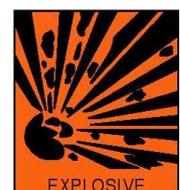
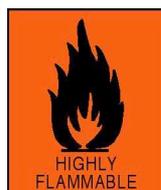


# WASTE MANAGEMENT POLICY

Author/s:	Alan Davis / Danni Goldsack
Contact Details:	<a href="mailto:Alanpeter.davis@imperial.nhs.uk">Alanpeter.davis@imperial.nhs.uk</a> ext 34807 <a href="mailto:Danielle.goldsack@imperial.nhs.uk">Danielle.goldsack@imperial.nhs.uk</a> ext 33146
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Approved by:	Health, Safety, Fire & Security Committee
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Target Audience:	All staff and contractors
Location of Policy:	Intranet
Related Policies:	Infection Prevention and Control Policy; Health and Safety Policy



## Version Control Sheet

Version No.	Updated by	Updated on	Description of Changes
V0.1	Alan Davis / Danni Goldsack	New Policy drafted July 2012	Replaces the 2009 Waste Management Policy, separating the policy from the procedural detail. This detail is being developed as a standalone suite of documents to enhance ease of reference, understanding and implementation. Duties and responsibilities have been amended to reflect changes in reporting structures. This policy introduces the new waste stream non-infectious healthcare waste The policy now includes clarification on the definition of human tissue waste for the purpose of correct disposal.
V0.2			
V0.3			<p>Following comments from HSFSC members the changes stated below were made.</p> <ul style="list-style-type: none"> <li>• Duties 3.1 line of reporting changed from Sustainable Development Committee to HSFSC</li> <li>• 3.1 responsibilities of Chair of Sustainable Development Committee replaced by Director of Estates &amp; Facilities and amended as appropriate</li> <li>• 3.1 addition of Imperial College London and their responsibilities</li> <li>• 3.2 removal of reference to the Sustainable Development Committee</li> <li>• 3.3 removal of reference to Sustainable Development Committee</li> <li>• 6.1 addition of Imperial College as a stakeholder</li> <li>• 7 addition of Imperial College</li> </ul>

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## 1. INTRODUCTION

The Waste Management Policy is designed to ensure the safe segregation, handling, treatment, disposal, recovery, re-use and recycling of all waste produced by Imperial College Healthcare NHS Trust. Accountability and Reporting Structure is shown on the organisational chart in Section 3.

The Imperial College Healthcare NHS Trust, its Chief Executive/Principal, directors and managers are responsible for the implementation of all health and safety policies, and will make such provisions and organisational arrangements as necessary for all waste on their premises. It is the individual responsibility of **all staff** to manage waste safely and with consideration for the environment.

The Trust will identify ways of reducing and minimising all types of waste wherever possible as well as developing a programme to improve segregation and increase recycling initiatives whilst considering best available techniques and financial constraints.

This policy is the framework for waste management improvements and best practice which will enable the achievement of waste related carbon reduction targets stated within the Trust Carbon Management Plan.

## 2. PURPOSE

### Legislation and Documentation

All activities involving waste must comply with the regulations below to ensure that the health and safety of patients, staff and members of the public are maintained and minimise impact on the environment.

Practical procedures will be defined and carried out to ensure that working practices comply with current legislation including (but not limited to):

- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (amendment) Regulations 2011
- Consignment Notes – A Guide to the Hazardous Waste Regulations
- Control of Asbestos at Work Regulations 2006, The Asbestos (Licensing) Regulations 2006 and Control of Asbestos Regulations 2012
- Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).
- Controlled Waste (Amendment) Regulations 1993
- Controlled Waste (Registration of carriers and Seizure of Vehicle) (Amendment) Regulations 1998
- Data Protection Act 1998
- Environmental Civil Sanctions (England) Order 2010
- Environmental Permitting (England and Wales) amendment Regulations 2011
- Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003
- Environmental Protection Act (EPA) 1990

- Genetically Modified Organisms (Contained Use) Regulations 2000 (as amended)
- Hazardous Waste (England & Wales) (Amendment) Regulations 2009
- Health and Safety at Work Act 1974
- Department of Health Safe Management of Healthcare Waste England version 2.0
- Human Tissue Act 2004
- International Carriage of Dangerous Goods by Road (ADR) 2011
- Interpretation of the Definition and Classification of Hazardous Waste Technical Guidance WM2
- Landfill (England & Wales) Regulations 2002
- List of Wastes (England) Regulations 2005 (amendment)
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (as amended)
- Ozone Depleting Substances Act EC Regulation 2037/2000
- The EPA (Controls on Ozone Depleting Substances) regulations 2011
- Personal Protective Equipment at Work Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations 1998 (as amended) PUWER
- Radioactive Substances Act 1993
- Site Waste Management Plans Regulations 2008
- Waste Batteries and Accumulators Regulations 2009
- Waste Electrical and Electronic Equipment (WEEE) (Amendment) Regulations 2010
- Waste Management Licensing (Amendment) Regulations 1995

### **Hazardous Waste Producer Registration with Environment Agency**

Each site within Imperial College Healthcare NHS Trust, that produces hazardous waste over a specified threshold, must be registered with the Environment Agency as a hazardous waste producer on an annual basis. To do this the SIC code, that specifies the type of hazardous waste activities carried out on site, must be used, which is 85.11/1 for Health Institutions Activities (public sector).

Once registered each premise is allocated a unique registration code to be used on all consignments of hazardous waste. This number must be provided to any contractor who carries/disposes of hazardous waste on behalf of the Trust prior to any waste movements taking place. The current registration number and related details are available by contacting the trust Waste Manager.

Under section 34 of the Environmental Protection Act, the Trust is required to fulfil its duty of care on waste. Evidence must be available to demonstrate that waste is not illegally disposed of, is handled by an authorised person and is transferred with a transfer note or other appropriate documentation. The Trust is required to demonstrate it has taken reasonable means to ensure compliance with all related legislation.

For each of the waste streams described in this document, the following documentation must be retained:

- Waste transfer note between Trust and appointed disposal contractor (for Hazardous Waste, a Consignment Note must be completed).
- Copies of waste carrier's licences for all contractors moving the waste until its final resting point. (N.B. Waste Carrier's licences expire every three years).
- Copies of environmental permits for each site receiving the waste until and including its final resting point.

Where licences cannot be provided, contractors are required to provide appropriate exemption certificates.

### **Transfer Notes**

Transfer notes for all non-hazardous waste streams must:

- Give the 6-digit Clinical European Waste Catalogue (EWC) code(s) appropriate for the waste
- Give a description of the waste and its composition
- State the quantity of the waste
- Give a description of the containment of the waste
- State the time and place of the transfer
- State the name and address of the persons transferring and receiving the waste
- State whether the person taking the waste is a waste collection authority, holder of a waste management license/permit, a person exempt from such a license or a registered waste carrier.

Where the waste type, quantity, source and destination are the same (known as repeat movements) a single waste transfer note may be written to cover all movements of non-hazardous waste within a 12-month period.

Waste Transfer Notes must be retained for a minimum of 2 years.

### **Consignment Notes**

Hazardous waste must be consigned to an authorised carrier/disposer and requires consignment paperwork, completed by the producer each time it is removed from the site. The disposer provides a monthly report to the Trust detailing the waste disposed of and a quarterly return to the Environment Agency detailing all hazardous waste disposal activity in the quarter.

The Trust must ensure that Consignment Notes are completed correctly with the information as stated for Transfer Notes, see Consignment Notes - A Guide to the Hazardous Waste Regulations published by the Environment Agency for further guidance.

*The GREEN or WHITE (top) copy must be retained by the producer of the waste (consignor)*

*The PINK copy must be retained by the Consignee (the person receiving the waste).*

*The YELLOW copy must be retained by the Waste Carrier*

*The BLUE copy is returned to the producer on final treatment/disposal of waste*

Consignment Note Returns (*BLUE* copy) must be matched with the *GREEN/WHITE* top copy and kept for a minimum of three years. Quarterly waste returns in spreadsheet format can be used to match up waste consignments or section E Returns.

Many items classified as hazardous waste may also fall in scope of The Carriage Regulations. In these instances information on the hazardous waste consignment note will

be extended to include the following under the Carriage Regulations required by the Transport Documentation:

UN number	Packaging group (if applicable)
Proper shipping name (of article or substance)	Number and description of packages
Classification	Total volume consigned
Name and address of both consignor and consignee	

Non hazardous waste does not have to be consigned.

### **Duty of Care Visits**

Duty of care visits must be made by the Trust in order to inspect the disposal of Trust waste. This will typically audit a single consignment of waste from point of collection from site of production to final disposal to confirm that it is taken to the designated disposal point and disposed of as intended. In order to demonstrate that the Trust has undertaken such visits, a record of the visit shall be prepared and retained. The record should detail the date of the visit, the site(s) visited and practices seen. Any concerns arising from these visits should be immediately reported to the Sustainable Development Committee.

## **3. DUTIES**

### **3.1 Duties and Responsibilities within the Organisation**



The Trust is required to establish waste management policies and procedures for ensuring that, where possible the production of waste is minimised and that risks associated with handling, transporting, storage and disposal of waste are assessed and eliminated or reduced.

#### Chief Executive/Principal

The Chief Executive/Principal has overall responsibility for the management of waste throughout the Trust.

#### Director of Estates and Facilities

Responsibility to ensure the Board is kept fully informed of significant waste management risks and any associated significant developments or issues

#### Directors, Managers and Heads of Clinical Programme Groups

Responsibility for the following:

- Ensuring the Waste Management Policy and associated procedural documents are implemented within their own designated area or department
- Co-ordinating waste handling, segregation and storage arrangements within their area or department
- Liaising with the Waste Manager on all waste issues including training

It is the duty of managers at all levels to ensure that their staff receive appropriate waste management training in the methods of disposal of wastes produced in their areas.

The Trust Waste Manager will monitor for compliance with protocols, but this will not absolve local line management from their duty of care, in particular this will mean attention to local storage and staff handling arrangements.

#### All members of Staff and Contractors

All staff have a duty of care to ensure that waste is disposed of in accordance with this policy and in a manner that will safeguard other people who may come into contact with it.

Responsible for ensuring waste is correctly segregated at source and placed into the appropriate bags and bins

#### Managers

Responsible for ensuring waste produced within their ward or department is managed and segregated in accordance with Trust policy and applicable procedures

Responsible for providing training (or access to training) for their staff on correct segregation of waste to ensure compliance with legislation and Trust policy and procedure

#### ISS Mediclean Ltd

Responsible for ensuring appropriate waste bags are available to all wards and departments as part of the ISS facilities management contract

All ISS staff have a duty to ensure that waste is disposed of in accordance with this policy and in a manner that will safeguard other people who may come into contact with it.

Responsible for ensuring waste is kept segregated and placed into the appropriate wheeled carts

### Sustainable Development Committee and associated sub-committee

The Sustainable Development Committee has responsibility (via the energy / water / waste sub-committee for the following:

- Ensure smooth transition and implementation of new legislation and best practice guidance
- Addressing waste related issues and develop systems to achieve improvement towards targets and principal of reduce, reuse, recycle
- Taking suggestions and recommendations through the appropriate channels to ensure clear policies and procedures are adopted
- Information dissemination to all levels of staff on waste related issues

For complete list of responsibilities of Sustainable Development Committee see Terms of Reference – Sustainable Development Committee.

### Waste Manager

The Waste Manager has responsibility for the following:

- Ensuring that the day-to-day collection, handling, transport, storage and disposal of waste are carried out appropriately
- Registration of Trust sites as hazardous waste producers
- Assisting producers in allocating EWC codes and waste definitions for consignment/transfer notes
- Ensuring records relating to waste management activities, including compliance documentation are kept
- Maintenance and improvement of site register database relating to waste
- Monitoring and checking of waste treatment and disposal against quarterly returns and other related waste consignment/transport notes
- Introduce improvement initiatives for the correct segregation of waste
- Responsible for auditing waste management practice of all staff to ensure adherence to regulations and Trust policy and procedures
- Provide training and awareness sessions for staff

### Dangerous Goods Safety Adviser

As a carrier and consignor of articles and substances falling in scope of The GB Carriage Regulations the Trust has an appointed Dangerous Goods Safety Adviser (DGSA). The DGSA's main responsibilities are:

- Monitoring the Trust's compliance with the Carriage Regulations
- Advising the Trust on matters relating to the Carriage Regulations
- Investigate any accidents involving the Trust's handling of dangerous goods, and monitor implementation of any recommended actions

### Imperial College London

Imperial College London is responsible for ensuring that all waste produced by them or a third party complies with the arrangement between the College and the Trust. Any such transfer of waste between a third party and the College will be mandated within a separate formal agreement between the College and the third party.

### 3.2 Consultation and Communication with Stakeholders

The process of review and consultation has included representatives from the various departments who produce and manage specific waste types, Infection, Prevention and Control, external contractors and consultants, Trust tenants, outsourced facilities management companies and the Health Safety Fire and Security Committee.

### 3.3 Approval of Procedural Documents

Approval and ratification of the Waste Management Policy will be sought from the Health Safety Fire and Security Committee.

## 4. Procedural Detail

The waste stream specific procedural detail required to enable the implementation of this policy is being developed into a suite of standalone guidance designed for ease of reference, implementation and understanding.

### 4.1 Packaging and labelling

Waste shall be segregated at the point of production and placed in the appropriate bag or container as indicated in the table of Definitions in point 5 of this policy. The bags/bins must be securely closed and sealed appropriately in a safe manner with attached labels completed where applicable. Healthcare waste bags/containers (yellow, orange, yellow & black stripe, purple) shall be identified by attachment of pre-numbered tags allocated to that ward/department.

All waste bags will be sealed using the swan neck tie method.



Swan Neck Ties Method:

- Fill the bag to  $\frac{2}{3}$  full and twist the top of the bag to make a “neck”
- Fold the “neck” into a loop
- Fasten pre-numbered tag round the two pieces of “neck” creating a loop handle and ensuring any fluids cannot escape.

Bagged waste from theatres must be labelled as to the Theatre and case list number from which it was produced followed by the date.

Sharps bins and rigid leak proof containers must be tagged and marked with date and department, completing attached labels where provided.

## 5. Definitions

Waste Stream	Receptacle	Waste description & Examples
<b>Yellow</b>	Containers, burn bins, bags, sharps bins, yellow bio bins	For waste items that must be incinerated e.g. anatomical and recognisable human tissue waste, pharmaceuticals, fluid bags contaminated with pharmaceuticals, disposable instruments and oversized items.
<b>Sharps</b>	Sharps bins	The term “sharps” shall mean anything that can pierce the skin. E.g. needles, scalpel blades, rigid point of giving sets, glass pipettes and tips, contaminated broken glass, disposable instruments.
<b>Purple</b>	Sharps bins, containers with purple lids	All cytotoxic and cytostatis medicines. Items contaminated with Cytotoxic or Cytostatic medicines
<b>Orange</b>	Bags, containers with orange lids, orange bio bins	Infectious waste, clinical waste contaminated with blood or bodily fluid from patients with transmissible infectious disease. Large volumes of blood, pus, wound exudates
<b>Yellow and black stripe</b>	Bags, yellow & black stripe bio bins	Non-infectious waste; Patient waste that does not fall into the orange waste stream E.g. the following items if they are contaminated with a bodily fluid: incontinence pads, nappies, paper couch roll, sanitary waste, empty catheter bags, plasters, protective clothing. Laboratory waste that has been autoclaved on site prior to off-site disposal
<b>Clear</b>	Bags	General (domestic type) waste e.g. food waste and packaging, plastic packaging, non-recyclables
<b>Green</b>	Bags	Glass, plastic drink & detergent bottles, paper, card, drink cans and food tins (rinsed)

**Definition of clinical waste** taken from The Controlled Waste Regulations 1992, Section 1(2) states “clinical waste” means—

- (a) any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

- (b) any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it;

Healthcare waste that does not contain infectious, chemical or medicinal properties may be classified and disposed of as 18 01 04: Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing. This waste stream is commonly referred to as *offensive* waste (yellow and black stripe).

**Non-infectious Healthcare Waste** is waste that is not subject to special requirements in order to prevent infection and:

- May cause offence due to the presence of recognisable healthcare waste items or body fluids
- Is not known or suspected to possess any hazardous properties
- Is not identified by the producer as needing disinfection, or any other treatment, to reduce the number of micro-organisms present.

Examples of non-infectious healthcare waste include the following if they are contaminated with a bodily fluid: incontinence pads, nappies, paper couch roll, sanitary waste, empty catheter bags, plasters, protective clothing, laboratory waste that has been autoclaved on site.

The minimum treatment and disposal for this waste is deep landfill in a suitable licensed facility, however the Trust will dispose of non-infectious healthcare waste by incineration at an Energy from Waste facility to create electricity. This is referred to as energy recovery.

#### **Definition of Anatomical Waste for Incineration**

Human tissue and anatomical waste that is recognisable to the general public (this does not include blood) must be incinerated.

Anatomical waste is sent for incineration to render it unrecognisable. If the waste is already deemed to be unrecognisable there is no requirement to incinerate it.

If the piece of tissue (excluding blood) is larger than a 50pence piece or is instantly recognisable as a piece of human anatomy then it must be disposed of as yellow waste for incineration.

Tissue may include, but is not necessarily limited to facia, muscle and skin.

## **6 The Development of Organisation-wide Procedural Documents**

The procedural documents associated with this policy will be developed as individual documents based on the waste hierarchy and the following principles:

### **Waste Hierarchy**

In order of preference:

- Prevention of waste
- Reuse of waste in existing form
- Recycling or composting

- Energy recovery e.g. burn the waste to produce electricity
- Disposal e.g. landfill

**Identification:** The different categories of waste (domestic, hazardous, confidential, radioactive etc.) will be identified and specific procedures developed to cater for each category.

For further reference, details of waste categories can be found in the European Waste Catalogue and also the WM2 technical guidance for the definition and classification of waste.

**Segregation:** Waste must be managed, handled and disposed of in a manner that ensures:

1. Risks to health, safety and the environment are controlled
2. All applicable legislation is complied with

Mixing different waste types prevents appropriate treatment options, costs the Trust more money and can increase the impact on the environment

**Waste containers:** The use of the correct containers appropriate to the category of waste (plastic bins, plastic bags, sharps bins, Bio Bins etc.) is the responsibility of the producer (i.e. ward / department).

**Storage:** Dedicated secure storage and collection areas will be provided on each site where practicable, and only these areas shall be used for the storage of waste.

**Transport:** Dedicated vehicles will be provided to transport waste.

**Handling:** Safe methods of handling waste will be used to minimise the risks involved. This is for the protection of staff and others.

**Training:** All new members of staff will receive basic waste awareness training as part of the induction process through Infection, Prevention and Control and Health and Safety sessions. A waste management awareness raising stall with associated questions will form part of all new staff induction process. Waste Management is a 30 minute slot on staff Statutory and Mandatory training days. Further job specific training will be provided as required as well as training provided on the ward or in the department by the Facilities team.

**Accidents and incidents:** Risk assessments will be carried out and procedures formulated to prevent employees (staff and contractors), patients and members of the public being at risk. The standard Trust accident reporting procedure, DATIX will be used for reporting all waste incidents and near misses.

Risk Assessments will be recorded on the Trust risk assessment software system, AssessNET.

**Local rules:** Local rules will be formulated as necessary to ensure that waste is reused, recycled, recovered, treated and disposed of by appropriate routes.

**Audit and review:** Policies will be audited annually as required by the Trust's Internal Audit department. Waste is included within PEAT Group quarterly inspections, Infection Prevention and Control inspections and the facilities team monitor all wards and departments on a continuous basis.

**Environmental considerations:** The waste hierarchy; reduce, reuse, recycle principle; and best practice environmental management will be adopted.

## 6.1 Identification of Stakeholders

- All clinical and medical staff

- Infection Prevention and Control
- Directorate of Nursing
- Imperial College London
- Trust waste management contractors and consultants
- Estates & Facilities management team
- All Trust Facilities Management Contractors

## **6.2 Responsibility for Document Development**

Alan Peter Davis, Waste Manager

## **6.3 Equality Impact Assessment (EIA)**

All public bodies have a statutory duty under equality legislation covering race, disability and gender to undertake equality impact assessments on all policies/guidelines and practices. The Trust's equality impact assessment tool also includes religion/belief, sexual orientation, age, deprivation and human rights.

This policy has been equality impact assessed and the findings are in Appendix A.

## **7 Dissemination of procedural Documents**

The procedural documents associated with this policy will apply to all staff that produce, handle, store or transport waste and will be disseminated and publicised using the following methods:

- Trust Intranet
- Waste Management section of The Source
- To ISS Mediclean Ltd management team for dissemination to all staff
- Imperial College London

## **8 Implementation of Procedural Documents**

The detail within the procedural documents is already implemented across the Trust as changes are disseminated then implemented immediately upon a change being required. These will be updated as and when required and reviewed annually.

## **9 Document Control including Archiving Arrangements**

### **9.1 Register/Library of Procedural Documents**

The author of the associated procedural documents will make arrangements for them to be uploaded onto the Policies and Procedures section on the Trust's intranet as well as links from the Waste Management pages of the Environment Matters micro site.

### **9.2 Archiving Arrangements**

The associated procedural documents will be archived as detailed below.

Every document that is uploaded has an individual ID which is assigned by Stellant (content management system) when uploaded onto the system. The intranet will manage the document when the new version is uploaded on to the system. The intranet automatically

shows the new version and archives the old version. When this happens Stellant records the date, times and author.

A spreadsheet exists of all the corporate policies. This is managed by the web team and mirrors the documents held on the intranet. Each ID has a review date and when this is about to be reached the web manager will e-mail the author with the attached policy notifying them that the procedure is up for review.

Once the author updates the procedure it will be returned to the web manager who will upload the new version. The old procedure will be archived automatically.

### **9.3 Process for Retrieving Archived Documents**

Contact Web Team to obtain archived copies, providing unique ID for that policy.

## **10 Monitoring Compliance of Procedural Documents**

### **10.1 Process for Monitoring Compliance**

Adherence to the associated procedures will be monitored as part of the main waste management contract and also through the waste management team audits, analysis of waste volumes and segregation, and non-conformance reporting through the Trust waste management contractor. Waste management is also monitored as part of Patient Environment Action Team (PEAT) audits.

### **10.2 Standards/Key Performance Indicators**

- Segregation of waste: weights for each different waste stream detailed by site of production will be monitored to demonstrate improvements in segregation that reflect policy and associated procedures
- Audit results: Percentage compliance achieved against in-house audits based on policy and procedures
- Observation as part of PEAT and other existing IPC and Facilities focused audits
- ISS Partnership and contract review meetings: feedback of any issues
- Non-conformances: number of incidents of non-compliance with policy and/or procedure reported by external waste management company and any identified internally.

## **11 References**

- Department of Health guidance document Safe Management of Healthcare Waste Version 2.0, England
- Existing Trust policies and procedures
- Discussions with and negotiations over segregation and disposal methods through the Waste Group. This has a membership consisting of Grondon Waste Management NHS clients to enable standardisation where possible and sharing of knowledge, experience and best practice.
- Environment Agency advice and guidance
- Information dissemination via London NHS Environment Network

## **12 Associated Documentation**

- Trust Waste Management Procedures package

**APPENDIX A**

**EQUALITY IMPACT ASSESSMENT**

1.1 Title of Policy/Procedure/Function/Service <b>Waste Management Policy</b>	
1.2 Directorate/Department <b>Estates &amp; Facilities</b>	
1.3 Name of Person Responsible for This Equality Impact Assessment <b>Danni Goldsack</b>	
1.4 Date of Completion	<b>28/05/2012</b>
1.5 Aims and purpose of Policy/Procedure/Function/Service <b>To ensure compliance with legislation and best practice in the segregation, handling, storage, treatment and disposal of waste</b>	
1.6 Examination of Available Evidence – Tick evidence used:	
Census Data for UK	<input type="checkbox"/>
Census Data for London	<input type="checkbox"/>
Census Data for Local Authority Area	<input type="checkbox"/>
Trust Workforce Data	<input type="checkbox"/>
National Patients Survey	<input type="checkbox"/>
Trust Patients Survey	<input type="checkbox"/>
Trust Staff Survey	<input type="checkbox"/>
Other Internal Research/Survey/Audit (list below)	X
Other External Research/Survey/Audit (list below)	<input type="checkbox"/>
1.7 What is the summary of the available evidence? <b>Pedal operated waste bins that use a total hands free system are exclusive of certain groups of disabled persons</b>	
1.8 Does the evidence indicate that there is (or is likely to be) any significant	

impact on anyone or any group in relation to the following Equality Strands?  
Select from drop-down list.

	Yes/No/ Not Enough Data	Impact is Justified
Ethnicity/Race	No	
Disability	YES there is significant impact	Justified
Gender/Sex	No	
Religion/Belief	No	
Sexual Orientation	No	
Age	No	
Human Rights	No	
Deprivation	No	

1.9 If further evidence is required to complete this report, take steps to obtain it before proceeding with the assessment. If the review of evidence indicates that there is a **significant unjustified** impact, a Full Equality Impact Assessment must be carried out.

1.10 No further action required.

**Possible solutions would be to introduce open top bins in disabled toilets after obtaining agreement from Infection, Prevention and Control. Sensor or hand operated bins could be sourced when purchasing new bins so long as price is not prohibitive.**

1.11 Full Equality Impact Assessment required – Please contact Paul Carswell, Equality and Impact Manager.