory responsibilities and directives issued by the Environment Agency, Department for Environment, Food & Rural Affairs and European Union Directives.

The Facilities Manager has responsibility for the waste management controls delegated by the Managing Director.

The Integrated Care Board (ICB) is responsible for contracting waste collection arrangements for GP practices. The Facilities Manager is responsible for contracting waste collection arrangements for 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 their staff 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. Managers are 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.

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The Facilities Manager will monitor and review arrangements for the management of waste and will advise the Managing 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 management co-owners are compliant with this protocol and safety training and equipment is adequate to carry out duties associated with 'Waste Management'. Co-owners within his/her team promote reduction, re-use and cost saving throughout all aspects of administration work areas. Guidance is issued to staff 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 Practice 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 consignments of non-hazardous wastes, for offensive wastes, sanitary bin exchanges, domestic waste or recycling must be stored for two years from the date of issue as this is a legal requirement
- Ensure that any adverse 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.

Practice 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 staff are compliant with waste management practices.

All Staff

- Should be familiar with the policy and procedures for waste management
- 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.

Cleaning staff are responsible for the disposal of 'household' waste and the cleaning and maintenance of waste receptacles.

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Specific arrangements in **Charlotte Keel Medical Practice** 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 labelled with the address and date prior to collection by the waste contractor (some waste contractors may label the waste).

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
<b>Yellow:</b> <b>Infectious waste</b> for incineration in a suitably permitted or licensed facility (must not be sent for alternative treatment)	Yellow bag or yellow lidded sharps container	<b>Waste classified as infectious</b> 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: <ul style="list-style-type: none"><li>• Anatomical wastes and tissue samples preserved in hazardous chemicals</li><li>• Medicines, medicinally-contaminated syringes, medicated dressings</li><li>• Contaminated dressings that contains an active pharmaceutical, e.g. ibuprofen</li><li>• Diagnostic kits contaminated with potentially infectious body fluids and chemical reagents (this does not include sticks from dip tests)</li></ul>

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<p><b>Orange:</b> <b>Infectious waste</b> can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licenced facility</p>	<p>Orange bag or orange lidded sharps container</p>	<p><b>Waste classified as infectious</b> Waste contaminated with body fluids from a patient with a known or suspected infection, but no contamination with medicines or chemicals. Examples are:  <ul style="list-style-type: none"> <li>• Contaminated PPE (gloves, aprons, etc.)</li> <li>• Contaminated dressings that do not contain an active pharmaceutical</li> <li>• Very small pieces of tissue</li> <li>• Syringe bodies contaminated with body fluids, but not medicines</li> </ul> </p>
<p><b>Yellow and black striped:</b> <b>Offensive/hygiene waste</b> 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</p>	<p>Yellow and black striped bag</p>	<p><b>Waste classified as offensive (non-hazardous)</b> Waste from patients with no known or suspected infection which may be contaminated with body fluids. Examples are:  <ul style="list-style-type: none"> <li>• Gloves, aprons</li> <li>• Dressings (including blood stained)</li> <li>• Empty non-medicated infusion bags</li> <li>• Stoma or catheter bags</li> <li>• Cardboard vomit/urine bowls</li> <li>• Incontinence pads</li> <li>• Female hygiene waste, nappies</li> </ul> </p>
<p>Blue: Medicinal waste non-hazardous medicinal waste for incineration in a permitted or licenced waste facility</p>	<p>Blue lidded sharps container</p>	<p><b>Waste classified as non-hazardous medicinal waste (non-cytotoxic or cytostatic).</b> Examples are:  <ul style="list-style-type: none"> <li>• Unused medicines in original packages</li> <li>• Part empty containers containing residues of medicines</li> <li>• Empty medicine bottles</li> </ul> </p>
<p>Black: Domestic waste for landfill at a suitable permitted facility</p>	<p>Black bag (clear or opaque bags may be used)</p>	<p><b>Includes items normally found in household waste.</b> Examples are:  <ul style="list-style-type: none"> <li>• Newspapers</li> <li>• Food waste</li> <li>• Paper towels</li> <li>• Uncontaminated couch roll</li> <li>• Packaging</li> </ul> </p>

## 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 staff 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:

- Re-using files and stationery when appropriate

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- The re-use of office equipment & furniture
- Producing electronic copies of documents and avoiding dependence on paper copies
- Making further use of the Intranet for document/information dissemination.

## Related Policies and Procedures

Environmental Management Policy

Health and Safety Policy

Infection Prevention and Control Policy

## 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
- Non-Confidential
- Cardboard

Food Waste  
General Waste

- Glass
- Plastics

Metal

- Aluminium Cans
- Scrap

#### Clinical Waste (for further information please view

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167976/HTM\\_07-01\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf))

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



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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 of 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, staff 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 practice 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.

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## Appendix 2

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

Tradebe 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 Tradebe 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.

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## 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 staff 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
- 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 staff
- Non-confidential waste paper should be placed in a recycling box in order to be disposed of by the cleaning staff
- 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 3<sup>rd</sup> 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.

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## Change Register

Date	Version	Author	Change Details
12.05.23	2	SFlew	Core values updated/ wording changed from CCG to ICB/ Staff wording changed to co-owners/Incidents wording changed to Learning Events