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Review Date: 31 January 2021
Review Lead: Energy, Sustainability & Waste Manager

Calderdale and Huddersfield 
NHS Foundation Trust



Waste Management Policy Version 7

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Document Summary Table		
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Infection Prevention & Control Team, Pharmacy Department, Portering, Cleaning Services, Tissue Viability, Trust & CHS Health and Safety, Trust Operations Manager, PFI Service Partners, CHS Transport		

Does this document map to other regulatory requirements?	
Regulator details	Regulator standards and relevant legislation
Environment Agency	Environmental Protection Act (1990)
	Waste (England & Wales) Regulations (2011)
	Controlled Waste Regulations (2012)
	Hazardous Waste Regulations (2005)
Department for Transport	ADR [Transport of Dangerous Goods] Regulations (2015)
Department of Health	HTM 07-01 Safe Management of Healthcare Waste (2013)
Health and Safety Executive	Health & Safety at Work Act (1974)

Document Version Control	
Version no	Details of review/alterations, rationale for document etc.
3	The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust-wide format and the content of which includes a minimum set of criteria which include: <ul style="list-style-type: none">the training requirements for implementationmonitoring arrangements for the documentEquality impact of the document In addition, the monitoring arrangements for this document have been included. The arrangements for the disposal of Confidential Waste, electrical and IT equipment have also been included.
4	Community guidelines added as of August 2013.

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

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5	Re-named as 'Waste Management Policy'. Legislative reference update. Includes Bag to Bed system information, contingency planning and VHF procedures.
6	Waste liquid section included due to the previous Environmental Policy being substantially subsumed into the Sustainable Development Management Plan. Clarification of lab waste procedures and disposal of waste in community settings. Clarification of the role of the Waste Manager
7	The relationship between the Trust and service providers has been clarified along with the organisational responsibilities of each provider. The department of Planning, Estates and Facilities has been replaced with reference to the Calderdale and Huddersfield Solutions (CHS). The document has also been revised to include newly appointed positions and changes to job title. The positions of CHS Environment Manager and Waste Officer have been added and individual responsibilities have been clarified. The role of Energy, Sustainability and Environment Manager has been removed along with the position of Waste Manager. The CHS MD role has replaced the General Manager position. The waste legislation section has been updated with information relating to Duty of Care requirements and regulations. Section on Mattresses has been updated following conversion with Tissue Viability. Equalities statement also updated. Finally, a waste hierarchy has been incorporated into this document which promotes the Trust policy for zero waste to landfill.

Contents

Section	page
1. Introduction	4
2. Purpose	4
3. Duties (Roles and Responsibilities)	4
4. Legal Framework	9
5. Definitions for Waste Streams:	9
6. Management and Collection of Waste	13
7. Other Waste Streams for Collection	15
8. Waste Fluids and Discharges to Drain	17
9. Laboratory Waste	17
10. Community Healthcare Waste Disposal	18
11. Monitoring Compliance	20
12. Training	21
13. Record Keeping	22
14. Contingency Planning	22
15. Emergency Response	23
16. Trust Equalities Statement	23
17. Communication Plan	23
18. Associated Documents / Further Reading	23
19. References	24

Appendices

Appendix A – National Colour Coding of Clinical Waste

Appendix B – Category A Infectious Substances

Appendix C – Medicinal Contaminated Waste Management

This policy is intended for use across Calderdale and Huddersfield NHS Foundation Trust (CHFT), which includes Calderdale and Huddersfield Solutions Limited (CHS). Where responsibilities state all staff, managers senior managers and directors, this also includes CHS staff groups.

1. Introduction

This policy sets out a unified approach to how Calderdale and Huddersfield Solutions Ltd (CHS) and Calderdale and Huddersfield NHS Foundation Trust (CHFT) manages its waste in accordance with current EU and UK legislation and best practice guidance. The CHS is a wholly owned subsidiary of the CHFT and assumes responsibility for managing contracts with waste providers. The CHS is also responsible for providing soft and hard Facilities Management (FM) at Huddersfield Royal Infirmary (HRI). At Calderdale Royal Hospital (CRH) a PFI agreement exists with third party FM providers. Where CHFT is named within this policy, it relates to both CHFT and CHS.

All staff have a 'duty of care' to ensure that waste is segregated and disposed of in accordance with these requirements.

This policy is under-pinned by a procedural framework to support staff in their decision-making relating to safe handling, segregation, storage and disposal or diversion of waste and other items/equipment that are no longer required.

Additional waste management information and instruction is provided via the Estates and Facilities intranet pages. A specific mandatory training programme for clinicians and support staff is available via the relevant ESR portal.

2. Purpose

The purpose of this policy is to ensure that appropriate infrastructure, systems and procedures are provided to manage waste generated at CHFT sites in accordance with current health, safety and environmental regulatory requirements.

Application of the Waste Hierarchy under the Waste (England & Wales) Regulations 2011 is a legal requirement and ensures that all waste arising from CHFT activities is properly segregated, treated or recovered/recycled, with disposal to landfill only as a last resort.

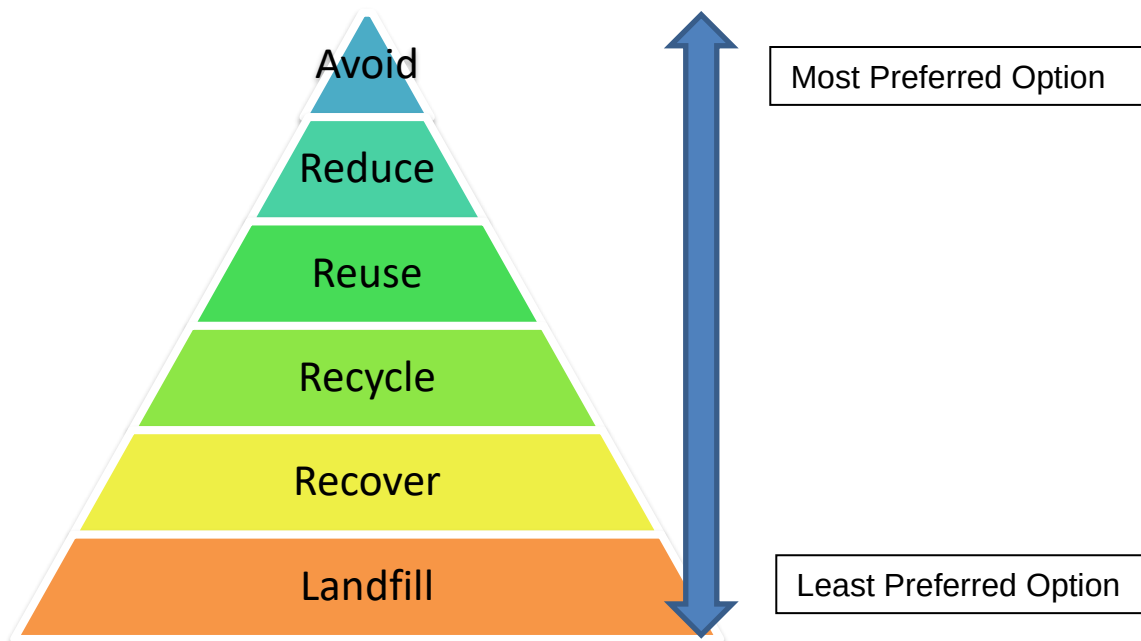
In addition, CHFT is required to ensure as far as is reasonably practicable, the Health, Safety and Welfare of staff, patients, visitors and others who may be affected by waste segregation and disposal activities arising from Trust business.

Suitable and sufficient risk assessments have been provided for staff directly involved in the handling and transfer of waste material/containers where certain hazardous properties may present a risk to producers, handlers or others.

Notwithstanding, individual departments handling hazardous materials also require local risk assessments as defined in the Management of Health and Safety at Work Regulations 1999.

2.1 Waste hierarchy

The waste hierarchy (below) will be utilised across the Trust to classify preferred waste management options by their order of environmental impact. The Trust will promote the waste hierarchy through internal communications. Mitigation measures will be developed in line with this hierarchy and for all activities that generate significant quantities or hazardous waste material. Where feasible the Trust will promote a zero to landfill policy for all waste streams.



3. Duties (Roles and Responsibilities)

Chief Executive

The Chief Executive is accountable for ensuring all waste produced by the Trust is dealt with in accordance with current legislative requirements.

Managing Director of Calderdale and Huddersfield Solutions (CHS)

The Managing Director of CHS has overall responsibility for:

- Ensuring the Waste Management policy is kept up to date, reflecting relevant regulatory changes.

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

- Ensuring sufficient budgetary allocation for the development, upkeep and maintenance of the waste management service.

Head of Estates

The Head of Estates is responsible for the implementation of the Waste Management policy and ensuring legislative compliance by:

- Provision of suitable and sufficient resources for day to day operation of the waste management function.
- Ensuring the timely reporting, investigation and resolution of waste-related incidents.
- Responsibility for ensuring that liquid pollution does not enter the sewage system.
- Line management of the CHS Environment Manager.

Clinical Director of Pharmacy

The Clinical Director of Pharmacy is accountable for the appropriate disposal of medicinal waste.

The Pharmacy Operational Services Manager works with the Environment Manager to ensure appropriate protocols are in place for the disposal of different categories of medicinal waste.

Environment Manager

The CHS Environment Manager is responsible for:

- Providing expert waste management support and advice to CHS and Trust personnel as required.
- Providing appropriate waste management training to staff at all levels within the Organisation.
- Ensuring corrective actions are implemented and monitored in relation to waste-related incidents and non-compliances.
- Ensuring that waste-related risk assessments are in place and staff are aware of the potential hazards associated with certain waste streams.
- Providing assurance of legal compliance to the Trust Board (annual report).
- Chairing the Waste & Equipment Disposal Management Group meetings.
- Monitoring KPIs relating to waste and implementing intervention strategies.
- Collaborating with external stakeholders and reviewing contracts when necessary.

Waste Officer

The Environment Manager is supported by a Waste Officer who is responsible for:

- Ensuring on-going monitoring and compliance with the Waste Management policy and supporting procedures through a regular audit programme.

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

- Ensuring the correct segregation, storage and disposal of waste material generated by the Trust in accordance with current legislative requirements.
- Ensuring all waste transfer documentation, contractor permits and licences are appropriately retained for all CHFT sites.
- Ensuring all waste contractors used for the collection, transfer and disposal of waste generated by the Trust have the required permits/licences.
- Engaging staff to improve onsite segregation of clinical and domestic waste streams.

Waste & Equipment Disposal Management Group

The Waste Equipment & Disposal Group is a support function of the waste management service and reports to the Estates and Facilities Quality and Safety Board and Trust Health and Safety Committee.

The key objectives of this Group are:

- To ensure the Waste Hierarchy is applied to manage waste and recycling, with reduction in use of materials, reuse and recycling taking precedence.
- To set in place and manage co-ordinated risk assessments for waste disposal, including identifying operational hazards, keeping records of procedures and practices and instigating staff training programmes to manage risks appropriately.
- To improve the monitoring, information and ownership of all waste streams by establishing and maintaining effective information networks/systems.
- To recognise and respond positively to all relevant (NHS, EA etc.) initiatives and guidance relating to the segregation and disposal of the Trusts waste and to ensure the compliance and improvements in connection with these requirements.
- Monitor achievement against key performance targets to improve overall performance.

Calderdale Royal Hospital Facilities Management

The Hard (Engie) and Soft (ISS) Facilities Management Contractors are responsible for:

- Ensuring that their staff and contractors are aware of waste management issues and the Waste Hierarchy,
- Liaising with the Environment Manager to ensure that all waste streams that are managed by the Trusts waste management contractors are correctly used.

The soft FM contractor is also responsible for:

- Ensuring waste collections are undertaken as per collection schedule.
- Ensuring ad hoc waste arrangements are made when necessary, e.g. if a patient undergoing chemotherapy is treated elsewhere in the hospital,

- appropriate cytotoxic/cytostatic bins are provided as requested.
- Ensuring all bulk disposal stores and compounds are kept clean, free from loose waste and secured when not in use.
 - Ensuring only dedicated waste containers (bins) are used for segregation and transfer of clinical waste. Offensive waste, domestic waste, mixed recycling and cardboard may be co-collected within the hospital but will be segregated by the FM provider in the waste yard.
 - Ensuring spillages are reported and dealt with appropriately.
 - Ensuring faulty bins are tagged and taken out of service and issues reported to the CHS Waste Officer.
 - Overseeing collection of waste and keeping documents safe for collection by the CHS Waste Officer to comply with legislation and to enable financial checks to be completed.
 - Ensuring that efforts are made to minimise food waste and the use of single use plastics from any managed canteens. The FM contractor will actively encourage back of house and front of house recycling in canteens.
 - Ensuring all bulk disposal stores and compounds are kept clean, free from loose waste and secured when not in use.

The hard FM contractor is also responsible for:

- Managing their own waste compound and segregating waste according to the waste hierarchy.
- Providing quarterly tonnage data to the Environment Manager

Portering Services

The Head of Portering Services at HRI is responsible for:

- Ensuring waste collections are undertaken as per collection schedule.
- Ensuring ad hoc waste arrangements are made when necessary, e.g. if a patient undergoing chemotherapy is treated elsewhere in the hospital, appropriate cytotoxic/cytostatic bins are provided as requested.
- Ensuring all bulk disposal stores and compounds are kept clean, free from loose waste and secured when not in use.
- Ensuring only dedicated waste containers (bins) are used for segregation and transfer of clinical waste. Offensive waste, domestic waste, mixed recycling and cardboard may be co-collected within the hospital, but will be segregated in the waste yard.
- Ensuring spillages are reported and dealt with appropriately.
- Overseeing collection of waste and checking / signing waste transfer notes and hazardous waste consignment notes. These documents should be kept safe and provided to the CHS Waste Officer to comply with legislation and to enable financial checks to be completed.
- Ensuring faulty bins are taken out of service and issues reported to the CHS Waste Officer Manager.

Radiation Protection Supervisors

In areas where radioactivity is used the Radiation Protection Supervisor (RPS) is responsible for ensuring that all staff adhere to the written local rules for the safe storage and disposal of radioactive substances. RPSs are accountable to the appropriate Clinical Services Manager for their area and advice is available from the trust appointed Radiation Protection Advisors. All radioactive waste is dealt with in accordance with the Ionising Radiation Protection Policy for the Trust based on the legal requirements contained in the Ionising Radiations Regulations 1999 and Environmental Permitting Regulations 2010.

Infection Prevention Control Team

The Infection Prevention Control Team (IPCT) work with the Environment Manager to provide advice on matters relating to the treatment and containment of infectious and high risk wastes.

IPCT work with the Environment Manager to minimise the quantity of waste that is segregated as infectious waste.

In the event of local outbreaks or epidemics the team and Environment Manager will provide appropriate communication to Trust and CHS staff regarding the control of infectious material and define the preventative procedures required to minimise the risk of cross-infection to staff, other patients and visitors.

Dangerous Goods Safety Adviser

Under the Carriage of Dangerous Goods Legislation and the European Legislation known as the ADR, CHS appoints a Dangerous Goods Safety Adviser who is responsible for queries relating to the transport of hazardous waste and also conducts a bi-annual audit.

Line Managers/Matrons/Ward Managers/Heads of Department/ Service Performance Team

Must ensure that:

- This policy is accessible to all staff.
- This policy is fully implemented and adhered to within local areas.
- Compliance with this policy is monitored and appropriate action taken where any unwarranted variation is identified.
- Staff receive appropriate training in order to comply with this policy.
- Staff are aware of any risk assessments regarding waste and equipment disposal that have a bearing on their work.

- Training records are provided to the Training Department / Workforce Development for central records.
- Appropriate containers are present with correct signage, displaying information posters as required.
- Medicinal waste containers are within locked areas.

All Staff

It is the responsibility of all staff involved with the generation or handling of waste from Trust business to:

- Ensure that they receive appropriate training in order to comply with this policy
- Segregate and dispose of waste in accordance with this policy and associated procedures.
- Be aware of any risk assessments relating to waste produced during the course of their day to day activities.
- Report dangerous situations / non-conformances relating to waste to their Line Manager or the Environment Manager as soon as they are identified.
- Ensure in areas using radioactive material that the written “Local Rules” are adhered to at all times in regard to the safe storage and disposal of radioactive materials.
- Ensure accident / incidents involving waste are reported and Datix forms completed when necessary.
- Use the appropriate / recommended containers for disposal of defined waste stream.
- Ensure appropriate personal protection and hand hygiene precautions are adhered to (i.e. use of appropriate gloves).
- Ensure labels identifying the ward, department, hospital site and Trust are attached to the waste bag. Labels to be checked and completed before removal to the temporary holding area e.g. sluice/dirty utility room or the waste room.
- Bags should be handled by the neck only.
- Waste bags can only be tied onto containers or trolleys in non-clinical areas.
- Contents of one bag must not be decanted into another bag.
- Waste bags should not be opened to examine contents.

Contractors

It is the responsibility of local managers procuring the services of contractors to ensure appropriate waste collection arrangements have been put in place for the compliant disposal of waste produced from construction or other upgrade projects.

Contractors are NOT permitted to use Trust facilities for disposing of waste generated on capital works projects or renovations.

Also refer to Policy for the Control of Contractors within Estates and Facilities or relevant managers for Engie and/or ISS for further information.

For any queries relating to waste produced during site contractual works, contact the Environment Manager or Waste Officer in the first instance.

4. Legal Framework

As a producer of waste the Trust has a legal 'Duty of Care' to make sure its waste is handled safely and only passed to people authorised to receive it. For any waste removed from Trust premises, the designated waste contractor will have to supply a Waste Transfer Note (WTN) for controlled waste, and a Hazardous Waste Consignment Note (HWCN) for hazardous waste. No waste may leave the Trust without a Waste Transfer Note or Hazardous Waste Consignment Note.

CHFT produces a wide range of waste streams all of which are defined in the UK legal framework, specifically environmental protection, carriage of dangerous goods and health & safety. Additional requirements from professional organisations or government bodies may also apply in some instances and these requirements must be taken into consideration when categorising and choosing treatment and disposal options, e.g. the Human Tissue Authority and anatomical waste. In the healthcare environment the legal framework is under-pinned by the Department of Health (DoH) Health Technical Memorandum (HTM) series of guidance documents. HTM 07-01 'Safe Management of Healthcare Waste' (2013) provides practical supporting information for users on the assessment, definition and management of healthcare wastes both on and off site.

<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>

The day to day running of the Trust also produces a large amount of other wastes unrelated to healthcare procedures; confidential data, electrical equipment, catering and construction wastes, etc.

All non-clinical wastes produced at Trust premises are subject to the same legal framework as clinical wastes and defined under the Controlled Waste Regulations 2012. Correct removal and disposal through application of the Waste Hierarchy ensures legislative compliance, reduced carbon footprint and financial savings.

Key regulatory drivers:

- **Waste Management Licensing Regulations 1994**
- **The Waste (England and Wales) Regulations 2011**
- **Hazardous Waste Regulations 2005**
- **Waste Electrical and Electronic Equipment Directive**
- **Landfill directive**
- **Batteries directive**
- **Carriage of Dangerous Goods (CDG) Regulations**

5. Definitions for Waste Streams

Healthcare waste

Any waste that is produced by a healthcare provider, including clinical waste, domestic waste, hazardous chemicals, batteries, food, waste electrical items and mixed recycling. Refer to HTM 07 01 for guidance on definitions.

National colour-coding system

The use of consistent colour coding of Healthcare Waste is required under HTM 07-01 with colour coding of bags and containers for disposal. This is followed by CHFT – see appendix A.

Domestic/municipal waste (includes recyclable materials)

This is waste similar in nature and composition to waste generated in the home. Domestic waste should not contain any infectious materials, sharps or medicinal products. Domestic waste is placed in clear bags for disposal within CHFT although black bags are also acceptable within the NHS.

Recyclable domestic waste, that is generated across the Trust, must be placed in clear translucent bags with a single green stripe. This should consist of dry mixed recycling which includes paper, card, plastic and cans but not glass bottles. Any patient or Trust information must be destroyed prior to disposal in recycling. Larger cardboard boxes should be flattened to allow collection by waste porters for disposal in the compactor.

Confidential Waste

Confidential waste is waste which may be recyclable but has any personal identifiable data upon it (i.e. patient records, patient id stickers etc) or any information held by the Trust relating to third parties. Paper confidential waste should be placed by staff in secure consoles to be collected, shredded then recycled by accredited confidential waste contractors. Other items of confidential waste can be collected by the same contractors for appropriate disposal.

Offensive/Hygiene Waste

This is a term to describe waste which is both non-infectious and non-hazardous, but which may cause offense to those coming into contact with it. This category includes waste previously described as human hygiene waste/sanitary waste. This does not need to be classified for transport.

Examples include: incontinence and other waste produced from human hygiene, sanitary waste and nappies.

Offensive Waste is disposed of in yellow and black “tiger striped” bags.

Clinical waste

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

This is defined under the Controlled Waste Regulations 2012 as:

“contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms, contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive 67/548/EEC on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances”

Within this broad definition, segregation occurs in order to process wastes appropriately.

Anatomical Waste

Anatomical waste includes human tissue, other body parts and foetal remains before 24 weeks gestation. This waste is mainly produced by Theatres, Pathology and Women and Children's Services.

Anatomical Waste is stored and disposed of in red lidded containers, this waste is incinerated.

Pregnancy remains should be managed in accordance with the Trust's separate policies and guidance (i.e. Guidance for Sensitive Disposal of Pregnancy Remains Before 24 Weeks Gestation).

Infectious waste

Infectious waste is, substances containing viable microorganisms or their toxins, which are known, or reliably believed, to cause disease in man or living organisms. It includes category A and category B infectious substances (see Appendix B).

Infectious Waste will be packaged in a range of coloured containers largely dependent on the other waste properties it possesses (e.g. medicinally contaminated).

Infectious waste without any complicating factors is disposed of in orange bags and boxes.

Medicinally contaminated waste will be disposed of in yellow boxes – yellow bags are not ordinarily used within the Trust but are used within laboratory settings and to be used for specific organisms (VHF) as directed by IPC/ waste management.

Cytotoxic infectious waste will be disposed of in purple bags or boxes.

Hazardous waste

These are types of Waste defined by the Hazardous Waste Regulations 2005, which can be dangerous to life, flammable and/or prescription medicines.

Medicinal (Pharmaceutical) Waste

For full guidance on what comprises as medicinal/pharmaceutical waste, refer to the intranet - Medicine Code section 17: Medicines no longer required- return or disposal. This document also gives guidance on spillage of medicines and will be updated to reflect disposal streams used for waste medicines, empty packaging and medicinally contaminated delivery systems.

Specific guidance on return/ disposal of controlled drugs is included in Section 13 of the Medicine Code. Section 29 of the Medicine Code – Illicit Drug Substances in The Trust, also includes details of disposal of such substances.

Trust-wide guidance on the disposal of medicines and medicinally contaminated waste has been distributed and is attached as Appendix C.

Sharps Waste

Sharps are classified as items that cause cuts and puncture wounds, including needles, syringes with needles attached and blades.

Sharps waste does not include:

- Syringe bodies (in the absence of a needle).
- Medicinal waste in the form of:
 - a) Bottles;
 - b) Vials;
 - c) Tubes or tablets;
 - d) Swabs.

Sharps must be disposed of in colour coded UN approved sharps containers, they must be signed and dated when disposed of, but they must not be open longer than a period of three months and all sharps containers must be partially closed when not in use. Within the Calderdale and Huddersfield NHS Foundation Trust (CHFT) yellow lidded, orange lidded (within phlebotomy) and purple lidded sharps containers are used:

- Yellow and orange lidded sharps containers are disposed of by incineration.
- Purple lidded sharps containers are disposed at a higher temperature as the waste is contaminated with cytotoxic and cytostatic medicinal products.

NB All sharps/syringes (even those fully discharged) are contaminated with residual medicine and should be disposed of as per the Trust Medicine Code.

MRO

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

All waste generated from a patient with a multi-resident organism in an acute setting should be treated as infectious waste.

Within the Trust, a blanket approach has been introduced, whereby all side rooms on wards should contain an infectious waste bag and a domestic waste bag. To reduce infectious waste volumes, the procurement of bins with interchangeable labels should be sought by wards, which would allow offensive and infectious waste facilities to be used interchangeably.

Group 4 Viral Haemorrhagic Fever (VHF) and Similar Human Infectious Diseases

The management of waste from VHF suspected cases will follow the requirements of the Department of Health document - Management of hazard group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence (November 2015).

Waste from patients with suspected VHF is managed as Category A until IPC identify otherwise.

Waste from patients classified as having a “confirmed” VHF infection will be treated as Category A infectious waste and dealt with in line with Department of Health document in consultation with the Trust’s Dangerous Good Safety Advisor and the waste contractors Category A policy.

The Trust’s Category A Waste Policy should be read by staff managing a VHF incident.

Implant devices

Any implant medical device that has been in contact with infectious bodily fluids should also be classified and treated as infected waste.

Radioactive Materials

Radioactive Materials that could be considered waste are dealt with in accordance with the Trust’s Ionising Radiation Protection Policy and in line with the Environmental Permitting Regulations (EPR 10). As short-lived isotopes are generally employed within the trust these are stored until their radioactivity is equivalent to background and disposed of to the clinical waste system.

6. Management and Collection of Waste from Wards and Departments

It is the responsibility of all staff involved with the generation or handling of waste on Trust premises to be aware of the correct management and safety procedures associated with the waste produced.

All waste bins should be foot operated, lidded and in good working order. Bins must be visibly clean.

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

When $\frac{3}{4}$ full, bags should be removed from the bin, swan necked and tied at the neck with a cable-tie.

Departmental / ward labels should be checked, completed and attached before removal to the designated waste storage area or sluice.

Sealed bags must be removed to the sluice or waste storage area promptly. Bags must not be left in the corridors.

Waste bags, apart from Dry Mixed Recycling and general domestic waste, will be changed as part of the domestic routine, at least daily. Should bags require changing at other times, this may be done by domestic or nursing staff dependent on local arrangements. Recycling and domestic waste bags should be changed at a frequency agreed with the department or office.

Where Clinisafe boxes, bio-boxes and sharps bins are used, staff should be familiar with the volume and weight of material that is accepted in that container, and be mindful of manual handling and wider health and safety risks to themselves and (portering) colleagues. Sharps containers and bio-boxes should be shut securely and stored in a manner which would prevent accidental injury or the transference of infection.

A designated storage area must be allocated for the storage of waste, prior to collection by the portering staff.

The storage area must be securely locked to prevent public access.

Storage areas must be adequate to provide enough space for removing and exchanging bins.

Waste bags must be placed in the appropriately coloured/labelled waste bin within the designated waste collection areas – usually yellow. Waste bags should not be stored on the floor, and bins should not be over-filled, i.e. the lid of the bin must be able to close (and lock).

Clinical waste bags should be transported from the ward/department in designated locked 770 litre waste bins, supplied by the waste contractors. Where smaller volumes of waste are generated and clinisafe boxes, bio-boxes or sharps bins are used, they can be transported in a cart. Domestic waste and recycling and offensive can be transported internally using carts or cages. Such containers must be in a good state of repair and must be cleaned by the waste contractor. Upon removal from the ward/department the containers must be kept in a locked compound, not accessible to the public and consigned with the correct EU consignment number/colour.

The waste bins should not be removed by the portering staff if labels/stickers are not completed.

Clinical waste bags (other than offensive waste) must not be manually handled once placed in the appropriate containers. Offensive, domestic waste and recycling can be

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

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handled for disposal into the skips or compactor or large waste bins (e.g. 1,100l recycling bins)

Any recurrent problems with the containers must be raised with the Environment Manager for the Trust.

Portering Services will ensure the collection of pharmaceutical waste as follows:

Yellow stream: Sharps in a separate trolley
 Medicinal Liquid and Solids in appropriately tagged trolleys

Purple stream: Sharps liquid and solid collected together in an
 appropriately tagged trolley

No overfilled bags / containers or unlabelled bags / containers will be collected.

All staff handling waste should:

- Be familiar with the Waste Management Policy
- Assist with the correct classification of waste and the reduction of waste produced.
- Ensure appropriate personal protection and hand hygiene precautions are adhered to (i.e. use of appropriate gloves).
- Bags should be handled by the neck only
- Waste bags must not be tied onto containers/trolleys
- Contents of one bag must not be decanted into another bag
- Waste bags should not be opened to examine contents

Spillages from Waste Bags

Staff should be aware of the spillage procedure for their department or ward. Staff should not use force to compact waste bags as this may result in the bag splitting or contamination injury.

Spillages from waste bags should be dealt with safely maintaining health and safety. Personal protective equipment should be worn as appropriate (see Standard Precautions Policy, Section C, Infection Control Policy). Any material or spillage kit used for clearance should be bagged and disposed of appropriately and not in with domestic waste.

Spillages must be cleaned using the appropriate disinfectant (see Decontamination Policy, Section F, Infection Control Policy Manual). Damaged or leaking bags must not be moved until the complete bag is placed inside the appropriate new bag.

Spillages of Medicines should be dealt with in line with the guidance in Medicines Code - Section 17.

Spillages of a significant quantity should be reported to the Environment Manager and efforts should be made to prevent accidental discharges to drains.

7. Other Waste Streams for Collection

Amalgam/Dental Waste

All dental waste should be collected regularly by the Trust's healthcare waste contractor. If there are issues with collection this should be raised with the Waste Officer prior to disposal.

Blood Transfusion Waste

Completely empty blood transfusion bags can be disposed of within the offensive waste stream as there is minimal non-infectious liquid remaining in the bag.

Full or part full bags should be disposed of in an anatomical waste stream, but as the anatomical waste stream is not available in most wards and departments this waste should be disposed of in one of the infectious waste yellow box that are in clinical areas – see Appendix C this also includes the bag/ lines.

Mattresses

Non-powered foam mattresses identified for disposal should be cleaned as per Trust Decontamination policy C-72-2013, and a decontamination sticker applied before being placed in a yellow mattress bag and collected by Porters for incineration. Mattress bags can be obtained from the relevant hospital Clean Mattress Store.

Powered mattresses should not be condemned by frontline staff. They must be placed in a red mattress bag and sent to the Dirty Mattress Store for decontamination / inspection by an external provider.

Electrical Waste

In order to ensure that the Trust complies with the WEEE Regulations all electrical waste should be disposed of by specialist contractors. Electrical waste is divided into two groups: hazardous (i.e. fridges and microwaves) and non-hazardous (i.e. fans). Estates helpdesk should be contacted to arrange for disposal.

Medical Devices

Electromechanical medical devices that need to be disposed of should be referred to Medical Engineering in the first instance who will make appropriate arrangements for disposal accordingly and ensure removal from any relevant databases.

IT Waste

The IT service desk should be contacted to dispose of any IT equipment. IT equipment is classed as anything which can be connected to the network, so this includes PCs, laptops, printers etc. This is disposed of through a contract that is managed by The

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

Health Informatics Service (THIS). THIS should liaise with the Waste Officer to provide tonnage data of IT waste disposed of.

Lamps, Fluorescent Tubes and Lightbulbs

Fluorescent Tubes and lamps are hazardous waste and are disposed of through contracts with the suppliers, this includes LED bulbs. Estates or Engie Staff will remove and store old tubes prior to collection. Other bulbs and light fittings are not considered hazardous and can be disposed of in domestic waste.

Batteries are collected within the hospitals in plastic containers which are taken to the stores area by Waste Porters to be emptied into bulk containers, the majority will go for recycling by hazardous waste contractors.

Batteries stored and collected in bulk are a potential fire risk. High voltage batteries (particularly 9 Volt batteries with terminals on top) must have taped terminals before putting into waste containers. Volumes of Lithium batteries must not exceed 2%, or the collection may be non-compliant.

In Community settings, battery collection containers can be provided by the Waste Officer for collection by approved contractors.

Printers and toner cartridges

Most printer cartridges are disposed of through a managed print service. Any other printer waste cartridges can be taken to the stores area at the hospitals to be disposed of where some will go for recycling.

Food Waste (hospital sites)

From the Catering Department food waste will be disposed of through specialist contractors that use anaerobic digestion to produce fertilizer and fuel gas from the waste. Staff food waste is also to be disposed of through the same contractor. All Wards and Departments can have their own food caddy with a bag inside which is collected with the Domestic Waste.

Solidifying granules/ absorbent gel waste

To aid the clean-up of spillages or in the event of a macerator/ bedpan failure, solidifying granules are used to make disposal of waste more manageable. The solidifying granules (absorbent gel) require secure storage, e.g. in a locked cupboard in a sluice room as a result of a national patient safety alert. Once used, the solid waste should be double bagged for disposal.

8. Waste Fluids and Discharges to Drain

This covers the production of liquid wastes and the discharge of these and other wastes to the drainage system:

The Trust will ensure that drainage plans will be set up to minimise the discharge of trade effluent into watercourses and to minimise the discharge of trade effluent and other discharges into sewers, e.g. from toilets, washbasins, rainwater.

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

The Trust will take reasonable steps to identify and control all discharges to drains and will ensure adequate control over all discharges.

The Trust will ensure that minimum legal requirements are met in relation to all discharges to drain and will endeavour to achieve standards in excess of these where possible.

The Trust will obtain appropriate authorisations from regulatory bodies in respect of all processes, substances and discharges, which come within the scope of regulations. Such authorisations will be updated as necessary in relation to new facilities, upgraded facilities and changes in activities or processes.

The Trust will work in co-operation with regulatory bodies to ensure protection of water supplies, watercourses and ground waters.

Wherever possible, all staff within the Trust are expected to minimise their contamination of water. Only uncontaminated water should be discharged to the drainage systems.

The Trust will liaise with the local Water Authority (and/or its successor) to determine substances that can and cannot be discharged to sewer. Guidance will be issued to all applicable areas and all staff are required to comply with the guidance.

High strength potassium

Any vials of high strength potassium solution (40mmol) should be disposed of via blue medicinal waste, however larger quantities can be disposed of to public foul/combined sewer via hospital sinks.

Approval has been sought from Yorkshire Water to permit occasional disposal of part contents of infusion bags that aren't fully used and also the occasional disposal of full bags (for example expired). This should not exceed more than 10 bags per week.

However, for larger quantities, it is recommended to use alternative disposal methods, including returning to the manufacturer if possible.

9. Laboratory Waste

Within the laboratory settings of the Trust at Huddersfield Royal Infirmary and Calderdale Royal Hospital a range of infectious materials are handled and produced by staff.

Within labs there are manageable amounts of category A and B infectious wastes produced. These wastes are autoclaved to remove any infectious risk. All category A&B waste is autoclaved at Calderdale Royal Hospital with the resulting waste being able to be treated as offensive waste.

A contingency plan is in place with the Trust's clinical waste contractor to safely remove and incinerate any backlogs of category A&B waste should the autoclaves cease to function.

Due to Environment Agency Protocols lower risk infectious waste produced by laboratories in the Trust must be incinerated and, as a result, are stored and transported in yellow bags.

10. Community Healthcare Waste Disposal

This section of the waste policy provides information on the safe handling of Sharps, Infectious and Offensive Waste arising in the Community Setting.

Duty of Care

The duty of care placed upon the healthcare worker requires that waste is managed correctly, recovered or disposed of safely and is only transferred to someone who is authorised to keep it. Every NHS Trust has a legal duty to ensure that any waste materials produced by the actions of healthcare workers in the community (e.g. a patient's home), and classified as hazardous due to an inherent risk of infection, are not placed into the domestic waste stream for disposal.

Clinical waste produced by a healthcare worker outside of the Healthcare environment, i.e. in the patient's own home.

- i. Where waste is generated by a healthcare worker for people in their own home, the Healthcare worker is responsible for ensuring the waste is managed correctly; this is part of their duty of care.

Community Health workers, as producers of healthcare waste and specifically infectious waste, are required to comply with waste regulations including the Hazardous Waste Regulations and therefore need to ensure that waste is segregated, described, classified and disposed of appropriately, and accurately determine that the waste is **infectious**, a risk assessment should be performed.

This should be based on a professional assessment of clinical signs and symptoms and any prior knowledge of the patient. For example, if a wound assessment indicates that the wound is infected all associated contaminated dressings should be classified as infectious waste and packaged for appropriate treatment. This waste should be disposed of in an orange bag.

- ii. If a patient colonised with an MRO is receiving treatment, then an assessment of the waste is required. As a minimum, any waste contaminated with an MRO (e.g. wound dressings), from a patient with a suspected or confirmed MRO should be classified as infectious waste.

Disposal of Healthcare waste generated in Patients'/Clients' homes

- i. Infectious waste produced by a healthcare worker can only be left at the consent of the householder to be collected by an appropriate organisation (for example a waste contractor acting on behalf of the healthcare provider). If the householder declines to give consent, the healthcare worker cannot legally leave the waste. This problem should be discussed with the householder and the healthcare worker in order to explore all options of convenient and safe resolution. In some cases, the healthcare worker will need to safely remove the infectious waste.
- ii. Healthcare organisations and their employees have a duty of care responsibility for the waste while it is being stored awaiting collection.
- iii. While awaiting collection from the householder's home, the waste should be stored in a suitable place to which children, pets, and pests do not have access. It is not appropriate to leave the waste unsupervised on the pavement awaiting collection. If any significant quantity of non-sharp clinical waste is generated by a patient in their home in Calderdale local authority area, they should be advised to contact the Local Authority to arrange a free collection.
- iv. If a healthcare worker is leaving the waste in a home for collection by a Waste Contractor, they must ensure that the waste is in a secure place or container to ensure there is no risk to the family and get the householders permission to leave the waste in their home.

Non Infectious Healthcare Waste

- i. The current national guidance issued by the Department of Health, "Safe Management of Healthcare waste" states that: *"any recognisable item of non-infectious waste cannot be legally disposed of in the black/clear bag waste stream and should therefore be disposed of in the offensive/hygiene waste stream"*.
- ii. **The following should be considered when disposing of waste in the domestic waste stream:**
 - **Type of Healthcare waste:** - if it looks like healthcare waste, and is not obviously normal constituent of domestic waste, **then it should not go in a black/clear bag.**
 - **The quantity produced:** - where a small number of dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive/ hygiene waste. If however the amount produced is relatively small and consistent with that likely to be found in the household waste stream (for

example that bought at a local pharmacy or supermarket by the householder) it may be discarded in the domestic waste stream.

- **Packaging:** - where such waste is placed in the domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange as the waste is not deemed as infectious – thin opaque plastic bags such as sandwich bags and bin liners are appropriate. If the domestic dustbin is to be considered as a disposal option, risk assessment (by the healthcare worker) must have indicated that the waste is **not infectious**.

Sharps/Pharmacy Waste in the Home

i. Sharps waste

Where the patient is self – injecting with no healthcare worker involved the GP should prescribe the patient a sharps bin with the appropriately coloured lid. The patient should be trained in how to use the sharps bin when it is prescribed, to ensure that they understand how to safely assemble, store, seal and label it. Once the sharps bin is three quarters full, the patient should seal the sharps bin and return it to the GP surgery. Disposal of sharps waste produced by housebound patients who are self-injecting regardless of which organisation provided the sharps bin, is the responsibility of the Local Authority waste collection. If a member of the public arrives at any Trust premises with sharps waste, this must be accepted and the person informed how to obtain and return an approved sharps container via their Local Authority or GP next time.

Sharps waste generated by a healthcare worker must be the correct colour of sharps waste receptacle and could be transported in the Healthcare workers car in an approved sealed and locked sharps container to the nearest disposal route. If other transport modes are used a UN approved sharps container must be used, but must be securely locked in transit. The sharps containers themselves must be secured in an upright position so as to prevent accidental spillage of sharps from incorrectly closed containers.

ii. Pharmacy/ medicine waste

Disposal of pharmacy/ medicine waste produced by community patients that has been prescribed by their GP is the responsibility of the chemist/pharmacy who has prescribed the medicines. If a member of the public arrives at any Trust premises with pharmacy waste prescribed by others, then they should be redirected to a community pharmacy for medicinal waste or a GP surgery for sharps containers. If this is not possible (for example the patient is elderly or frail) then the waste can be accepted by the contracted pharmacy, but the Environment Manager should be contacted so that an assessment of the best method of waste disposal can be made and the quantity of arisings is recorded.

11. Monitoring Compliance

The Trust will carry out rolling audits on all Wards and Departments and a review of its Waste management system for compliance. The audit will focus on Waste topics that are outside the direct responsibility of the Estates and Facilities Department but within the responsibility of the Trust. Waste risk assessments will be carried out at the same time as the Waste audits. These are:

- Waste Contractors and their disposal routes (duty of care visits)
- Pharmacy Waste disposal
- Cytotoxic/Cytostatic disposal
- Pathology Waste disposal
- Radio-active Waste disposal
- Mercury Waste disposal
- Chemicals Waste disposal (photo chemicals especially)
- Amalgam Waste disposal
- Medical devices disposal
- Furniture / Miscellaneous disposal
- Confidential Waste
- Blood transfusion waste

12. Training

All staff who are required to handle and move all hazardous and non-hazardous waste are trained in safe procedures and in dealing with spillages or other incidents for their area of work as outlined in this policy. The level of training will be dependent on the staff involvement.

A mandatory interactive course for all clinical and associated staff is provided through the Electronic Staff Record in order to ensure that they are aware of the correct disposal of the waste streams that they will be dealing with.

Bag to bed training is a mandatory module for clinical staff. All staff should be trained in safe handling of clinical and non-clinical waste, segregation and storage relevant to their work area and job role, by their manager. This includes dealing with spillages, accidents and where appropriate, the use of personal protective clothing and equipment.

All staff handling waste bags must be trained to:

- Avoid overfilling bags or using hands/feet to compact waste.
- Check that bags, sharps bins and boxes are correctly sealed and labelled.
- Check that the seal of any waste is intact after moving.
- Handle bags by the neck only.
- Know the procedure in the case of accidents, spills.
- Report all incidents and take appropriate first aid precautions.

Ad hoc training can be provided to wards, departments or new cohorts of staff, by the Environment Manager or Waste Officer.

13. Record Keeping

The Trust will keep records of the following items:

- Waste procedures
- Updates of Environment Agency licenses from Waste collectors and processing sites
- Confidential Waste disposal system affirmed by Contractor
- Completed consignment notes of all clinical/special waste
- Completed transfer notes of all other types of waste
- Records of incidents related to Waste management
- Tonnage and cost data
- Waste audit reports

Such records will be kept centrally at HRI. A note will be made of the location where the records can be found and who is responsible for them in case it is not practical to keep certain records centrally.

- Any irregularities are to be notified to the Environment Manager and (at the time of the incident) be traced back to the source so that corrective action can be taken.
- Regular Estates and Facilities meetings are in place to monitor compliance with the policy.

The audit will focus on compliance with specific local procedures, compliance of these procedures to legislation, record keeping, incident follow up and Contractor compliance.

14. Contingency Planning

A Business Continuity Plan (BCP) for Waste Management has been produced following the Trusts Business Continuity Management System template, which is based on the Joint Decision Model principles and structure as required under the Joint Emergency Services Interoperability Programme). These follow a set pattern for making a dynamic risk assessment of any given situation and considering a number of tactical options that are available.

Threats such as Loss of Staff, Loss of Premises and Loss of ICT are assessed and appropriate risk assessments made.

The Waste Management BCP is reviewed through an Estates and Facilities Compliance procedure.

15. Emergency Response

The Trust must consider its impact on the environment in the event of an on-site emergency or measures that are required to deal with the aftermath of an off-site emergency. Such events could include fire and spillage of hazardous products, generating substantial amounts of hazardous waste products.

Wherever possible, such events will be avoided through preventative measures including training of personnel and maintenance of high-risk installations (e.g. oil storage facilities). Plans are also in place for events that are beyond the Trust's ability to control.

The Trust therefore has equipment in place that may be able to reduce the environmental impact of an incident, should it occur. These include spillage kits which are regularly checked by the appropriate department to ensure that they are ready for use and adequate to site needs.

In the event of an incident on-site, waste should be managed according to procedures detailed in the emergency preparedness document. Waste water should ideally be contained prior to consent from Yorkshire Water that it can be disposed to foul sewer. If it cannot be contained, it should drain to foul sewer. Any solid waste should be disposed of once expert advice is obtained regarding the (chemical or biological) contaminant.

16. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the "One Culture of Care" approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

17. Communication Plan

A brief summary of this policy will be communicated to all managers and staff via one or more of the following:

- Trust briefing arrangements
- CHFT Weekly
- Email communication and Line Manager bulletins
- Published on the intranet
- Other communications processes as appropriate

18. Associated Documents/Further Reading

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

Review Lead: Energy, Sustainability & Waste Manager

This policy applies to all staff within the Trust and should be used in conjunction with other relevant Trust clinical policies and guidelines:

- Medicine Code - Section 17- Disposal of Medicines
- Guidance for Sensitive Disposal of Pregnancy Remains Before 24 Weeks Gestation
- Records Management Policy
- Infection Control Policy Manual
 - Section A - Infection Prevention and Control Procedures
 - Section F Decontamination Policy
 - Section H Hand Hygiene Policy
 - Section K Isolation Policy
 - Section N Viral Haemorrhagic Fever Policy
- Ionising Radiation Protection Policy
- Safe Management of Contractors Policy

19. References

Department of Health Technical Memorandum 07-01 (2013) Safe Management of Healthcare Waste

RCN 2007- Safe Management of Health Care Waste RCN guidelines London

The Health and Social Act (2008) Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance. Department of Health 2009

The Health and Safety at Work Act 1974

The Environmental Protection Act 1990

The Management of Health & Safety at Work Regulations 1999
Waste (England & Wales) Regulations 2011

Controlled Waste Regulations (England and Wales) 2012

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009

Personal Protective Equipment at Work Regulations 1992

The Control of Substances Hazardous to Health Regulations 2002
Management of Hazard Group 4 Viral Haemorrhagic Fevers and Similar Human Infectious Diseases of High Consequence 2015

Appendix A – National Colour Coding of Clinical Waste

Health Technical Memorandum 07-01 – Safe management of health care waste

Figure 10: Colour coding key to segregation system.

Colour	Description
 Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Orange	Waste which may be "treated" Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs) . However this waste may also be disposed of by incineration.
 Purple	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Yellow/black	Offensive/hygiene waste* Indicative treatment/disposal required is landfill or municipal incineration/energy from waste at a suitably permitted or licensed facility.
 Red	Anatomical waste for incineration† Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Black	Domestic (municipal) waste Minimum treatment/disposal required is landfill , municipal incineration/energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
 Blue	Medicinal waste for incineration† Indicative treatment/disposal required is incineration in a suitably permitted facility.
 White	Amalgam waste For recovery

* The use of yellow/black for offensive/hygiene waste was chosen as these colours have historically been universally used for the sanitary/offensive/hygiene waste stream.

† The colours "red" and "blue" are new to the colour-coding system in this edition. Care should be taken when ordering red containers to ensure that they can be clearly differentiated from orange. The colour-coding could be agreed as part of a contract specification.

Appendix B – Category A Infectious Substances

Category A Infectious Substances as defined by the United Nations Guidance on the Transport of Dangerous Substances 2017-18

Category A is defined as an infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease to humans or animals. Indicative examples of substances that meet Category A criteria are:

- Bacillus anthracis (cultures only)
- Brucella abortus (cultures only)
- Brucella melitensis (cultures only)
- Brucella suis (cultures only)
- Burkholderia mallei - Pseudomonas mallei - Glanders (cultures only)
- Burkholderia pseudomalli -Pseudomonas pseudomallei (cultures only)
- Chlamydia psittaci - avian strains (cultures only)
- Clostridium botulinum (cultures only)
- Coccidioides immitis (cultures only)
- Coxiella burnetii (cultures only)
- Crimean-Congo hemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli, verotoxigenic (cultures only)
- Ebola virus
- Flexal virus
- Francisella tularensis (cultures only)
- Guanarito virus
- Hantaan virus
- Hantaviruses causing hantavirus pulmonary syndrome
- Hendra virus
- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)
- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- Mycobacterium tuberculosis (cultures only)
- Nipah virus
- Omsk hemorrhagic fever virus
- Poliovirus (cultures only)

UNIQUE IDENTIFIER NO: G-10-2008

EQUIP-2018-005

Review Date: 31 January 2021

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- Rabies virus
- Rickettsia prowazekii (cultures only)
- Rickettsia rickettsii (cultures only)
- Rift Valley fever virus
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae type 1 (cultures only)
- Tick-borne encephalitis virus (cultures only)
- Variola virus
- Venezuelan equine encephalitis virus
- West Nile virus (cultures only)
- Yellow fever virus (cultures only)
- Yersinia pestis (cultures only)

The listing includes many as '(cultures only)'. Cultures are defined, in this context, as:

Cultures are the result of a process by which pathogens are intentionally propagated. This definition does not include human patient specimens as defined in this paragraph.

Patient specimens are human materials, collected directly from humans, including, but not limited to, excreta, secretions, blood and its components, tissue and tissue fluid swabs, and body parts being carried for purposes such as research, diagnosis, investigational activities, disease treatment and prevention.

Category B Infectious Substances

Category B is defined as any other infectious substance that does not meet the criteria of Category A infectious substances.

Appendix C – Medicinal Contaminated Waste Management

REVISED WASTE MEDICINE DISPOSAL PROCEDURE

If the medicine has been issued by CHFT (during current in-patient stay) consider whether it can be RETURNED TO PHARMACY FOR RE-ISSUE

(See Medicine Code 17 or consult local pharmacist)

If unsuitable for return, please use the chart below to confirm correct disposal route.

