

## **Scottish Health Technical Note 3**

NHSScotland waste management guidance

Part A: Summary of requirements - best  
practice overview

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## Acknowledgements

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Additionally, the WMSG and the SHTN 3 guidance suite have benefited significantly from the expertise and resources made available by Zero Waste Scotland staff, notably Claire Guerin and Jess Twemlow, under the Resource Efficient Scotland programme.

Finally, HFS welcomes the important recognition and endorsement of this guidance by the Scottish Environment Protection Agency, and is grateful to Mark Heggie of SEPA for his practical comments and input to shaping this latest version of SHTN 3.

## Preface

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### Scottish Health Technical Notes

Technical guidance is a vital tool in the safe and efficient operation of healthcare facilities. Scottish Health Technical Notes (SHTNs) provide comprehensive guidance to NHSScotland Boards on a range of healthcare-specific standards, policies and current best practice. SHTNs are essential to the effective management of the Duty of Care placed on NHSScotland Boards to ensure the health, safety and wellbeing of people and the environment.

The SHTN 3 suite of guidance has been compiled by members of Health Facilities Scotland's (HFS) Waste Management Steering Group (WMSG). Version 6.0 is intended to assist all NHSScotland Boards in meeting their waste management priorities by reflecting current legal, policy and procedural requirements and best practice. It provides guidance to staff and contractors involved at all stages of waste management in the modern healthcare setting. SHTN 3 guidance and recommendations are applicable wherever the NHS in Scotland provides healthcare services and produces waste of any kind.

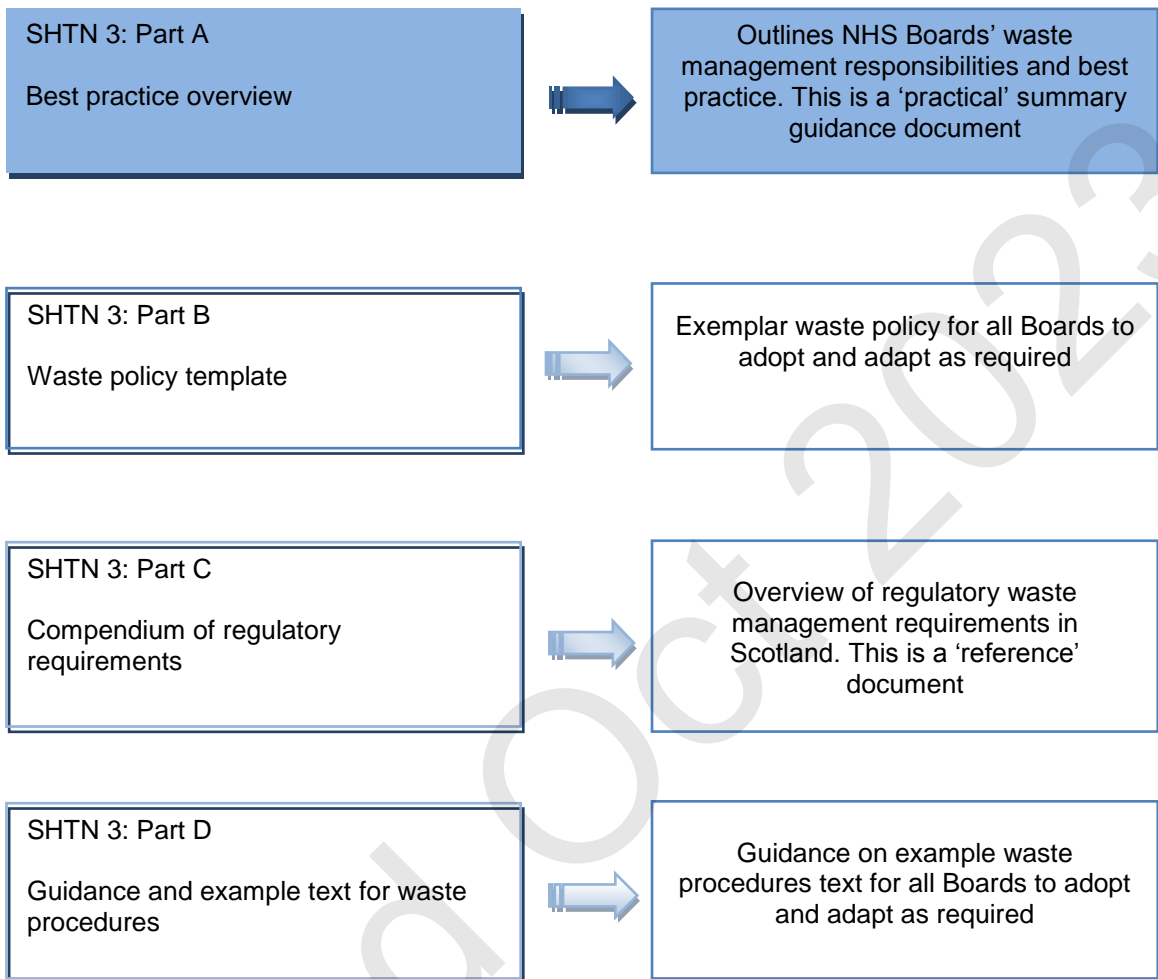
SHTN 3 version 6.0 updates and replaces version 5.0, published in 2010.

Waste management is a complex and ever-evolving topic. Any subsequent revisions and improvements to Version 6.0 required by future policy and procedural changes will be announced to the Service, along with the associated version numbers, via the HFS website and held, distributed, or made available through appropriate channels. Version 6.0 incorporates the relevant requirements of the Waste (Scotland) Regulations 2012. These Regulations mark a shift in emphasis from waste management to waste minimisation, prevention and reuse, as reflected in the recent NHSScotland Waste Management Action Plan 2013-2016 which was issued by a Chief Executive Letter to all NHS Boards (CEL 14 2013).

SHTN 3 should be used by NHS Board staff and contractors, for whom it has been produced specifically. SHTN 3 reflects best practice for NHSScotland and includes Scottish regulations and relevant requirements drawn from other UK-wide guidance. Sole reliance on UK-wide guidance such as 'Safe Management of Healthcare Waste' (previously known as HTM07-01) is not recommended for NHSScotland as it may be unhelpful or misleading for staff and contractors.

To avoid duplication, where possible, SHTN 3 aims to facilitate compliance without repeating external standards. However, where deemed necessary or helpful, Version 6.0 does include reference to the appropriate international, European and industry standards, or relevant UK and Scottish Government legislation.

A summary of the titles and content of each part of this SHTN 3 Version 6.0 guidance is shown overleaf:



Archived

## Executive summary

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### Aim of this guidance

Part A is the first in the suite of four SHTN 3 waste management guidance documents published by HFS. Its aims are to clarify the waste management requirements placed on NHS Boards, and to provide a practical overview, outlining how NHS Boards can comply with waste management legislation, policy and best practice. It also provides key information sources and, in particular, draws on and cross-references the other three documents within the SHTN 3 suite of guidance, namely: Part B (Waste policy template); Part C (Compendium of regulatory requirements), and Part D (Guidance and example text for waste procedures).

### Who should use this guidance?

This guidance has been written for those with responsibility for waste management practices at NHS Board or site levels. This document is a summary of the key requirements and is suitable for use by all NHSScotland staff. Further detail is provided in other sections of SHTN 3; in addition, local guidance can be provided by a Board's Waste Management Officer (WMO).

**Note:** additional useful information on waste minimisation, reuse and recycling is available in the [NHSScotland Waste Prevention and Reuse Guide](#) which has been prepared by Zero Waste Scotland and published on the Resource Efficient Scotland website.

### Overview of Part A

This summary guidance has the following sections:

[Section 1](#) provides a brief outline of how to use this document.

[Section 2](#) indicates the key drivers affecting waste management in the health sector, including regulatory and other requirements.

[Section 3](#) covers the main actions and responsibilities of NHS Boards, including their policy and procedures, auditing, training and procurement in waste management.

[Section 4](#) provides key details for NHS Boards in getting the basics right, explaining waste definitions, segregation requirements, the NHSScotland colour-coding system, waste storage, and treatment and disposal.

[Section 5](#) identifies how NHS Boards can demonstrate compliance.

## 1. How to use this document

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- 1.1 Part A is not intended to provide comprehensive guidance; it has been designed to provide a summary of the key requirements and components of an effective waste management system.
- 1.2 Throughout this document, 'compliance summary' note boxes are intended to highlight key requirements or actions. 'Additional information' has been included in these notes, e.g. further background or useful reference sources, wherever possible with hyperlinks on first mention of a reference. All references are included at the end of this guide. An example note box is shown below:

**Compliance summary:**

[Waste \(Scotland\) Regulations 2012](#) introduce new requirements for NHS Boards to segregate and source the following recyclates for collection: paper, cardboard, metals, plastics and glass. Boards are required to demonstrate compliance from 1<sup>st</sup> January 2014. Measures to address food waste requirements must be in place from 1 January 2016.

**Additional information:**

[The Waste \(Scotland\) Regulations 2012](#) (SSI 2012/148) are available from the Scottish Government or SEPA web sites



## 2. Key drivers

### Regulatory requirements

2.1 SHTN 3 Part C: 'Compendium of regulatory requirements' provides a comprehensive overview of regulatory requirements. It highlights the key requirements with respect to:

- waste classification;
- segregation;
- storage;
- packaging;
- transport;
- treatment and disposal.

2.2 Whilst all regulatory requirements must be adhered to, this summary document highlights three key regulations:

- the [Duty of Care](#);
- the [Waste \(Scotland\) Regulations 2012](#); and
- the [Special Waste Regulations 1996 \(as amended\)](#).

#### Duty-of-care

2.3 The Duty of Care is described in Section 34 of the Environmental Protection Act 1990. The Act was recently amended in Scotland by the Waste (Scotland) Regulations 2012 and the requirements with respect to documentation, including electronic documentation can be found in the Environmental Protection (Duty of Care) (Scotland) Regulations 2014. Further guidance can be found in the 'Duty-of-Care – A Code of Practice' published in October 2012.

2.4 The Code of Practice outlines the obligations of those involved in the waste management chain, from waste producer to final disposal. It requires producers and others who are involved in the management of the waste to prevent its escape and take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal. In order to comply with this requirement, NHS Boards should:

- ensure that waste is segregated in a manner which allows for the recovery of materials;
- ensure that a written description, adequately describing the type and quantity of waste, accompanies all waste movements;
- ensure that those who manage the waste and sites receiving the waste are authorised to do so; and
- maintain records of all waste movements.

- 2.5 For some wastes, such as healthcare waste as well as other wastes with hazardous properties, NHSScotland may request formal confirmation that the waste has been suitably treated or disposed of. Confirmation of disposal should be kept with copies of waste documentation to provide auditable records.
- 2.6 The Duty-of-Care Code of Practice takes a resource-centred approach which is summarised in the five-step 'waste hierarchy' (shown below):



- 2.7 Waste producers should aim to manage waste using practices as far up the hierarchy as possible and disposal should be avoided.
- 2.8 The Waste (Scotland) Regulations 2012 and the [Waste Management Licensing \(Scotland\) Regulations 2011](#) place a duty on all persons who produce, keep or manage waste (including Local Authorities) to take all reasonable steps to apply the waste hierarchy. [Guidance on Applying the Waste Hierarchy](#) is available from the Scottish Government web site.
- 2.9 It is the duty of NHS Boards to take all reasonable steps to apply the waste hierarchy. NHS Boards should review contract requirements and ensure that on-site segregation practices encourage the recovery of materials for high quality recycling.

### Compliance summary:

In order to demonstrate compliance with the Duty of Care requirements, NHS Boards are advised to:

- ensure that wastes are effectively segregated to maximise recycling;
- review waste contracts in line with the Waste Hierarchy;
- keep copies of waste-related paperwork including Special Waste Consignment Notes and Transfer Notes for all other types of waste,
- regularly audit waste contractors' facilities, at a minimum on an annual basis, and keep a record of audit activities.

Where national or other consortia waste contracts operate, there is an opportunity to share the burden of audit activity. Copies of the 'Duty-of-Care' audit reports for contracted waste facilities in the NHSScotland waste consortia areas are held by the Regional Consortia Chairs.

### Additional information:

[Duty-of-Care – A Code of Practice](#) (available from the Scottish Government web site)

[Guidance on Applying the Waste Hierarchy](#) (available from the Scottish Government web site)

### The Waste (Scotland) Regulations 2012, and Scotland's Zero Waste Plan

2.10 The Waste (Scotland) Regulations 2012 provide the regulatory framework to enable Scotland to meet its Zero Waste Plan.

2.11 [Scotland's Zero Waste Plan](#) was published in June 2010 and sets out the Scottish Government's vision for a zero waste society. The Plan is comprehensive and includes a number of measures to reduce waste and gain maximum value, including:

- waste prevention programmes for all waste types;
- landfill bans for specific wastes;
- separate collections of recyclables and food wastes;
- challenging targets for recycling of 70% of all waste types with a maximum of 5% permitted in landfill by 2025, and restrictions on the use of energy from waste facilities.

The Waste (Scotland) Regulations 2012 provide the timetable for enforcement. Some of the key requirements and dates of which are shown below:

- businesses (including hospitals<sup>1</sup>) are to present dry recyclable materials (glass, metals, plastics, paper, and card/cardboard) for collection from 1 January 2014;
- materials collected separately for recycling will be banned from going to landfill or incineration from 1 January 2014;
- waste producers involved in food manufacture, preparation, or retail are to separate food waste for recycling from 1 January 2014 unless they are a hospital or produce less than 50kg of food waste per week, in which cases they have until 1 January 2016 to comply<sup>2</sup>;
- food waste disposal will be banned from entering the public drain or sewer from 1 January 2016; and
- biodegradable municipal waste to be banned from going to landfill, from 1 January 2021.

2.12 To assist NHS Boards in meeting these requirements, the HFS Waste Management Steering Group has developed the NHSScotland Waste Management Action Plan 2013-2016. The Plan was published by the Scottish Government in July 2013 as Chief Executives' Letter [CEL 14 \(2013\)](#).

2.13 The WMSG has also worked closely with Zero Waste Scotland (ZWS)<sup>3</sup> via the 'Resource Efficient Scotland' programme to develop and disseminate information slides and tools to help NHS Boards' preparations for the Waste (Scotland) Regulations 2012. ZWS continues to offer training events for NHS Boards on related matters.

<sup>1</sup> Hospitals, as defined in section 108 of the National Health (Scotland) Act 1978(b).

<sup>2</sup> The Duty of Care – A Code of Practice states that rural food businesses are exempt from this requirement. 'Rural' is defined using a six code classification system and further guidance is available in a document published by the Scottish Government entitled '[Defining rural and non-rural areas to support zero waste policies](#)'. This is available from the Scottish Government web site.

<sup>3</sup> Resource Efficient Scotland ([www.resourceefficientscotland.com](http://www.resourceefficientscotland.com)) is a Scottish Government-funded programme to help businesses and the public and third sectors save money by using resources more efficiently. The Programme is delivered by Zero Waste Scotland.

### Compliance summary:

In order to demonstrate compliance with the Waste (Scotland) Regulations 2012, NHSScotland Boards are advised to:

- review the recommendations in the NHSScotland Waste Management Action Plan 2013-2016;
- audit the site and identify where recyclables can be segregated; as a minimum sites should segregate 'dry mixed recyclates' (DMR) from the residual waste stream. Dry mixed recyclates include paper, plastic and cans (metal); DMR should not contain glass and should be free of contaminants such as food;
- review waste contracts and identify opportunities to increase source-segregated recycling. Contracts which recycle a bag of unsegregated waste do not meet the requirements of the 2012 Regulations irrespective of the level of recycling claimed; the Regulations place the onus on producers to segregate at source;
- identify food waste arisings and effective method(s) of collecting the waste for treatment, and
- review contracts for food waste (organic waste) management in the NHS Board area.

### Additional information:

[Waste \(Scotland\) Regulations 2012](#)

[Scotland's Zero Waste Plan](#) - available on the Scottish Government web site

[NHSScotland Waste Management Action Plan 2013-2016](#) - available from the Scottish Government web site, issued as CEL 14 (2013)

### The Special Waste Regulations 1996 (as amended)

2.14 'Special waste' is any waste with hazardous properties which may render it harmful to human health or the environment. Elsewhere in the UK and in Europe this waste stream is referred to as hazardous waste.

2.15 The [Special Waste Regulations 1996 \(as amended\)](#) set out procedures to be followed when disposing of, carrying, and receiving special waste. Guidance on how to classify and assess the special waste can be found in: [Technical Guidance WM2: Hazardous Waste - Interpretation of the definition and classification of hazardous waste](#). WM2 is published by the UK environmental regulatory agencies which includes SEPA, the Scottish Environment Protection Agency. WM2 is regularly revised and the current version is dated October 2013.

2.16 Local guidance on the classification of items as special waste should be available from the NHSScotland Board's Waste Management Officer, and information on Material Safety Data Sheets (MSDS) supplied with products should also provide information on waste classification.

2.17 NHS Boards will produce a variety of special wastes including:

- infectious healthcare wastes;
- cytotoxic and cytostatic medicinal products;
- paints;
- lead acid batteries;
- fluorescent lighting tubes;
- alcohol hand gel; and
- waste electrical and electronic equipment (WEEE).

NHS Boards should take measures to ensure that different categories of special waste are not mixed and ensure that special and non-special waste are kept separately.

2.18 In Scotland all movements of special waste must be accompanied by a Special Waste Consignment Note (SWCN). The SWCN has five sections, which refer to different aspects of the waste management chain. All applicable sections must be completed and a copy of the note retained by each party handling the waste. SWCNs can be purchased from SEPA and the purchase fee includes the regulatory pre-notification fee. Some waste contracts include the cost of the SWCN in the contract cost. A practical step-by-step guide to the consignment of special waste is being finalised by the HFS Waste Management Steering Group (WMSG) and will be issued to Waste Management Officers and available in due course from the HFS web site.

2.19 Further guidance on the classification, description and consignment of special wastes is provided in Part C of SHTN 3.



### Compliance summary:

In order to demonstrate compliance with the Special Waste Regulations 1996 (as amended) NHS Boards are advised to:

- ensure that measures are in place to segregate special (hazardous) wastes at source and that these are stored separately from other wastes;
- ensure that all waste receptacles are suitably labelled;
- ensure that a completed Special Waste Consignment Note providing a written description of the waste, all relevant hazardous waste European Waste Catalogue (EWC) codes, and details of the amount of waste to be transferred - usually in kilograms (kg) - are included. Copies of the notes should be retained on site; and
- ensure that contractors and sites accepting the waste for transport, treatment, recovery or disposal are authorised to do so.

### Additional information:

[Technical Guidance WM2: Hazardous Waste - Interpretation of the definition and classification of hazardous waste](#)

More details on [special waste](#) can be found on the SEPA web site

## NHSScotland policy requirements

### A Policy on Sustainable Development for NHSScotland 2012

2.20

The current policy was issued in [CEL 2 \(2012\)](#) by the Scottish Government to NHS Board Chief Executives. Its objective was to improve the sustainability of NHSScotland activities, principally in the context of estates, property and asset management, but also to contribute to the overall purpose and wider strategic objectives of the Scottish Government. Waste has been identified as an important issue in both the policy and accompanying sustainable development strategy produced by HFS and wider Scottish Government strategies. Attention is required to improve practices and reduce consumption of raw materials through improved purchasing practices, material recycling and recovery.

In CEL 2 2012, the mandatory requirement related to waste states that:

*“each NHSScotland body must appoint a senior staff member as Waste Management Officer (WMO) as a single point of contact with responsibility for all aspects of waste management within the organisation consistent with the Scottish Government’s commitments towards zero waste. The WMO will report to the Chief Executive through formal channels”.*

The current policy also refers to both the previous [Waste Management in NHSScotland Action Plan: 2007](#), issued in [CEL 2 \(2008\)](#), and to the previous [Environmental Management Policy for NHSScotland](#), HDL (2006) 21.

2.21 Although these have been superseded by the broader policy on sustainable development in CEL 2 (2012), many of their requirements and recommendations remain pertinent today. HDL (2006) 21 required NHS Boards to review types of waste produced and investigate options available for recycling, recovery, treatment and disposal while assessing, segregating and applying appropriate management procedures effectively.

The relevant policy statements, mandatory requirements and guidance set out within HDL (2006) 21 are shown in [Table 1](#).

Policy Statement (PS)	
PS4	Buildings should be designed for future waste management needs.
Mandatory Requirements (MR)	
MR2	Identify in planned steps performance in respect of all waste arisings.
MR7	Include targets for waste reduction and identify, where practicable, reuse, recycling and recovery opportunities within the NHS Board’s environmental strategy.
MR8	Appoint a Waste Management Officer (WMO) and Committee.
MR9	WMO to ensure waste management policy allows for segregation of waste at source (including WEEE).
MR10	Staff to be made fully aware of need for waste segregation and to receive appropriate training (responsibility of WMO).
MR14	Conduct regular waste audits, review and quantify domestic waste present in the clinical waste stream, and target action appropriately.
Policy Guidance	
PG	Adopt best practice, use waste hierarchy, set targets for reducing waste.

**Table1: Key points relating to waste management contained in HDL (2006)21**

**Note:** 1. MR7 states that “where practicable re-use, recycling and recovery opportunities” should be identified. Both the Waste (Scotland) Regulations 2012 and the Duty of Care – A Code of Practice make this a mandatory requirement, so an *assessment* of practicality is no longer sufficient.

2. The Waste Management Action Plan 2007 issued by CEL 2 (2008) has now been superseded by the current Waste Management Action Plan 2013-2016, issued by CEL 14 (2013), referred to earlier. Further detail follows.

**NHSScotland Waste Management Action Plan 2013-2016**

2.22 To support NHS Boards on meeting current regulatory and best practice requirements the HFS Waste Management Steering Group produced the [NHSScotland Waste Management Action Plan 2013-2016](#). This plan reflects on the requirements of previous action plans, stating what should already be in place, as well as outlining new actions required going forward.

2.23 Adoption and adaption, as appropriate to suit local circumstances by each NHS Board, of SHTN 3 Part B (waste policy template) and Part D (guidance and example text for waste procedures) will assist Boards in meeting the requirements of the Waste Management Action Plan 2013-2016.



- 2.24 The Action Plan 2013-2016 provides a Gantt chart which shows the key actions required to ensure compliance. This is shown in [Table 2](#).

**Compliance summary:**

In order to demonstrate compliance with The Special Waste Regulations 1996 (as amended), NHS Boards are advised to:

- review the NHSScotland Waste Management Action Plan 2013-2016;
- produce a site-based action plan clearly identifying roles and responsibilities;
- audit their sites to establish the types of waste produced and opportunities to source-segregate recyclates and food waste;
- discuss their requirements with waste contractors at an early stage and evaluate current market options;
- revise or establish a waste management training and awareness campaign for staff and visitors, and
- undertake periodic audits to evaluate segregation practice and the level of mis-segregation (or contamination) of waste streams.

**Additional information:**

[NHSScotland Waste Management Action Plan 2013-2016](#)

**Waste management performance reporting**

- 2.25 NHS Boards are required to input quarterly Board-wide data on a range of waste-related parameters to the electronic environmental Monitoring and Reporting Tool (eMART). Appropriate Board representatives, usually Energy or Waste Management Officers, will have an account registered with HFS to complete their eMART waste submissions on line.
- 2.26 The eMART tool allows collation of national data on waste management practices. Performance is reviewed periodically by the Waste Management Steering Group, at least on an annual basis. The quarterly data are also submitted directly to the NHSScotland Estates and Facilities benchmarking reporting tool, as well as being used by HFS to compile the NHSScotland Annual National Sustainability Report or other progress updates requested by the NHSScotland Strategic Facilities Group or Scottish Government.



### 3. NHS Board actions

- 3.1 This Section outlines the key actions NHS Boards should take to demonstrate best practice.

#### Responsibility

- 3.2 Overall accountability for waste management activity and legal compliance lies with the NHS Board's Chief Executive.
- 3.3 Waste management should form part of the Board's risk management system. Responsibility for operational delivery should be identified at departmental level and appropriate performance objectives should be set.

#### Waste Management Officer

- 3.4 In line with the Waste Management Action Plan 2013-2016 and previous action plans, NHS Boards are required to appoint a Waste Management Officer (WMO) whose role is to manage and co-ordinate waste-related activities, providing a single point of contact within each Board. This person will be the professional lead for all aspects of waste management within the organisation and will have delegated responsibility from the Chief Executive.
- 3.5 The WMO has Board-wide responsibility for monitoring, measurement and reporting of waste performance, including verification of waste returns for inclusion in eMART. The WMO should also be responsible for waste awareness training.
- 3.6 Expertise and feedback throughout the NHS Board should be encouraged by the WMO who should work with departmental leads and local waste champions (ward-level contacts) to seek improvement and tackle local waste management issues when they arise.
- 3.7 The WMO should develop a network of contacts throughout the NHS Board's sites and hold regular meetings with key individuals such as departmental leads to ensure that information is shared and that issues can be addressed.
- 3.8 As well as providing and collating information and data, the WMO will liaise with the NHSScotland Waste Management Steering Group and the Regional Consortia Chairs who will provide information and updates on forthcoming regulatory and policy changes. Figure 1 on the following page shows the relationship between the Waste Management Steering Group, the WMO and site representatives.

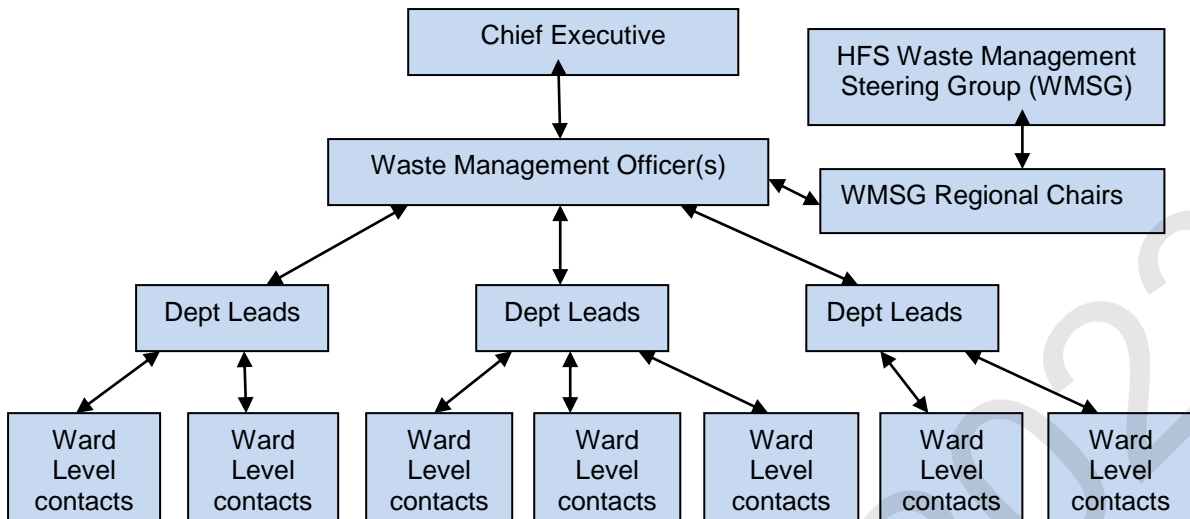


Figure1: Relationship between WMSG and Board or site-based WMOs

## Waste policy

3.9 SHTN 3 Part B provides NHS Boards with a model policy template which can be amended to suit individual Board requirements. Adoption of this policy is not mandatory, but will help to ensure compliance with best practice.

3.10 The requirement for NHS Boards to produce a Board-specific waste policy in accordance with Scottish Government policy and HFS guidance is identified in the NHSScotland Waste Management Action Plan: 2013-2016, referred to above.

A Board's policy document should identify clearly:

- waste management objectives;
- responsibilities and procedural framework;
- local procedural arrangements for implementation; and
- monitoring and review arrangements.

3.11 The policy should be applicable to all waste that arises as a result of NHSScotland activities. This includes waste on NHSScotland sites and on premises not owned by the NHS that are used to deliver healthcare services by, or on behalf of, the NHS Board. The policy should identify local arrangements for the segregation and take-back of waste, such as collection and return to pharmacy practices of infectious healthcare waste and/or waste medicines from treatments delivered in the community.

3.12 The waste policy should complement and be integrated with other policy documents, such as the NHS Board's Environmental Management Policy statement or Sustainable Development Action Plan.

### Compliance summary:

Adoption of the waste policy template provided in Part B of SHTN 3, or an equivalent policy, will assist NHS Boards in demonstrating best practice.

### Additional information:

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

[NHSScotland Waste Management Action Plan 2013-2016](#)

## Waste procedures

- 3.13 Procedures provide written instructions on how waste should be identified, segregated and managed. Procedures ensure that all staff have a clear understanding of what is required and ensure consistency across the site and NHS Board. Procedures need to be appropriate to the audience and, in some cases, can be simple posters with clear instructions, photographs or diagrams.
- 3.14 The NHSScotland Waste Management Action Plan: 2013-2016 requires NHS Boards to have procedures in place for all waste streams.
- 3.15 Procedures should be workplace-specific and include routine management scenarios, as well as those for accidents or incidents, including spillages.
- 3.16 Procedures should clearly identify the local segregation, storage, packaging and transfer arrangements for the following five 'core' waste streams:
- **healthcare (including clinical) waste** – waste produced as a direct result of healthcare activities which may pose a risk of infection and/or is medicinally contaminated;
  - **other (non-healthcare) special wastes** – waste with hazardous characteristics produced from support (non-healthcare) activities, such as paints, batteries and waste electrical and electronic equipment;
  - **source-segregated recyclates** – paper, card/cardboard, plastic, cans and other metals suitable for recycling;
  - **food waste** – unwanted food from patients, staff and visitors of the site; and
  - **residual waste** – the fraction of waste that remains once all special waste, recyclates and food have been removed at source. This is typically described as and contained in 'black bag' or 'clear bag' waste, depending on local arrangements.
- 3.17 The WMO should be responsible for ensuring that the NHS Board's procedures are current (i.e. up-to-date, robust and effective) and take into consideration all regulatory and contractual requirements. The procedures should be reviewed on an annual basis (as a minimum) to ensure continued relevance and compliance.
- 3.18 Robust waste procedures assist NHS Boards in demonstrating compliance with the Duty of Care, by detailing segregation and safe on-site management

practices. Efficient segregation of waste at the point of production is a key element of effective waste management and has a major influence on the options for the treatment and disposal of waste.

- 3.19 Managers need to ensure that procedures are followed by all staff. Staff at all levels who generate the waste need to recognise that they are personally responsible for complying with agreed local procedures.

Part D of SHTN 3 provides example procedures.

**Compliance summary:**

Use of the example text in Part D of SHTN 3, or equivalent, to develop waste procedures will assist NHS Boards in demonstrating best practice and provides a practical information resource in meeting regulatory requirements.

**Additional information:**

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

[NHSScotland Waste Management Action Plan 2013-2016](#)

**Auditing**

- 3.20 The existence of procedures should not be assumed to be an indication of actual performance or practice. Practice can only be determined and monitored by robust audit procedures.
- 3.21 Waste audits are an essential tool in assessing the composition of a waste stream and for monitoring the effectiveness of waste segregation and minimisation procedures in practice.
- 3.22 Audit results identify the type and quantity of waste produced. This information can be used to develop and influence waste management policies and procedures.
- 3.23 Audits play a vital role in demonstrating compliance with regulatory standards. The NHSScotland Waste Management Action Plan: 2013-2016 recommends that NHS Boards carry out audits to:
- establish waste types and materials and review opportunities for source segregation of recyclates and food;
  - monitor segregation practices, focusing on:
    - effective segregation between the healthcare and non-healthcare waste streams, thereby avoiding the unnecessary costs of classification and treatment of materials as clinical waste;
    - effective segregation of dry mixed recyclates; and
    - effective segregation of food waste to ensure recovery of this waste stream and prevent contamination of other waste streams, thereby increasing the quality and value of recyclates, and minimising the



remaining fraction of residual waste.

3.24 In order to gain a clear and accurate picture of practices across all sites, a range of audit techniques may be required. All areas of the site will require an audit. The frequency of audits and priority order in which they are undertaken should be based on the type of wastes produced and the risk presented. The risk should be expressed for failure to comply with regulations and best practice in terms of:

- health and safety considerations;
- environmental considerations; and
- reputational considerations.

3.25 It is recommended that random 'snapshot' audits are undertaken by the WMO to review the effectiveness of operational segregation arrangements; the findings should then be reported on a periodic basis (for example, an annual performance report) to the Chief Executive.

Guidance on waste auditing can be found in SHTN 3 Part C (Compendium of regulatory requirements).

**Compliance summary:**

The WMO should develop an audit plan based on the waste management audit information provided in Part C of SHTN 3.

The WMO should record audit findings and present a report on an annual basis to the Chief Executive.

**Additional information:**

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

[NHSScotland Waste Management Action Plan 2013-2016](#)

**Waste training**

3.26 NHSScotland staff should have an awareness of the NHS Board's waste management policy and related procedures. Their awareness and competence will vary depending on their role within the organisation and their responsibilities with respect to waste management.

3.27 As a minimum, as part of their routine induction, all staff should receive 'basic' waste management training, which outlines the NHS Board's key responsibilities. In addition, staff who regularly handle wastes, including clinical and special wastes, will require more specific training related to the specific tasks they carry out. To ensure continued compliance and best practice, staff should receive 'refresher' training on an annual basis.

3.28 The NHSScotland Waste Management Action Plan: 2013-2016 states that attendance at both induction training sessions and an annual refresher training

session should be compulsory for all members of staff involved in the handling of clinical and/or special waste.

3.29 Training needs will vary depending on staff responsibilities, job function and location. Ideally, separate training programmes should be designed for the following groups across acute and community healthcare settings:

- infection prevention and control staff, healthcare managers and administrative staff responsible for implementing regulations and local policy relating to healthcare waste management;
- medical, surgical, nursing and associated clinical staff;
- pharmacy, x-ray, pathology and laboratory staff; and
- waste handlers, cleaners, porters and auxiliary facilities staff.

3.30 Training procedures and information need to:

- be written in a way that can be understood by those who need to follow them, including those who may not have a good command of the English language;
- take account of different levels of training, knowledge and experience;
- be up-to-date;
- be available to all staff including full and part-time, shift, temporary, agency and contract staff;
- be available in all areas.

3.31 Zero Waste Scotland, in association with the HFS Waste Management Steering Group, has produced a range of training slides which have been made available to NHS Boards. The slides can be used as stand-alone training materials, or may be incorporated into Board-based e-learning packages.

3.32 The WMO should play a key role in co-ordinating training and, although he/she may directly facilitate training sessions, other internal resources are likely to be required.

3.33 Records of staff training must be maintained to demonstrate compliance with the Duty of Care. NHS Boards have a responsibility to ensure that waste is dealt with appropriately from the point of production to the point of final disposal. Staff training and the maintenance of training records are a good way of demonstrating this.

Comprehensive information on waste management training is provided in Part C of SHTN 3.



**Compliance summary:**

Waste management training should, as a minimum, form part of the formal on-site induction process for all staff. In addition, staff with waste management responsibilities and those that come into contact with healthcare and other special wastes should be given more specific and focused training including regular (at least annual) refresher sessions.

Records of staff training should be kept to aid in the demonstration of compliance with the Duty of Care.

**Additional information:**

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

[NHSScotland Waste Management Action Plan 2013-2016](#)

NHSScotland Waste Management Training Slides, available from HFS

**Procurement**

- 3.34 Procuring the correct goods and services is key to successful waste management. By taking into consideration the whole life-cycle of a product, including its management as a waste, the amount of waste produced can be minimised, re-use and recycling can be increased, and waste disposal costs can be reduced.
- 3.35 In some instances it may be necessary to evaluate and compare the procurement of goods and/or services over extended periods to assess fully longer-term benefits and costs. This is often referred to as “whole life costing”. It may also be possible to source products with recycled content which stimulate the market for recycled materials in Scotland.
- 3.36 The [Scottish Sustainable Procurement Action Plan \(2009\)](#) and the [Government Buying Standards](#) (previously known as the Buy Sustainable Quick-Wins) outline ways in which waste considerations can be taken account of as part of procurement activities and form part of the ‘procurement journey’.

**Compliance summary:**

Procurement has a fundamental role in what ends up as waste, the financial consequences of managing that waste, and the original purchase cost of the goods or services. Boards should be clear on and follow the requirements for sustainable procurement, ensuring their procurement strategies minimise waste at every opportunity.

**Additional information:**

[Scottish Sustainable Procurement Action Plan \(2009\)](#), and the [Government Buying Standards](#)

## 4. Getting the basics right

### Segregation

- 4.1 Safe and effective segregation of waste at the point of production into suitable colour-coded and suitably labelled receptacles is vital to good and transparent waste management practice.
- 4.2 The importance of segregation in the waste management process is a requirement of regulations, as well as NHSScotland best practice guidance:
- The Waste (Scotland) Regulations 2012 require the source segregation of recyclates and food waste;
  - The Special Waste Regulations 1996 (as amended) require the segregation and management of special (hazardous) wastes, including clinical wastes;
  - Duty of Care – A Code of Practice requires the segregation of waste materials for re-use, recycling and recovery in line with the waste hierarchy;
  - CEL 2 (2012), a sustainable development policy for NHSScotland, in building on and replacing HDL (2006)21 (NHSScotland Environmental Management Policy), requires the segregation of clinical and other special (hazardous) wastes at the point of production and encourages NHS Boards to segregate recyclable materials;
  - CEL 14 (2013), the NHSScotland Waste Management Action Plan: 2013-2016, requires the segregation of clinical waste, special (hazardous) waste, recyclables and food waste at the point of production; and
  - The [National Infection Prevention and Control Manual](#), published by Health Protection Scotland in January 2013, requires the segregation of infectious healthcare (clinical) waste at the point of production.
- 4.3 In addition, waste which contains dangerous substances must be segregated and packaged in accordance with the Carriage of Dangerous Goods Regulations ([SI 2011/1885](#)). More detail is contained in SHTN 3 Part C.
- 4.4 Proper segregation can also have financial benefits and can assist NHS Boards in managing and potentially reducing waste management costs (i.e. ensuring the correctly segregated waste reaches the correct location for treatment or recovery or disposal).

**Compliance summary:**

Waste segregation is important; get it wrong and money and valuable resources are wasted. It may also result in legal and reputational damage for your Board.

**Additional information:**

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

[National Infection Prevention and Control Manual](#)

4.5 NHS Boards have responsibility for the effective segregation of wastes wherever NHSScotland care services are being provided, such as:

- in hospitals;
- in health centres;
- in clinics;
- in general medical and dental practices;
- in community pharmacies;
- in mobile units; or,
- within schools.

4.6 NHSScotland produces a large variety of wastes which, broadly, can be classified into five 'core' waste streams:

	Core waste streams	Content
1.	Healthcare (including clinical) waste	Waste produced as a direct result of healthcare activities which may pose a risk of infection and/or is medicinally contaminated
2.	Other (non-healthcare) special wastes	Waste with hazardous characteristics produced from support (non-healthcare) activities, such as paints, batteries and waste electrical and electronic equipment
3.	Source segregated recyclates	Paper, card, plastic, cans and other metals suitable for recycling
4.	Food waste	Unwanted food from patients, staff and visitors of the site
5.	Residual waste	The fraction of waste that remains once all special waste, recyclates and food have been removed at source. This is typically described as 'black bag' or 'clear bag' waste, depending on local arrangements

4.7 The segregation requirements and details of the relevant colour-coded containers are described for each of these core waste streams later in this section.

4.8 NHSScotland has developed a colour-coding approach to segregation for healthcare and associated wastes which reflects regulatory and contractual requirements. In addition, there is a national 'Recycle for Scotland' colour-coding scheme for non-healthcare wastes. The segregation systems identify

and segregate waste on the basis of waste classification and suitability of treatment/disposal options. With respect to healthcare waste, reference is made to the minimum acceptable standard of waste treatment/disposal. However, waste may be dealt with by alternative treatment/disposal methods which operate to an equivalent or higher standard.

- 4.9 The use of the colour-coding systems is neither mandatory nor specified in regulations. However, their use is considered best practice in NHSScotland by Boards and by SEPA (Scotland’s environmental regulator), as well as by the NHS and environmental regulator (Defra) elsewhere in the UK.
- 4.10 Part C of SHTN 3 provides comprehensive colour-coded segregation charts and diagrams. It is recommended that NHS Boards refer to Part C and amend the colour-coded charts provided to suit their local requirements, and make suitable arrangements to publicise, inform and train staff appropriately on the colour-coding system.

**Compliance summary:**

NHS Boards should be implementing measures to ensure that waste is segregated at the point of production. As a minimum, waste should be segregated into three ‘core streams’: healthcare (including clinical), other special waste, and domestic waste.

Waste should be segregated into colour-coded, fit-for-purpose receptacles. NHS Boards are able to procure (via a national contract prepared by NHS National Services Scotland National Procurement) colour-coded receptacles with pre-printed labelling describing the waste and the most appropriate disposal route. Use of these is considered best practice.

**Additional information:**

Parts C and D of SHTN 3 give clear guidance on waste segregation and colour-coding. They are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

**Segregation of healthcare (including clinical) waste**

- 4.11 Healthcare waste is waste generated as a direct result of healthcare activities. This waste stream contains a number of special (hazardous) wastes which must be segregated at source.
- 4.12 Infectious waste is defined as  
*“substances and preparations containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms”*  
 (Source: WM2: Interpretation of the definition and classification of hazardous waste, published by SEPA).
- 4.13 As it is not possible to verify the presence or viability of a micro-organism or its toxins in every item of waste, a practical definition has been produced by Health

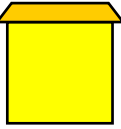
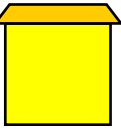


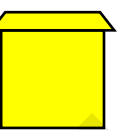

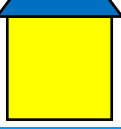
Protection Scotland (HPS) and is referenced in the National Infection Prevention and Control Manual. The definition states that items which are contaminated or likely to be contaminated with infectious blood and/or body fluids should be treated as infectious waste.

- 4.14 Items of healthcare waste that pose a risk of infection should be segregated from other wastes; these wastes include:
- infectious healthcare (clinical) wastes;
  - used sharps (also classified as infectious);
  - used sharps contaminated with cytotoxic medicinal products (chemotherapy drugs);
  - used sharps contaminated with medicinal products;
  - infectious waste contaminated with cytotoxic products (chemotherapy drugs);
  - highly infectious waste (although this is not normally segregated for off-site treatment but is treated on site); and
  - anatomical waste.
- 4.15 Some infectious wastes have other hazardous properties which must be taken into consideration for safe management and disposal. These include:
- infectious chemical waste;
  - implanted/infectious medical devices (including decontaminated devices);
  - infectious radioactive waste.
- 4.16 Healthcare waste also contains a number of other waste items which must be segregated from the recycling and residual waste streams, as they require specialist treatment and/or are special waste due to their hazardous properties. These include:
- cytotoxic and cytostatic waste;
  - other medicinal waste;
  - amalgam waste (with or without teeth) – hazardous due to the presence of mercury;
  - non-infectious radioactive waste;
  - x-ray and photographic waste;
  - waste electrical and electronic equipment (WEEE).

**Note:** Items generated as a result of healthcare activities which do not require specialist treatment or disposal due to their non-hazardous properties or characteristics should be recycled where possible or disposed of as residual waste.

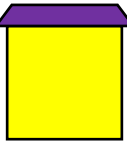
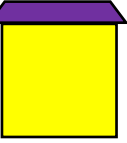
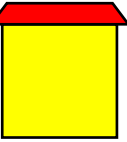
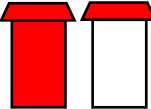


4.17

Table 3 provides a summary of the NHSScotland national colour-coding system for healthcare wastes.

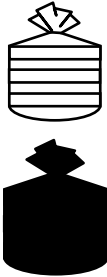
Colour-coded packaging	Description	European Waste Catalogue code(s)	Management route
	<b>Orange lidded sharps box</b> containing sharps including used syringes and vials	<b>18 01 03</b>	Consigned to clinical waste facility for treatment and disposal
	<b>Orange lidded leak-proof bin</b> for solidified infectious liquids (including blood), tube & suction sets, unrecognisable tissue waste and dialysis waste.	<b>18 01 03</b>	Consigned to clinical waste facility for treatment and disposal
	<b>Orange bag</b> for non-sharp potentially infectious items including: low hazard laboratory wastes, dressings, swabs, disposables and other typical 'ward' potentially clinical wastes	<b>18 01 03</b>	Consigned to clinical waste facility for treatment and disposal
	<b>Light blue bag</b> for waste which <b>must be autoclaved on site before final treatment</b> , including microbiological cultures and pathogenic laboratory wastes	<b>18 01 03</b>	Once treated using on-site autoclave, waste may be disposed of via the orange bag route
	<b>Yellow lidded leak-proof bin</b> for items that require disposal by incineration. <b>NB:</b> Some NHS Boards use this type of container for anatomical waste or medicinal wastes; this practice is acceptable as long as the container is clearly marked	<b>18 01 03</b>	Consigned to clinical waste incineration facility for disposal (incineration)
	<b>Blue lidded leak-proof bin</b> for medicinal products. <b>Not for chemotherapy medicinal wastes.</b>	<b>18 01 08*</b>	Consigned to clinical waste incineration facility for disposal (incineration)
	<b>Blue lidded leak-proof sharps box</b> for full or partially discharged syringes, vials or giving sets.	<b>18 01 03</b> <b>18 01 08</b>	Consigned to clinical waste incineration facility for disposal (incineration)
<b>Note:</b> Blue-lidded containers: the EWC code 18 01 08 is recommended for this waste stream as it will contain non-chemotherapy medicinal waste identified by SEPA as being potentially cytotoxic or cytostatic. Page 86 of WM2 provides guidance on classification of 'cyto' medicines. There is no definitive list of 'cyto' medicines but the following <a href="#">'hazardous medicines'</a> link used by some healthcare Trusts in England may be useful as an indication of such products.			

**Table 3: Summary of waste colour-coding for healthcare (including clinical) wastes**



Colour-coded packaging	Description	European Waste Catalogue code(s)	Management route
	<b>Violet / purple lidded leak-proof bin</b> for chemotherapy medicinal waste (cytotoxic and cytostatic medicines).	<b>18 01 08</b>	Consigned to clinical waste incineration facility for disposal (incineration)
	<b>Violet / purple lidded sharps box</b> containing sharps, including used syringes and vials contaminated with chemotherapy wastes (cytotoxic and cytostatic medicines).	<b>18 01 08</b> <b>18 01 03</b>	Consigned to clinical waste incineration facility for disposal (incineration)
	<b>Red lidded leak-proof bin.</b> This packaging is used for a variety of waste streams that require specialist storage and treatment including recognisable anatomical waste, contaminated metal parts (joints, etc.) and infectious chemical wastes.  <b>Waste streams should not be mixed and bin should be clearly labelled stating contents</b>	<b>18 01 03</b> & Other EWC codes	Consigned to appropriate treatment, recovery or disposal based on waste stream.
	<b>Red lidded leak-proof bin.</b> The body of this bin may either be white or red. This packaging is for waste amalgam or amalgam-contaminated items (including teeth).	<b>18 01 10</b> & <b>18 01 03</b>	Consigned to appropriate treatment or recovery.
<b>Note:</b> If medicinal wastes are produced in the community, the following EWC codes should be used: <b>20 01 31</b> for cytotoxic and/or cytostatic wastes, and <b>20 01 32</b> for 'non-cyto' medicinal wastes.			
	<b>Red lidded red leak-proof bin.</b> This packaging is for chemical wastes from healthcare processes.	<b>See EWC Chapter 09</b>	Consigned to appropriate treatment or recovery.
	<b>Clear plastic bag inside colour-coded recycling bin.</b> This packaging is used for source segregated mixed dry recyclates and source segregated single recyclate streams.	<b>See EWC Chapter 20 Section 01</b>	For appropriate recycling and recovery.

**Table 3 continued: Summary of waste colour-coding for healthcare (including clinical) wastes**

Colour-coded packaging	Description	European Waste Catalogue code(s)	Management route
	<p><b>Clear plastic bag or black plastic bag inside colour-coded bin for residual waste.</b></p> <p>This packaging is used for residual waste remaining after all source-segregated recyclates have been removed.</p>	20 03 01	For treatment (which may include recovery of materials) then disposal.

**Table 3 continued: Summary of waste colour-coding for healthcare (including clinical) wastes**

**Note:** A single European Waste Catalogue Code (EWC) should be used to classify each waste stream. Special (hazardous) and non-hazardous EWC codes should never be used together. Under certain circumstances, for a very small number of wastes, the use of two special (hazardous) EWC codes is permitted for a single waste stream. However, this should be restricted to where a hazardous waste also has infectious characteristics, such as sharps containing medicinal products, and potentially infectious dental amalgam. The need to use two codes, or ‘dual coding’, should be limited and should be avoided wherever possible.

**Segregation of other (non-healthcare) special wastes**

4.18 NHS Boards produce a number of non-healthcare special (hazardous) wastes. These are wastes which require segregation to allow for recycling or for appropriate treatment and disposal. This waste stream includes:

- paints;
- batteries;
- fluorescent lighting tubes; and
- waste electrical and electronic equipment.

4.19 These items should be stored separately from other wastes. These materials are not always placed in receptacles but, where they are, it is best practice to use the national ‘Recycle for Scotland’ material stream colour-codes.

**Summary of waste colour-coding for non-healthcare special wastes**

4.20 The colours below are considered best practice and are therefore not mandatory. They originate from the ‘Recycle for Scotland’ national colour-coding system and are published under the Resource Efficient Scotland programme. Colour codes do not exist for all non-healthcare special wastes. It is appropriate to seek advice from waste contractors who may be able to supply waste receptacles. For example, contractors often supply protective cases for



used fluorescent light tubes to ensure they remain intact so that hazardous substances are not released.

Colour	Description
Electrical	<b>Waste electrical and electronic equipment</b> Not all electrical and electronic equipment is classified as special waste. Guidance should be sought from the manufacturer of the equipment, or from the NHS Board Waste Management Officer.
Paint	<b>Paint</b> Gloss and emulsion paints and associated products.
Automotive Waste	<b>Automotive wastes</b> Mineral and synthetic oils and other automotive fluids.

**Table 4: Summary of waste colour-coding for non-healthcare special wastes**

4.21 Where there is concern that colour-coded receptacles for the materials above may occur in a clinical environment and that the use of the above colours may cause confusion or lead to mis-segregation, the ‘Recycle for Scotland’ colour codes should not be used. However, as these items are most likely to be stored in waste yards pending uplifts, the risk of confusion or mis-segregation should be low.

**Source-segregated recyclates (domestic waste)**

4.22 NHS Boards must source-segregate recyclates. Common recyclates include: paper; card; plastic; cans and glass. These items, with the exception of glass, may be collected together as ‘dry mixed recyclate’ / ‘mixed recycling’ or as separate material streams. The decision by a Board or site to collect mixed recyclates or separate waste streams will be determined by on-site space limitations and local recycling options. NHS Boards should aim to gain the highest quality recyclates and maximum value from the materials they collect.

**Waste colour-coding for source-segregated recyclates**

4.23 There are two ‘approved’ colour-coding systems for source-segregated items from the domestic waste stream. NHS Boards may use either and the choice of colour-coding system should be based on local risk management arrangements. It is recommended that Boards use the ‘Recycle for Scotland’ system (Table 5) as this will be familiar to patients, staff and members of the public, as this system is used in public areas throughout Scotland including shopping malls, schools and airports. However, where a Board has concerns that the system will lead to confusion, the alternative NHSScotland colour-coding system should be used ([Table 6](#)).

Material	Colour	Pantone colour code
Mixed recyclables	Light green	376 C
Paper	Azure blue	300 C
Cardboard	Azure blue	300 C
Metals	Grey	431 C
Plastics	Warm red	Warm Red C
Glass	Dark aqua	3272 C
Food and organic waste	Bright green	354 C
Residual waste	Black or clear	Black C

Table 5: Recycle for Scotland colour-coding scheme

Material	Colour	Pantone colour code
Mixed recyclables	Dark green	349 C
Source-segregated dry recyclables (including cans, plastics, glass and cardboard)	Light green	376 C
Paper	White	-
Food and organic waste	Brown	4635 C
Residual waste	Black or clear	Black C

Table 6: Alternative NHSScotland colour-coding scheme for recyclates

4.24 In addition to colour-coding, Boards may find it useful to use the ‘Recycle for Scotland’ iconography, examples of which are shown below.



## Receptacles

- 4.25 Receptacles for waste should be fit-for-purpose, of a suitable size, and placed in convenient locations, preferably as close to the point of production as possible. Ideally, receptacles for healthcare (clinical) and other special wastes should be located away from, and secure from, areas of public access, in accordance with the recommendations in the NHSScotland Waste Management Action Plan 2013-2016.
- 4.26 Receptacles for healthcare (clinical) and other special wastes must comply with the Carriage of Dangerous Goods Regulations as these waste streams usually fall within the classification of dangerous goods.
- 4.27 It is best practice for waste receptacles to be colour-coded and labelled. Part D (guidance and example text for waste procedures) provides information on colour-coding, labelling, and the most appropriate sizes of containers for each waste stream.
- 4.28 Receptacle labels should clearly state the following:
- a description of the waste;
  - appropriate United Nations (UN) number(s) and hazard symbol, if the waste is classified as dangerous goods;
  - the appropriate treatment or disposal route;
  - the source of the waste;
  - the date of discard of the waste.
- 4.29 Where secondary receptacles are used to transport the primary receptacles, for example the use of large wheeled bins containing sacks, these must also be fit-for-purpose and colour-coded. Secondary receptacles intended for re-use must be cleaned between uses to prevent contamination and the possible spread of infection. The storage of secondary receptacles will also be subject to fire regulations assessment, and reference should be made to [SHTM 83: NHSScotland Firecode](#) to ensure compliance with requirements.

### Procurement of colour-coded receptacles (bins), labels and sacks

- 4.30 The Strategic Sourcing team at NHS National Services Scotland (NSS) Procurement, Commissioning and Facilities-(previously National Procurement) has put in place a number of contracts for healthcare and non-healthcare waste receptacles and sacks for use by NHS Boards.

### Compliance summary:

Receptacles for waste should be fit for purpose, of a suitable size and placed in convenient locations, preferably as close to the point of waste production as possible. Receptacles for healthcare (clinical) waste and other special wastes should be located away from, and secure from, areas of public access.

Receptacles should be colour-coded and suitably labelled. Via a national contract, NHS Boards are able to procure colour-coded receptacles and labels; use of these is considered best practice.

### Additional information:

Other parts of SHTN 3 are available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

NHSScotland Waste Management Training Slides, available from HFS

[SHTM 83: NHSScotland Firecode](#)

## Storage

- 4.31 Healthcare waste receptacles may need to be stored before being transported to treatment or disposal sites. Healthcare waste should be stored securely so as to prevent the escape of waste, harm to the environment and harm to human health. Failure to do so could result in an NHS Board failing to comply with its requirements under the Duty of Care.
- 4.32 The design of the internal management and storage systems should avoid unnecessary manual handling.
- 4.33 Waste should not be allowed to accumulate in corridors, wards, or other places accessible to unauthorised personnel or members of the public.
- 4.34 Receptacles for healthcare (including clinical) waste and other special wastes should be located away from areas of public access in accordance with the recommendations in the NHSScotland Waste Management Action Plan 2013 to 2016.
- 4.35 Storage areas at ward level should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated and avoid waste of different classifications being stored together in the same area.
- 4.36 Where wheeled bins are used they should remain secure and locked at all times except when being filled by staff.
- 4.37 Bulk storage areas may be situated within healthcare premises or at a licensed or permitted transfer or treatment or disposal facility. They should be:
- well-lit and ventilated;
  - sited away from food preparation and general storage areas, and from

- routes used by the public;
- totally enclosed and secure;
- provided with separate storage for sharps receptacles and waste medicines, which may need a higher degree of security to prevent unauthorised access;
- sited on a well-drained, impervious hard-standing;
- readily accessible, but only to authorised people;
- kept locked when not in use;
- secure from entry by animals and free from insect or rodent infestations;
- provided with wash-down facilities;
- provided with washing facilities for employees;
- provided with appropriate fire protection or suppression;
- clearly marked with warning signs;
- provided with separate, clearly labelled areas for waste that requires, rather than is destined for, different treatment or disposal options;
- provided with access to first-aid facilities.

**Compliance summary:**

Healthcare waste should be stored securely so as to prevent the escape of waste, harm to the environment, and harm to human health. Failure to do so could result in an NHS Board failing to comply with its requirements under the Duty-of-Care.

NHS Boards should have designated waste storage areas of sufficient size to allow packaged waste to be segregated, and avoid waste of different classifications being stored together in the same area.

**Additional information:**

[Duty-of-Care – A Code of Practice](#)

**Treatment and disposal**

- 4.38 Segregated waste should be treated and disposed of in accordance with the principles of the waste hierarchy, taking into consideration the local availability of waste management facilities.
- 4.39 Where specialist pre-treatment and disposal are required for healthcare (including clinical) waste and other special wastes, advice and recommendations from the HFS Waste Management Steering Group should be sought before entering into contractual arrangements.
- 4.40 The majority of healthcare (including clinical) waste requires heat treatment to 'render it safe' prior to recovery, or prior to final disposal in landfill or municipal

waste incineration facilities. Certain healthcare and special wastes (identified as **Yellow Stream**), such as pharmaceutical, chemical and anatomical wastes, require disposal solely by incineration or equivalent treatment.

- 4.41 Additional information on treatment and disposal routes for healthcare waste can be found in Part C and Part D of SHTN 3.
- 4.42 Part E of SHTN 3 provides details of waste management options and recovery routes for recyclates.
- 4.43 Irrespective of the method of treatment or disposal utilised, NHS Boards should monitor and measure waste management practices and associated waste disposal costs. The Waste Management Action Plan 2013-2016 recommends that a national uniform method of calculating waste volumes and disposal costs is implemented, to aid benchmarking. This is achieved via the quarterly collation of data via eMART.

**Compliance summary:**

NHS Boards should review waste management contracts and ensure that all waste is being treated and disposed of in an appropriate way. Reference to the waste hierarchy should be made and, where practicable, options towards the hierarchy should be chosen.

**Additional information:**

[Guidance on Applying the Waste Hierarchy](#) (available from the Scottish Government web site)

SHTN 3 is available on the HFS web site - [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

## 5. Demonstrating compliance

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5.1 In order to demonstrate compliance, NHS Boards should have in place the following:

- a Board-wide waste management policy;
- Board-specific waste management procedures, based on local practices and waste arisings;
- a dedicated Waste Management Officer (WMO), whose role includes:
  - provision and co-ordination of waste management training;
  - maintenance of training records;
  - acting as a Board-wide resource, providing information and expertise;
  - auditing waste management streams on site(s), in accordance with the NHS Board's Waste Audit Plan;
  - reviewing waste management contracts and ensuring records of waste documentation are maintained ('Duty of Care' transfer notes and Special Waste consignment (SA) notes);
  - co-ordination of the NHS Board's Waste Management Group;
  - completion of eMART returns on a quarterly basis.

5.2 The use of national framework contracts and procurement of goods and services via NHS National Services Scotland (NSS) Procurement Commissioning and Facilities (previously National Procurement) assists NHS Boards in demonstrating compliance with best practice and ensuring best value.



**Compliance summary:**

NHS Boards need to be able to demonstrate they are meeting their Duty-of-Care and other regulatory waste management requirements. Using SHTN 3 guidance and implementing the actions tabled in the NHSScotland Waste Management Action Plan 2013-2016 will help Boards to coordinate, deliver, audit, monitor, and report these requirements.

Further support and guidance are available from a number of sources including the HFS Waste Management Steering Group, the five NHSScotland Regional Consortia Chairs, Zero Waste Scotland and SEPA. NHS Boards will also benefit from working closely with their waste contractors and procurement colleagues, ensuring effective and compliant solutions.

**Additional information:**

[Duty-of-Care – A Code of Practice](#) (available from the Scottish Government web site)

[NHSScotland Waste Management Action Plan 2013-2016](#)

SHTN 3 (Parts A-E). [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)



## References

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### Legislation and regulations

Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2011. [SI 2011/1885](#)

Duty of Care – A Code of Practice (October 2012)

Duty of Care - Section 34 of the Environmental Protection Act 1990

Environmental Protection (Duty of Care) (Scotland) Regulations 2014

Special Waste Regulations 1996 (as amended)

Waste Management Licensing (Scotland) Regulations 2011

Waste (Scotland) Regulations 2012; SSI 2012/148.

### Scottish Government and NHSScotland policy and guidance

A Policy on Sustainable Development for NHSScotland, issued by Chief Executive Letter [CEL 2 \(2012\)](#)

Defining rural and non-rural areas to support zero waste policies

Environmental Management Policy for NHSScotland, Scottish Executive Health Department, Edinburgh. HDL (2006) 21

Government Buying Standards

Guidance on Applying the Waste Hierarchy

National Infection Prevention and Control Manual. NSS Health Protection Scotland (2013).

NHSScotland Waste Management Action Plan 2013-2016, issued by Chief Executive Letter [CEL 14 \(2013\)](#)

NHSScotland Waste Management Action Plan 2007, issued by [CEL 2 \(2008\)](#)

NHSScotland Waste Prevention and Reuse Guide

(<http://www.resourceefficientscotland.com/sites/default/files/NHSScotland%20Waste%20Prevention%20and%20Re-use%20Guide.pdf>)

Scotland's Zero Waste Plan

(<http://www.scotland.gov.uk/Resource/Doc/314168/0099749.pdf>)

Scottish Sustainable Procurement Action Plan (2009)

SHTM 83 NHSScotland Firecode 'Fire safety in healthcare premises;

General fire precautions' NSS Health Facilities Scotland (2004)

<http://www.hfs.scot.nhs.uk/publications/shtm-83-v3.pdf>

[Technical Guidance WM2: Hazardous Waste - Interpretation of the definition and classification of hazardous waste](#)

## UK-wide guidance

[Safe Management of Healthcare Waste](#) (previously known as HTM 07-01). (April 2012). Department of Health, London.

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