



WASTE MANAGEMENT POLICY

– Policy and Management Procedures for the disposal of
clinical/healthcare and municipal (household/domestic)
waste

MAY 2009

NHS GREATER GLASGOW & CLYDE	Custodian: Director of Facilities
Issue date: May 2009	Author: John Green , Health and Safety Manager (Facilities)
Version: 1	Review Date: May 2011

CONTENTS

1. Waste Management Policy	Page 3
2. Management Procedures	Page 5
3. Responsibilities	Page 5
4. Protocol Framework	Page 7
5. Monitoring and Review Arrangements	Page 9

Waste Management Policy

Policy Statement:

1. NHS Greater Glasgow & Clyde takes seriously the requirements for a structured approach on the management of Clinical/Healthcare and Municipal (household/domestic) Waste disposal, to ensure that health, safety, environment and financial risks are managed and effectively integrated within the overall risk management arrangements, all in accordance with statutory requirements, national waste strategy (Scotland) and mandatory NHSScotland Instructions;
2. NHS Greater Glasgow & Clyde is committed to the effective management of Clinical/Healthcare and Municipal (household/domestic) Waste arising through the development of realistic and acceptable risk based procedures, which meet the spirit and letter of the law, the performance standards and the interpretation set out in NHSScotland – Scottish Hospital Technical Note No 3 – Management of Waste
3. NHS Greater Glasgow & Clyde recognises that the management of Clinical/Healthcare and Municipal (household/domestic) Waste disposal is a management responsibility ranking alongside other management and performance objectives;
4. NHS Greater Glasgow & Clyde is committed to undertake, maintain and monitor the performance and risks of Clinical/Healthcare and Municipal (household/domestic) Waste management arrangements to ensure compliance with Standing Financial Instructions and all relevant statutory and mandatory requirements;
5. NHS Greater Glasgow & Clyde will, as far as is reasonably practicable, ensure that Clinical/Healthcare and Municipal (household/domestic) Waste arising is secure from areas of public access and properly and efficiently managed throughout. All in keeping with the Duty of Care, as prescribed in the Environmental Protection (Duty of Care) Regulations: 1991 and all other relevant waste management legislation and associated guidance. Where appropriate and risks are minimal, consideration will be given to reduce, re-use, recover and recycle materials and substances, to avoid unnecessary disposal;
6. NHS Greater Glasgow & Clyde recognises its responsibilities under the Health and Safety at Work etc Act: 1974 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 to implement this policy;
7. NHS Greater Glasgow & Clyde recognises its responsibilities to ensure the safe management of Clinical/Healthcare and Municipal (household/domestic) Waste arising. In order to achieve this, the highest priority will be accorded to the following aims and objectives:
 - a. Keep secure and safeguard against the uncontrolled release or spillage of waste material;
 - b. Minimise the production and environmental impact of waste by reviewing materials used and practices employed;

WASTE MANAGEMENT POLICY – Policy and Management Procedures for the disposal of clinical/healthcare and municipal (household/domestic) waste

- c. Ensure that Clinical/Healthcare and Municipal (household/domestic) Waste are properly and efficiently segregated, presented in appropriate fit for purpose packaging, handled, stored, transported, treated and disposed of;
 - d. Ensure procedures for waste management are established, adopted, understood and implemented;
 - e. Provide information, instruction, training and supervision as necessary to ensure the implementation of waste management systems;
 - f. Take cognisance of, and implement any actions necessary, to address relevant matters raised or recommended by relevant risk control committees e.g. Board Infection Control Committee, Board Health and Safety Forum
8. NHS Greater Glasgow & Clyde requires the assistance and co-operation of all employees in the pursuit of this policy.
9. Responsibilities for implementation; Organisational: Chief Executive, Directors and Management Teams. Departmental :Departmental / Line Managers/ All Staff

Approved by: _____

Date: _____

Signature: _____

Designation: _____

Management Procedures for the disposal of clinical/healthcare and municipal (household/domestic) waste

1. INTRODUCTION

NHS Greater Glasgow & Clyde delivers healthcare services across a wide portfolio of settings and a corresponding range of clinical/healthcare and municipal (household/domestic) wastes arise. The presentation of suitably segregated wastes for a wide range of safe disposal technologies comes with many burdens, costs and risks. The Scottish Government Health Directorate has provided NHS Boards with specific waste and environmental management responsibilities and obligations whilst delivering services.

NHS Greater Glasgow & Clyde is obliged to understand a wide range of statutes and legislation broadly contained within the Health and Safety at Work etc Act: 1974 framework and within the Environmental Protection Act: 1990 framework. NHS Greater Glasgow & Clyde is required to assess the risks in the context of the protection of workers engaged in healthcare and in waste management, and for the protection of the local and wider environment.

There are 3 distinct 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.

2. RESPONSIBILITIES

Organisational:

The Chief Executive, Chief Operating Officer, Directors and the Management Teams are responsible for:

WASTE MANAGEMENT POLICY – Policy and Management Procedures for the disposal of clinical/healthcare and municipal (household/domestic) waste

- Ensuring Operational Procedures and Risk Management arrangements to meet this policy are in place;
- Providing resources for implementing and maintaining this policy;
- Reviewing performance of this policy;
- Reviewing the effectiveness of this policy.

Director of Facilities:

- Will ensure the provision of adequate facilities and support arrangements to implement and maintain the uplift and disposal aspects of this policy.

The Health and Safety Manager (Facilities) as Waste Management Officer for NHS GGC

- The provision of waste management and annual performance reports to Chief Executive, Management Teams, Board Infection Control Committee
- Reviewing the effectiveness of the policy NHS Greater Glasgow & Clyde wide;
- Waste Management following the requirements of SEHD – HDL(2002) 43,SHTN 3 CEL 2 (2008) Waste Management in NHS Scotland Action Plan.
- Ensure the availability of relevant and current training material.

Departmental:

Departmental / Line Managers are responsible for:

- Making sure that all staff are aware of this policy and the relevant procedures and protocol framework associated with the disposal of segregated wastes;
- Putting into practice within the protocol framework, the local procedures and safe systems of work which are designed to reduce risks from production to final disposal;
- Ensuring that all staff and workers engaged in healthcare and in waste management have adequate information, training, instruction, supervision and support. This includes refreshing staff knowledge and skills at regular frequencies;
- Monitoring the effectiveness of local procedures and safe systems of work, with annual review of occurrence recording, investigation and management inspections;
- Ensuring that local policies and procedural guidelines are developed and maintained;
- Ensuring staff receive suitable and effective support following any accidents or incidents involving waste;
- Ensuring that specialist arrangements for Medicinal Products (medicines) are co-ordinated with Pharmacy and the associated Policies;
- Ensuring that specialist arrangements for specimens and potentially infectious substances are co-ordinated with Laboratory services and the associated policies.

All staff and workers engaged in healthcare and in waste management are responsible for:

- Taking precautions and reasonable care of themselves and any other persons who may be affected by their actions and the environment;
- Co-operating with policy, procedures and safe systems of work that are in place to minimise risk to persons and the environment;
- Reporting of all incidents, including near misses that arise;
- Attending the appropriate training and instruction and ensuring practical skills are regularly refreshed;
- Assisting managers with the identification of any risks arising from waste management.

3. PROTOCOL FRAMEWORK AND LOCAL PROCEDURAL ARRANGEMENTS FOR IMPLEMENTATION

Risk Based Approach

Risk Assessment is the fundamental process in reducing actual or potential harm to persons or the environment. All risks, by considering the hazards and likelihood of harm, must be identified and assessed by local managers. However, waste management is a complex area, subject to a Duty of Care and not all regulatory aspects are likely to be known by local managers. A core generic protocol framework (NHS Greater Glasgow & Clyde - Waste Disposal Procedures) supports and provides an interpretation of critical requirements. The Health and Safety Manager (Facilities) can provide additional support to local managers on the assessment of local waste management risks.

As a result of risk assessment all locations where waste arises should have effective control measures in place to manage identified risk. The NHS Greater Glasgow & Clyde - Waste Disposal Procedures is central to the protocol framework and compiling a risk assessment. However all managers are responsible for developing localised arrangements specific to local needs.

Waste Management factors to be considered when conducting risk assessment:

Does the waste present a hazard and or harm to persons or the environment by demonstrating/containing:

- Infection or Biohazard (to Control of Substances Hazardous to Health Regulations [COSHH] with categorisation of hazard groups and Advisory Committee on Dangerous Pathogens [ACDP] guidance on duties and managing the risk)?
- Hazardous or dangerous substances (Statutory Lists or have flammable, irritant, harmful, toxic, carcinogenic, corrosive, explosive, oxidising, teratogenic, mutagenic, produce toxic gas, yield leachate or ecotoxic thresholds)?
- Sharp or cutting edges (Glass, Sharps and other intrusive devices etc)?
- Radioactive substances?
- Offensiveness (volume, time and temperature controls)?
- Containment (packaging, storage, handling and transport controls)?
- Defined as a "Controlled Waste"?
- Duty of Care requirements?

Does the waste or management regime present a hazard and or harm to persons or the environment by any of the following aspects?:

- Patient contact
- Segregation
- Fully discharging Sharps
- Returning medicinal products to pharmacy
- Metal objects
- Working with substances hazardous to health
- Fit for purpose containment
- Labelling and marking
- Perceptions about the waste
- Secure
- Not accessible to the public
- Presenting for uplift/disposal
- Frequency of uplift
- Spillage
- Location where the waste arises or is stored
- Welfare requirements
- Moving and handling
- Access and egress
- Fire
- Temperature
- Birds, insects or other vermin
- Driving
- Training
- Experience
- Incident Reporting
- Immunisation
- Any other risk specific to the individual's role

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 appropriate level of training to staff will be available based on the needs identified through risk assessment conducted at local level, and where competence to statutory or mandatory NHS requirements is necessary. Advice and guidance on available training can be sought from the Health and Safety Manager (Facilities)

Incident Reporting

All persons and workers engaged in healthcare and in waste management should 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. All incidents must be recorded to ensure accurate information, to enable intelligent trend analysis, which will help with planning for future reduction target initiatives and the introduction of further safe systems of work.

The Board's Incident Management Policy should be referred to. (See StaffNet)

4. MONITORING ARRANGEMENTS

Local managers are required to monitor their local procedural arrangements, risk assessments, Health and Safety Management System (Manual) and incident analysis.

Director of Facilities will provide an annual report of performance for discussion with Chief Executive, Management Teams and Board Infection Control Committee

5. REVIEW ARRANGEMENTS

This policy will be reviewed every 2 years. An annual accuracy check will be undertaken by the Health and Safety Manager (Facilities) to ensure the policy is reflective of legislative or authoritative guidance changes.