

Waste Management Policy

V3.0

November 2023

Table of Contents

1. Introduction.....	4
2. Purpose of this Policy	4
3. Scope.....	5
4. Definitions / Glossary.....	5
5. Ownership and Responsibilities	6
5.1. Role of the Executives	6
5.2. Role of the Appropriately Qualified Waste Manager	6
5.3. Role of the Waste Service Manager	6
5.4. Role of the Waste Management Group	7
5.5. Role of Specialist Waste Staff (Waste Department Operatives)	7
5.6. Role of Line Managers	7
5.7. Role of Clinical and Non-Clinical Staff Members	7
6. Standards and Practice.....	8
6.8. Waste Handling and Storage	9
6.9. Waste Handling Equipment	9
6.10. Health, Safety, and Infection Control.....	9
6.11. Audits, Contracts and Record Keeping.....	10
7. Dissemination and Implementation	10
8. Monitoring compliance and effectiveness	11
9. Updating and Review	11
10. Equality and Diversity	11
Appendix 1. Governance Information	13
Appendix 2. Equality Impact Assessment.....	15
Appendix 3. References	18

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This document sets out the Royal Cornwall Hospitals NHS Trust (RCHT) approach to the management of waste. It, and the supporting documents, provide a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution and national law.
- 1.2. Whilst this document describes the principles of waste management across the Trust, practical support in the effective management of waste in a healthcare setting is provided in the supporting Waste Management Manual.
- 1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy

- 2.1. This policy recognises the wide range of waste streams generated across the Trust, and the various legislative requirements and best practice associated with their handling and disposal. The policy applies to all staff within the organisation, as the Duty of Care Regulations place a duty on everyone to dispose and store waste in a safe and legally compliant manner.
- 2.2. The Trust, and the wider health and care system have committed to an ambitious Net Zero Carbon target of 2030, and whilst waste contributes a relatively small proportion of the Trust's overall carbon footprint, it is a visible and tangible part of our move towards net zero that everyone can play a part in.
- 2.3. The policy will be relevant to all staff, contractors and any third party who may be involved in the production or handling of waste within the Trust's estate, or on behalf of the Trust.
- 2.4. The objectives of this policy are to:
 - 2.4.1. Ensure compliance with all relevant waste and environmental legislation (see Appendix 3).
 - 2.4.2. Follow the recommendations of HTM 07-01: Safe Management of Healthcare Waste, 2013, and any subsequent updates.
 - 2.4.3. Ensure the Trust is aligned to the NHS Clinical Waste Strategy and the Cornwall and Isles of Scilly Health and Care Partnership Green Plan 2021-2026.
 - 2.4.4. Protect the health and safety of all Trust employees, contractors, patients, and visitors with regards to waste.
 - 2.4.5. Protect the environment, as far as possible, from the impact of Trust activities.
 - 2.4.6. Manage waste in a cost effective and efficient way.

3. Scope

- 3.1. The policy covers all waste that is generated or disposed of within the Trust site locations.
- 3.2. The policy covers all sites owned or leased by RCHT where the Trust is responsible for waste disposal.
- 3.3. The policy applies to all individuals employed by or working for the Trust, including (but not limited to) staff, volunteers, students, contractors, and agency staff.

4. Definitions / Glossary

4.1. Waste

The Waste Framework Directive describes waste as 'any substance or object which the holder discards or intends or is required to discard'.

4.2. Healthcare waste

Healthcare waste is waste produced during human or animal healthcare, or related research activities. It covers both clinical and offensive waste. Healthcare waste may include radioactive materials however this waste is not included here due to its specialist nature and is covered in the Trust's Ionising and Non-Ionising Radiation Safety Policy.

4.3. Clinical waste

Clinical waste is healthcare waste that:

- 4.3.1. Contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms,
- 4.3.2. Contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent,
- 4.3.3. Is a sharp, or a body fluid, or other biological material (including human and animal tissue), containing or contaminated with a hazardous substance.

4.4. Subcategories of Clinical waste

- 4.4.4. **Medicine** is a drug or other preparation for the treatment or prevention of disease. Medicines may also include diagnostic agents.
- 4.4.5. **Cytotoxic and cytostatic medicine** is medicine that possesses hazardous properties which are toxic, carcinogenic, mutagenic, or toxic for reproduction.
- 4.4.6. A **Sharp** is an item that could cause cuts or puncture wounds. This includes needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass, and nails.

4.5. Offensive waste

Offensive waste is waste that:

- 4.5.1. Is not clinical waste.
- 4.5.2. Contains body fluids, secretions, or excretions.
- 4.5.3. Falls within European Waste Codes 18 01 04, 18 02 03 or 20 01 99.

5. Ownership and Responsibilities

5.1. Role of the Executives

- 5.1.1. The Chief Executive has overall responsibility for ensuring that the Royal Cornwall Hospital Trust remains compliant with all relevant legislation and guidance. The Chief Executive has responsibility for ensuring that the requirements specified within this Policy and associated Waste Manual are resourced and implemented within the Trust.
- 5.1.2. Waste Management is within the ownership of the Facilities Department, for which the Chief Executive has delegated responsibility to the Director of Estates and Facilities which, at the time of publishing the policy is a vacant post and therefore until such time as the post is filled, the Chief Operating Officer shall assume delegated responsibility.
- 5.1.3. The Chief Strategy and Performance Officer has responsibility for the Trust's Sustainability objectives, of which Waste Management is part.

5.2. Role of the Appropriately Qualified Waste Manager

- 5.2.1. Ensure that regulatory and legislative compliance is maintained across the Trust's waste producing activities.
- 5.2.2. Research and introduce, where practicable, innovative solutions to improve waste management practices across the Trust.
- 5.2.3. Develop and review waste management training for all staff groups.
- 5.2.4. Ensure all waste-related actions within the Green Plan are completed within the required timescales.

5.3. Role of the Waste Service Manager

- 5.3.1. Effective management of Waste Operatives to ensure wastes are collected in a timely manner and transferred to appropriate compounds ahead of collection by the waste disposal contractors.
- 5.3.2. Auditing waste handling and segregation across the Trust and working with wards/departments to rectify any non-conformances.
- 5.3.3. Ensuring waste-specific risk assessments are completed for the work of the waste team and advising on waste risk assessments for other departments.
- 5.3.4. Ensure all legal documentation required for transferring waste from the Trust's sites is completed accurately and maintained in an appropriate way.

5.4. Role of the Waste Management Group

- 5.4.1. Monitoring compliance with the Safe Management of Healthcare Waste guidelines (HTM07-01) and appropriate legislation.
- 5.4.2. Working with the Trust's nominated waste disposal contractors to ensure the site remains free from unnecessary waste and collections are made in a safe manner.
- 5.4.3. Advising on new initiatives to minimize waste production and reduce costs of disposal.

5.5. Role of Specialist Waste Staff (Waste Department Operatives)

- 5.5.1. Ensure bins are exchanged in waste compounds in a timely manner, prior to becoming over full or odorous. The established schedule should be maintained, with additional collections made as required.
- 5.5.2. Ensure scheduled collections of waste direct from wards or departments are carried out.
- 5.5.3. Maintain compliant segregation of waste prior to removal from site by disposal contractors.
- 5.5.4. Report any non-compliance to the Waste Service Manager, including time, location, and nature of non-compliance.

5.6. Role of Line Managers

- 5.6.1. Ensure waste is appropriately segregated and handled in their area.
- 5.6.2. Ensure compliance with waste management training is maintained within their teams.
- 5.6.3. Engage and cooperate with the Waste Management Team when providing advice or carrying out audits.

5.7. Role of Clinical and Non-Clinical Staff Members

- 5.7.1. Completing the Trust Induction and mandatory training requirements.
- 5.7.2. Taking reasonable care for the health and safety of themselves and of any other persons, including contractors, who may be affected by their acts or omissions at work.
- 5.7.3. Wearing or using the appropriate personal protective equipment (PPE) and clothing where identified.
- 5.7.4. Reporting any accidents/incidents, near misses or hazards immediately to their line manager and on the Datix Incident Reporting System.
- 5.7.5. Avoiding and minimizing waste where possible.
- 5.7.6. Ensuring correct and safe segregation and disposal of waste at all times.

- 5.7.7. Share any ideas for waste reduction with the Waste Management Group or Quality Improvement Team for support in implementation and spread.

6. Standards and Practice

- 6.1. All producers of waste are legally required to take all reasonable measures to apply the waste hierarchy (as shown in **Error! Reference source not found.**) to prevent waste, and appropriately manage any waste which cannot be prevented, in accordance with the Waste (England and Wales) Regulations 2011.
- 6.2. The first stage in effective waste management is preventing the waste being generated. Waste prevention should start at the procurement stage, with suppliers and products being assessed based on the packaging of the product in transit, and waste generated from its use. The materials used in manufacturing, including any of a hazardous nature should also be considered.
- 6.3. Preventative actions will also include keeping products for longer (re-use) and appropriate recycling at end of life where possible. In a hospital context prevention also includes actions such as effective stock control to minimize out-of-date items, appropriately deprescribing drugs, or planning in advance to offer furniture to other departments when it is no longer required.
- 6.4. Where waste cannot be reasonably prevented, the other actions in the waste hierarchy must be attempted, with final disposal always being the last, and least favourable, option.

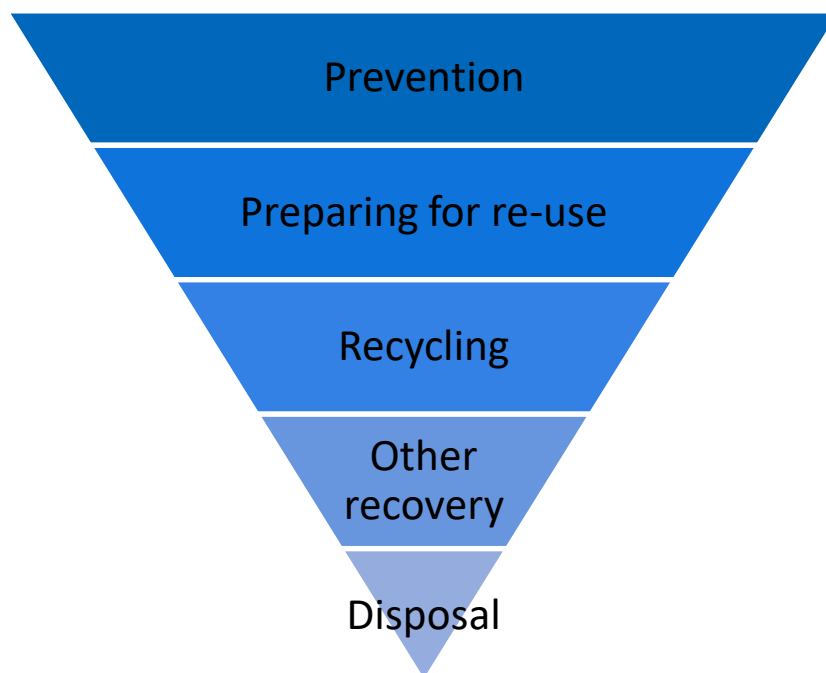


Figure 1 - The Waste Hierarchy

- 6.5. The Trust will ensure that an appropriately qualified Waste Manager is in post to act as the Professional Lead for waste management. This individual will work alongside the Trust's Sustainability Lead to ensure that the principles of waste management within the Trust are embedded as normal practice.

- 6.5.1. It is possible for one individual to fill both the role of appropriately qualified Waste Manager, and Sustainability Lead, if the relevant qualifications are held.
- 6.6. The Trust will work through the roadmap laid out in the NHS Clinical Waste Strategy of achieving a 20:20:60 split across its clinical and offensive waste through accurate classification, accurate segregation, and ongoing review of practices to ensure improvements are identified and implemented.
- 6.7. The Trust will conduct all aspects of its work with sustainability in mind, ensuring that the most sustainable, practicable, processes and products are used across the organisation, in line with our net zero carbon ambitions.

6.8. Waste Handling and Storage

- 6.8.1. It is a legal requirement to accurately segregate waste, which also ensures that risks to human health and the environment are minimized. Segregation requirements apply during storage, collection, transportation and recycling, recovery, or final disposal of the waste.
- 6.8.2. The colour and type of packaging for segregated waste must be appropriately selected based on legislative requirements, guidance, and risk assessment.
- 6.8.3. All wastes must be handled carefully and safely by staff to avoid injury or risk of infection to themselves or others. All waste handling must be carried out in line with the training provided by the Trust.
- 6.8.4. All waste streams must be stored securely both inside and outside RCHT buildings. Internal waste holds and external waste compounds must be kept locked. Wheeled bins in external areas must also be kept locked.
- 6.8.5. Procedures for the safe handling and storage of waste can be found in the RCHT Waste Manual.

6.9. Waste Handling Equipment

- 6.9.1. Specialist waste handling equipment, such as wheeled bins, trolleys, waste compactors and towing-tugs, must only be used by authorized and fully trained staff.
- 6.9.2. All specialist equipment will be kept securely when not in use, so as to prevent unauthorized access or use.

6.10. Health, Safety, and Infection Control

- 6.10.1. All waste-related accidents, incidents and near misses should be recorded on the RCHT Incident Reporting System (Datix).
- 6.10.2. Appropriate PPE should be worn when handling waste, and relevant immunisations should be offered to staff handling clinical and hazardous wastes.

- 6.10.3. Waste spillages should always be regarded as hazardous, and appropriate precautions taken when dealing with them.
- 6.10.4. In the event of a pandemic or specific infections of concern (such as Monkeypox or Ebola), NHS England will issue specific instructions for the safe handling, storage, transportation, and disposal of waste from confirmed or suspected cases. These instructions will always take precedence over RCHT's standard waste operating processes and procedures.

6.11. Audits, Contracts and Record Keeping

- 6.11.1. Regular audits on waste processes and services will be carried out across RCHT.
- 6.11.2. Segregation and handling audits will be conducted on wards and in waste holds. Non-compliances or poor practice will be reported to the relevant area and advice given on improvements.
- 6.11.3. Duty of Care and Pre-Acceptance audits are legal requirements and will be carried out by appropriate qualified and experienced members of staff. Action plans will be developed for non-compliances identified within RCHT and managed through the Trust's Waste Management Group.
- 6.11.4. The legally required paperwork for the removal of waste from RCHT sites will be managed by the Waste Service Manager at The Royal Cornwall Hospital, and the onsite Facilities Supervisors at West Cornwall Hospital and St Michael's Hospital. Paperwork will be maintained in line with legislative requirements, including access times for Environment Agency requests.
- 6.11.5. The waste producer (organisation) is responsible for ensuring appropriate records are kept in relation to waste. For leased sites the records may be kept directly by RCHT, or by the landlord if the waste disposal contract lies with them. However, RCHT must ensure that access to these records is available should an audit be carried out.
- 6.11.6. The Facilities Management Team and Cornwall NHS Procurement Service are responsible for the day-to-day management of the disposal contracts for removing waste from Trust premises.

7. Dissemination and Implementation

- 7.1. This policy will be held on the documents library and shared in the monthly update of policies by Trust-wide email. There are no fundamental changes from the previous version and therefore additional training, or awareness is not required.
- 7.2. As this policy is an update and there are no fundamental changes, no additional training is required for implementation. The supporting Waste Management Manual will be shared directly to ward leaders for practical use in the clinical environment, as well as being stored on the document library.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with waste segregation requirements.
Lead	Waste Service Manager and Appropriately Qualified Waste Manager
Tool	Pre-acceptance Audit - external requirement. Internal visual checks – internal checks by RCHT waste team.
Frequency	Pre-acceptance Audit completed annually. Internal visual checks, completed weekly.
Reporting arrangements	Audits will be received by the Waste Management Group who will review and agree actions which will be recorded in the minutes and the work plan or action log, depending on the scale of the work required, and appropriate timeframes will be set. The Waste Management Group reports to the Health and Safety Committee.
Acting on recommendations and Lead(s)	Any actions are likely to be the responsibility of the Waste Service Lead or the Appropriately Qualified Waste Manager. Some will require input from senior managers within the Facilities Department.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the timeframe agreed by the Waste Management Group. A lead member of the team will be identified to take each change forward where appropriate. Quality Improvement Methodology will be used to implement changes, and lessons will be shared with all the relevant stakeholders

9. Updating and Review

- 9.1. This policy will be reviewed every 3 years, or after a change in waste legislation or NHS waste policy, whichever is sooner.
- 9.2. The Waste Management Group is responsible for review and approval of this document ahead of presentation at Policy Review Group. Minor revisions, e.g. amended job titles or organisational structure, will be approved by the Chief Operating Officer as the Executive Director with responsibility for Facilities.
- 9.3. Any revision activity will be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Waste Management Policy V3.0
This document replaces (exact title of previous version):	Waste Management Policy V2.0
Date Issued/Approved:	26 October 2023
Date Valid From:	November 2023
Date Valid To:	November 2026
Directorate / Department responsible (author/owner):	Heather Walker, Sustainability and QI Lead.
Contact details:	Heather.walker26@nhs.net
Brief summary of contents:	Outlines the principles and roles/responsibilities for the safe and effective management of waste within RCHT.
Suggested Keywords:	Waste management, sustainability, rubbish, recycling.
Target Audience:	RCHT: Yes CFT: No CIOs ICB: No
Executive Director responsible for Policy:	Chief Operating Officer, holding delegated responsibility on behalf of the Director of Estates and Facilities.
Approval route for consultation and ratification:	Waste Management Group. Health and Safety Committee.
General Manager confirming approval processes:	Senior Facilities Manager
Name of Governance Lead confirming approval by specialty and care group management meetings:	Estates Performance and Governance Manager.
Links to key external standards:	See Appendix 3.
Related Documents:	Waste Management Manual (not yet published).
Training Need Identified?	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Facilities

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2014	V1.0	Initial Issue.	Gill Pipkin, Sustainable Development Manager
10 June 2016	V1.1	Updated to include types of waste, other minor changes, and summary section.	Phil Bond, Governance Lead
July 2018	V2.0	Updated the recycling information, waste regulators section, guide to waste streams.	Phil Bond, Governance Lead
August 2023	V3.0	Significant restructuring of the document to move all practical waste management support to the Waste Manual.	Heather Walker, Sustainability Lead

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Waste Management Policy V3.0
Directorate and service area:	Estates and Facilities
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Heather Walker, Sustainability Lead
Contact details:	Heather.walker26@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The policy is relevant to all staff and contractors generating, disposing of, or interacting with waste within the Royal Cornwall Hospitals Trust.
2. Policy Objectives	To describe the approach and principles of effective waste management within the Trust.
3. Policy Intended Outcomes	Provide a clear overview of the principles of waste management employed across the Trust, and where to find further information on the practical management of waste in a healthcare environment.
4. How will you measure each outcome?	Audits on bin contents.
5. Who is intended to benefit from the policy?	Anyone generating or disposing of waste within the Trust.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: RCHT Waste Management Group. Chief Operating Officer.
6c. What was the outcome of the consultation?	Minimal changes, not relating to equality, which have been made.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: Local audits.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	It should be noted that the accessibility of waste bins across the Trust is not included in the scope of this policy.
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Heather Walker,
Sustainability Lead

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. References

Legislation and Standards:

- The Health and Safety at Work etc. Act 1974.
- The Control of Substances Hazardous to Health (amendment) Regulations 2004.
- The Management of Health and Safety at Work Regulations 1999.
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009.
- The Waste Electrical and Electronic Equipment Regulations 2007.
- The Hazardous Waste Regulations 2005.
- The Hazardous Waste (England and Wales) (Amendment) Regulations 2009.
- The Medical Devices Regulations 2002.
- The Pollution Prevention and Control Regulations 2000.
- Environmental Protection Act 1990.
- Environmental Permitting (England and Wales) Regulations 2007.
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) (amendment) Regulations 1998.
- Waste (England and Wales) Regulations.
- Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003.
- Controlled Waste (amendment) Regulations 1993.
- National Guidance for Healthcare Waste Water Discharges, Water UK, August 2014.

Associated Documents and Regulations

- Control of Substances Hazardous to Health (COSHH) 2002.
- Department of Health HTM 07–01: Safe Management of Healthcare Waste.
- European Waste Catalogue (EWC) codes.
- Health and Safety at Work Act 1974.
- The Environmental Protection (Duty of Care) Regulation 1991 (Explanatory Notes).
- The Hazardous Waste (England and Wales) Regulation 2005.
- The List of Wastes (England) Regulations 2005.
- The Management of Health and Safety at Work Regulation 1999 .

- Delivering a 'Net Zero' National Health Service (July 2022).
- NHS Clinical Waste Strategy (2023).
- Cornwall and the Isles of Scilly Health and Care Partnership – Green Plan 2021-2026.