

TRUST WIDE DOCUMENT

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LEAD EXECUTIVE DIRECTOR DGM	DGM for Estates & Facilities
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DOCUMENT PURPOSE:	To guide staff on the legal requirements of Waste Management
To be read in conjunction with (identify which internal documents)	Departmental Procedures CO45 Information Governance CO80 Records Management Lifecycle Policy CO13 Clinical Records Policy

SUPPORTING REFERENCES	HTM0701 Safe Management of Healthcare Waste EU Waste Framework Directive Hazardous Waste (England & Wales) Regulations 2005 The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 The Environmental Permitting Regulations The Waste (England & Wales) Regulations 2011 The Controlled Waste Regulations NHSLA Standards
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CONSULTATION		
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Trust Waste Management Policy

1.1 INTRODUCTION

Waste Management is the generic term given to the whole spectrum of activities associated with waste, namely, its generation, handling, storage and transportation from point of source (department/clinical area) to final place of disposal (recycling/landfill/incinerator/alternative treatment technologies).

Improper waste management risks the welfare of personnel working on ELHT premises and has the potential to affect a wider network of people including patients, visitors and waste contractors who transport waste from ELHT sites to final points of disposal. This risk extends to the environment within ELHT premises and beyond.

Waste disposal is costly for ELHT and with annual increases in government set waste taxes, this cost continues to rise. Failure to comply with the waste procedures increases expenditure on waste disposal, and may result in ELHT being found in breach of its duty of care, resulting in heavy fines and prosecutions. It is therefore imperative that all staff understand what is expected of them, and cooperates fully, making all ELHT activities and premises safer for all.

1.2 PHILOSOPHY

The content and philosophy of this policy advocate the identification and adoption of waste prevention/reduction initiatives, covering the whole cycle of activity from purchase to ultimate disposal, generated within the various healthcare settings.

This policy should be brought to the attention of all employees, suppliers and contractors, and copies made available to the general public, regulatory authorities and purchasers of ELHT as necessary.

The underpinning philosophy of this policy mirrors the recognised hierarchy of waste reduction (prevention, re-use, recycle, disposal or dispose with energy recovery), and will demonstrate continual improvement in waste management by use of suitable quantitative targets.

The policy aims are to identify the legal obligations set out in waste, health and safety, and transport legislation. The policy will set the framework for operational procedures, waste management and responsibilities to achieve ELHT policy objectives.

It is the producer's responsibility to ensure that all waste is disposed of in the correct manner and correct waste streams. Waste must be segregated from the point of disposal through to the point of consignment.

1.3 OBJECTIVES

- To provide legal and statutory obligations for waste, including its transportation for ELHT
- Provide information on the ELHT waste management contract and arrangements, including referring the contingency plans in the event of service failure
- Provide an outline of who has waste management responsibilities, and the lines of accountability, with particular attention to the community healthcare sector, due to the variety of activities and settings where waste is produced
- Provide all stakeholders with information, instruction and training on safe transportation, specification for use of correct containers and bags, managing spillages, cleaning containers and disposal procedures
- Provide all stakeholders with information relating to implementation the policy
- Processes for identifying improvement programmes and monitoring progress (this should be in line with the ELHT targets against baseline figures – that is, the number of waste/disposal routes, waste contract or legal requirements)
- Details about staff training, induction training, updates appropriate to specific staff groups
- Sources of further information and guidance

1.4 WASTE FRAMEWORK DIRECTIVE HIERACHY

The EU Waste Framework Directive provides the overarching legislative framework for the collection, transport, recovery and disposal of waste, and includes a common definition of waste. The directive requires all Member States to take the necessary measures to ensure waste is recovered or disposed of without endangering human health or causing harm to the environment and includes permitting, registration and inspection requirements. The directive also requires Member States to take appropriate measures to encourage firstly, the prevention or reduction of waste production and its harmfulness and secondly the recovery of waste by means of recycling, re-use or reclamation or any other process with a view to extracting secondary raw materials, or the use of waste as a source of energy. The directive's overarching requirements are supplemented by other directives for specific waste streams.



1.5 PROTOCOLS

Procurement Protocols

ELHT Procurement Department must ensure that its procedures incorporate the principles of the waste framework directive. All procurement contracts must consider the waste outputs that may be generated, and ensure that appropriate measures are

in place to minimise the cost and environmental impact. In particular this must be prioritised in all waste contracts throughout the Trust.

Life Recycling

It is the responsibility of ELHT to insofar as is reasonable and economically practical to reuse donate or resell articles which have not reached their end of life.

1.6 TARGETS

1.6.1 Trust Targets

The Trust produces a significant amount of waste across all of its waste streams and as the Trust develops its policies to comply with the Waste Framework Directive it is imperative that these volumes are reduced.

The Trust also has the aim of reducing the quantities of hazardous waste produced across all sites within its overall waste types generated.

The Trust will undertake continuing monitoring of these levels and report to the Chief Executive through the Dangerous Goods and Waste Committee (DGWC).

The Trust monitors all volumes of waste generated and this information will be reviewed at the Bi-monthly Hazardous Waste & Dangerous Goods Committee.

2 LEGISLATION & BENCHMARK STANDARDS

2.1 WASTE & ENVIRONMENT

The Trust recognises the environmental and health impacts of waste generation and disposal as this leads to pollution, which is detrimental to health. The Trust seeks to limit adverse environmental impact through waste prevention.

Significant environmental and health impacts can include:

- use and contamination of land for deposition of solid household and commercial waste
- generation of methane gas from disposal of biodegradable waste to landfill
- potential emission of non-organic and persistent organic pollutants from incorrectly managed clinical waste incinerators
- Pollution of land and water by incorrect segregations and disposal of solid and liquid wastes

2.2 STATEMENT OF INTENT

The Trust Board is committed to comply with all relevant legislation and recognises its legal obligations for the management of waste.

2.3 TRANSPORT LEGISLATION

Transport legislation is based on the principles of hazard and risk assessment, and substances (including waste) classified according to their primary hazard. These are classified as dangerous goods and are assigned to different classes depending on the predominant hazard. Dangerous goods are liquid or solid substances and articles containing them, which have been tested and assessed against internationally-agreed criteria. Further information on transport requirements is detailed in the 'Transport of Dangerous Goods section.

2.4 HEALTH & SAFETY

Employers have a general duty, under the Health and Safety at Work etc Act 1974, so far as is reasonably practicable, to ensure the health, safety and welfare of their employees and visitors to their premises. These duties are legally enforceable. The basic principles of health and safety and the "hierarchy of control" will apply, that is, eliminate risk, reduce the impact of risk, and protect against risk.

2.5 RISK ASSESSMENT

Complementary to the Health and Safety at Work etc Act 1974, the Control of Substances Hazardous to Health Regulations (COSHH) requires that before carrying out any work liable to expose an employee to anything hazardous to health, the employer must have made an assessment of the risks to health, and taken steps to prevent or adequately control exposures to potentially hazardous substances.

Formal risk assessments will be carried out by the ELHT on all processes and types of waste handled and disposed of by the Trust. Risks will be reassessed on any significant change to methodology or legislation.

2.6 CARE QUALITY COMMISSION (CQC)

Essential Standards of Quality and Safety

The Care Quality Commission (CQC) regulates all providers of regulated health and adult social care activities in England.

The registration requirements are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and include a requirement relating to safety and suitability of premises.

Failure to comply with the requirements is an offence, and under the 2008 Act, CQC has a wide range of enforcement powers that it can use if the provider is not compliant. Outcome 10 of CQC's 'Guidance about compliance' focuses on the "safety and suitability of premises" and decrees that "people receive care in, work in or visit safe surroundings that promote their wellbeing".

They must also comply with other mandatory waste-related requirements including those stemming from Health Department Letter HDL (2006)21.

References within this guidance relate to the minimum approved standard or technological solution. Further information on treatment and disposal options should be sought from waste management contractors and the appropriate regulatory authority.

3 DUTY OF CARE

The nature of much of the waste produced in the Trust poses a particularly stringent “duty of care” on managers and employees alike. Users have a responsibility to abide by this policy for the handling of any form of waste, to ensure compliance with current legislation and avoid possible prosecution either as individuals or the Trust as a whole.

3.1 DEFINITIONS

The legal definition of waste is:-

"Any substance or object which the producer or the person in possession of it discards or intends or is required to discard."

"Producer" means anyone whose activities produce waste or who carries out reprocessing, mixing or other operations resulting in a change in its nature or composition.

3.2 DUTY HOLDERS

The regulations identify a number of parties with ‘Legal Duties’ including Producers, Consignors, Carriers, Disposers & Brokers who all involved to some degree in producing, handling, transporting, disposing/recovery of the myriad of waste streams that are produced by the Trust. In particular the Trust recognises its duties as:

Lower Tier Waste Carrier

The Trust is engaged in the transport of waste it produces in the community setting and in patient homes. It occasionally may engage in transferring waste between its premises. As such the Trust is registered as a ‘Lower Tier Carrier’ with the Environment Agency.

Waste Producer

The Trust is a significant ‘Producer’ of a range of waste’s including hazardous, municipal, WEEE, recyclates, clinical and construction materials.

Waste Consignor

The Trust in its capacity as 'landlord' consigns on behalf of several separate independent organisations referred to as 'producers' of hazardous waste.

In this capacity the Trust is responsible for ensuring that pre-acceptance audits are provided by the 'producers' and passed on to the waste contractor. Hazardous waste consignment notes must accurately describe the waste.

The Trust is not currently regarded as an Upper Tier Broker by the Environment Agency but this is closely monitored. Should the current arrangements change then the Trust may need to register.

3.3 ENVIRONMENTAL PROTECTION ACT 'DUTY OF CARE'

Under the Environmental Protection Act 1990 it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management licence, contrary to the conditions of a licence or the terms of an exemption, or in a way which causes pollution of the environment or harm to human health.

Contravention of waste controls is a criminal offence. Section 34 of the Act, places people concerned with controlled (including clinical) waste under a duty of care to ensure that the waste is stored securely, managed properly, recovered or disposed of safely and is only transferred to someone who is authorised to keep it.

All reasonable measures must be taken to ensure that the waste is dealt with appropriately from the point of production to the point of disposal.

3.4 CODE OF PRACTICE

The Trust recognises its responsibilities under the 'Duty of Care' code of practice. Full details can be found on the DEFRA website.

3.5 PRODUCER/ DUTY HOLDER RESPONSIBILITIES

The Code of Practice on the Duty of Care describes several responsibilities placed on duty holders. With regard to the 'Producer' of the waste the following points must be ensured:

- Accurate identification and description of the waste
- Waste kept safe & secure
- Waste transferred to the authorized carrier/sites

3.6 RECORD KEEPING

Producers must keep records to demonstrate an audit trail from creation to end disposal of waste produced from its activities. Such records must be open to inspection by the enforcement agencies at any time. The hazardous waste regulations require records of hazardous waste consignment notes to be kept for three years. These notes must be filled on site by the person responsible for completing consignment notes. Producer returns must also be kept with the consignment notes.

3.7 EXTERNALLY MANAGED ESTATE WASTE

The Trusts also utilises the services of its landlords on some of its premises for waste management services. The Trust recognises its responsibilities for this waste and all duty of care obligations in terms of reviewing waste disposed of through this route.

3.8 WASTE MANAGEMENT ACCOUNTABILITY AND MONITORING ARRANGEMENTS

All staff are waste producers, and as such have a line of accountability, and personal responsibility to ensure that waste generated in ELHT premises, is disposed of safely and in fully accordance with this Waste Management Policy document. The Trust Waste Management arrangements and lines of accountability are summarised and outlined in section 4.

4. ROLES AND RESPONSIBILITIES

Chief Executive:

- Has overall responsibility to ensure that all waste produced by the Trust is disposed of in accordance with relevant legislation
- Should provide sufficient resources to ensure that all waste is handled and disposed of safely and in accordance with relevant legislation
- Has overall responsibility to ensure that this policy is implemented and adhered to across the Trust
- Should promote and support waste prevention/reduction initiatives

Director of Finance

- Provides sufficient resources to ensure all waste is handled and disposed of safely and in accordance with the relevant legislation

Divisional General Manager of Estates & Facilities

- Ensures application of policy
- Responsible for ensuring that all staff are aware of and comply with this policy
- Ensure that areas of non-compliance with either this policy or legislation are considered for inclusion on the Trust's Risk register
- Ensure adequate staff training is in place

Trust Appointed Waste Manager – Logistics Manager

- Should ensure that waste is disposed of by a “registered” waste removal contractor
- Should ensure systems are in place for the accurate identification of waste, and that a consignment note system is operated and the record of consignments maintained
- Keep on file copies of all relevant liability insurance, carriers licences and disposal site licences and other documentation from contractors handling or receiving waste from the Trust
- Should ensure that risk assessments are in place and appropriate action is taken to minimise risk
- Review and update risk assessments on an annual basis including confidential waste
- Ensure that areas of non-compliance with either this policy or legislation are considered for inclusion on the Trust's Risk register
- Delivers waste reduction initiatives
- Assists producers with the correct classification and segregation of waste and a reduction in waste produced
- Should ensure that adequate training is given to all staff, under their direct control, involved in the handling of waste materials, and that all staff periodically attend refresher training
- Keeps records of training for staff, under their direct control
- Should ensure that the Trust training provides all staff involved with an awareness and understanding of the nature and dangers of the waste being disposed of
- Should ensure that waste disposal complies with the appropriate codes of practice, e.g. correct use of coloured bags
- Should ensure that all “incidents” are documented with actions/follow up and reported to the Trust IR1 system
- Give regular updates to the Estates and Facilities DQSB
- Identifies and applies appropriate monitoring and control procedures to ensure compliance
- Monitors and manages compliance of any waste-related contracts in force

Purchasing and Supplies Manager:

- Should ensure all purchases are made bearing in mind the impact of packaging;
- Aim to eliminate secondary packaging
- Specifies packaging type on tender criteria
- Makes suppliers responsible for the removal of their own packaging by inclusion in the tender criteria
- Should ensure compliance to the Packaging (Essential Requirements) Regulations 1998

Infection and Prevention Control Department

- Advises ELHT Estates on matters relating to infection control in waste handling matters
- Provides advice and guidance as required on safe practices and procedures for handling clinical waste materials
- Liaises directly with ward and departments in to advise of correct segregation

Director of Pharmacy

- Provide advice and guidance as required on safe procedures for the handling and disposal of pharmaceutical waste materials regarded as clinical waste (controlled and special waste types).
- To ensure the T28 exemption permit is up to date for the disposal of Controlled Drugs.

Heads of Service and Line Managers:

- Should ensure that all staff are aware of and comply with this policy; incident reporting and investigation
- Should ensure that adequate training is given, initially during local induction and then annually in Core Skills training as part of their personal development reviews, to all staff involved in the handling of waste materials
- Should ensure that all staff involved are aware of the nature and dangers of the waste being disposed of
- Should ensure that waste disposal complies with the Trust policy requirements
- Keep records of training pertaining to their staff
- Ensures that appropriate PPE (Personal Protective Equipment) is provided as necessary and as identified in formal risk assessments
- In line with the 'Hepatitis B, Vaccination of Employees policy, should ensure that all staff involved in handling waste are offered immunisation as advised by the Occupational Health department
- Should ensure that formal risk assessments are carried out on all processes and types of waste handled and disposed of by the Trust
- Should ensure that personal protection and basic hygiene precautions are adhered to by staff under their direct control
- Should ensure regular scheduled cleaning takes place for all storages areas and receptacles
- Should ensure collection points are correctly identified and are clean and tidy etc

Learning and Development Department

- Facilitate appropriate training for all ELHT personnel
- Keep records of all such training and monitor individual attendance
- Inform heads of Service of non-attendance

All staff involved in the creation, storage and disposal of waste:

- Should be familiar with the policy and procedures for waste management and be aware of emergency procedures
- Should report dangerous waste situations and spillages to their line managers as soon as they are identified, and complete an incident report
- Should not handle any waste that may be too heavy, or for which the correct method of disposal is unfamiliar. If in doubt, the employee must contact his/her manager
- Should wear protective clothing in accordance with the policies in force in their respective workplaces
- Should be responsible for their own hygiene
- Ensure that disposal holds are kept clean and tidy
- Should ensure that the nature and dangers of the waste to be carried are made known through proper segregation and clear labelling
- Should move waste safely by following agreed safe working practices
- Should assist with the correct classification of waste and the reduction of waste produced
- Be aware of Trust-wide and site specific recycling schemes

Staff Immunisation

The Trust will ensure that all of its employees with the potential to be handling hazardous and sharps waste will be offered the appropriate immunisation at appointment to the Trust including Hepatitis B and Tetanus and subsequent updates as required.

5.0 IDENTIFICATION, DESCRIPTION AND SEGREGATION OF WASTE

5.1 TRUST WASTE STREAMS

All waste bags/containers must be identified with the local waste code

Health Care (Clinical and infectious Waste)
Domestic (Municipal)
Recycled
Hazardous
Electrical and electronic
Offensive
Confidential and non-confidential paper
Gypsum and plaster casts.

Clinical waste is classed as hazardous waste, which has the potential to cause actual harm whether to an individual person, the environment and/or the general public.

Domestic waste is considered low risk, but segregation of the potentially hazardous contents **such as glass and batteries is important. Under no circumstances must clinical waste enter the domestic waste stream.**

Recycling - The Trust continues to explore all viable options for recycling. All staff should follow local or site specific protocols. ELHT is currently increasing the recycling by implementing mixed recycle stations and using a waste collector to segregate and recycle it's mixed recycle waste off site. See Domestic waste contract for more information. The Trust will monitor its TEEP Directive compliance with all waste contractors in terms of ensuring all waste is disposed of in the most environmentally and economically practicable manner.

Hazardous waste is dealt with on an individual basis dependent upon the specific type of waste. If hazardous waste has been identified as requiring disposal arrangements will be made with a specialist contractor for the collection and disposal.

Hazardous waste collection will not always involve the Estates & Facilities Department and each case will be dealt with on an individual basis utilising appropriate risk assessments.

This category of waste will be stored/collected/transported in containers appropriate to the type of waste. It is essential that hazardous waste is stored securely in accordance with the risks presented by the type of waste.

Waste Electrical & Electronic Equipment (WEEE)

The Waste Electronic and Electrical Equipment Regulations (WEEE) require all waste as defined in the regulation to be consigned separately as directed by the legislation.

The Trust has a separate WEEE procedure which is a supportive document to this policy in Appendix 2.

IT equipment /assets

Information Technology (IT) Services are responsible for the disposal of all IT assets via fully completed consignment notes, waste transfer notes and with a specialist contractor, with a current EA licence.

6.0 STORAGE, HANDLING & TRANSPORT OF WASTE

6.1 BAGGING AND STORAGE OF WASTE ON ELHT PREMISES

- Foot operated purpose made plastic waste bins are required for ELHT sites for hazardous and non-clinical/domestic waste. The bins should be clean and sited at strategic places in each area so as to minimise risk in handling of waste. Domestic style waste bins are unacceptable.
- Sites generating hazardous waste should have an identified lockable storage area or large outside bins that cannot be accessed by the public.

6.2 GENERAL CLINICAL WASTE STORAGE PROVISIONS

- All waste bins in clinical areas should be foot operated and must be rigid sided, to reduce the risk of infection. All new bins purchased should be of a hands free type. The storage areas should be large enough to ensure that different types of waste can be stored separately i.e. domestic, healthcare, offensive, sharps and other waste. Waste must not be stored on the floor.
- The collection containers (Euro-cart) and storage areas will be kept secure from unauthorised persons and entry by animals and free from infestation by rodents and insects. The containers must be kept locked at all times, and external wheeled containers must be secured by a padlock and chained to a brick wall or enclosed within a fenced off area.
- Keys will be kept by Trust staff in a secure place.

Storage areas must be:

- Well-lit and ventilated
- Sufficient size
- Sited away from food preparation and general storage areas, and from routes used by the public
- Where possible, enclosed
- Readily accessible but only to authorised people
- Kept locked when not in use
- Provided with access to first aid facilities

7 RECORD KEEPING & DOCUMENTATION

7.1 HAZARDOUS WASTE REGISTER OF PREMISES DUTY

7.1 Premise Identifier

Each site location will be allocated a site identifier which will be provided to each waste contractor. Each waste contractor must place this identifier on its document when used for the collection of waste.

The site identifier's are:

EASTLA - The Post Code of each site will then be used to determine which of the East Lancashire Hospitals site the waste has been generated from.

7.2 CONFIDENTIAL WASTE

7.2.1 Disposal

No un-shredded waste media (paper, magnetic or electronic eg CD/DVD) containing confidential information must be left in areas accessible to non-ELHT staff.

'Confidential Information' is as defined by Information Governance in Trust policy C079.

It is the responsibility of each DGM to assure the Trust that all paper waste produced within their Division and containing confidential information is disposed of by one of the following:

- A Contracted Destruction: disposal into a dedicated console for collection and destruction on site by a contracted waste shredding contractor approved the Trust, or
- B Shredded In-house: shredded by the producer using a Trust approved shredding machine (see below) deposited in sealed, clear bags stored in a designated waste collection point ready for collection by Logistics

Where option A 'Contracted Destruction' is adopted, the approved disposal contractor must provide evidence to the waste producer that the waste has been destroyed to DIN 66399 security level 3 or better (eg a 'waste destruction note') which is retained by the producer for a minimum of 2 years in a secure file and available for audit.

Where option B 'Shredded In-house' is adopted, the producer must mark each clear bag with their audit code. If the bagged confidential paper waste has not been collected within a reasonable period (weekly), notify Logistics Services requesting collection.

For both options, each DGM must maintain for all services within their Division producing confidential waste paper:

- a SOP (standard operational procedure) for the destruction of confidential waste
- a contingency plan for occasions when the confidential waste cannot be destroyed by the normal procedure (eg failure of the contractor or shredder)
- an equipment asset register for all consoles (contract reference) and shredders (manufacture, model, serial number) including its current location (site, building, floor level, room), and
- forward an auditable copy of the SOP, contingency plan and equipment register to the Waste Contracts Manager in Estates and Facilities – this to be done annually and whenever a console/ shredder is relocated to a different location.

Confidential information stored on Electronic or magnetic media ie CD/ DVD/ Blue Ray/ memory sticks should be forwarded to IT for disposal (IT Helpdesk 83135)

7.2.1 Paper Shredders

All shredders purchased after 1st December 2017 are to be purchased only through NHS Supply Chain and PAT tested annually to ensure that they meet the appropriate specification ie cross-cutting to DIN 66399 security level 3 or higher. No paper shredders from any other source are to be brought onto site for use by ELHT staff. All existing paper shredders which do not meet the prescribed specification (esp straight-cut) must be removed from site forthwith.

Further information is available in Appendix 6 and 6A.

7.3 DOCUMENTATION

As the producer of the waste, ELHT premises bears the legal responsibility of ensuring that waste documentation is complete and accurate. There are two different types of documentation required for waste transfers:

- **Hazardous Waste Consignment Notes (HWCN)** that are used for hazardous wastes;
- **Controlled Waste Transfer Notes (WTN)** that are used for non-hazardous wastes.

A consignment note is used to track the movements and ensure the safe disposal of hazardous wastes. It also ensures that the information accompanying the waste is sufficient to enable its safe disposal. A new consignment note must be completed for each individual collection of hazardous waste. Each note will consist of producer, carrier and consignee copies.

7.4 HAZARDOUS WASTE – RECORDS AND RETURNS

Producers of hazardous waste are required to keep a 'register' that contains their hazardous waste records. This requirement is usually met by keeping copies of both:

- Standard or multiple consignment notes (including both main notes and annexes); and
- Consignee returns to the producer or holder.

Where relevant, the register should also contain records of any rejected loads or carrier schedules. Guidance on consignment notes and their completion is provided in a series of guides to the Hazardous Waste Regulations.

7.5 LOCATION OF THE REGISTER

A full list of all registered premises is held with the Logistics manager.

The register for any hazardous waste that is removed from that site must always be kept at that premises, generally held on each site with the Porters or in the department that produce the waste for smaller sites, or for producers of specialist waste.

Small hazardous waste producer sites may in terms of the register for any hazardous waste that is removed from the site keep it at the principal place of business. This may be another site if the site one of part of a bigger organisation or several in a company. If a practice wishes to keep the register anywhere else, this must be agreed in writing with the environmental regulator.

7.6 CONTROLLED WASTE TRANSFER NOTES (WTN'S)

Waste transfer notes can only be used for the collection of non-hazardous wastes streams. A record of this document must be kept at premises for two years.

7.7 CERTIFICATES OF DESTRUCTION

The Trust policy is that 'certificates of destruction' must be provided for confidential waste, WEEE waste and pharmacy waste as minimum. This is not a legal requirement in most cases but essential in order to maintain the 'cradle to grave' audit trail for this waste.

8. INFORMATION, TRAINING AND MONITORING

8.1 LEGAL REQUIREMENTS

It is clear that given the broad spectrum of responsibilities and the technical difficulty of compliance, effective training must be provided. This will also require a well communicated information campaign to promote the procedural requirements set down in the new waste policy.

8.3 MONITOR, AUDIT AND REVIEW

The key to the effectiveness of the policy is the identification of clear responsibilities for designated persons and the correct identification of wastes in order that the acceptable actions are carried out by trained persons in a safe and timely manner.

MONITORING OF THE POLICY

The compliance to the policy will be monitored through a series of audits:

- Spot waste audit through waste collection
- PLACE and NAPF audits
- Spot audits undertaken by Infection Control or E&F Teams
- Annual pre acceptance audits
- Annual DGSA audits
- IR1s raised

8.3.1 External Reports

There will be an annual external Pre-acceptance audit of waste management of ELHT premises

The collection and reporting of data through the annual ERIC returns

Annual Carriage of Dangerous Goods Report

8.3.4. Waste Contractor Reports

The Trust contracted waste contractors are required to submit information reports on a monthly basis in relation to volumes consigned and compliance issues.

8.3.5 Pre-Acceptance Audits

The Trust will fulfil its legal duty to submit pre-acceptance audits for each premise it consigns hazardous waste from when first registered and subsequently every year as required by EPR 05/07









8.3.6 Duty of Care Audits

The Trust will undertake duty of care audits on an annual basis of all its waste contractors. Although the focus will be on hazardous waste, controlled waste will also be audited. This will be done with the assistance of an external contractor.




9.0 APPENDICES

- 1 Waste Segregation Chart
- 2 Segregation of Waste (all waste must contain local area audit code)
- 3 Waste Guide: Bags
- 4 Waste Guide: Sharps
- 5 Waste Guide: Pharmacy
- 5A List of Hazardous Medicines (Cytotoxic/ Cytostatic)
- 6 Waste Guide: Paper Recycling (confidential on non-confidential)
- 6A Procedural Guidance for Disposal of Waste Containing Confidential Waste
- 7 Waste Guide: Pathology
- 8 Waste Guide: IT – Equipment / consumables
- 9 Waste sack holder specifications
- 10 Glossary
- 11 Equality Impact Analysis




Appendix 1 – Waste Segregation Chart

Colour	Description
 Yellow	Waste which requires disposal by incineration Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Orange	Waste which may be “treated” Indicative treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility, usually alternative treatment plants (ATPs). However this waste may also be disposed of by incineration.
 Purple	Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
 Yellow/black	Offensive/hygiene waste* Indicative treatment/disposal required is landfill or municipal incineration/energy from waste at a suitably permitted or licensed facility.
 Red	Anatomical waste for incineration¹ Indicative treatment/disposal required is incineration in a suitably permitted facility.
 Black	Domestic (municipal) waste Minimum treatment/disposal required is landfill , municipal incineration/energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
 Blue	Medicinal waste for incineration¹ Indicative treatment/disposal required is incineration in a suitably permitted facility.
 white	Amalgam waste For recovery





Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
20 03 01 (non-hazardous)	Domestic or household waste, similar to the type of waste produced at home.	Food, spent flowers, plastic cups, paper hand towels, etc	Clear plastic bag		Place in clear bag inside domestic waste bins (Black lidded)	Landfill
20 01 02 (non-hazardous)	Domestic glass containers	Glass bottles, coffee jars, broken crockery containers, etc.	Cardboard box		Rinse containers prior to disposal	Landfill and/or recycling
18 01 04 (non-hazardous)	Offensive waste - Non-infectious , disposable items that may cause offence due to smell, appearance or wetness.	E.g. nappies, incontinence waste, sanitary waste, gloves, aprons, oxygen tubing, face masks. Also items contaminated with blood or body fluids from patients assessed to be non-infectious , Autoclaved waste from Pathology Department.	Yellow bag with black stripe (tiger bag)		Must not contain infectious, anatomical or pharmaceutical or chemical waste. No free flowing liquids	Deep landfill or RDF




Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
18 01 08 & 18 01 03 (hazardous)	Non-sharp potentially infectious items contaminated with cytotoxic/static pharmaceuticals	Non-sharp items such as protective clothing, IV bags and tubing, etc, contaminated with cytotoxic/static pharmaceuticals	Yellow plastic bag with purple stripe		Keep separate to orange bags and other waste streams.	Incineration / EFW
18 01 03 (hazardous)	Infectious clinical waste – “Any waste which may cause infection to any person coming into contact with it” or “waste which based on the risk of infection is classed as clinical”.	Infectious Soiled dressings, swabs, incontinence pads, gloves, aprons, oxygen tubing, face masks, contaminated with Infectious blood or body fluids, empty catheter bags, suction tubing.	Orange plastic bag		Must not contain anatomical, pharmaceutical or chemical waste. No free flowing liquids	Alternative treatment then to landfill / RDF (or incineration/ EFW)
18 01 03 & 18 01 09 (hazardous)	Sharps contaminated with general pharmaceuticals (non-cytotoxic/static)	Sharps used for the administration of general pharmaceuticals	Yellow sharps container with yellow lid		Keep separate to orange bags and other waste streams Please ensure they are Dated, Signed and have Ward I.D.	Incineration / EFW





Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
18 01 08 & 18 01 03 (hazardous)	Sharps and other potentially infectious items contaminated with cytotoxic/static pharmaceuticals	Needles, syringes, etc contaminated with cytotoxic/static pharmaceuticals	Yellow container with purple lid (cyto-bin)		Keep separate to orange bags and other waste streams.	Incineration / EFW
18 01 08 & 18 01 03 (hazardous)	Non-sharp potentially infectious items contaminated with cytotoxic/static pharmaceuticals	Non-sharp items such as protective clothing, IV bags and tubing, etc, contaminated with cytotoxic/static pharmaceuticals	Yellow plastic bag with purple stripe		Keep separate to orange bags and other waste streams.	Incineration / EFW
18.01.09	Anatomical Waste	Tissue samples, amputation waste & Placentas. If it's too big for a tub it should be double bagged in a yellow bag and clearly marked anatomical and porters contacted to remove.	Yellow container with red lid		Keep separate to bag and other waste steams	Incineration /EFW
18.02.01	Sharps, contaminated with blood only	Needles , sharps used in podiatry and venepuncture	Yellow Container with orange lid		Keep separate to bag and other waste steams	Incineration /EFW




Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
18.01.03 18.01.04	Gypsum Waste	Plaster Casts / Plaster casts of impressions	Cardboard box clearly marked gypsum waste containing yellow or yellow striped bag		Keep separate to other waste streams	Incineration or treatment at Landfill
	Used to return General pharmaceuticals – from wards/depts to the Pharmacy for further assessment	General pharmaceuticals including, tablets, medicines, vials and ampoules etc. part used, unused	Return to Pharmacy in Returns Box.		Empty medicine bottles must be disposed of as pharmaceutical waste.	Re-use / Incineration / EFW
18.01.08 18.01.09	Waste pharmaceuticals in a patient treatment area Controlled Drugs waste at ward level	Out of date medicines including tablets, liquid medicines, patches & creams that are not suitable for return and reuse by pharmacy Insulin cartridges, empty or part used injection/test vials, ampoules, cannula, broken medical glass IV giving lines, IV bags Antibiotic, IV bags, tubing etc	Yellow bin with blue lid – aperture lid		Keep separate to orange bags and other waste streams.	Incineration / EFW



Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
18.01.08 18.01.09	Waste pharmaceuticals in a secure area free from patient flow	Out of date medicines including tablets, liquid medicines, patches & creams that are not suitable for return and reuse by pharmacy Insulin cartridges, empty or part used injection/test vials, ampoules, cannula, broken medical glass IV giving lines, IV bags Antibiotic, IV bags, tubing etc	Use a clinical waste cardboard rigid 50 Litre Blue - Medicinal/Pharmacy waste rigid cardboard outer with integral bag		Keep separate to orange bags and other waste streams. No free flowing liquids	
18 01 03 or 20 03 99 (hazardous or non-hazardous)	Mattresses	Mattresses from patient care which may or may not be infectious	Mattress bag (if infectious)		Items must have a decontamination notice completed and attached, prior to collection by Mattress Library or Porters	Landfill / RDF or incineration
20 01 01 (non-hazardous)	Cardboard	Cardboard boxes and packaging			Place in waste storage areas – ensure that boxes are flattened	Recycling
20 01 01 (non-hazardous)	Confidential waste	Any papers containing staff or patient personal details, or potentially sensitive information about the organisation, such as; patient records, financial records, etc.	Clear bag if already shredded at source Or Placed securely in current contracted designated bags/boxes.		Shredded waste can be put in the waste room for collection Contracted Service will visit department	Recycling Recycling





Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
19.12.04	Plastics	Can be placed in domestic waste stream			Place in a clear bag in waste disposal area	Recycling
19.12.04	Empty Alcohol gel containers	Need to be washed out and then can be placed in domestic waste stream			Place bag in waste disposal area	Recycling
20 01 40 (non-hazardous)	Scrap metal	Items of redundant/broken metal furniture and equipment.	Scrap Metal skip	N/A	Contact Porters for disposal of into the Scrap Metal skip	Recycling
20.01.34	Batteries – small, portable, or hand held	Ni-cad, mercury, alkaline batteries, etc (from general equipment used in wards and departments) Please cover the battery terminals with insulation tape	Recycling container		Small, portable, or hand held batteries only. Collect in small tub or box and then contract the Porters for collection. Ensuring the the battery terminals are covered with insulation tape	Recycling

Appendix 2 – Waste Categories v.3

EWC CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
18 01 10 (hazardous)	Amalgam waste	Amalgam capsules, amalgam and teeth containing amalgam (from Dental or Theatre Department)	Waste contractor's white containers		To be disposed of via specialist waste contractor	Specialist recovery
15 01 04 (non-hazardous)	Lead foils	Lead foils (from Dental Department)	Waste contractor's container		To be disposed of via specialist waste contractor	Special disposal / Recycling.
20 01 21 (hazardous)	Mercury	Mercury waste and items contaminated with mercury.			To be disposed of via a specialist waste contractor. Contact Waste Manager for advice.	Special disposal see COSHH data sheet.
20 01 36 (non-hazardous)	Mixed electric and electrical equipment (not containing hazardous components)	Computers, medical equipment, printers, etc.	Waste compound Computers/Printers to IT Medical Equipment contact EBME		Includes battery and mains operated items.	Specialist recovery recycling / recovery / re-use.
20 01 35 (hazardous)	Mixed electric and electrical equipment (containing hazardous components)	Monitors, TVs, etc	Waste compound	N/A	Includes battery and mains operated items. Items must have an Equipment Condemnation Disposal Form attached, prior to collection by Portering Services.	Specialist recovery Recycling / Recovery / Re-use

Appendix 2 – Waste Categories v.3

EWG CODE	DESCRIPTION	EXAMPLE	CONTAINER/PACKAGING	PICTURE	COMMENTS	DISPOSAL
17.09.04 Various (non-hazardous)	Building and engineering wastes	Items such as construction and demolition waste, etc. (from Estates & Facilities Department)	Waste compound	N/A	Generated from work carried out by Estates staff or appointed contractors	Landfill / Recycling/ recovery / Re-use. RDF
17 06 01 and/or 17 06 05 (assessment required)	Insulation material containing asbestos/construction material containing asbestos	Items consisting of or containing asbestos (from Estates & Facilities Department).	Waste contractors container	N/A	Generated from work carried out by Estates staff or appointed contractors	Specialist disposal
20 01 23 (hazardous)	Discarded equipment containing chlorofluorocarbons (CFCs)	Fridges, freezers and other refrigeration equipment.	Waste Compound		Doors to be removed when stored in Estates yard	Specialist recovery / Recycling.
20 01 08	Food waste	Cooked and uncooked food returned to Catering areas	Buckets in kitchens		Catering staff empty into waste disposal units (Looking for better options)	To sewer Trust looking at Bio-digesters
20 01 25	Edible oil and fat	Cooking oil segregated for recycling	Catering		Collected in the original containers by contractors for recycling.	Recycling
08 03 17 (hazardous) OR 08 03 18 (non-hazardous)	IT consumables	Printer cartridges or toner cartridges	Envelope marked printer cartridges for recycling and put in the internal post		Check COSHH data sheet to determine if hazardous or not	Recycling

Appendix 3 – Waste Guide: Bags v.4

Acute Healthcare Waste Segregation Guide

CATEGORY A INFECTIOUS CLINICAL WASTE or Contaminated with chemicals/medicines

Only to be used with the express permission of Infection Control & Prevention Lead

NB: separate Trust Procedure of Cat 'A' waste E.g. Viral Haemorrhagic Fever, Ebola

Yellow Bag



CLINICAL WASTE

NOT contaminated with chemicals or medicines

Patients assessed as INFECTIOUS

Soiled dressings, swabs and wipes, Items contaminated with blood or bodily fluids, Contaminated gloves/aprons

Orange Bag's
MVN535 - Large
MVN013 – Small
P/Lab & Theatres
MVN493



GYPSUM WASTE

Plaster casts
 Dental Impressions

Gypsum bag in a box
NSV FSL1071 x 25L
FSL1151 x 50L
Case of 20



OFFENSIVE

NOT contaminated with chemicals or medicines

Patients assessed as NON-INFECTIOUS

Nappies, swabs, dressings, wipes, PPE, catheters, empty blood /catheter bags, soiled continence pads, sanitary towels, soiled couch roll, stoma/ colostomy bags

Tiger Bags
MVN496 - Large
MVN462 - Small

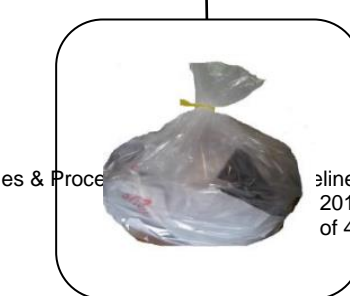


DOMESTIC

NOT contaminated with chemicals or medicines

Paper towels, blue roll, Food Wrappers, Yogurt Pots, etc Packaging

Clear Bags
MVN478 – Large
MVN479 - Small



Appendix 4 – Waste Guide: Sharps v.2

Acute Healthcare Waste Segregation Guide

SHARPS
Not Cytotoxic and Cytostatic
 Syringes, needles, Non-infectious sharp instruments

Rigid yellow sharps container

YELLOW lid



LARGE SHARPS
Not Cytotoxic or Cytostatic
 Items too large to fit in standard sharps containers
 Iv giving lines that have blood contamination in them

Large aperture rigid yellow sharps container

YELLOW lid



Sharps
Only to be used with the permission of Infection Control & Prevention Lead
 Syringes, needles
 Non contamination with medicinal items

Rigid yellow sharps container



Cytotoxic Cytostatic SOFT
 Dressings, PPE, tubing contaminated with cytotoxic/cytostatic products
See attached Cytotoxic and cytostatic Medicines list

Rigid yellow container

PURPLE lid



Sharps medicinally contaminated with Cytotoxic Cytostatic
 Syringes, needles, cartridges, Sharps contaminated with cytostatic /cytostatic products

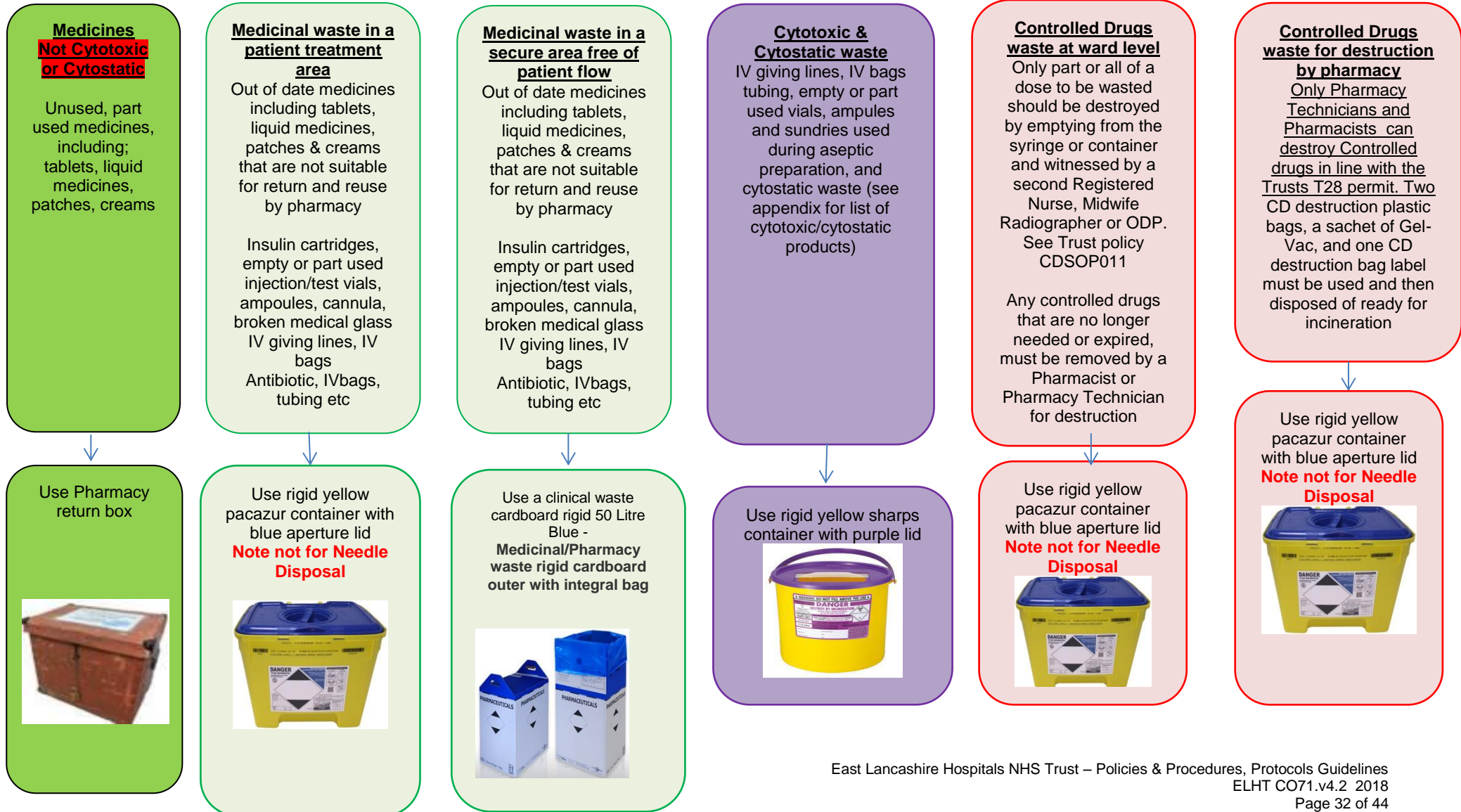
Rigid yellow sharps bin

PURPLE lid



Appendix 5 – Waste Guide: Pharmacy v.2

ACUTE HEALTHCARE PHARMACY WASTE STREAM GUIDE



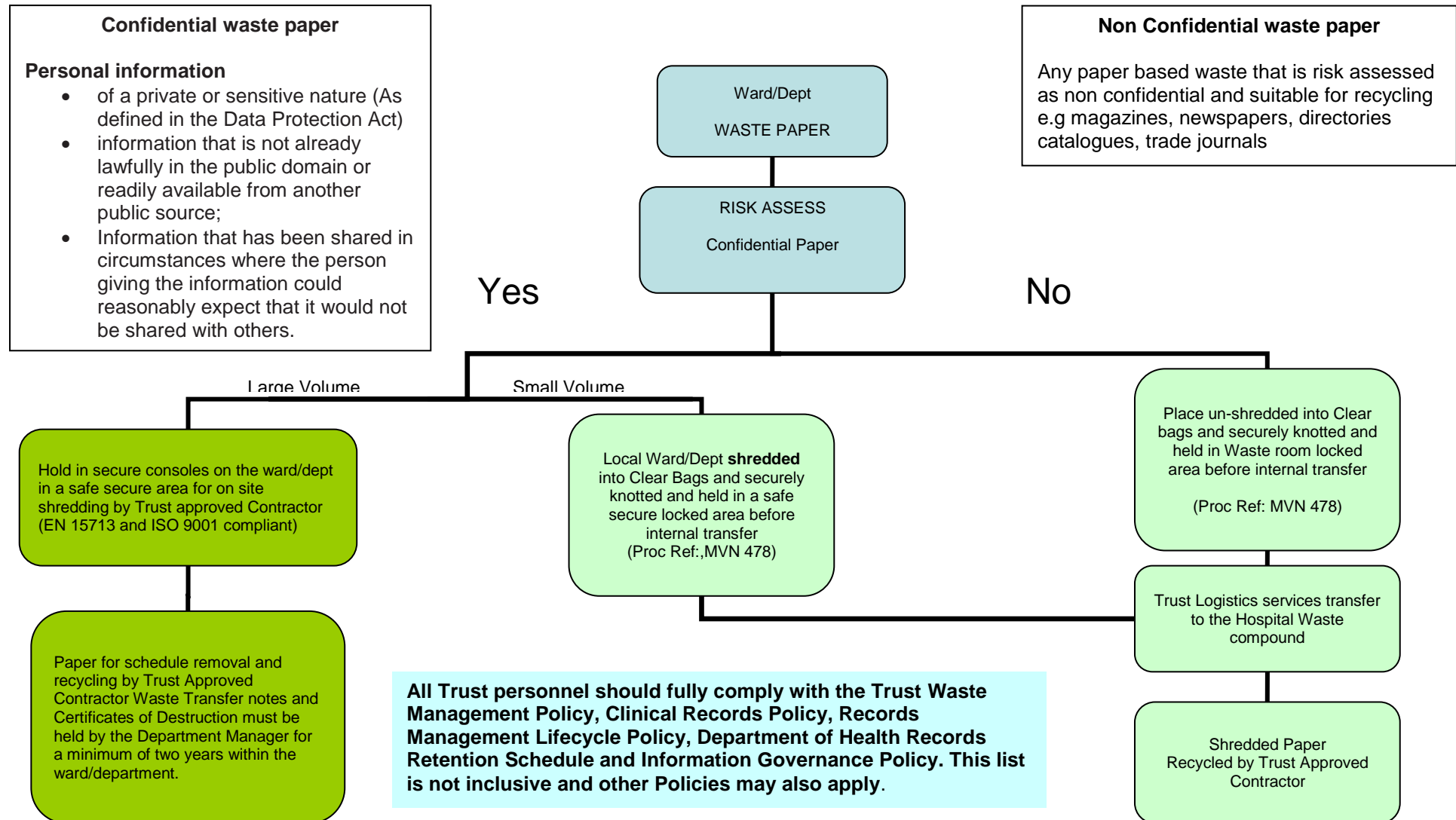
Appendix 5A – List of Hazardous medicines (Cytotoxic / Cytostatic) medications from patient use in hospital areas and patient returns v.1

Aldesleukin	Chloramphenicol	Diethylstilbestrol	Fluoxymesterone	Leuprorelin acetate	Perphosphamide	Testosterone
Alemtuzumab	Choriogonadotropin alfa	Dinoprostone	Flutamide	Lomustine	Pipobroman	Thalidomide
Alitretinoin	Chlomethine hydrochloride	Dithranol containing products	Fulvestrant	Mechloroethamine	Pinitrexim isethionate	Tioguanine
Altretamine	Ciclosporin	Docetaxel	Ganciclovir	Medroxyprogesterone	Plicamycin	Thiotepa
Amsacrine	Cidofovir	Doxorubicin	Ganirelix acetate	Megestrol	Podofilox	Topotecan
Anastrozole	Cisplatin	Dutasteride	Gemcitabine	Melphalan	Podophyllum resin	Toremifene citrate
Arsenic trioxide	Cladribine	Epirubicin	Gemtuzumab ozogamicin	Menotropins	Prednimustine	Tositumomab
Asparaginase	Coal Tar containing products	Ergometrine/methylegometrine	Gonadotrophin chorionic	Mercaptopurine	Procarbazine	Trastuzumab
Azacitidine	Colchicine	Estradiol	Goserelin (Zoladex)	Methotrexate	Progesterone	Tretinoin
Bacillus Calmette-Guêrin Vaccine (BCG)	Cyclophosphamide	Estramustine phosphate sodium	Hydroxycarbamide	Methyltestosterone	Progestins	Trifluridine
Bexarotene	Cytarabine	Estrogen-progestin combinations	Ibritumomab tiuxetan	Mifepristone	Raloxifene	Trimetrexate glucuronate
Bicalutamide	Dacarbazine	Estrogens, conjugated	Idarubicin	Mitomycin	Raltitrexed	Triptorelin
Bleomycin	Dactinomycin	Estrogens, esterified	Ifosfamide	Nafarelin	Ribavirin	Uramustine
Bortezomib	Danazol	Estrone	Imatinib mesilate	Nilutamide	Rituximab	Valganciclovir
Busulfan	Dasatinib	Estropipate	Interferon alfa-2a	Oxaliplatin	Sirrolimus	Valrubicin
Capecitabine	Daunorubicin HCl	Etoposide	Interferon alfa-2b	Oxytocin	Streptozocin	Vidarabine
Carboplatin	Denileukin	Exemestane	Interferon alfa-n1	Paclitaxel	Tacrolimus	Vinblastine sulphate
Carmustine	Dienestrol	Finasteride	Interferon alfa-n3	Pegaspargase	Tamoxifen	Vincristine sulphate
Cetorelix acetate		Floxuridine	Irinotecan HCl	Peginterferon	Temozolomide	Vindesine
Cetuximab		Fludarabine	Leflunomide	Pentamidine isethionate	Teniposide	Vinorelbine tartrate
Clorambucil		Fluorouracil	Letrozole	Pentostatin	Testolactone	Zidovudine

Dispose in Cytotoxic waste bin - yellow body with a purple lid ►



Appendix 6 – Waste Guide: Paper Recycling (confidential and non-confidential)



Appendix 6A – Procedural Guidance for Disposal of Waste Containing Confidential Information:

Disposal

This policy applies to all confidential paper waste produced by ELHT staff wherever they are.

Wherever possible, avoid printing hard-copies of confidential information – electronic copies are generally easier to secure.

Prior to disposing of waste paper into the confidential paper waste-stream, ensure that the waste does not contain any of the following:

- general waste including non-confidential printed matter, magazines, envelopes
- laminated sheets, coloured paper, staples or paper clips
- CD/ DVD/ Blue-Ray or magnetic discs which must be destroyed separately

Where option A ‘Contracted Destruction’ is adopted (clause 7.2.1), the dedicated console shall be:

- locked by the contractor and waste deposited by means which prevents un-authorized access to the stored waste, and
- sited within a secure area ie locked when unattended under a key or DAS (digital access system requiring staff ID card) – do not rely on push-button code locks and do not place consoles in areas accessible to unauthorised person eg corridors

Currently, option A is carried out under direct contract with ‘Shred-It’.

Transportation of un-shredded confidential waste paper between buildings/ sites is to be avoided where practicable. Preferably such information should be mailed electronically. However, when confidential paper waste is to be physically transported, always place it in suitable container (securable, lidded bins or zipped bags) marked ‘Confidential Paper Waste in Transit to [insert destination]’. The waste producer must prepare a risk assessment where confidential waste is regularly transported between buildings or sites.

Paper Shredders

The Waste Manager in Estates and Facilities is to maintain an asset register for consoles and paper shredders compiled from information provided by the DGM for each Division. The Waste Manager will investigate any anomalies, errors or incomplete information where identified.

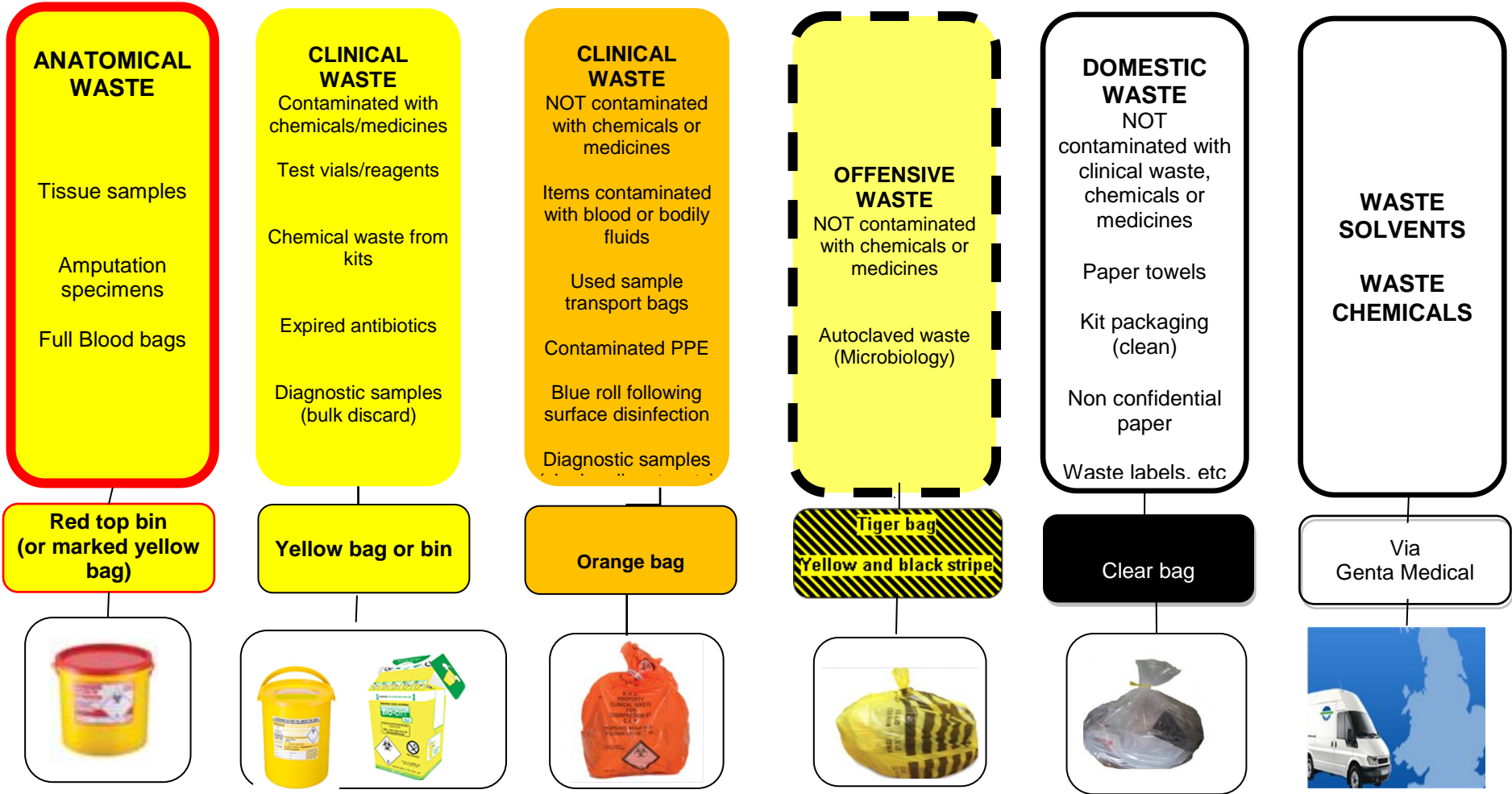
Straight-Cut Shredders: so named because of the thin strips they create. These strips can vary in width (say from 2mm wide to 12mm wide) and usually as long as the medium being shredded. Straight-cut shredders require less cutting than equivalent cross-cut shredders so are able to shred more paper sheets/ discs at a time.

Cross Cut Shredders: create small particles of paper rather like confetti. Particles vary in size but are shorter in length than with straight cut. Thus cross-cut shredders provide more security than for a straight-cut shredder. The resulting waste has less volume and emptying.

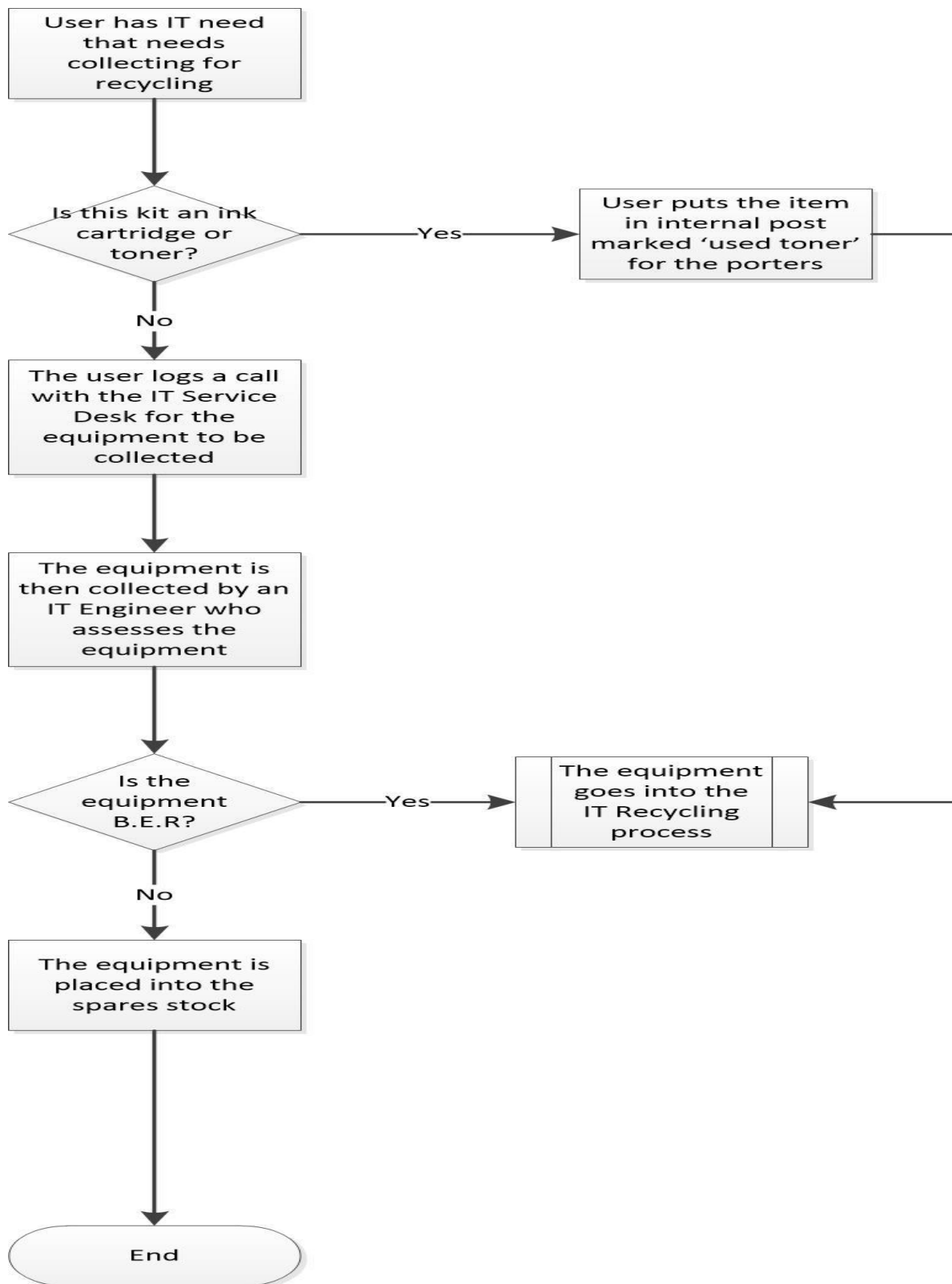
Security Levels: The EU has recently replaced the old international standard DIN 32757 for shredder security levels with the more complicated DIN 66399. The higher the security level, the smaller the shredded particles. Thus for shredding of confidential information, the security level is P-3 for paper and O-3 for optical data storage eg CD/ DVD/ Blue-Ray).

Appendix 7 – Waste Guide: Pathology

Waste Segregation Guide – Pathology



Appendix 8 – Waste Guide: IT – equipment/ consumables



Appendix 9 – Waste Sack-holder Specifications: v.2

All parts are replaceable; please contact your local maintenance helpdesk for repair

PSHSM. 23 LITRE FIXED BODIED SACK HOLDER – Order Non-Stock



DIMENSIONS

H 600 X W 220 X D 350mm.

WEIGHT. 3.1 Kgs.

BOXMED. 42 LITRE REMOVABLE BODIED SACK HOLDER – Order Non-stock



DIMENSIONS

H 580 X W 460 X D 420mm.

WEIGHT. 7.9Kgs.

BOXLRG. 70 LITRE REMOVABLE BODIED SACK HOLDER - Order Non-stock



DIMENSIONS

H 800 x W 460 x D 420mm.

WEIGHT. 8.9 Kgs.

Appendix 10 – Glossary of Terms: v.1

BGTH – Burnley General Teaching Hospital

CCH – Clitheroe Community Hospital

AVH – Accrington Victoria Hospital

RBTH – Royal Blackburn Teaching Hospital

PCH - Pendle Community Hospital

DQSB – Divisional Quality Safety Board

HTM - Health Technical Memorandum 07-01 Safe Management of Healthcare Waste

ICG – Integrated Care Group

DCS – Diagnostics and Clinical Support

SAS – Surgical and Anaesthetics Services

FC – Family Care

E&F – Estates and Facilities

CQC – Care Quality Commission

EWC – European Waste Code

EPR – Environmental Permitting Regulations

IPAC – Infection Prevention and Control

PLACE – Patient Led Assessment of the Care Environment

NAPF – Nursing Assurance Performance Framework

PPE- Personal Protective Equipment

DGSA – Dangerous Goods Service Advisor

ANTT – Aseptic Non Touch Techniques

APPENDIX 11 - Equality Impact Analysis

Stage one – Initial Screening

Directorate/ Service/ Department/ Ward	TRUST-WIDE
Policy Title / Service / Function?	WASTE MANAGEMENT POLICY C071
New or Existing Policy / Protocol/ Procedure?	EXISTING POLICY
Name of Assessor/s	Equality and Diversity Manager
Job Title/s	
Contact Telephone Number	
Date of Analysis	19 March 2018

Please complete the following Questions: (expand boxes as required)

1. Describe the aims and objectives of the policy, service or function?	To promote awareness and corporate responsibility for safe and controlled disposal of waste arising from Trust business activities.
2. Who will implement the policy etc?	All Staff
3. Who will benefit?	The Trust, All Staff, Patients, Visitors
4. What are the expected outcomes?	To reduce consumption of natural resources (energy, water, minerals) and generation of environmental pollution by landfill without prejudicing good standards of healthcare
5. Who was consulted and or involved on this policy, service or function?	Waste Management Group Estates & Facilities Divisional QSB

6. In the table below, for each group of people tick whether the proposed policy or service would be:
- experienced as different and positive action for that group compared to other groups of people (e.g. a women only service is positive action for women);
 - experienced more negatively for that group compared to other groups (e.g. a Christian service run in the lounge of a residential unit would be positive for any Christian service users but negatively for people of other faiths who would lose use of the lounge for that period of time
 - neither positive nor negative for any one group of people (equality target group) compared to others.

Assessment of likely impact on equality target groups

(This involves determining whether or not there is an adverse impact on the main equality groups or sub groups)

Equality Target Group	What impact will the policy/ proposal have? For example, its effect on	Positive Impact	Negative Impact		Neutral impact	Reason / Comment (What actions will you take to remove or minimise the negative impact)
			High*	Low#		
Men	Lifestyles? <ul style="list-style-type: none"> Diet & nutrition? Exercise & physical activity? Substance use: tobacco, alcohol or drugs? Risk taking behaviour? Education & learning, or skills? Personal safety? Privacy? Communication? Relationships? Other? Social environment? <ul style="list-style-type: none"> Social status Employment (paid or unpaid) Social/family support housing Income Will it impact on; <ul style="list-style-type: none"> Discrimination? Equality of opportunity? Relations between groups? Other Physical environment? <ul style="list-style-type: none"> Living conditions? Working conditions? Pollution or climate change? Accidental injuries or public safety? Transmission of infectious disease? other Access to and experience of	•				Promotes good health, and longevity by maintaining a safe environment and combatting adverse climate change
Women		•				As above
People from Black and Minority Ethnic Communities		•				As above
Disabled People		•				As above
Gay, Lesbian and Bisexual people		•				As above
Religion & Belief					•	
Carers		•				Promotes good health, and longevity by maintaining a safe environment and combatting adverse climate change
Transgender		•				As above

people	services? e.g. <ul style="list-style-type: none"> • Health Care & treatment • Education • Leisure • Transport • Housing • other 				
Age	Human Resources <ul style="list-style-type: none"> • Recruitment • Selection • Training • Promotion • Disciplinary/Grievance • Bullying & Harassment • Work life balance 			•	

* High - there is significant evidence of adverse impact or potential for adverse impact. If the negative impact of the policy etc is high for any equality group, you must complete a full impact assessment as soon as possible

Low - there is anecdotal or little evidence to suggest adverse impact. The policy etc operates mainly within a small unit and affects few people. If the negative impact of the policy etc is low please complete the questions below.

<p>7. What evidence have you used to support the conclusions drawn in screening questions 6? (Does the data indicate a possible adverse impact on some groups?)</p> <p>What is the strength of this evidence - for instance</p> <p>a) well established and validated?</p> <p>b) strong evidence, but a few gaps?</p> <p>c) some evidence, but considerable gaps?</p> <p>d) anecdotal?</p>	<p>Statutory and mandatory standards for environmental conditions will not be compromised</p>
<p>8. If there is a negative impact on any equality target group, could the policy etc lead to unlawful direct discrimination? (If so the policy etc must be abandoned and you will need to look for different ways of achieving the policy etc aims)</p>	<p>No</p>
<p>9. Could the policy etc lead to unlawful indirect discrimination? If so, is it justifiable?</p> <p>Could the policy etc damage relations between different groups?</p>	<p>No</p>
<p>10. Could the policy etc damage relations between different groups?</p>	<p>No</p>

<p>11. What actions could be taken to amend the policy/service to minimise the low negative impact?</p> <p>Are there alternatives that could meet the policy etc aims/objectives? If so state what alternative method will be used?</p> <p>Can the adverse impact be reduced or justified?</p> <p>Is there a need for further consultation?</p>	<p>None required</p>
<p>12. Conclusions & Recommendations</p> <p>Proceed to Policy Council</p>	
<p>Signature of Assessor:</p>	<p>Date: 19 MARCH 2018</p>
<p>Signature:</p>	