Waste Management Guidance

Introduction:
NHS Greater Glasgow & Clyde (NHNSHGSSGC) takes seriously the requirements for a structured approach on the management of Waste disposal, to ensure that health and safety, environmental, patient confidentiality and financial risks are managed and effectively integrated within the overall risk management arrangements, and that all arrangements are in accordance with statutory requirements, national waste strategy (Scotland) and mandatory NHSScotland Instructions;

NHS Greater Glasgow and Clyde and all persons in the workplace have an obligation to address the National Waste Strategy – Scotland, to meet the Government’s targets for reducing waste and for dealing with it safely and in more sustainable ways. This is enshrined within the Waste Scotland Regulations 2012.

The following waste hierarchy ranks the options and pathways to identify best practice and eliminate the waste arising in the first place:
HEAT DISINFECTION TREATMENT
Orange Stream

TO ATMOSPHERE AND LANDFILL BY INCINERATION
Yellow stream

Can only be recovered
Red stream

MAY INVOLVE REPROCESSING?
Green Stream

REDUCE /

AVOIDANCE ?

Can some of the waste items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

Can some of the waste items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

Why is there waste at all? Could steps be made to avoid it arising in the first place? Better means of procurement? Could better practice, alternative clinical technique be employed?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?

If the waste must be disposed – is it properly segregated to reach the correct treatment and disposal facility?

If practice or techniques cannot change, can, at the very least, the amount of waste generated be reduced or minimised? Can the type or class of waste be lowered to reduce the cost and impact on disposal?

Can some of the waste items and materials be safely used again for the same or some different purpose?

All wastes are commodities with a value. Can some of the items and materials be recovered by segregating away from the conventional disposal route – for safe recycling, composting or energy recovery?
A Legislative duty of care exists to ensure that all waste types generated as a result of NHSGGC business is legally and safely managed, this includes the storage and subsequent disposal of any waste products, this duty of care applies to the corporate body and employees alike.

Whilst the principal responsibility for Waste Management lies with the Organisation and as such is recognised within the overall NHSGGC Risk Framework there is a disseminated responsibility to all NHSGGC Service areas and staff to ensure that they have suitable disposal procedures in place that will at all times fully comply with Legislation and Board Policy arrangements.

Written method statements will be required for any external agencies undertaking works on NHSGGC premises; any such statement will be in line with NHSGGC Policy arrangements and must be ratified prior to the onset of any works.

Due to the diverse clinical and non-clinical aspect of core NHSGGC business there are various waste types generated and subsequent disposal measures in place. All measures are subject to local risk assessment and must have in place written arrangements for a safe and secure disposal route.

Types of Waste:
Clinical/healthcare waste – arising directly from the delivery of healthcare by clinicians. This includes a wide range of controlled wastes defined in legislation due to ethics, risk of infection or containing hazardous substances by class, origins or properties – Clinical Waste, Healthcare Waste, Special Waste, Hazardous Waste and low level Radioactive Waste;

Hazardous/special waste – arising from the delivery of healthcare in both clinical and non-clinical settings, but are not municipal (household/domestic) waste. This includes a very specific range of controlled wastes defined in legislation due to containing dangerous/hazardous substances by class, or properties – Special Waste and Hazardous Waste;

Municipal (household/domestic) waste – arising ancillary to the delivery of healthcare in both clinical and non-clinical settings. This includes a wide range of controlled general wastes defined in legislation due to minimal risk of infection or danger from hazardous substances by origins – Household Waste, Commercial Waste, Industrial Waste, Construction/Demolition Waste, and Non-Hazardous Waste. This may also include wastes defined, under the Freedom of Information (Scotland) Act: 2002 and the NHS Greater Glasgow & Clyde – Records Management Policy, as Confidential Waste.

Responsibilities:
NHSGGC recognises its responsibilities under the Health and Safety at Work etc Act: 1974 and any other underpinning Legislative requirements and will provide its employees, including agency, contract and volunteer staff with sufficient information, training, supervision, equipment and safe systems of work to carry out their duties in relation to waste management.
Local service arrangements:
As part of the service arrangements an assessment should be undertaken to determine what type and volume of wastes will be generated from within the service area, from those assessment outcomes it will be identified which waste stream storage and disposal support services are required. Local service managers should also be cognisant of the Boards sustainability initiatives, particularly relating to recycling of wastes.

Employees (including managers and staff):
Every employee, contractor or self-employed person working on NHSGGC premises or elsewhere on its behalf has a legal duty to take all reasonable care of their own health and safety as well as that of others, e.g. patients, who may be affected by their acts or omissions. Students, volunteers and placements will be treated as employees for those purposes. All employees should ensure they are familiar with the operational policy arrangements relating to waste management within the service area and report all incidents including near misses, via the Board’s Incident Reporting procedures. This will ensure compliance with the Reporting of Injuries, Diseases, and Dangerous Occurrence Regulations: 1995 report any incidents through the organisations reporting system (Datix).

Managing the Risk:
The risk presented should be reduced to the lowest level that is reasonably practicable. If the risk assessment shows that it is not possible for the waste to be safely decontaminated, treated or disposed of then other arrangements must be put in place. Local managers or the producer of the waste have prime responsibility for the duty of care and all aspects of health, safety and environmental protection.

Training:
The primary source of waste management training is provided via the Learnpro online training systems.

Further guidance and information can be accessed from:

