

WASTE MANAGEMENT POLICY (F-020)

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Executive Lead (name & job title):	Peter Beckwith – Executive Director of Finance/ Senior Information Risk Owner
Name of approving body:	Governance Committee
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>2 August 2023</i>
<i>Date EMT as approving body notified for information:</i>	<i>August 2023</i>

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

The Trust provides a wide range of health related services to the people in and around Hull, East and North Yorkshire. The Trust recognises its duties and legal responsibilities to ensure, as far as reasonably practicable, the health, safety and welfare of its employees and other people who may be affected by its activities and its duty to the environment in which it operates. This policy document describes the Trust's arrangements for discharge of these responsibilities.

2. SCOPE

The Trust's policy is to reduce all organisational risks including those associated with waste management.

The Trust will ensure that the requirements, both legislative and best practice, for the management, handling and disposal of waste, are observed in all areas for which it is responsible.

The Trust recognises the importance of correct waste disposal and the part all staff must play to achieve this. Staff will be given training in the segregation and handling of waste.

It is the Trust's objective:

- To ensure that waste is managed safely and legally.
- To reduce the quantities of waste generated and to maximise segregation, reuse, recycling and recovery of those materials which enter the waste stream.
- To ensure that waste is managed with minimum impact on the environment.
- All staff members have a duty to ensure that all potential hazards from waste are correctly assessed and identified, and that appropriate measures are taken to protect the health of employees and those who are contracted out to transport and dispose of the waste.
- To comply with the Waste Regulations 2015, Hazardous Waste Regulations 2005 and other legislation and guidance as detailed in the glossary on page 9.
- To comply as far as reasonably practicable with HTM 07-01 (Safe management of Healthcare Waste).

3. POLICY STATEMENT

This will be achieved:

- The Trust is responsible for all of its waste from cradle to grave. By providing procedures and training to all staff for the safe handling of all waste streams, at each location where the waste is produced, as described in the HTM 07-01 The Safe and Sustainable Management of Healthcare Waste and in conjunction with the NHSE Clinical Waste Strategy. All wastes will be collected and disposed of by an approved waste contractor(s).
- By ensuring that the Trust complies with current relevant legislation and established best practice guidelines.

- By establishing targets for reducing the quantity of waste produced by the Trust for disposal each year.
- The segregation of waste at the point of production into suitable colour coded packaging is vital to good and safe management of waste.
- Waste should be stored safely and securely before transportation for disposal elsewhere and should not be allowed to accumulate in corridors and other areas accessible to the public.
- By minimising the risk to staff whose duties involve handling waste and others who may be exposed to it:
- By having assessed the risks from the waste and providing the facilities and means for its handling and disposal in the most appropriate and safe manner.
- By training staff, as appropriate, to deal with waste safely and appropriately.
- By maintaining and communicating procedures and other guidance detailing the Trust's arrangements for the segregation, primary containment and storage of waste.
- By providing primary and secondary containers for each type of waste.
- By regularly removing waste to secure and safe storage facilities pending collection by licensed transport Contractors for disposal by approved methods.
- By maintaining and communicating procedures for the management of untoward events such as spillage's and other accidents, arising from the handling of waste.
- By maintaining comprehensive records to monitor and review progress and demonstrate the effectiveness, in terms of safety and cost, of the arrangements and procedures for the management of waste.

This Policy statement will be supported by detailed procedures which set out how the policy objectives are to be achieved.

4. DUTIES & RESPONSIBILITIES

Chief Executive

Is responsible to the Trust Board and has overall responsibility for ensuring that there are effective arrangements in place for the safe management of healthcare waste. Under the Health and Safety at Work Act (1974), Humber NHS Foundation Trust has a statutory duty to ensure safe systems of work and a safe working environment for all its employees, visitors, contractors, members of the public and others within its premises. The Chief Executive has delegated responsibility for waste management to the Director of Finance, Infrastructure and Informatics to ensure that the objectives set in this policy are attained and that any associated procedures are complied with.

Patient Environment Manager

The Trust's Patient Environment Manager is responsible for operational waste issues and advising and monitoring the handling, disposal and storage of waste in accordance with approved practices and include:-

- Advice and guidance as required on safe practices and procedures.
- Investigation of any failures in the Trust's procedures for the safe disposal of waste.
- Liaison with Operational staff, Infection Control, Porters and Domestic staff in the internal movement of waste until the transfer to the Trust's licensed waste carrier

and disposal agents.

- Audit and monitoring, as required under the legal Duty of Care responsibilities, that all waste contractors employed by the Trust, are licensed and provide a compliant service throughout.
- Liaise with local environmental and other authorities to assure appropriate waste disposal procedures and communications are maintained.
- Arranging and co-ordinating of regular audits and annual External Audits by suitably qualified staff and consultants.
- Ensure waste is assessed as part of service risk assessments
- Ensure staff assess waste for specific procedures within clinics and patients' homes
- Ensure staff complete risk assessments for individual patient care where no procedure assessments are appropriate
- Ensure staff attend appropriate training
- Ensure staff have appropriate supplies of consumables including waste containers, bags, tags etc

Managers

Managers should ensure that the procedures relating to the management of waste are followed.

This will include:

- Reviewing on a regular basis, the department's management of waste.
- Through audits, training delivery and support, the Trust will ensure all waste streams are disposed of through the correct and legal disposal routes. Co-ordination of staff training in the safe handling, storage, segregation and disposal of waste.
- Monitoring the control and segregation of waste in departments.
- Ensuring maximum practical segregation of waste, its correct identification and storage originating in their department. Where segregation compliance cannot be met with Department of Health Environment & Sustainability, Health Technical Memorandum, 07-01: Safe management of healthcare waste, then a Risk Assessment must be prepared and submitted and approved by the Risk Management Committee.
- Identifying ways of reducing waste, and recycling.
- Ensuring that waste is stored safely prior to collection, and in the appropriate UN rated containers.
- Ensuring that waste material containing pharmaceutical products is dealt with in line with the Disposal of Medicines section of the Trusts Procedures for Safe and Secure Handling of Medicines.
- Ensuring that waste is collected from departments at regular intervals.
- Providing assistance during internal and external audits by qualified Trust staff and external consultants.
- Ensuring that training is provided and attended by all members of staff who may come into contact with hospital waste.
- Taking corrective action to rectify deviation from policy, including the reporting of any adverse incidents or 'near misses' associated with the management of waste in accordance with the Trust's Risk Management Strategy and Incident Reporting

Procedure.

- Ensuring all Contractors they employ are made aware of this policy and their responsibilities for the waste they produce.

Staff

Staff should follow all procedures relating to the management of waste.

This will include:

- Compliance with the Trust's policy and procedure for the safe handling, segregation and storage of waste in your place of work.
- Anyone who generates, handles, transports and/or disposes of waste has a legal responsibility to ensure that it is done correctly. All employees have a statutory duty to follow procedures in place for their safety at work.
- Ensuring that all bags and sharps bins are sealed and labelled, stating contents, ward/department and day and date of disposal in accordance with laid down procedures.
- Ensure that waste is correctly segregated, labelled and handled and the correct bins are used.
- Ensuring that all waste bags are stored correctly in a secure environment prior to collection from the area.
- Ensuring that types of waste bags are kept separately at all times, including storage and collection.
- Attending training seminars on the correct method of handling, safe disposal and storage of waste.
- Reporting any adverse incidents or 'near misses' associated with the management of waste in accordance with the Trust's Risk Management Strategy and Incident Reporting Procedure.
- Providing assistance during internal and external audits by qualified Trust staff and external consultants.
- Waste Handlers are responsible for transferring waste bags from the point of use to the waste container and must follow requirements of Personal and
- Protective Equipment.

Contractors

Contractors employed to work on or about the Trusts sites must act in accordance with this policy. It is the responsibility of the employing manager to ensure all contractors staff are made aware of the contents of this policy. Any contractor who does not comply with this policy may be requested to cease work or to leave a site until an undertaking is given to work within the remit of the Waste Management Policy.

5. PROCEDURES

See – [Waste Management Standard Operating Procedure](#)

6. EQUALITY & DIVERSITY

The Foundation Trust aims to ensure that all of its policies are equitable with regard to age, disability, gender, race, religion and belief or sexual orientation.

An Equality Impact Assessment has been carried out by the Author which confirms that this policy does not impact on any equality group. (Appendix 2).

7. IMPLEMENTATION

All employees will have access to the Waste Management Policy and this will be on the Trust's intranet and a hard copy should be retained by each department for their policy and waste files. All locums, seconded, bank, agency staff and volunteers should be made aware of the policy by their Team Manager. Contractors and Sub- Contractors will also be provided with a copy of the policy, details of workplace Waste Management procedures and their responsibilities for the waste they produce, at the contract meeting.

All Managers and staff and Team Leaders are responsible for Waste Management within their area as described in the guidance notes attached to this policy and they must ensure that the team members read and understand the implications of the policy in their area in accordance with Health Technical Memorandum 07-01 Safe Management of the Healthcare Waste.

All teams are led by an experienced manager who must undertake appropriate risk assessments which identify any hazards within the workplace and the environment, that present a risk to staff, clients and the public.

Where this risk is considered to be significant, there needs to be a risk assessment in place that identifies control measures within the department to reduce the risk as far as is practically possible.

All staff must be aware and be appropriately trained and supervised with regard to Safe Management of Healthcare Waste.

Waste Management Training

Prior to commencing work all new staff will be given training on waste to ensure safe handling and disposal of all types of waste. It is the intention of the Trust to ensure all new staff receives information on waste management procedures through the department's induction training process. Staff who handle and dispose of drugs will also receive training following the Trusts Procedures for Safe and Secure Handling of Medicines document.

All Unit Managers will be required to attend a training session so that this can be disseminated to all their unit staff to ensure that the procedures are followed correctly.

There will be a requirement for all staff to record their attendance or non-attendance at a relevant Waste Management training session. It is all employees' responsibility to ensure that they have received Waste Management training and that they are fully aware of the new procedures under Safe Management of Healthcare Waste.

Waste training will be delivered using various methods including "Train the Trainer" where key staff are trained to pass the information on to others and the development of an e-learning package.

To achieve compliance with the latest regulations and achieve full compliance extra financial resources may be required

8. MONITORING & AUDIT

As part of the continued development of Waste Management procedures across the organisation, all staff levels will be audited against the specific responsibilities and requirements within this policy to ensure adherence to it and the effective management of the Waste Management Procedures by all staff. It will be the responsibility of all Managers to ensure that staff are made aware of this policy at all times.

The Infection Control team will carry out annual audits of the Safe Management of Infectious Waste of in-patient areas of the Trust.

Unit General Managers, Heads of Service and Community/Unit Managers will carry out monitoring to ensure that the Waste Procedures are followed within their areas of responsibility.

The Environmental and Waste Manager will monitor Waste Procedures, storage and transportation arrangements. The Hotel Services Department, where practical, will monitor quantities of waste generated.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- HTM 07-01 <https://www.england.nhs.uk/wp-content/uploads/2021/05/B2159iii-health-technical-memorandum-07-01.pdf>
- Gloucester Hospitals NHS Foundation Trust - waste information
- HTM 07-01 (Safe management of Healthcare Waste)
- The Hazardous Waste (England and Wales) Regulations 2005 (as amended)
- The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009 (as amended)
- The Environmental Protection Act 1990
- The Health and Safety at Work act 1974
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002
- The Special Waste Regulations 1996
- The Waste Electrical and Electronic Equipment Regulations 2013 (as amended)
- Department of Health Environment & Sustainability, Health Technical Memorandum, 07-05: The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment 2007
- The Controlled Waste Regulations 2012 The Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991
- The Radioactive Substances Act 1993
- The Waste Management (England and Wales) Regulations 2006 (as amended)

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	The Trust's policy is to reduce all organisational risks including those associated with waste management.		
Consultation/ Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	June 2023	Health and Safety Group	
Approving Committee:	Governance committee (V4)	Date of Approval:	May 2016
Ratified at:	Trust Board	Date of Ratification:	May 2016
Training Needs Analysis: (please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)	N/A	Financial Resource Impact	N/A
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	See Section 7 of the policy		
Monitoring and Compliance:	See section 8 of the policy		

Document Change History:			
Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	<i>New policy</i>	2007	<i>New Policy</i>
2.0	<i>Review</i>	Oct-2008	<i>Reviewed and approved through Waste Management Group</i>
2.1	<i>Review</i>	Sept-2010	<i>Reviewed and approved through Waste Management Group</i>
3.0	<i>Review</i>	09/07/2012	<i>Reviewed and harmonised with ERYPCT.</i>
4.0	<i>Review</i>	01/04/2016	<i>Reviewed to reflect organisational change and update to reflect current legislation and guidance. Procedures extracted from policy and a new</i>

			<i>Standard Operating Procedure (SOP) created. Approved at Governance Committee and ratified May 2016 but not signed off by director until 1 February 2017.</i>
4.1	<i>Review</i>	<i>10/06/2020</i>	<i>Reviewed with minor changes and approved at Health & Safety Group June 2020 with director sign off</i>
4.2	<i>Review</i>	<i>24/05/23</i>	<i>Reviewed with minor reviews to reflect organisational change and update to reflect current legislation and guidance. Approved with Director sign off (2 August 2023).</i>

Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Waste Management Policy**
2. EIA Reviewer (name, job title, base and contact details): **Jayne Morgan, Patient Environment Manager Hotel Services Dept, Mary Seacole Building, Willerby Hill. Tel:**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service			
The Waste Management Policy sets out a framework for the management of waste, with in all settings, across the Humber NHS Foundation Trust Estate and meets the requirement for such a policy as detailed in HTM07-01.			
<i>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</i>			
Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?		How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)		
Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	LOW	The policy sets out responsibilities and arrangements to protect the safety of staff directly and also service users, visitors, contractors regardless of their age
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	LOW	Risk assessments are carried out on work activities and any individual with a disability would be risk assessed for the relevant work activity for any potential health and safety implications
Sex	Men/Male Women/Female	LOW	The policy applies equally to either gender
Marriage/Civil Partnership		LOW	This policy applies equally to all marital/civil partnership statuses
Pregnancy/Maternity		LOW	Risk assessments are carried out on work activities and any individual who is pregnant would be risk assessed for the relevant work activity for any potential health and safety implications
Race	Colour Nationality Ethnic/national origins	LOW	Race could impact the wearing of certain types of personal protective equipment, e.g. respiratory masks. This potential impact would be assessed on an individual basis and suitable actions implemented
Religion or Belief	All religions	LOW	Religion could impact the wearing

	Including lack of religion or belief and where belief includes any religious or philosophical belief		of certain types of personal protective equipment, e.g. respiratory masks. This potential impact would be assessed on an individual basis and suitable actions implemented.
Sexual Orientation	Lesbian Gay Men Bisexual	LOW	This policy applies equally to all sexual orientations
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	LOW	This policy applies equally to all genders

Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision above</i>	
The Health and Safety Group review incident data and this allows us to review if an individual's physical, religious, race, disability, etc. requirements had not been met and were one of the factors causing the incident.	
EIA Reviewer: Jayne Morgan, Patient Environment Manager	
Date completed: 2 August 2023	Signature: Jayne Morgan