

**Waste Management  
Policy & Procedures Manual  
HSCp001**

John L.D. Kerr

Acquisition & Environmental

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# Change History

Version	Date	Author	Reason
2	20/06/12	John L.D. Kerr	<p>All references to the Controlled Waste Regulations 1991 changed to the Controlled Waste (England and Wales) Regulations 2012.</p> <p>Definition of 'clinical' waste replaced and definition of 'offensive' waste inserted.</p> <p>Reference to hazardous waste for environmental permitting storage exemption removed in line with new Regulations.</p> <p>Colour-coding table replaced with latest version.</p> <p>Procedure for dental waste inserted.</p>
3	28/02/14	John L.D. Kerr	<p>References to HTM 07-01 update to 2nd Edition.</p> <p>Clarification inserted in s.5.2 that the Trust does not need to register as a second-tier waste carrier.</p> <p>Yellow containers with purple lids for cytotoxics added to list of available containers.</p> <p>WCM changed to Andrew McLester and contact details for him and DWCM updated to Northampton.</p> <p>Procedure for confidential waste amended (such waste now shredded on-site)</p> <p>List of Trust Premises updated (five added, seven removed).</p> <p>List of Hazardous Waste Sites updated (seven removed).</p>
4	29/05/15		<p>References to 'European Waste Catalogue' changed to 'List of Wastes'.</p> <p>Control of Asbestos Regulations 2006 updated to 2012 Regulations.</p> <p>Blue or blue-lidded containers for medicinal waste added to list of containers used by the Trust.</p> <p>References to KGH Pharmacy removed and replaced by Berrywood.</p> <p>Plaster cast (gypsum) added to dental waste procedure.</p> <p>List of Trust Premises updated (19 removed).</p> <p>Contact telephone numbers updated.</p>
5	29/1/17		<p>Legal requirement for a 'transfer note' under the duty of care changed to 'written information', as required by amending legislation.</p> <p>Text on notification of premises producing hazardous waste deleted as this is no longer a legal requirement in England.</p> <p>References to the Environmental Permitting (England &amp; Wales) Regulations 2010 replaced by 2016 Regulations of the same name and references to Schedule 25 of the 2010 Regulations replaced with Part 5 of Schedule 3 to the 2016 Regulations.</p> <p>A section on the exemption for the denaturing of controlled drugs has been added, as has a list of premises registered under this exemption (Appendix D).</p> <p>Paragraph emphasising that the Trust no longer produces waste oil added and procedure amended accordingly.</p> <p>List of Trust premises brought up-to-date.</p>

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## **WASTE MANAGEMENT POLICY**

Northamptonshire Healthcare NHS Foundation Trust fully endorses the UK Government's Sustainable Waste Management Policy and will take all measures that are reasonably practicable to:

- reduce waste at source;
- re-use waste components where it is safe and practicable to do so;
- recover/recycle those fractions of the waste stream where an outlet is available; and
- dispose of final wastes by the most environmentally suitable means;

taking account of, and complying with, existing legislation and guidance.

In addition, waste arisings from the Trust Premises will be segregated, handled, transported and disposed of in accordance with the procedures laid down in the Trust's Waste Management Policy and Procedures Manual. These procedures have been written to ensure that such waste is managed in a safe and efficient manner, complying with all relevant existing legislation and taking into account the latest guidance from the Department of Health.

This policy statement will be reviewed at least annually to ensure that it remains applicable to the activities of the Trust.

# 1 INTRODUCTION

The withdrawal of Crown immunity under the National Health Service and Community Care Act 1990 meant that the National Health Service became subject to the same rules and regulations that applied to other commercial and industrial sectors in the UK. In particular, the introduction of more stringent waste management controls under Part II of the Environmental Protection Act 1990 ('the EPA') had major implications for hospitals and healthcare Trusts across the country.

As a result of these changes, and taking into account the *Safe Management of Healthcare Waste* (HTM 07-01, 2nd Ed, 2013), the Northamptonshire Healthcare NHS Foundation Trust ('the Trust') has produced this waste management policy and procedures manual ('the Manual').

This document has been prepared to provide a comprehensive source of information on wastes arising at the Trust; the legislation underpinning their management; and guidance and procedures for their segregation, handling, transport and ultimate disposal.

The objectives of the policy and procedures are to:

- (a) provide a clear statement of intent ('the Policy') with regard to waste management;
- (b) describe the regulatory framework within which the Trust is duty bound to operate;
- (c) assign personnel with responsibility for ensuring that waste management procedures are followed; and
- (d) provide clear and unambiguous procedures for the management of wastes arising from the Trust's activities.

These procedures should be read in conjunction with the Trust's Control of Infection Policy and Health & Safety Policy.

For the purposes of the Manual, the Trust consists of the premises listed in Appendix A ('the Trust Premises').

## 2 WASTE MANAGEMENT POLICY

### 2.1 UK GENERALLY

General policy on waste management is contained in the (then) Department of the Environment (DoE) Circular 11/94 on waste management licensing (now 'environmental permitting'). This states:

The Government's policy is that:

- (a) subject to the best practicable environmental option (BPEO) in each case, waste management should be based on a hierarchy in which the order of preference is:
  - (i) Reduction - by using technology which requires less material in products and produces less waste in manufacture, and by producing longer-lasting products with lower pollution potential;
  - (ii) Re-use - for example, returnable bottles and reusable transit packaging;

- (iii) Recovery - finding beneficial uses for waste including:
  - (a) recycling it to produce a useable product;
  - (b) composting it to create products such as soil conditioners and growing media for plants;
  - (c) recovering energy from it either by burning it or by using landfill gas; and
- (iv) Disposal - by incineration without energy recovery or to landfill; and
- (b) each of these options should be managed and, where necessary, regulated, to prevent pollution of the environment or harm to human health.

In addition, the Government published a Waste Strategy for England in May 2000 setting out its measures for sustainable waste management. The Strategy endorses the above hierarchy and sets targets for waste recovery. A revised strategy for England was published on 24 May 2007<sup>1</sup> which reinforces the principle of control through the waste hierarchy, while strengthening many targets.

Although used as a ‘best practice’ tool for several years, the waste hierarchy has never actually been a legal requirement. However, this changed at the end of September 2011 when regulation 12 of the Waste (England and Wales) Regulations (‘the Waste Regulations’) came into force.<sup>2</sup> See section 5.3.3 below.

## **2.2 NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST**

For non-clinical waste, the Trust fully accepts the Government’s sustainable waste management policy, and the hierarchy of reduce, re-use, recover and optimal disposal. However, the Trust also recognises that, by definition, clinical waste does not lend itself to such a scheme. The key issue, therefore, is efficient segregation of clinical and non-clinical waste at source, followed by effective procedures for safe handling, transport and optimum disposal.

Therefore, the Trust has adopted the following waste management policy:

Northamptonshire Healthcare NHS Foundation Trust fully endorses the UK Government’s Sustainable Waste Management Policy and will take all measures that are reasonably practicable to:

- reduce waste at source;
- re-use waste components where it is safe and practicable to do so;
- recover/recycle those fractions of the waste stream where an outlet is available; and
- dispose of final wastes by the most environmentally suitable means;

taking account of, and complying with, existing legislation and guidance.

In addition, waste arisings from the Trust Premises will be segregated, handled, transported and disposed of in accordance with the procedures laid

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<sup>1</sup> Cmd 7086, Waste Strategy for England 2007, The Stationery Office, London

<sup>2</sup> S.I. 2011/988

down in the Trust's Waste Policy and Procedures Manual. These procedures have been written to ensure that such waste is managed in a safe and efficient manner, complying with all relevant existing legislation and taking into account the latest guidance from the Department of Health.

This policy statement will be reviewed at least annually to ensure that it remains applicable to the activities of the Trust.

### **3 DEFINITION OF 'CONTROLLED' WASTE**

'Controlled' waste is defined in s.75 of the EPA, which was amended by the Environment Act 1995<sup>3</sup> to incorporate the European definition contained in the Waste Framework Directive 'WFD'.<sup>4</sup> The definition and its interpretation is complicated, but detailed guidance was given by the DoE (now DEFRA) in Circular 11/94.

According to the DoE Guidance, waste is:

those substances or objects which fall out of the commercial cycle or chain of utility...which the holder discards, intends to discard or is required to discard.

The Guidance makes the point that 'discarding' should be interpreted as also meaning 'disposing of' or 'getting rid of.' It is important to note that this must be considered from the point of view of the holder, i.e. the producer of the waste in this case.

Controlled waste is subdivided in the UK into household, commercial and industrial waste, terms that are expanded upon in the Controlled Waste (England and Wales) Regulations 2012 ('the Controlled Waste Regulations').<sup>5</sup> (**NB:** Radioactive waste is excluded from the definition because it is subject to separate controls under the Radioactive Substances Act 1993.)

*Household* waste includes waste from premises forming part of a hospital or nursing home.

*Commercial* waste includes office waste and waste from a social club.

*Industrial* waste includes waste from a laboratory, waste from a workshop and clinical waste (other than from a domestic property).

Thus, with the exception of radioactive waste, all wastes generated by the Trust are 'controlled' for the purposes of the legislation discussed in Section 5 (Legal Framework).

### **4 DEFINITION OF CLINICAL WASTE**

The Controlled Waste Regulations replaced the statutory definition of clinical waste formerly contained in the Controlled Waste Regulations 1992 and also introduced a new definition of 'offensive' waste. Clinical waste is now defined as waste from a healthcare activity (including veterinary healthcare) that:

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<sup>3</sup> Commencement Order 23, S.I. 2006/934

<sup>4</sup> Latest version is 2008/98/EC

<sup>5</sup> 2012/811, which revoked and replaced, in England and Wales, the Controlled Waste Regulations 1992 (S.I. 1992/588)

- (a) contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms;
- (b) contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent; or
- (c) 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;

and waste of a similar nature from a non-healthcare activity

Allied to the definition of clinical waste is a new definition of ‘offensive waste’, being waste that:

- (a) is not clinical waste;
- (b) contains body fluids, secretions or excretions; and
- (c) falls within List of Wastes (‘LoW’) code 18 01 04 (non-hazardous human healthcare waste), 18 02 03 (non-hazardous veterinary healthcare waste) or 20 01 99 (municipal waste).

LoW (or ‘EWC’ – European Waste Catalogue) codes are discussed in s.5.3.2 below.

It is important to realise, however, that the definition of clinical/offensive waste is only applicable in the context of local authority charging and has no legal application anywhere else. In other contexts, the term ‘healthcare waste’ is used, but this has no statutory definition.

## **5 LEGAL FRAMEWORK**

The legal framework within which controlled wastes are regulated is contained in the Health and Safety at Work etc. Act 1974 (hazardous substances); the Control of Pollution (Amendment) Act 1989 (transport of waste); the Environmental Protection Act 1990 (the duty of care for wastes and hazardous wastes); and the Pollution Prevention and Control Act 1999 (environmental permits for waste operations); plus delegated or secondary legislation promulgated under these Acts. In addition, guidance is given in the *Safe Management of Healthcare Waste*, mentioned above. The legislation is considered in detail below.

### **5.1 HEALTH AND SAFETY AT WORK ETC. ACT 1974**

The Health and Safety at Work etc. Act 1974 sets out general requirements in relation to safety at work. A fundamental characteristic of the Act is that all persons who are at work are given statutory protection. Section 2(1) provides, therefore, that:

It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

Moreover, section 3(1) covers non-employees:

It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, as far as is reasonably practicable, that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety.

However, the safety of those at work and others can be put at risk by acts (intentional or accidental) of employees themselves. This aspect is covered in section 7 of the Act:

It shall be the duty of every employee while at work:

- (a) to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and
- (b) as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to cooperate with him so far as is necessary to enable that duty or requirement to be performed or complied with.

### **5.1.1 Control of Substances Hazardous to Health Regulations 2002**

The generation, storage, handling and disposal of wastes that are hazardous are also covered by the Control of Substances Hazardous to Health Regulations 2002 ('the CoSHH Regulations').<sup>6</sup> In order to integrate these Regulations into the overall policy, the following statement also applies:

An employer shall not carry on or assign any work which has the potential to expose any employees to any substances hazardous to health unless he has made a suitable and sufficient assessment of the risks and of the steps that need to be taken to meet the requirements of the CoSHH Regulations.

All hazardous substances, whether raw materials, intermediates, finished products or wastes should be identified and any personnel who are exposed to such substances must be aware of the associated hazard or hazards and trained in the correct procedure to be followed.

### **5.1.2 Control of Asbestos Regulations 2012**

The removal of certain types of asbestos is controlled under the Control of Asbestos Regulations 2012.<sup>7</sup> These Regulations require that an employer or self-employed person must hold a licence issued by the Health & Safety Executive before undertaking work involving the removal, repair or disturbance of asbestos insulation or coating. Where such work is carried out on an employer's own property by his own employees, however, a licence is not required. In either case, the person must apply for a licence or give notice in writing to the Health & Safety Executive at least 14 days before such work commences. The notice should specify the type of work to be carried out and the address of the premises in which it is to be carried out.

In addition, there are the Control of Asbestos in the Air Regulations 1990 ('the Asbestos in Air Regulations').<sup>8</sup> By regulation 4(2), any person undertaking the demolition of buildings,

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<sup>6</sup> S.I. 2002/2677

<sup>7</sup> S.I. 2012/632

<sup>8</sup> S.I. 1990/556

structures and installations containing asbestos and the removal from them of asbestos or materials containing asbestos involving the release of asbestos fibres or dust into the air shall ensure that significant environmental pollution is not caused as a result. ‘Significant’ is not defined in the Asbestos in Air Regulations, but the release of *any* asbestos fibres or dust in areas where personnel may be exposed should be considered as significant.

All asbestos removal carried out at the Trust is undertaken by contractors. This aspect is dealt with in Section 12.2.

## **5.2 CONTROL OF POLLUTION (AMENDMENT) ACT 1989**

The Control of Pollution (Amendment) Act 1989 (CoP(A)A) makes provisions for the registration of carriers of controlled waste. By section 1, it is an offence for any person, in the course of business or otherwise with a view to profit, who is not a registered carrier of controlled waste, to transport any controlled waste to or from any place in Great Britain. ‘Registration’ in this context means registration with the local office of the Environment Agency in the area where the carrier has his principal place of business.

However, it is not an offence under this section of the Act if the transport of controlled waste is carried out between different places within the same site.

By regulation 2 of the Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991,<sup>9</sup> (‘the Carriers Regulations’) which supplemented the Act, the producer of controlled waste could carry his own waste without the need to register. This exemption did not apply to building or demolition waste. However, the Carriers Regulations were revoked and replaced by the Waste Regulations, which introduce one very important caveat.

Under the Waste Regulations, the exemption only applies if the person does not “normally and regularly” transport controlled waste. It follows, therefore, that any person who does normally and regularly carry his own waste cannot rely on the exemption and will have to register as a carrier. This requirement does not come into force until 31 December 2013, at which time registration will be free and last indefinitely (unless revoked).

Prior to that date, the Environment Agency will introduce a two-tier system - the upper tier for carriers that have to be registered and a lower tier for those that are exempt, but carry waste normally and regularly.

Because the Trust does not normally and regularly transport waste between Trust premises, it will not have to register as a lower-tier carrier before 31 December 2013.

In addition to the above, the scheme for the registration of waste carriers is an essential component of the duty of care for waste (see s.5.3.1).

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<sup>9</sup> S.I. 1991/1624

## 5.3 ENVIRONMENTAL PROTECTION ACT 1990

The EPA introduced a number of new provisions and powers for pollution control in the UK. Of particular importance for the present purposes are the duty of care for waste and the control of hazardous wastes.

### 5.3.1 Duty of Care

Section 34 of the EPA imposes a duty of care on any person who produces, imports, carries, keeps, treats or disposes of controlled waste or, as a broker, has control of such waste. These are individually called the waste holders.

Those subject to the Duty of Care must try to achieve the following:

- a) to prevent any other person committing any of the offences under s.33 of the Act, namely, disposing of controlled waste or treating or storing it:
  - without an environmental permit; or
  - breaking the conditions of a permit; or
  - in a manner likely to cause pollution of the environment or harm to human health;
- b) to prevent the escape of waste;
- c) to ensure that, if the waste is transferred, it goes only to an ‘authorised person’ or to a person for ‘authorised transport purposes’;
- d) when waste is transferred, to make sure that there is also transferred a written description of the waste, which is sufficient to enable each person receiving it:
  - to avoid committing any of the offences under (a) above; and
  - to comply with the duty in (b) above to prevent the escape of waste.

For the purposes of paragraph (c) above, an authorised person is one of the following:

- a) a Waste Collection Authority; or
- b) any person registered as a carrier of controlled waste under s.2 of the Control of Pollution (Amendment) Act 1989 (see s.5.2); or
- c) any person exempt from registration under regulation 2 of the Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations 1991 (see s.5.2); or
- d) any person who holds an environmental permit (see s.5.4.1); or
- e) any person who is exempt from holding an environmental permit (see s.5.4.1).

In the above list, (a)-(c) are waste carriers and (d)-(e) are waste managers. It should be noted that in a situation where the waste is being transported by a waste carrier who is also responsible for disposing of the waste, then both carriers’ and managers’ conditions must be met.

Under the Waste Regulations, which revoked the Environmental Protection (Duty of Care) Regulations 1991,<sup>10</sup> certain other information must be provided in writing and records of this ‘written information’ must be kept for at least two years.<sup>11</sup>

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<sup>10</sup> S.I. 1991/2839

Procedures for complying with the duty of care are given in Section 13.

### 5.3.2 Hazardous Waste

On 16 July 2005, the Hazardous Waste (England and Wales) Regulations 2005<sup>12</sup> (‘the Hazardous Waste Regulations’) came into force, transposing the requirements of the Hazardous Waste Directive.<sup>13</sup> They set out the regime for the control and tracking of the movement of hazardous waste within England and Wales.

The Hazardous Waste Regulations introduced a range of new controls on the management of hazardous waste, the main ones being:

- They repealed the Special Waste Regulations 1996 and replaced the term ‘special waste’ with ‘hazardous waste’.
- The definition of hazardous waste replaced the previous definition of ‘special’ waste, linking it to the definition in the WFD. Hazardous waste is now defined as waste which displays one or more of the 15 hazardous properties listed in Annex III to the WFD, such properties including flammable, toxic, corrosive, ecotoxic and, newly introduced, sensitising.
- The mixing of hazardous waste with a different category of hazardous waste, a non-hazardous waste or any other substance or material is prohibited, unless done as part of an authorised recovery or disposal operation. Where such waste has been mixed illegally then, where technically and economically feasible, the holder must separate the waste.
- A ‘coding standard’ was produced by the Environment Agency making provision for the composition of consignment codes to be used on consignment notes, but it is the duty of the producer to assign the code, in accordance with the standard. In other words, the Agency no longer issues consignment codes.
- A new consignment note form was introduced and there is a continuing requirement to complete a consignment note whenever hazardous waste is removed from premises. This is to ensure that an accurate description of consignments of waste accompanies them whenever they move. If the consignee rejects the waste, suitable alternative arrangements must be made.
- The need to pre-notify movements of hazardous waste to the Environment Agency is removed and there are different procedures for single consignments, multiple collections, multiple carriers and pipelines.
- Producers, holders and, where different, consignors are required to keep records of the quantity, nature, origin and, where relevant, the destination, frequency of collection, mode of transport and treatment method of the waste. Where waste is transported, the records must be sufficient to identify the carrier and must be kept at the notified premises for at least three years.
- Consignees have to make quarterly returns to the Environment Agency on each consignment received, and are charged £10 for each of these consignments when it

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<sup>11</sup> The information was originally contained in a “waste transfer note”, but the Waste (England and Wales) (Amendment) Regulations 2014 (S.I. 2014/656) changed this to “the written information”.

<sup>12</sup> S.I. 2005/894

<sup>13</sup> 91/689/EC. The HWD was repealed and replaced by the Waste Framework Directive (WFD - 2008/98/EC) with effect from 12 December 2010.

is part of a multiple collection, and £19 for all others (if the return is in writing); or £5 and £10 respectively (if the return is done electronically).

- It is the duty of the Agency to carry out appropriate periodic inspections of hazardous waste producers.
- Perhaps the most significant change in the Hazardous Waste Regulations is the introduction of fixed penalty notices. For the less serious offences under the Regulations, the Environment Agency may offer the option of a fixed penalty in lieu of prosecution, such penalty being, for the moment at least, £300. In other cases, offences under the Hazardous Waste Regulations (including the provision of false information) are subject to a maximum fine of £5,000 if tried summarily, with an unlimited fine and imprisonment of up to two years for conviction on indictment.

For healthcare waste, the relevant List of Wastes codes, with hazardous entries in red, are:

**18 01 wastes from natal care, diagnosis, treatment or prevention of disease in humans**

18 01 01 sharps (except 18 01 03)

18 01 02 body parts and organs including blood bags and blood preserves (except 18 01 03)

**18 01 03\* wastes whose collection and disposal is subject to special requirements in order to prevent infection**

18 01 04 wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers)

**18 01 06\* chemicals consisting of or containing dangerous substances**

18 01 07 chemicals other than those mentioned in 18 01 06

**18 01 08\* cytotoxic and cytostatic medicines**

18 01 09 medicines other than those mentioned in 18 01 08

**18 01 10\* amalgam waste from dental care**

Hazardous waste arisings from the Trust consist of asbestos, oils, certain medicinal products (e.g. cytotoxics and cytostatics), dental amalgam, mercury, fluorescent tubes, computer monitors/TV screens and, since HTM 07-01, clinical waste.

### **5.3.3 WASTE HIERARCHY**

From 29 September 2011, anyone who imports, produces, collects, transports, recovers or disposes of waste, or which as a dealer or broker has control of waste must, on the transfer of waste, take all such measures available to it as are reasonable in the circumstances to apply the following waste hierarchy as a priority order:

- (a) prevention;
- (b) preparing for re-use;
- (c) recycling;
- (d) other recovery (for example energy recovery);

- (e) disposal.

The waste hierarchy has been used as a ‘best practice’ tool for many years, and is part of the Trust’s Waste Policy, but is now enshrined in law. (However, it is odd that ‘prevention’ should be considered on the *transfer* of waste, when it is a bit too late.)

Guidance on applying the waste hierarchy to non-hazardous waste has been published by DEFRA (see Appendix B). Guidance relating to hazardous waste will be contained in a more comprehensive document, the Strategy for Hazardous Waste Management in England, currently being developed.

A person can deviate from the hierarchy “so as to achieve the best overall environmental outcome where this is justified by life-cycle thinking on the overall impacts of the generation and management of the waste”. The following must be taken into account in considering the ‘overall impacts’:

- (a) the general environmental protection principles of precaution and sustainability;
- (b) technical feasibility and economic viability;
- (c) protection of resources;
- (d) the overall environmental, human health, economic and social impacts.

From the enforcement date, the transfer note, discussed below, will have to contain a declaration that the waste hierarchy has been considered.

## **5.4 POLLUTION PREVENTION AND CONTROL ACT 1999**

With effect from 6 April 2008, the waste management licensing provisions of the Environmental Protection Act 1990 and the Waste Management Licensing Regulations 1994 were replaced by the Environmental Permitting (England and Wales) Regulations 2007 (‘the 2007 Regulations’), which themselves were repealed and replaced in 2010. The latest version, repealing the 2010 Regulations are the Environmental Permitting (England and Wales) Regulations 2016 (‘the 2016 Regulations’)<sup>14</sup> made under section 2 of and Schedule 1 to the 1999 Act.

### **5.4.1 Environmental Permits**

Although the 2016 Regulations are made under the 1999 Act, the primary offences are still contained in the Environmental Protection Act 1990, albeit with the wording amended. Under the amended s.33(1) of the 1990 Act, it is an offence for any person:

- (a) to deposit controlled waste, or knowingly cause or knowingly permit controlled waste to be deposited in or on any land unless an environmental permit authorising the deposit is in force and the deposit is in accordance with the permit; or
- (b) to submit controlled waste, or knowingly cause or knowingly permit controlled waste to be submitted, to any listed operation (i.e. a recovery or disposal operation) unless it is carried out under and in accordance with an environmental permit; or

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<sup>14</sup> S.I. 2016/1154

- (c) to treat, keep or dispose of controlled waste in a manner likely to cause pollution of the environment or harm to human health.

The 2016 Regulations set out the requirements for permits and grant exclusions and exemptions in certain cases.

The exemptions are contained in Part 1 of Schedule 3 to the 2016 Regulations and Part 5 of Schedule 3 also lists waste operations to which 33(1)(a) of the 1990 Act do not apply. In particular, paragraph 2 of Part 5 of Schedule 3 covers the temporary storage of waste, pending its collection, on the site where it is produced. This exemption applies on condition that the waste is stored in a secure place and for no longer than 12 months.

Although this only applies to s.33(1)(a), storing waste on the site where it is produced is not a disposal or recovery operation and, therefore, s.33(1)(b) does not apply either.

Given that any waste produced by the Trust is kept on Trust premises and that it is kept in secure containers or a secure place, the Trust does not require an environmental permit for the storage of waste produced on Trust premises.

Note, however, that under s.33(1)(c), it would still be an offence to keep (i.e. store) the waste ‘in a manner likely to cause pollution of the environment or harm to human health’.

Although the storage of waste on the site where it is produced has a blanket exclusion from environmental permitting, there are areas within the Trust where the waste is being treated, rather than just stored, and/or is not produced by the Trust. Both of these involve medicines.

Medicinal waste is sometimes brought on to Trust premises by patients or members of the public, where it becomes waste. As such, it is not produced on the premises and the blanket exclusion above does not apply. However, paragraph 4 of Part 5 of Schedule 3 to the 2016 Regulations covers the temporary storage of waste at a collection point for the purposes of recovering or disposing of the waste elsewhere. This exclusion applies to medicinal waste on condition that the waste does not exceed five cubic metres at any one time.<sup>15</sup> The Trust meets this condition and can rely on this exclusion.

In addition to storing medicinal waste brought onto Trust premises, pharmacists also denature controlled drugs to render them unfit for use. For the purposes of environmental permitting, this constitutes ‘treatment’ and there is a specific exemption for this activity.<sup>16</sup> The exemption applies to the treatment of controlled drugs consisting of relevant waste by sorting and denaturing them prior to their disposal, “relevant waste” being, as far as the Trust is concerned, wastes falling within List of Wastes Codes 180109 (medicines from natal care, diagnosis, treatment or prevention of disease in humans). There are conditions attached to the exemption, these being that:

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<sup>15</sup> Under paragraph 39 of Schedule 1 to the 2007 Regulations, there was an exemption for the storage of medicines and hypodermic syringes returned to pharmacies by households or individuals, but this was replaced by the exclusion for collection points under the 2010 Regulations, carried over into the 2016 Regulations.

<sup>16</sup> T28: Sorting and denaturing of controlled drugs for disposal. For the purposes of this exemption, “controlled drug” means a controlled drug specified in Schedules 1 to 5 to the Misuse of Drugs Regulations 2001 (S.I. 2001/3998).

- the total quantity of waste treated or stored at any one time does not exceed 1 cubic metre;
- the treatment and storage are carried on at the place of production; and
- no waste is stored for longer than 6 months.

On rare occasions, pharmacists may denature controlled drugs that have been brought onto the premises by patients, patients' relatives or other members of the public, thereby breaching the second condition. However, although this activity is not covered by the exemption, the Environment Agency has issued a 'regulatory position statement' to the effect that it will not take enforcement action against anyone carrying out this activity as long as they meet the same conditions required for controlled drugs that do arise on the premises.<sup>17</sup>

The denaturing of controlled drugs is carried out on several of the Trust premises and the Pharmacy is also contracted to provide this service to a number of prisons in the area. All of the relevant sites have been registered as exempt and these are listed in Appendix D. The exemption registration is valid for three years.

## **6 WASTE ARISING**

The activities carried out by the Trust give rise to a large amount of different types of waste. For convenience, these are described under the generic headings of 'general' 'healthcare' and 'hazardous' to reflect the degree of hazard associated with the waste stream. Where overlap exists, e.g. with clinical waste, which is both healthcare and hazardous, the highest category in the order hazardous > healthcare > general is assigned. General wastes include all those that do not fit into the other two categories (e.g. food waste and scrap metal).

However, given the importance of managing clinical wastes effectively, these are dealt with in their own section (see section 11).

### **6.1 GENERAL WASTES**

The following general wastes arise from the Trust's activities:

- general household waste from the Premises
- general office waste from the Premises
- general waste from residential areas
- recyclable materials such as aluminium and steel cans, paper, glass and plastics
- food and other kitchen waste
- organic waste from gardening
- engineer's waste
- construction & demolition waste
- scrap metal
- scrap furniture
- confidential
- IT and other electrical equipment
- batteries

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<sup>17</sup> MWRP RPS 004, version 3, July 2012.

- miscellaneous (aerosols, broken glass and crockery etc.)

## **6.2 HEALTHCARE WASTE**

Healthcare waste refers to any waste produced by, and as a consequence of, healthcare activities and is of a type specifically associated with such activities. This would include all wastes arising from the Trust other than those listed in sections 6.1 above (general wastes) and relevant wastes in 6.3 below (hazardous waste).

Healthcare wastes arise in a number of distinct areas within the Trust Premises and may vary in nature. However, for management purposes, they can conveniently be split into hazardous (e.g. clinical waste and cytotoxic/cytostatic drugs) and non-hazardous (e.g. offensive/hygiene waste).

The following non-hazardous healthcare wastes arise from the Trust's activities:

- medicinal waste (other than cytotoxic/cytostatic medicines);
- offensive/hygiene waste;
- general wastes (as listed in 6.1 above).

The term 'offensive/hygiene waste' describes waste which is non-infectious and which does not require specialist treatment or disposal (i.e. it may be landfilled), but which may cause offence to those coming into contact with it. Offensive/hygiene waste includes waste previously described as human hygiene waste and 'sanpro' waste such as incontinence pads and other waste produced from human hygiene, sanitary waste, nappies and medical items and equipment which do not pose a risk of infection, including gowns, plaster casts etc.

## **6.3 HAZARDOUS WASTE**

Hazardous wastes from the Trust consist of:

- infectious and potentially infectious (i.e. 'clinical')
- cytotoxic/cytostatic drugs
- asbestos
- mercury
- oils
- dental amalgam
- fridge/freezers
- fluorescent tubes
- CRT monitors/TV Screens

## **7. COLOUR-CODING**

HTM 07-01 identifies a modified colour-coding system for segregated wastes (see Fig. 1 below). This includes a new black and yellow 'tiger' bag for offensive/hygiene waste. Packaging coding systems for sharps, liquids, medicines, dental amalgam, infectious wastes for treatment (excluding incineration) and other wastes are also identified and provide for a uniform coding system that facilitates cost-effective management while also providing a guide for indicative treatment and/or disposal.

**Figure 1: New Colour-coding System**

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

At the Trust, the following coloured containers must be employed:

- **black bags** for domestic-type wastes (all areas);
- **tiger bags** for offensive/hygiene wastes (Short Break Homes only);
- **orange bags** for clinical wastes (all areas other than LD Homes);
- **yellow containers with yellow lids** for sharps (all areas);
- **yellow containers with purple lids** for cytotoxic/cytostatic waste (all areas); and
- **blue or blue-lidded containers** for medicinal waste other than cytotoxic/cytostatics.

**All coloured bags and sharps boxes are available from NHS supplies.**

## **8. RESPONSIBLE PERSONNEL**

### **8.1 OVERALL RESPONSIBILITY**

The Chief Executive of the Trust has overall responsibility for all waste management issues. However, there shall be a designated Waste Control Manager (WCM) and a Deputy Waste

Control Manager (DWCM) within the Trust who will have day-to-day responsibility for waste management at the Trust. Duties of the WCM shall include:

- issuing waste management procedures in line with changes in policy, legislation, guidance or best practice;
- ensuring that all waste management procedures are followed;
- conducting periodic and documented audits of the waste management procedures;
- ensuring compliance with the duty of care for waste and hazardous waste legislation; and
- maintaining adequate records and documentation.

The WCM shall be the Interim Head of Estates Manager (Mr Andrew McLester, 01604 678014), and the DWMO shall be the Energy & Estates Officer (Mr Mark Lander, 01604 678014).

Note that, although legal responsibility rests with those identified in this section, *de facto* responsibility rests with the actual holder of the waste. Thus, for example, when clinical wastes are on a ward, responsibility rests with the ward sister until such waste are collected by the porters. Once collected, responsibility transfers to the porters until the wastes are deposited in the secure compound, when responsibility transfers to Estates. Estates remains responsible for wastes in the secure compound until they are collected by the approved waste contractor. This *de facto* responsibility applies to *all* wastes arising at the Trust.

## **8.2 INDIVIDUAL RESPONSIBILITIES**

The 'responsible person' for the safe management of waste in their respective Premises/Departments are as follows:

### **8.2.1 Radiological Protection Advisor**

The monitoring of radioactive substances is carried out on behalf of the Trust by the Radiological Protection Advisor from Northampton General Hospital.

### **8.2.2 Department Managers**

Department Managers shall ensure that:

- all staff are made aware of and comply with the requirements and procedures in this Manual in relation to the management of waste;
- adequate containers, receptacles and bags of the correct specification are always available within their areas of responsibility;
- all appropriate staff attend the Trust's waste training sessions;
- all Departments have a supply of identification tags to seal clinical waste bags which can then be traced back to the originating Department (tags are available by completing an internal stock requisition form and sending it to Stores at Westgate House, Northampton);
- the attention of all staff is drawn to the Trust's incident reporting policy.

### **8.2.3 Trust Staff**

All staff are under a duty to ensure the safe and proper management of all wastes arising from their activities within the Trust, following the procedures and guidelines contained in this Manual.

Each responsible person shall ensure that he or she is familiar with the waste management policy and procedures and that each member of staff in their respective areas is also made aware of their individual responsibilities. Furthermore, in a situation where a particularly difficult or dangerous waste arises or where special procedures are required in addition to these procedures, the responsible person shall notify the WCM, in writing, at the earliest opportunity.

### **8.2.4 Porters**

It will be the responsibility of the Logistics Officer to ensure that sufficient Waste Porters are employed to perform all waste-related duties according to appropriate work schedules and practices. The Waste Porters will, after full training, have the following principal responsibilities:

- to ensure that the Trust meets its statutory requirements as laid down in these policy and procedures guidelines, recording and reporting locations where containers are found insecure or poor practice is identified;
- to collect household, confidential and clinical waste from designated areas and transfer to central collection areas;
- attend initial and refresher training sessions as directed;
- adhere to all instructions regarding policies and procedures of the Department and Trust; and
- report all accidents, incidents, complaints, health & safety hazards and defects to the supervisors/team leaders.

The Waste Porters will report directly to Team Leaders and be accountable to the Logistics Officer.

## **9 MANAGEMENT PROCEDURES: GENERAL WASTES**

The collection of recyclable materials such as paper, aluminium cans and glass are dealt with at site level. Where these facilities exist, staff are encouraged to make use of them, in keeping with the Trust's Environmental Policy. Other general wastes shall be managed as described in the following sections.

### **9.1 GENERAL HOUSEHOLD WASTES FROM THE PREMISES**

General household waste from the premises is 'normal' waste not falling into the clinical or other hazardous categories and would include such items as dead flowers, newspapers, hand towels and packaging. Note, however, that glass and aerosols, although they could be considered general household waste, must be dealt with as specified below.

## **Procedure**

1. General household wastes from the premises but, where facilities exist, not recyclable materials (see (6) below), shall be placed in black plastic bags.
2. On no account shall clinical or offensive/hygiene wastes or sharp objects be included with general household wastes.
3. When  $\frac{3}{4}$  full, or at most weekly, black bags must be tied at the neck and left in the designated waste storage area pending collection.
4. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (3) above.
5. Full bags shall be collected daily, or upon request, by the Portering Staff and conveyed to the designated bulk storage area.
6. Where applicable, recyclable materials shall be placed in the designated storage area pending compaction or collection for recycling.

### **9.2 GENERAL OFFICE WASTES FROM THE PREMISES**

#### **Procedure**

1. General office wastes from hospitals, e.g. paper, lunch wrappings etc., shall be placed in lined waste paper bins or black plastic bags.
2. On no account shall sharp objects such as broken glass or crockery be included with general office wastes.
3. Office bins shall be emptied into black plastic bags at least daily by Domestic Staff.
4. When  $\frac{3}{4}$  full, or at the end of each shift, black bags shall be tied at the neck and left in the designated waste storage area pending collection.
5. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (4) above.
6. Full bags shall be collected daily, or upon request, by the Portering Staff and conveyed to the designated bulk storage area.

### **9.3 GENERAL HOUSEHOLD WASTE FROM THE RESIDENTIAL AREA**

For the purposes of the Manual, the Residential Area consists of premises in Kent Close in Northampton, both individual houses and shared accommodation.

## **Procedure**

For individual houses, the occupiers are responsible for ensuring their wastes are dealt with correctly; for shared accommodation, domestic cleaners are responsible.

1. All general household wastes shall be placed in lined bins or black plastic bags.
2. On no account shall sharp objects such as broken glass or crockery be included with general household wastes.
3. Bins shall be emptied daily by Domestic Staff and the contents placed in black plastic bags; other bags must be removed when  $\frac{3}{4}$  full, or more often as appropriate.
4. All black bags on removal must be tied at the neck and placed in one of the Wheeled Bins in the designated waste compound for collection by the Local Authority.
5. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (4) above.
6. Sharp items, such as broken glass or crockery, must be placed in a cardboard box designed for sharp objects, marked to indicate the contents and placed in one of the Wheeled Bins in the designated waste compound.

## **9.4 FOOD AND KITCHEN WASTE**

### **Procedure**

1. With the exception of oil from deep-fat fryers (see below), food waste from kitchens and restaurants shall be macerated and discharged to the foul sewer, where such facilities are available. Otherwise, food waste must be deposited in black bin bags and dealt with as for general waste, above.
2. All food waste from wards/departments must be returned to the kitchens for disposal as in (1) above.
3. Non-food wastes from kitchens shall be placed in black plastic bags.
4. When  $\frac{3}{4}$  full, or at least daily, black bags must be tied at the neck and left outside in the designated waste storage area pending collection.
5. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (4) above.
6. Sharp items, such as broken glass or crockery, must be placed in the approved container designed for sharp objects, marked to indicate the contents, and left in the designated waste storage area.

7. Waste from the designated area shall be collected daily, or upon request, by the Portering Staff and transported to the bulk storage area.

### **Cooking Oil Procedure**

1. Waste cooking oil from the St Mary's and Berrywood hospitals shall be emptied onto a 205-litre drum, located in a locked metal cupboard outside the kitchen area.
2. When full, the approved contractor shall be contacted to arrange collection for recycling.

## **9.5 ORGANIC WASTE FROM GARDENING**

### **Procedure**

1. All organic waste from gardening shall be re-used whenever possible, either by shredding for mulch or by composting.
2. Any other organic gardening waste that cannot be used as described above shall be placed in the designated green waste skip for disposal by the authorised disposal company.

## **9.6 ENGINEER'S WASTE**

### **Procedure**

1. General wastes from Engineering Services shall be dealt with as for other general wastes arising from the Trust Premises.
2. Waste oils and other chemicals from Workshop Services are now classified as hazardous wastes. Procedures for dealing with such wastes are included in Section 12.4.

## **9.7 CONSTRUCTION & DEMOLITION WASTE**

All construction & demolition waste on Trust premises arises through the activities of building contractors. It is standard practice in these cases that contractual responsibility for waste arisings rests with the contractor.

## **9.8 SCRAP METAL, FURNITURE AND ELECTRICAL EQUIPMENT**

Heads of Department are responsible for all assets within their areas of control. As such, any surplus, obsolete or unserviceable items shall be reported to the relevant Head of Department and the condemning procedure laid down in the Condemning and Disposal Policy followed. Where such items are subsequently condemned, the following procedure shall be followed.

## **Procedure**

1. Scrap metal, furniture and electrical items shall be stored in designated areas prior to collection.
2. When a sufficient quantity has accumulated, the responsible person shall contact the Estates Helpdesk on 01604 682682.
3. The Estates Department will then arrange for an approved waste management company to collect the waste for recycling.

## **9.9 CONFIDENTIAL WASTE**

Confidential waste consists of any document in any form (e.g. paper, microfiche or computer disk) which contains:

- (a) any information of whatsoever kind that may identify a patient;
- (b) any information of whatsoever kind that may be traceable to an individual patient;  
or
- (c) any potentially sensitive information relating to the Trust or its activities.

In case of doubt, guidance should be sought from Patient Records Services Managers.

## **Procedure**

1. Small quantities of confidential waste in paper form may be shredded in office shredders; otherwise, it shall be placed in specific sacks marked 'Confidential.'
2. On no account shall confidential waste be left in areas to which the public have access; in such cases, confidential waste must be kept locked in a suitable office or storeroom.
3. When full, or more frequently as appropriate, confidential waste sacks shall be tied at the neck and the Porters Office notified that some confidential waste is ready for collection.
4. Porters shall collect confidential waste sacks and take them directly to the secure storage area. On no account should Porters leave confidential sacks unattended between the point of collection and secure storage.
5. When sufficient confidential waste has accumulated, the Senior Porter shall notify the appropriate waste contractor and arrange for it to be shredded on site.
6. The Estates Manager shall be responsible for ensuring that a Certificate of Destruction is obtained from the waste contractor and kept on file for at least four years.
7. Confidential waste in other formats, e.g. CDs, videos and HDDs, shall also be placed in white bags, labelled to identify the contents, and treated as for confidential paper waste.

## 9.10 I.T. EQUIPMENT

Waste I.T. equipment is the responsibility of the I.T. Department.

These procedures cover the steps to be followed in order to dispose of any obsolete, broken or unwanted I.T. equipment. They also include the steps to be taken to ensure that the equipment is then removed from the asset register.

### Procedures

#### *Disposal as part of replacement*

If obsolete equipment is being disposed of as part of a replacement (new equipment), the following procedures shall be followed:

1. The holder shall telephone the IT Department and notify it that the equipment being replaced needs to be disposed of.
2. On notification, the IT Department will provide the holder with a disposal form.
3. The holder shall enter the relevant information on the disposal form and return it to Highfield for update on the Helpdesk system.
4. The equipment will then be removed from the holder's office by the IT Department and taken to the nearest I.T. equipment storage area.

#### *Disposal due to age\breakdown*

If disposal is due to age or breakdown, and the equipment is not being automatically replaced, then the following procedures shall be followed:

1. The holder shall raise a call with the I.T. Helpdesk (01604 615300), stating that it is for IT equipment disposal only.
2. The holder will be sent a disposal form and the call will be assigned to a technician.
3. The holder shall enter the relevant information on the disposal form.
4. The technician will visit to collect the form and remove the equipment from the holder's office.

#### *Sale of Disposed I.T. equipment*

Once the disposal form has been signed, hard disks removed from PCs and the I.T. Department have listed the equipment as scrapped, the Head of Department may sell on any such equipment. However, the I.T. Department suggests that whoever buys the equipment should have to sign a disclaimer to the effect that the equipment no longer belongs to the PCT and the PCT therefore has no further responsibility with regard to that equipment.

### *Final Disposal from IT areas*

The I.T. Department will arrange, in conjunction with a third party, for all disposed PCT\NHT I.T. equipment to be collected and removed from Trust Premises.

### *CRT Monitors*

CRT Monitors are classified as hazardous waste under the Hazardous Waste Regulations and must be consigned as such. See section 5.3.2 for a summary of the Regulations and section 12.1 for consignment procedures.

## **9.11 BATTERIES**

Under the Waste Batteries and Accumulators Regulations 2009, certain producers of batteries are obliged to join a battery compliance scheme and, through the scheme, finance the net cost of collection, treatment and recycling of a specified share of all waste portable batteries collected in the UK during a year. The Regulations also set collection targets, ranging from 10% in 2010 to 25% in 2012 and 45% in 2016 and beyond, from a starting point in the UK of 3%.

Although the Trust is not a ‘producer’ as defined in the Regulations, the success of the system depends on the cooperation of organisations like hospitals. For this reason, a number of battery collection containers have been obtained from a compliance scheme and these are located throughout Trust premises. Staff and visitors are encouraged to deposit portable batteries, e.g. AAA, AA, C and D, in the containers.

When a battery container is full, the responsible person should contact Estates, through the Facilities

## **9.12 MISCELLANEOUS**

Broken glass, crockery and other sharp items from offices, Restaurants and the Residential Area must be dealt with as detailed in the relevant procedures above. Aerosol cans in small quantities may be disposed of along with general domestic wastes.

Such items arising from wards and other medical departments shall be dealt with as follows:

### **Procedure**

1. Broken glass, crockery, other sharp items and non-pharmaceutical aerosol cans shall be deposited in an appropriate container (e.g. a ‘Magpie’ or other suitably robust cardboard box’) for sharp objects.
2. When  $\frac{3}{4}$  full, or more often as appropriate, containers shall be closed and sealed.
3. The container must be labelled to indicate the contents and identify the source.
4. Containers may be treated as general household waste and deposited at the designated storage areas pending collection by the Local Authority.

5. Pharmaceutical aerosol cans must be returned to the Pharmacy for disposal (see Section 10.2)

**NB:** Aerosol cans and dry cell batteries should never be incinerated and it is important, therefore, that such items are not disposed of along with clinical waste.

## **10 MANAGEMENT PROCEDURES: HEALTHCARE WASTES**

### **10.1 OFFENSIVE/HYGIENE WASTE**

The term 'offensive/hygiene waste' was defined in s.6.2 as including waste which is non-infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it. Offensive/hygiene waste is most likely to occur within the Trust at Learning Disability Centres.

#### **Procedures**

1. Offensive/hygiene wastes, e.g. incontinence pads and other sanitary waste, shall be placed in a tiger bag.
2. On no account shall offensive/hygiene waste be deposited in black plastic bags used for domestic-type waste.
3. Sharp objects must not be placed in tiger bags.
4. When  $\frac{3}{4}$  full, or at the end of each day, tiger bags must be 'swan-neck' tied and securely fastened using an identifiable tag (or an unmarked tag and the bag labelled) and placed at the local designated storage area prior to collection.
5. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (4) above. Bag contents should not be transferred loose from bag to bag.
6. Waste shall be removed as frequently as circumstances demand, or at least daily and taken to the central designated storage area for the premises from which it was produced. It is the responsibility of the manager of each area to ensure that waste does not constitute a hazard to others.

**Note that it is illegal to mix hazardous and non-hazardous waste (see section 5.3.2). As such, where offensive/hygiene waste and clinical waste (e.g. sharps boxes) are produced at the same site, they must be consigned separately.**

### **10.2 MEDICINAL WASTE**

Although medicines, other than cytotoxics and cytostatics, are no longer classed as hazardous waste, it is nonetheless desirable that such medicinal waste is returned to the Pharmacy at Berrywood Hospital for disposal. In the case of community houses or community teams, waste medicines may be returned to the community pharmacy that dispensed the medicine.

## Procedures

1. Unwanted and waste pharmaceuticals shall be returned to the Pharmacy Departments referred to above in their original container, locked in the Ward box.
2. On receipt, the Deputy Director of Pharmacy shall ensure segregation of pharmaceutical materials into wastes and non-wastes.
3. Waste pharmaceuticals shall be deposited in a rigid blue container, or yellow container with a blue lid, and managed in accordance with local working instructions.

**NB: The de-naturing of controlled drugs is carried out by Pharmacists in accordance with the Trust's Control of Medicines Policy.**

## 11 MANAGEMENT PROCEDURES: CLINICAL WASTES

**NB: clinical wastes are now classified as 'hazardous' and the consignment procedure detailed in s.12.1 below must be complied with for all movements of clinical waste.**

### 11.1 OVERVIEW

Wastes shall be segregated into clinical and non-clinical by the producer of the waste and placed in the correctly colour-coded container (see below). When a container is full, or in the case of a sack,  $\frac{3}{4}$  full, or at the end of each day, the container shall be sealed, securely fastened using a colour-coded tag (or an unmarked tag and the bag labelled) and placed at the local designated storage area prior to collection.

Waste shall be removed as frequently as circumstances demand, or at least daily, and taken to the central designated storage area for the premises from which it was produced. It is the duty of the responsible person in each area to ensure that waste does not constitute a hazard to others.

### 11.2 TRAINING

All staff who work in areas where clinical waste is produced or arises shall be suitably trained in waste segregation, handling, storage, disposal, the use of protective clothing and emergency procedures. Training sessions consist of basic instruction given at Corporate Induction and more in-depth training locally for staff who are likely to come into direct contact with clinical waste, e.g. clinical staff, porters and domestics.

In addition, all non-medical staff who may be required to move bagged clinical waste by hand should also be trained to:

- check that the correct colour bags are being used for the type of waste;
- check that the storage bags/containers are intact and effectively sealed;
- the procedures to be taken in the event of an unsealed or damaged bag/container is discovered; and
- be fully conversant with the procedures to adopt in a case of accidental spillage.

## 11.3 SEGREGATION

The effective segregation at source of clinical and non-clinical waste is essential to the efficient and most economical management of clinical wastes. Non-clinical, domestic-type waste and offensive/hygiene waste can be disposed of to landfill whereas clinical waste must be consigned for alternative treatment or incineration, at a cost per tonne of approximately 10 times that of landfill. Moreover, since clinical waste became classed as hazardous, the cost has risen considerably.

Effective segregation at source, therefore, will result in significant cost savings to the Trust. Achieving these cost savings while, at the same time, protecting human health and the environment, requires that each producer of waste is aware of the difference between clinical and non-clinical waste. In this respect, training and guidance is of paramount importance.

It follows from the above that the responsibility for effective segregation lies with each producer. However, it must be emphasised that the protection of health and the environment is the primary objective: if in doubt, it is clinical waste.

Nevertheless, there are areas where a clear distinction exists: swabs, soiled bandages and hypodermic needles, for example, are obviously clinical wastes; packaging, dead flowers and empty soft drinks cans, on the other hand, are obviously not. While it is appreciated that medical staff are extremely busy, efficient segregation is of paramount importance to effective and economical waste management.

## 11.4 CONTAINERS FOR CLINICAL WASTE

A range of colour-coded containers is available for the deposit and storage of clinical waste and these shall be used at all times. The containers in use consist of:

- orange plastic sacks in various sizes and gauges
- yellow 'sharps' boxes

If a bag is found to be split, torn or punctured, it should be placed inside another bag which should then be sealed and deposited in the nearest Wheeled Bin. Bag contents should never be transferred loose from one bag to another.

**NB:** Black plastic bags and tiger bags are for use with non-clinical waste only. On no account should clinical waste be placed in these bags.

## 11.5 GENERAL CLINICAL WASTE

### 11.5.1 Flexible Containers

#### Procedures

1. General clinical wastes, e.g. swabs, soiled dressings etc., shall be placed in an orange plastic bag marked 'Clinical Waste - for Incineration Only.'
2. On no account must clinical waste be deposited in black plastic bags or tiger bags used for non-clinical waste.

3. Sharp objects must not be placed in clinical waste bags.
4. When  $\frac{3}{4}$  full, or at the end of each day, orange bags shall be 'swan-neck' tied and securely fastened using a colour-coded tag (or an unmarked tag and the bag labelled) and placed at the local designated storage area prior to collection.
5. Any torn, split or otherwise damaged bags must be placed within a new bag and dealt with as in (4) above. Bag contents should not be transferred loose from bag to bag.
6. Waste shall be removed as frequently as circumstances demand, or at least daily and taken to the central designated storage area for the premises from which it was produced. It is the responsibility of the manager of each area to ensure that waste does not constitute a hazard to others.

### 11.5.2 Sharps

**NB:** All sharps from the trust must be placed in yellow-lidded sharps containers. However, sharps from LD Homes can be consigned as non-hazardous, using EWC Code 18 01 09, whereas all others must be consigned as hazardous, using EWC Code 18 01 03\*.

#### Procedures

1. Waste sharps, e.g. needles, cannulae and single-use surgical instruments, must be disposed of in dedicated sharps containers. Such containers should be marked, 'Danger, Contaminated Sharps Only.'
2. When in use, sharps containers shall be stored in such a manner that they are inaccessible to children, kept closed and off floor level.
3. When full, or more frequently if appropriate, sharps containers must be sealed, labelled with the date and place of origin and placed inside a yellow rigid container which must be locked if accessible to the public.

### 11.6 INTERNAL TRANSPORT

All equipment for the internal transport of waste, e.g. porters' trolleys and vehicles, shall be designed and constructed so as to ensure that:

- surfaces in contact with waste containers are smooth, impermeable and of a suitable material;
- they do not offer harbourage to insects or other vermin;
- they are easily cleaned and sterilised;
- particles of waste cannot become lodged in cracks or crevices within the equipment; and
- vehicles are easily loaded, unloaded and secured, with a minimal risk of damage to waste containers.

Equipment used for transporting waste must be thoroughly cleaned with an appropriate detergent at least weekly and after a spillage. A spillage kit must be made readily available.

**Clinical waste must only be conveyed in specialist equipment which must be labelled 'For Clinical Waste Only' and not used for any other purpose.**

## **11.7 COMMUNITY NURSES**

These procedures are specific to nursing staff treating patients in the home or where clinics may be held in non-Trust premises (e.g. Bodywise Outreach Clinics in village halls).

1. Waste generated in a patient's home (e.g. small dressings, incontinence pads etc.) shall be assessed by the nurse. In most cases, it will be appropriate to dispose of the waste by double wrapping and depositing it with domestic refuse.
2. Where, based on the assessment, a nurse decides that depositing waste with the domestic refuse is inappropriate, she may arrange for a clinical waste collection by the local authority.
3. Sharps must be brought back by the Community Nurse and dealt with as described in section 11.5.2 above.

## **11.8 SPILLAGE PROCEDURES**

The training described in Section 11.2 above shall cover the instructions and requirements necessary to deal with any accidental spillage situation, wherever it occurs. In the case of a spillage, the following procedures must be followed.

### **Procedures**

1. Warn others in the vicinity that there has been a spillage and that they should avoid contact with the spilled materials.
2. If considered necessary, designate a reliable person to keep the public, especially children, away from the spillage, then deal with the spillage as quickly as possible.
3. If appropriate in the circumstances, cordon off the area.
4. Before attempting to clear up the spillage, obtain a spillage kit (see below). Where appropriate, use the protective clothing provided in the kit and follow the instructions on the label.
5. All cuts, scratches or other abrasions on the hands must be covered with a waterproof plaster before attempting to clear up the spillage.
6. In the case of a split bag spillage, and wearing gloves and an apron, slide a new clinical waste bag over the damaged bag. Carefully collect any spilled materials, using paper towels to absorb any liquids. Seal the new bag securely with an identification tag, making a note of the identification tag of the split bag.

7. Do not attempt to clear sharps spillages without wearing heavy duty gloves. Obtain a new sharps container if required, and transfer the spilled contents. Damaged sharps containers must be placed in a larger secure container and labelled accordingly.
8. For blood or other bodily fluids contaminated with blood, a spillage kit must be obtained and used (see below). Wear gloves and an apron, as provided in the kit. Cover the spillage with paper towels, make a solution of sodium dichloroisocyanurate from the tablets provided, then pour the solution over the spillage and leave for two or three minutes. Gather up the paper towels and dispose of in a yellow clinical waste bag.

Disinfection granules are also provided in the kit and these should be used following the manufacturer's instructions, i.e. the area should be washed with the disinfectant, rinsed and dried.

9. Remove gloves and apron and dispose of them in a clinical waste bag. Wash hands thoroughly.
10. Inform the responsible person for the area of the actions taken.

## **11.9 SPILLAGE KIT**

It is each responsible person's duty to ensure that spillage kits are readily available for use in their respective departments and that staff have easy and immediate access to them.

The general spillage kits employed at the Trust consist of:

- rubber gloves;
- blue paper towels;
- a 'biohazard' yellow plastic bag;
- a plastic apron;
- a tube containing 30 tablets of sodium dichloroisocyanurate;
- 'Actichlor' disinfectant granules for the disinfection of blood and blood-contaminated fluids;
- a dilution bottle; and
- instructions (attached to the front of the kit).

Spillage kits, supplied by Adams Healthcare, can be ordered via the Purchasing Department.

## **12 MANAGEMENT PROCEDURES: HAZARDOUS WASTES**

### **12.1 GENERAL**

A summary of the Hazardous Waste Regulations 2005 is given in Section 5.3.2. The following procedures are designed to ensure that the requirements of these Regulations are met for all hazardous wastes arising and being removed from the Trust.

## **Procedures**

1. Before the consignment is removed, the three-copy consignment note must be prepared, Parts A and B completed, and the relevant List of Wastes code entered. This may be carried out by the person responsible for the waste or by the appropriate waste contractor.
2. Before removing the consignment, the waste carrier must complete Part C of the remaining copies.
3. The person responsible must then complete Part D on each copy, retain one copy, and give the remaining copies to the waste carrier.
4. The person responsible, or the Estates Manager, must retain his copy for at least three years.

Note that, where the consignment is part of a 'carrier's round', i.e. the carrier is collecting from more than one consignor, a copy of the 'carrier's schedule' must be obtained. In such cases, Part C on the consignment note would not be completed, being replaced by the carrier's schedule.

### **12.2 ASBESTOS**

A survey of the Trust Premises has been conducted and it is believed that all buildings containing asbestos insulation have been identified. Nonetheless, any person discovering or suspecting any asbestos material should immediately bring this to the attention of the Estates Manager.

#### **Procedure**

1. When work involving asbestos is to be undertaken, the Estates Manager shall notify the approved licensed contractor.
2. Before the contract is awarded, the Estates Manager shall ensure that:
  - (a) the contractor's licence to undertake such work is valid;
  - (b) the contractor has appropriate procedures in place to comply with the Control of Asbestos in Air Regulations 1990; and
  - (c) if asbestos waste is to be removed from the site, the necessary consignment notes are completed to comply with the Hazardous Waste (England and Wales) Regulations 2005.
3. Copies of all relevant paperwork shall be obtained from the contractor and held on file by the Estates Manager for at least three years, as described above.

### **12.3 MERCURY**

In the majority of cases, the most likely source of waste mercury will result from the breakage of a thermometer or sphygmomanometer (although, because these instruments are

now electronic, the risk of such is spillage is extremely small). However, should such a spillage occur, the following procedure applies:

1. Isolate the immediate area to prevent access.
2. As soon as possible, contact the Estates Maintenance Manager (see 'Contacts' in Appendix C) who will immediately arrange for the safe removal and disposal of the spillage using a dedicated mercury spillage kit.
3. Estates staff must follow the stringent guidelines provided by the manufacturer when using the spillage kit.
4. When mercury is dropped, it splits into tiny droplets. It is important, therefore, that great care is taken to ensure the recovery of the entire spillage.
5. **Vacuum cleaners must never be used in clearing up a mercury spillage.**
6. The Estates Maintenance Manager will be responsible for ensuring that the contaminated material is consigned in accordance with the Hazardous Waste Regulations described above.

## 12.4 OILS

As a generalisation, the Trust does not produce any waste oil, on the grounds that any activities that may produce waste oil (e.g. servicing of elevators) are carried out by contractors, who retain responsibility for any waste. Nonetheless, should any historical waste oil be discovered, the following procedure shall be followed.

### Procedures

1. Waste oils shall be the responsibility of the Workshop Supervisor.
2. Waste oil shall be temporarily stored in a secure area.
4. As soon as reasonably practicable, the Estates Manager shall make arrangements for the collection of the oil with the approved contractor.
5. The Estates Manager shall ensure that the hazardous waste documentation is completed in accordance with the procedures detailed in Section 9.1 and that records are maintained for at least three years.
6. **Under no circumstances must waste oil be discharged to drain.**

## 12.5 DENTAL WASTE

### Procedure

1. Dental amalgam, teeth, other mercury-containing waste and plaster cast (gypsum) from dentistry must be stored in specified containers.

2. When not in use, containers must be kept closed at all times.
3. When full, the approved waste contractor shall be contacted to arrange collection.
4. The Departmental Head shall ensure that the hazardous waste documentation is completed in accordance with the procedures detailed in Section 12.1 and that records are maintained for at least three years.

## **12.6 FRIDGE/FREEZERS**

Heads of Department are responsible for all assets within their areas of control, including refrigeration equipment. As such, any surplus, obsolete or unserviceable equipment should be reported to the relevant Head of Department and the condemning procedure laid down in the Condemning and Disposal Policy followed. Where such items are subsequently condemned, the following procedure shall be followed.

### **Procedure**

1. Refrigeration equipment shall be stored in designated areas prior to collection.
2. When a sufficient quantity has accumulated, the responsible person shall contact the Estates Helpdesk on 01604 658401.
3. The Estates Department will then arrange for an approved waste management company to collect the waste for recycling.
4. The Estates Manager shall ensure that the hazardous waste documentation is completed in accordance with the procedures detailed in Section 12.1 and that records are maintained for at least three years.

## **12.7 FLUORESCENT TUBES AND LAMPS**

**NB Fluorescent tubes contain mercury and must not be disposed of with general wastes.**

### **Procedure**

1. Fluorescent tubes and lamps for disposal shall be removed by appropriate Estates staff, e.g. electricians, as they are replaced and deposited in the designated fluorescent tube container.
2. When full, the Workshop Supervisor shall notify the approved waste disposal contractor and arrange for the on-site crushing of the tubes and replacement of the container.

The Workshop Supervisor must ensure that the Hazardous Waste Consignment Note is correctly completed and the Consignor's copy is returned to the Estates Department.

## 12.8 TELEVISIONS

### Procedures

1. The holder of a broken television shall telephone the Estates Helpdesk on 01604 682682.
2. Estates will arrange for an electrician to check the television and, if appropriate, declare it 'beyond economic repair'.
3. Scrapped televisions shall be stored in the designated area prior to collection.
4. The Logistics Manager will arrange for the collection of the television and have it taken to the secure storage area at the Princess Marina Hospital in Northampton.
5. When a sufficient quantity has accumulated, the Estates Officer will arrange for their collection
6. The Estates Officer shall be responsible for the Hazardous Waste Consignment Note and for returning same to Estates.

## 13 MANAGEMENT PROCEDURES: DUTY OF CARE

The legal basis for the duty of care for waste is explained in Section 5.3.1. This Section sets out the procedures to be followed by the Trust to ensure compliance with the legal obligations. It is important to note that *all* controlled waste, whether it be clinical, non-clinical or hazardous, is subject to the duty of care.

As noted in Section 5.3.1, the term 'transfer note' has been replaced with the term 'written information' in the Waste Regulations. However, the Trust has decided to retain the transfer note as a means of compiling the written information.

It shall be the responsibility of the WCM to ensure that the requirements of the duty of care are met; that adequate records are kept and maintained; that copies of all appropriate permits and consents are obtained and kept up to date; and that regular audits of contractors are carried out. Each of the following procedures shall be carried out annually for each separate waste stream or waste disposal contractor.

1. Except for hazardous wastes, where a consignment note is issued, two copies of a waste transfer note shall be completed - one copy to be retained on file and the other given to the appropriate waste disposal contractor. The transfer note shall contain the following details:
  - name and address of the Trust Premises to which it applies;
  - name and address of the relevant waste disposal contractor;
  - provide the SIC code of the Trust (from 29 September 2011);
  - give a description of the waste (e.g. 'general office waste') and identify it with reference to the List of Wastes code;
  - state:

- its quantity and whether it is loose or in a container;
- if in a container, the kind of container; and
- the time and place of transfer;
- state whether each of the transferor and transferee are:
  - the producer;
  - the transporter;
  - a local authority;
  - a holder of an environmental permit (and, if so, it must include the permit number);
  - a person carrying on an operation to which section 33(1)(a) of the Environmental Protection Act 1990 does not apply (see below);
  - a registered carrier (and, if so, it must include the registration number);
  - a person registered as a broker or dealer (and, if so, it must include the registration number);
- signatures of both the transferor and transferee (may be electronic signatures)
- provide confirmation that the transferor has discharged his duty to take account of the waste hierarchy (from 29 September 2011 - see above)

The reference to s.33(1)(a) of the EPA covers the temporary storage at the place of production, temporary storage at a place controlled by the producer, and temporary storage at a collection point. The first of these applies to the Trust.

By law, the written information (i.e. transfer note) must be kept for at least two years.

2. A copy of the waste disposal contractor's environmental permit shall be obtained, checked to ensure that the waste in question is covered, and kept on file.
3. A copy of the waste transferee's waste carriers certificate of registration shall be obtained and kept on file. NB If not the original, the certificate should be numbered and marked to show that it was provided by the issuing Environment Agency office.
4. At intervals of not more than 12 months, an audit of the waste disposal contractor and transferee shall be carried out. This audit should consist of a 'paper trail' of a consignment of the waste in question arising from the Trust. A report of the findings of the audit, including a statement that no breaches of the duty of care were discovered, shall be prepared and kept on file.
5. Where any breaches of the duty of care are discovered or suspected, these shall be reported to the Environment Agency.
6. The services of an independent waste consultant will be employed by the Trust to carry out an annual waste audit against the procedures in this Manual. The audit will encompass representative sites and wastes on a rolling programme. For major sites, the audit will be conducted annually; for minor sites, the audit will be conducted every five years.

## APPENDIX A: TRUST PREMISES

Trust premises are listed as ‘major’ sites, i.e. those producing more than five tonnes of clinical waste per annum, ‘minor’ sites, i.e. those producing less than five tonnes of clinical waste per annum, and sites not subject to pre-acceptance audits, i.e. they do not produce clinical waste or they do produce clinical waste, but it is the responsibility of another site (e.g. NGH). The distinction is made because of the frequency of auditing required to meet the Environment Agency’s waste pre-acceptance criteria: annually for major sites, quinquennially for minor sites and not required for the remainder.

### Major Sites

- Berrywood Hospital, Berrywood Drive, Upton, Northampton NN5 6UD
- Corby Health Complex, Cottingham Road, Corby NN17 2UN
- Danetre Hospital, London Road, Daventry NN11 4DY
- Isebrook Hospital, Irthlingborough Road, Wellingborough NN8 1LP
- Manfield Health Campus, Kettering Road, Northampton NN3 6NP
- St Mary’s Hospital, London Road, Kettering NN15 7PW
- Weston Favell Health Centre, Billingbrook Road, Northampton NN3 8DW

### Minor Sites

- 4 Alfred Street, Rushden NN10 9YS
- Brackley Health Centre, Halse Road, Brackley NN13 6EJ
- Brook Health Centre, Swinneyford Road, Towcester NN12 6HD
- Camp Hill Health Centre, Hunsbury Hill Road, Northampton NN4 9UW
- Campbell House, Campbell Square, Northampton NN1 3EB
- Finedon Health Centre, Regent Street, Finedon NN9 5NB
- Grange Park Primary Care Centre, Wilks Walk, Grange Park, Northampton NN4 5DW
- Highfield, Cliftonville Road, Northampton NN1 5DN
- Irchester Health Clinic, School Lane, Irchester NN29 7AW
- John Greenman Shipman Centre, Billing Brook Road, Northampton
- 82 Northampton Road, Wellingborough NN8 3HT
- Rectory Road Clinic, Rectory Road, Rushden NN10 0AE
- Romic House, Garrard Way, Kettering NN18 8TD
- St James Clinic, 116 St James Road, St James, Northampton NN5 5LQ
- Stuart Road Clinic, Stuart Road, Corby NN17 1FJ
- The Martins Unit, Wymington Road, Rushden NN10 9JU
- The Rec Health Centre, Towcester Road, Northampton NN4 8LG

- The SETT CAMS In-patient Unit, Princess Marina Hospital, Upton, Northampton NN5 6UH
- The Squirrels, Wymington Road, Rushden NN10 9JU
- The Warren, Kent Crescent, Upton, Northants NN5 4WE
- Thrapston Health Clinic, Chancery Lane, Thrapston NN9 4JL
- 1 Willow Close, Upton, Northampton NN5 6UH
- 2 Willow Close Brambles, Upton Northampton NN5 6UH

**Sites not subject to Pre-acceptance Audits**

- Battle House, Billing Road, Northampton NN1 5BD
- Bevan House, Kettering Parkway, Kettering NN15 6XR
- G.U. Medicine NGH, Cliftonville, Northampton NN1 5BD
- Kings Heath Healthcare Centre, Kings Heath Community Centre, North Oval, Kings Heath, Northampton NN5 7LN

## **APPENDIX B: LIST OF APPLICABLE LEGISLATION AND GUIDANCE**

### **PRIMARY LEGISLATION**

Health and Safety at Work etc Act 1974  
Control of Pollution (Amendment) Act 1989  
Environmental Protection Act 1990  
Pollution Prevention and Control Act 1999

### **SECONDARY LEGISLATION**

Control of Substances Hazardous to Health Regulations 2002  
Hazardous Waste (England and Wales) Regulations 2005  
Waste Electrical and Electronic Equipment Regulations 2006  
Waste Batteries and Accumulators Regulations 2009  
Environmental Permitting (England and Wales) Regulations 2016  
Waste (England and Wales) Regulations 2011  
Controlled Waste (England and Wales) Regulations 2012

### **GUIDANCE**

Waste Management, The Duty of Care: A Code of Practice (DEFRA)  
Technical Guidance WM3: *Waste Classification - Guidance on the classification and assessment of waste* (Environment Agency 2015)  
*Safe Management of Healthcare Waste*, 2nd Edition, 2011  
HTM 07-05 The Treatment, Recovery, Recycling and Safe Disposal of Waste Electrical and Electronic Equipment  
Guidance on Applying the Waste Hierarchy, DEFRA, June 2011

## APPENDIX C: CONTACTS

Contact	Telephone No.	Location
Interim Head of Estates (WCM)	01604 678034	Manfield Health Complex
Estates Energy Officer (DWCM)	01604 678014	Manfield Health Complex, Northampton
H&S Advisor	01536 494789	St Mary's Hospital, Kettering
Pharmacy	01604 685414	Berrywood Hospital, Northampton
Infection Control	01933 235855	Isebrook Hospital, Wellingborough
General Manager Facilities	01327 708828	Daventry Community Hospital
Hotel Services Manager	01536 493091	St Mary's Hospital, Kettering
Hotel Services Manager	01536 494021	Isebrook Hospital, Wellingborough

## **APPENDIX D: WASTE EXEMPTION SITES**

The following sites are registered as exempt from environmental permitting under exemption T28: Sorting and De-naturing of Controlled Drugs for Disposal. The exemptions are due for renewal on 30 September 2019. The point of contact for Trust premises is Michaela Cox, Chief Pharmacist, and for Non-Trust premises, Russell Parsons, Senior Pharmacist Community Services.

### **TRUST PREMISES**

Berrywood Hospital  
Berrywood Drive  
Upton  
Northampton NN5 6UD

Exemption reference number: WEX065336

Corby Health Complex  
Cottingham Road  
Corby NN17 2UN

Exemption reference number: WEX065342

Danetre Hospital  
London Road  
Daventry NN11 4DY

Exemption reference number: WEX065345

Isebrook Hospital  
Irthlingborough Road  
Wellingborough NN8 1LP

Exemption reference number: WEX065348

Cynthia Spencer Hospice  
Manfield Health Campus  
Kettering Road  
Northampton NN3 6NP

Exemption reference number: WEX065349

St Mary's Hospital  
London Road  
Kettering NN15 7PW

Exemption reference number: WEX065353

St James Clinic  
116 St James Road  
St James  
Northampton NN5 5LQ

Exemption reference number: WEX065359

### **NON-TRUST PREMISES**

HMP Rye Hill  
Willoughby  
Nr. Rugby  
Warwickshire CV23 8SZ

Exemption reference number: WEX065366

HMP Onley  
Rugby  
Warwickshire CV23 8AP

Exemption reference number: WEX065369

Rainsbrook STC  
Willoughby  
Nr Rugby  
Warwickshire CV23 8SY

Exemption reference number: WEX065374

HMP Bedford  
St Loyes St,  
Bedford MK40 1HG

Exemption reference number: WEX065381

HMP Littlehey  
Perry,  
Huntingdon PE28 0SR

Exemption reference number: WEX065383

HMP Whitemoor  
Longhill Road  
March  
Cambridgeshire PE15 0PR

Exemption reference number: WEX065384

Mr John L.D. Kerr  
Acquisition & Environmental  
Castle Crab Farm  
Disserth  
Builth Wells  
Powys LD2 3TL

Tel: 01982 552839  
Mob: 0758 430 6785  
Fax: 01982 551671  
Email: [john.kerr@castlecrab.com](mailto:john.kerr@castlecrab.com)

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