

## **Scottish Health Technical Note 3**

NHSScotland waste management guidance

Part D: Guidance and example text for waste  
procedures

Published by



Endorsed by



February 2015

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**Disclaimer**

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## Acknowledgements

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HFS is grateful to all members of its national Waste Management Steering Group. In particular, HFS would like to acknowledge especially valuable contributions and information from Ken Walker (retired) of NHS Grampian, and Wendy Rayner, waste advisor to HFS and Chair of Chartered Institute of Waste Management (CIWM) Healthcare Waste Group.

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.

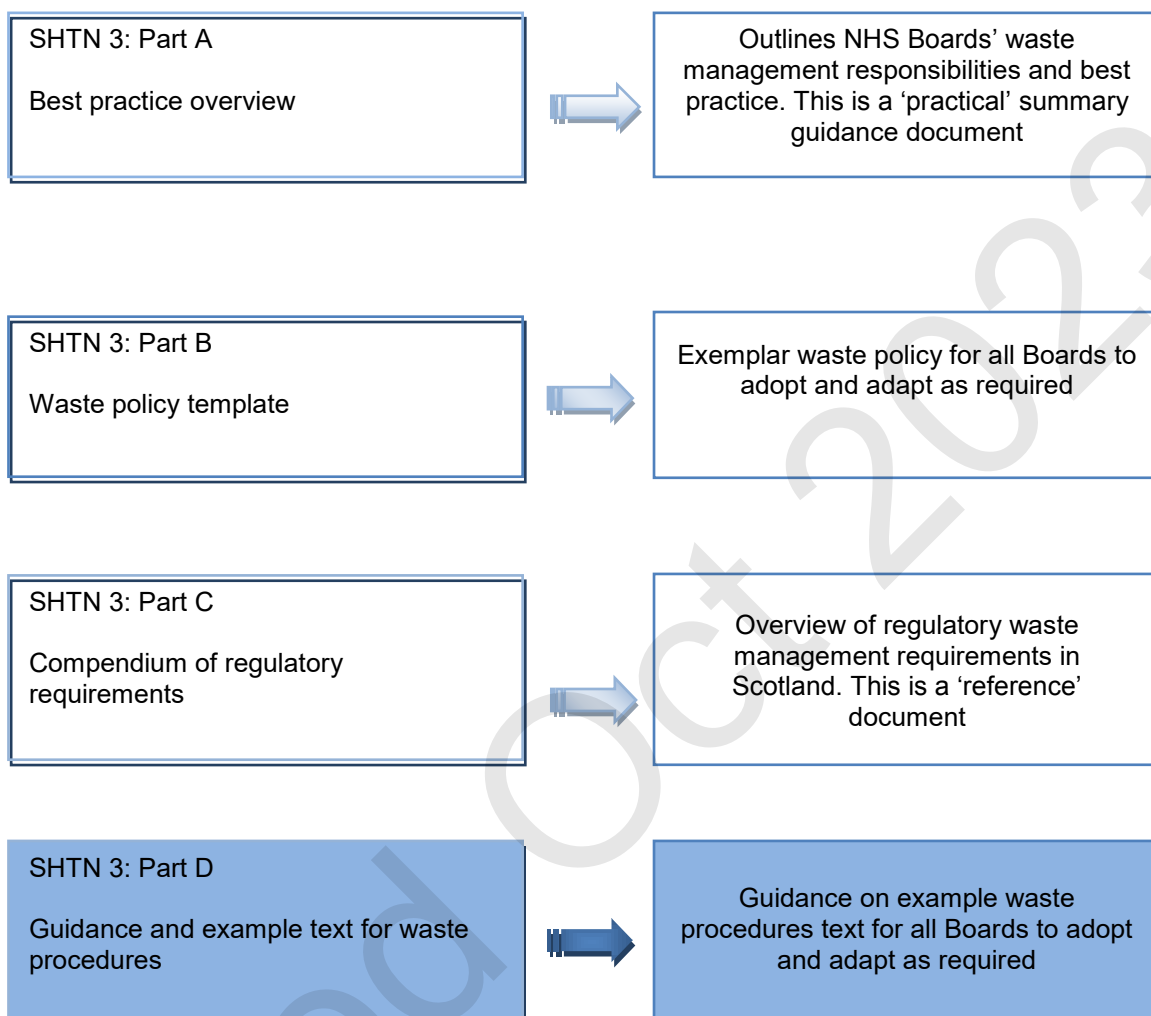
SHTN 3 version 6.0 updates and replaces version 5.0, published in 2010.

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:



## Executive summary

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### Aim of this guidance

Part D is the fourth in the suite of four SHTN 3 waste management guidance documents published by HFS.

It links closely to and underpins the information contained in the other three documents within the SHTN 3 guidance, namely:

- Part A (Best practice overview);
- Part B (Waste policy template), and
- Part C (Compendium of regulatory requirements).

**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 D

Part D provides guidance and exemplar text (by waste stream) to assist NHSScotland waste managers in developing effective procedures for their Board. The exemplar text focuses on the management of healthcare and special (hazardous) wastes and in future will be updated to include more text relating to recycling and food wastes. The exemplar text is taken from a NHS Board but all identifying content has been removed.

It is important to note that, before using the text contained in this guidance, waste managers should review current practices on their own site(s) and adapt the text or use the text as a template to fit their requirements. Exemplar text is provided for guidance only. NHS Boards may require different procedures and/or different content to reflect local practices.

Whilst every effort has been made to ensure that the exemplar text meets regulatory requirements, it is up to each NHS Board to assess its own compliance, and HFS recommends that SHTN 3 Part C (Compendium of regulatory requirements) is used by Boards' waste managers to assist in this process.

### Who should use this guidance?

The exemplar text is provided for all NHSScotland staff with responsibility for drafting and reviewing waste procedural documents.



## Status of the guidance

The SHTN 3 guidance documents have been produced to provide an updated regulatory overview to help achieve best practice in waste management across NHSScotland in order to help healthcare organisations and other healthcare waste producers meet legislative requirements.

The advice in this document and any recommended courses of action are not in themselves mandatory. However, healthcare organisations or others choosing not to follow them are advised that it is essential that alternative steps are taken to comply with all relevant legislation.

UK regulatory organisations, e.g. the Scottish Environment Protection Agency (SEPA), seek to secure compliance with the law, and may refer to this guidance as a combination of illustrating best practice and legal requirements.

References within this guidance relate to the minimum approved standard or technological solution.

## 1. Writing waste procedures

### What are waste procedures?

- 1.1 Procedures are instructions providing the reader with the information they require to undertake a task or a series of tasks. With respect to waste management, procedures provide the reader with the information they require to:
  - identify waste streams;
  - segregate waste streams into appropriate (usually colour-coded) packaging;
  - ensure wastes are safely stored; and
  - ensure that wastes are appropriately collected for recycling, recovery or disposal in line with the waste hierarchy.
- 1.2 Procedures can be written to reflect activities in a certain area, e.g. location-specific, for example the management of waste in the Central Pharmacy, or they could be generic, for example the management of pharmaceutical waste at any NHS Board. Waste managers may find it helpful to produce generic procedures for different waste types first, and then use these as a tool for writing the location-specific procedures.
- 1.3 Procedures should be written to cover waste arisings in all areas. Location-specific procedures are often considered the most useful to 'staff on the ground' as they provide instruction on what to do in the area they are working in, avoiding the need for them to interpret generic text.
- 1.4 Information regarding waste management may be included in existing procedures, and sites and/or departments may not require procedures specifically for waste management. However, the risks associated with inappropriate practice are significant and clear instruction is required to ensure that wastes are segregated properly. For these reasons it is recommended that NHS Boards review the suitability of standalone procedures for waste management.

### Who should use waste procedures?

- 1.5 The NHS Board Waste Management Officer is responsible for ensuring that procedures relating to waste management have been produced and reflect current practice as well as regulatory and best practice requirements.
- 1.6 It is recommended that Waste Management Officers write generic waste procedures providing information about the way in which each waste stream should be segregated and packaged at their specific NHS Board. These generic procedures can then be used by departmental staff to produce location-specific procedures. Departmental staff may require support and assistance from the Waste Management Officer to write location-specific procedures. Waste Management Officers may find it useful to review and audit waste

practices in each department and, on the basis of this, write draft procedures for departmental staff to review.

Exemplar text for generic waste procedures by waste type are provided in this document. Waste Management Officers will need to review and amend the text to suit the local requirements and contractor arrangements of their Board.

## Content of a waste procedure

- 1.7 The content of a waste procedure document should be clear, concise and avoid ambiguity. The language used should be easy to understand and the use of acronyms and 'jargon' should be avoided.
- 1.8 Where appropriate, images and flow diagrams should be used to provide instruction rather than large paragraphs of text; this is particularly important in local specific procedures where it should be assumed that staff have no more than a few minutes to read a procedure and gain a clear understanding of what they are required to do.

## Training and awareness

- 1.9 All staff should receive training about waste management. As a minimum, waste management training should be included in staff induction training. Additional awareness training should be provided at departmental level to ensure staff are aware of and have a clear understanding of procedures.
- 1.10 Staff should also be made aware of who to contact and the local systems in place for reviewing and updating procedures. Waste procedures will need to be reviewed and updated as practices and requirements change.

## Review cycle

- 1.11 Waste management procedures or procedures containing waste management information should be reviewed at least annually. The review can be undertaken by departmental staff and/or the Waste Management Officer.
- 1.12 The review of procedures could be incorporated into the regular site audits. The review should include the following:
  - compatibility with generic NHS Board procedures for each waste type;
  - compliance with regulatory and best practice requirements;
  - accuracy – do the procedures reflect current practice?

## Version control

- 1.13 As procedural documents are subject to regular amendment and update it is important that a version control system is in place and is adhered to. Waste Management Officers should keep records of current version numbers (or other references) and should ensure that staff are aware when changes are made.

- 1.14 There are many systems for version control in use by NHS Boards and, as there are no requirements specific to waste, it is recommended that Waste Management Officers follow existing NHS Board systems. In the absence of a Board requirement, the use of a date marker or record is recommended as it also provides a reference for when the procedure was last updated.

Archived Oct 2023

## 2. Exemplar: Foreword

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- 2.1 The safe and secure disposal of waste from the healthcare setting is increasingly expensive and is subject to complex requirements. The Scottish Government requires producers (including NHS Boards) to take reasonable steps and implement actions to avoid the production of waste and to increase the quality and quantity of recyclable materials.
- 2.2 Each individual employee working for NHS Boards has a moral responsibility to help avoid creating waste in the first place. Where it is unavoidable, waste materials should be recyclable or recoverable to the maximum extent possible as part of a sustainable approach to resource efficiency. Waste contains valuable raw or processed materials which should be considered as commodities. Minimising waste generation in the first place, and maximising recycling and recovery of waste materials will make the workplace safer and contribute to improving the quality of the wider environment for everyone. Cost savings or income generated from re-used, recycled or recovered materials can go directly into improving front line NHS services.

Do the right thing – and do it right! Individual contributions can and will make a difference and help NHS Boards become part of the zero waste society.

- 2.3 This document is intended to support the NHS Boards' waste management policies, providing a general approach on compliant operational procedures by types of waste.
- 2.4 This document is based on statutory and best practice requirements as identified in SHTN 3 Part C: Compendium of regulatory requirements.

### 3. Exemplar waste procedures text: introduction

- 3.1 NHS Boards deliver an extensive range of healthcare services across a wide range of settings. Accordingly, an equally wide range of healthcare (clinical) and other workplace wastes arise.
- 3.2 The Scottish Government Health and Social Care Directorates have provided NHS Boards with specific waste and environmental management responsibilities and obligations in the delivery of healthcare and support services.
- 3.3 NHS Boards are obliged to take into consideration all applicable regulatory requirements and NHSScotland best practice as outlined in SHTN 3 Part C: Compendium of regulatory requirements. Responsibilities and management arrangements are outlined in the waste management policy (please refer to SHTN 3 Part B: waste policy template).
- 3.4 NHS Boards are obliged to implement the Scottish Government's instructions including CEL 14 (2013), the NHSScotland Waste Management Action Plan 2013-2016. In support of CEL 14 (2013), and especially in light of the Waste (Scotland) Regulations 2012, Health Facilities Scotland has recently revised and updated the SHTN 3 suite of guidance with specific standards, best practice and guidance on recycling, recovery of materials, and management of residual waste.
- 3.5 This procedure document is based on the 3 distinct waste streams:
- **Healthcare (including clinical) waste** - waste arising directly from the delivery of healthcare by clinicians. Most fractions of the healthcare waste stream are considered special (hazardous) waste due to the infection risk posed, or due to their contamination with medicinal products. A fraction of this waste stream may also be considered to contain low-level radioactive waste if contaminated with low-level radioactive substances;
  - **Special/hazardous waste** - waste with hazardous properties or containing dangerous substances arising from both clinical and non-clinical settings;
  - **Recyclable and residual domestic waste** - waste arising ancillary to the delivery of healthcare in both clinical and non-clinical settings. This includes a wide range of surplus materials and wastes for recycling or recovery, and residual wastes for disposal. The domestic waste stream includes mixed or segregated dry recyclables, such as paper, card, metal cans and plastics, as well as food and organic wastes, and confidential wastes.
- 3.6 Duty Holders in NHS Boards and all persons in the workplace have an obligation to address the Scottish Government's Zero Waste Plan to meet the government's targets for improving high quality recycling and reducing waste.

3.7

The Scottish Government has set out its resource-centred strategy for society to follow, including NHS Boards and other public bodies. This is known as the 'waste hierarchy' which contains five steps or principles:



Waste segregation is important - get it wrong and money and valuable resources are potentially diverted from the delivery of frontline healthcare services.



## 4. Exemplar text: Source-segregation and packaging

### General

- 4.1 NHS Board staff are central to identifying and segregating different types of waste. Correct presentation of waste materials using appropriate colour-coding is a key aspect of best practice and compliant waste management as it helps ensure that waste is treated appropriately.
- 4.2 In Scotland, Section 34 of the Environmental Protection Act imposes a duty of care on everyone, who produces, carries, keeps and disposes of waste, to take all reasonable steps and implement actions to avoid the production of waste and increase the quality and quantity of recyclable materials. This ensures that pollution to the environment and harm to human health are minimised.
- 4.3 NHS Board staff have a responsibility to ensure the safe management of waste, wherever their healthcare and support services are delivered. This includes: hospitals, health centres, clinics, general medical and dental practices, mobile units, when administering care in residential or nursing homes, sheltered housing or in patients' own homes.
- 4.4 Local arrangements require each functional unit / department to undertake a waste management audit and risk assessment. The assessment should be documented and the results used to update and amend waste procedures. Where appropriate, expertise should be sought from the Infection Control & Prevention Team, the NHS Board's Waste Management Officer and/or the Board's Risk Manager.
- 4.5 Local arrangements should consider locating secure, fixed (where appropriate) and labelled healthcare/clinical waste bag holders and bin-type containers in surgical areas, treatment rooms, sluice rooms and similar dedicated clinical areas where specific healthcare wastes arise on a regular basis.
- 4.6 For wards and similar general areas where patients and visitors to premises have free access, strong consideration should be given to locating healthcare / clinical waste containers on trolleys for ease of removal when not in use. This avoids patient and visitor contact with this waste stream and helps prevent mis-segregation of recyclables and other wastes into the clinical waste stream.
- 4.7 Staff who are responsible for removal of waste from wards and departments must ensure that recyclables and residual waste containers and healthcare waste containers are collected and transported separately and remain secure and segregated at all times. Waste which is not appropriately packaged or labelled should not be uplifted, and the problem or inadequacy should be reported to staff responsible for the area in which the waste was generated.
- 4.8 Where contractor-supplied 'bulk' waste bins (usually 240 litre) are taken into buildings the waste management audit/risk assessment must clearly identify measures in place to ensure the waste is secure and that the bins comply with



infection control requirements, e.g. have they been cleaned to an approved standard?

### For clarity in the workplace:

All waste bag holders must be labelled for the recycling / waste type and the recycling / waste stream colour code.

All waste bins should be secured and only used for the recycling / wastes described on the bin label. Example labels are shown below.

### Healthcare and clinical waste for disposal in orange bags - normally by NHS staff

Please help us to prevent the spread of infection in this ward/clinical area.

Only place the following items in this orange bag:

- Soiled dressings and incontinence pads.
- Any other items contaminated or stained by blood and/or body fluids.  
(e.g. swabs, wipes, tissues, gloves, masks etc).
- Contaminated disposable medical equipment.  
(i.e. **SHARPS FREE** plastic tubing, catheters, urine bags, empty blood bags, empty intravenous sets etc).
- Dialysis waste.
- Hygiene waste.  
(e.g. sanitary towels – placed into small bag provided, then all into orange bag).
- **ALL** isolation room recycling and black bag wastes.



NO recycling or black stream waste, syringes, sharps, glass, aerosols or yellow stream healthcare and clinical waste on ANY account

### Recycling for disposal **ONLY** in single or triple slot colour coded containers

Please help us to prevent the spread of infection in this area.

Only place the following UNCONTAMINATED, NON INFECTIOUS items in this recycling container:



paper	food & organics	mixed dry recycling
Paper (white, coloured & shredded) Newspapers Magazines Books & Directories Booklets Leaflets Envelopes Junk Mail Clean Paper Packaging	Food Waste Used & Unused Paper Towels Used & Unused Paper Towels Soiled Paper Packaging Flowers	Plastic Bottles & Containers Plastics Food & Drink Tins Cans & Plastic Cans Clean Plastics & Containers Aluminium & Fast Containers/Wrappers

NO black stream wastes, syringes, sharps, glass, medicines, aerosols, orange or yellow stream healthcare and clinical waste on ANY account.

## 5. Exemplar text: Healthcare waste

- 5.1 Assessment of this waste stream should follow the Health & Safety Executive risk assessment matrix (HSG 65). Segregation is undertaken on the basis of risk of exposure in the working environment, and waste items are placed in colour-coded packaging based on the most appropriate treatment or disposal route.
- 5.2 Healthcare (clinical) waste shall be disposed of in one of the following ways:
- **Orange waste stream** – the waste is shredded to render it unrecognisable and heat treated before being sent for recovery or to landfill.
  - **Yellow waste stream** - specialist incineration followed by landfill of residue (ash).
  - **Red waste stream** - specialist recovery for waste that is not suitable for heat treatment or incineration.
- 5.3 Certain items, such as disposable bed pan liners, etc. may be macerated on site and discharged to sewer subject to a Trade Effluent Consent being in place.

### Orange stream healthcare wastes

#### Waste description and segregation

- 5.4 Orange stream healthcare waste is also referred to as 'low risk' healthcare waste as it poses a low risk of infection but it is treated as infectious waste on a precautionary basis and, as such, is classified as special (hazardous) waste. This waste stream is suitable for treatment to 'render it safe' prior to recovery and/or landfill disposal.
- 5.5 The following waste streams should be excluded from the orange healthcare waste stream:
- High risk (of infection) wastes, including:
    - certain cultures in the Control of Substances Hazardous to Health (COSHH) Hazard Category 3;
    - all COSHH Hazard Category 4 pathogens; and
    - all waste contaminated with a Class 6.2 Infectious Substance
    - Category A pathogens (those assigned to UN2814) in line with international transport regulations
    - Waste arising from treatment or research of variant Creutzfeldt-Jakob Disease (vCJD) and transmissible spongiform encephalopathies (TSEs, also known as 'prion diseases'); and
    - Unused pharmaceutical products.

5.6 The orange stream typically contains the following:

- soiled dressings, swabs, disposables such as gloves, aprons, masks, contaminated wipes, tubing, etc., and any other contaminated items likely to pose a risk of infection;
- soiled incontinence pads, nappies and bed pan disposables from the clinical setting that are deemed to pose a risk of infection. These items are normally placed into orange stream sack / bag containers;
- items contaminated with infectious bodily fluids which include:
  - blood;
  - semen;
  - vaginal secretions;
  - cerebrospinal fluid;
  - synovial fluid;
  - pleural fluid;
  - pericardial fluid;
  - peritoneal fluid;
  - amniotic fluid;
  - saliva in dental procedures;
  - any body fluid that is visibly contaminated with blood.

5.7 Examples of text used to describe the management of specific elements of the orange waste stream are given below. Additional information is provided in SHTN 3 Part C: Compendium of regulatory requirements.

#### Disposal of sharps

5.8 Sharps waste, including partially-discharged syringes contaminated with medicinal waste, other than those contaminated with cytotoxic (antineoplastic) products, may be placed into orange-lidded sharps containers.

5.9 Sharps, including fully-discharged sharps, contaminated with cytotoxic (antineoplastic) products must be placed in the cytotoxic waste stream.

#### Disposal of medically contaminated orange stream healthcare waste

5.10 Empty non-cytotoxic 'giving sets' or empty blood, plasma or contaminated liquid bags, tubes, etc. may be placed into orange stream bag containers where no sharps are involved and there are no other risks of bag rupture.

**Note:** Cytotoxic (antineoplastic medicines) and items contaminated with these products must NOT be discharged to drain or placed in the orange stream.

## Liquid orange stream healthcare waste

- 5.11 Blood, albumen, plasma bags and transfusion waste, including contaminated liquids and tubing, should be packaged as follows:
- 5.12 For small or *ad hoc* arisings:
- the liquid substance should be placed into an appropriate orange stream rigid container using self-setting compounds or gel to solidify the waste; or
  - the liquid substance should be placed in a bag, bottle container or similar primary package then into an appropriate orange stream rigid container, using self-setting compounds or gel to solidify the waste.
- 5.13 For large or recurring arisings:
- liquid waste substances should be placed in bags, suction units, bottle containers or other similar primary packages, then such multiple containers or suction units placed into a 35.0 litre size or a 60.0 litre size waste bin container, using self-setting compounds or gel to solidify the waste;
  - the waste bin container should be closed when three quarters full and a self-adhesive "Blood or Contaminated Liquid Waste" label placed on the bin lid and over the existing bin label; or
  - the liquid waste substance or the suction unit should be rendered safe by use of a self-setting compound or gel, then placed into the box supplying the suction unit. The box with multiple blood bags, bottle containers or suction units should be placed into a 35.0 litre size or a 60.0 litre size waste bin container;
  - the waste bin container should be closed when three quarters full and a self-adhesive "Blood or Contaminated Liquid Waste" label placed on the bin lid and over the existing bin label.

Liquid wastes are normally placed into orange stream rigid containers and self-setting compounds or gel are added to stabilise the waste.

For removal from the site, containers and boxes must then be placed into a dedicated orange stream bulk container (typically a 240 litre size wheelie bin) provided by the waste contractor. The wheelie bin should be suitably marked as containing blood or contaminated liquids. On no account should containers or boxes containing blood or contaminated liquids be mixed with other orange stream waste or any other wastes.

## Peritoneal dialysis and haemodialysis waste, or dialysis waste

- 5.14 Peritoneal dialysis and haemodialysis waste items should be placed into orange stream rigid containers. Self-setting compounds or gel should be used to solidify the waste.

## Unrecognisable tissue

- 5.15 Normally unrecognisable tissue should be placed into orange stream rigid containers.

## Hygiene waste (including incontinence products and nappies)

- 5.16 Where items used for personal hygiene are deemed to pose a risk of infection and are generated in a clinical setting they should be treated as orange stream low risk waste.
- 5.17 Where no infection risk is identified the items used for personal hygiene are often referred to as 'offensive' or simply 'hygiene' waste. Examples of offensive / hygiene waste include:
- incontinence and other waste produced from human hygiene;
  - sanitary waste;
  - nappies.
- 5.18 Each Board has its own arrangements for the management of this waste stream and Board-specific details should be provided by the Waste Management Officer.
- 5.19 If reusable nappies (sometimes referred to as 'real nappies') are used, the specification and practices in British Standard - PAS 106: 2006, HSG(95)18 and BS EN ISO 10472 should be adhered to.

## Orange stream waste generated in the community

- 5.20 When healthcare professionals administer care out with NHS premises, they must carry out a risk assessment to ensure that waste which poses a risk of infection does not enter the domestic waste stream. The risk assessment is based on item-specific and patient-specific clinical assessment by a healthcare practitioner, such as a GP, community nurse or infection control nurse.
- 5.21 All used sharps which may pose a risk of infection should be returned to an operational NHS base, or be subject to specific collection arrangements, for treatment / disposal as orange stream waste.
- 5.22 Sharps waste generated by householders in the community through self-administration, such as the use of insulin by those with diabetes, is not considered infectious waste. Those prescribing the pharmaceutical product injected are required to provide the necessary equipment and instruction to ensure safe disposal. This may include a needle-clipping device and / or a sharps box. Sharps boxes for personal use (typically less than 0.5 litre capacity) are available in black for domestic use.

## Yellow stream healthcare wastes

### Waste description and segregation

- 5.23 Healthcare waste placed in the yellow stream requires specialist disposal including high temperature incineration. The yellow waste stream includes:
- anatomical and human tissue including recognisable body parts (organs and limbs, etc.);
  - medical devices and contaminated metal parts, including prostheses, pins, artificial joints, surgical metal instruments and surgical metal tools;
  - vCJD agents, TSE agents, and associated surgical instruments, etc. from quarantine;
  - placenta items, foetal remains and the disposal of pregnancy losses;
  - teeth (with fillings, but excluding amalgam fillings);
  - highly infectious waste;
  - infectious chemical wastes;
  - pharmaceutical waste (medicinal products) other than those used in chemotherapy;
  - chemotherapy waste (cytotoxic and cytostatic waste) in a healthcare setting is restricted to source-segregation of antineoplastic (chemotherapy) wastes;
  - environmental control waste. This is waste arising from Estates and Facilities Departments related to the environmental control of healthcare systems to prevent or control infectiousness. This waste stream includes:
    - biological and oils filter wastes from medical gas pipework / vacuum systems;
    - ventilation or drainage systems related to clinical areas.
- 5.24 Care must be taken to ensure that medical gas cylinders, pressure vessels and certain glass waste are *not* put into the yellow stream for incineration due to the high potential for explosion damage. Surplus or partially-used disposable inhalers and similar medicinal products with propellant in small quantities may be mixed with other pharmaceuticals for disposal as yellow stream waste. Further information and advice on particular wastes is available from the Waste Management Officer.

### Anatomical pathological wastes

- 5.25 Recognisable anatomical waste should be placed into yellow stream rigid containers with a yellow or red lid, and clearly labelled.
- 5.26 Recognisable body parts, including organs and limbs are, where small quantities may arise, to be placed either into a 11.5 litre size waste bin container or, where large or recurring quantities may arise, to be placed into the 26.0 or 35.0 litre size waste bin containers. Wherever possible, the wastes should first be placed within a yellow sack / bag container then placed into the



bin container to reduce the risk of spillage or contamination during transit to disposal.

- 5.27 Medical devices and contaminated metal parts (such as prostheses, pins, artificial joints and surgical instruments and surgical tools) are to be placed into the 11.5 litre size waste bin container. Where small quantities may arise on an ad hoc basis, the metal parts may also be placed into the 26.0 or 35.0 litre size waste bin containers. Wherever possible the metal parts should be tightly wrapped within a sack / bag then placed into the bin container to reduce the risk of puncture or other damage during transit to disposal.
- 5.28 Where the items are too large for the rigid containers, the items should be double-bagged in yellow waste stream sacks / bags, and clearly labelled.
- 5.29 Wards and departments involved with anatomical parts, human tissue, and other pathological wastes should arrange special uplifts with staff responsible for the removal of these wastes. Such waste must be appropriately packaged and labelled and should be uplifted within 12 hours of production. Where this is not possible, arrangements for dedicated secure local storage (refrigerated or frozen) should be in place. Waste should be taken to the mortuary or other appropriate area with a secure freezer, awaiting uplift by disposal contractor.

#### Active implanted medical devices

- 5.30 Where contaminated inserts and other used active implanted medical devices are recovered (such as pacemakers and other cardioverter defibrillators), these shall be decontaminated and forwarded for recovery at a specialist facility (normally operated by the medical device supplier). Where it is not possible to decontaminate the contaminated insert / implanted medical device safely, or remove the energy source, the NHS Board Waste Management Officer should be advised and case-specific instructions will be provided.

#### Waste from vCJD and TSE cases

- 5.31 Where there is a degree of clinical suspicion that the waste is from vCJD and TSE cases, advice should be sought from the consultant in charge and case-specific instructions for quarantine of any associated reusable surgical instruments will be provided. Quarantine instruments should be placed into a yellow stream rigid bin with a red lid, and shall be over-marked 'Quarantine' to be held and stored in accordance with the quarantine instructions. All other waste from vCJD and TSE cases shall be placed in yellow stream sacks / bags as and wherever possible then be placed into a yellow stream rigid container with either a yellow or red lid, and must be clearly labelled.

#### Placenta waste

- 5.32 Placenta waste should be placed in a yellow bodied rigid container. The guidelines in the [Scottish Office DGM circular \(1992\)4](#) dated 10 January 1994 remain applicable.

## Foetal remains and pregnancy losses

- 5.33 For foetal remains and the disposal of pregnancy losses up to 23 weeks and 6 days, reference should be made to [SGHG/CMO \(2012\)7](#) using individual sealed containers for disposal in a crematorium or for burial, or the parents' alternative arrangements.

## Dental service wastes

- 5.34 All yellow stream dental wastes, excluding amalgam, should be placed into yellow stream bin containers with yellow or red lids, and be suitably labelled. The provision of a single yellow stream bin container will normally be sufficient for any, or a mixture of, waste (excluding amalgam) arising in each surgery.
- 5.35 Yellow stream dental waste will include:
- Recognisable body parts; this includes teeth and teeth with non-amalgam fillings;
  - Pharmaceuticals and pharmacy chemicals; this includes medicines, anaesthetics, cartridges and ampoules (discharged or partially discharged);
  - Used or unused sharps, including matrix bands, scalpel blades, needles / disposable syringes (discharged or partially discharged) and disposable used or broken surgical instruments (single use burs and endodontic files).
- 5.36 Yellow stream dental waste (excluding amalgam wastes) should be placed into a 1.0 litre size rigid bin container or a 5.0 litre size rigid bin container.

## Highly infectious waste

- 5.37 Highly infectious waste includes medical cases involving COSHH Hazard Category 4 pathogens. In the unlikely event that this waste stream arises, advice should be sought immediately from the NHS Board's local Head of Medical Microbiology or equivalent, and case-specific instructions will be provided. These wastes should be autoclaved immediately. Waste that cannot be autoclaved must be subject to specialist transport and disposal requirements. Standard yellow stream rigid containers are not suitable for this waste stream but may be used with authorisation in emergency circumstances.

## Infectious chemical waste

- 5.38 Where disinfectants, such as glutaraldehyde and alternatives such as Cidex OPA, reagents, and solvent waste arise, advice should be sought from the Waste Management Officer and case-specific instructions will be provided. Where chemicals used for decontamination and are (or are potentially) infectious as the result of use (for example in the provision of endoscopy procedures along with other endoscopy disposable equipment and waste) it may be possible for individual chemicals to be returned to the containers in their original packaging from the chemical supplier. These should then be placed into the 60.0 litre size yellow waste stream bin container and clearly labelled.



## Environmental control waste

5.39 This is waste arising from Estates and Facilities Departments related to the environmental control of healthcare systems to prevent or control infection.

This waste stream includes:

- biological and oils filter wastes from medical gas pipework / vacuum systems;
- ventilation or drainage systems related to clinical areas.

5.40 Environmental control wastes generally arise from 'permit to work' maintenance in isolation facilities, operating theatres, plastic surgery, laser, laboratory, pathology and similar facilities. Environmental control wastes which pose a risk of infection should be placed in yellow stream rigid containers with red lids of a suitable size for disposal. Where large quantities arise, place these into the 60.0 litre size waste bin container.

5.41 Environmental control wastes that do not pose a risk of infection or can be safely decontaminated, such as those from maintenance activities of general ventilation or drainage systems, should be disposed of as non-healthcare waste.

## Pharmacy service wastes

5.42 All containers used to supply medicinal products (empty or with residual products, including empty blister packaging, or tablet containers) should be disposed of in the yellow stream using appropriate rigid waste bin containers. Cardboard or paper external packaging used or involved in the supply of the medicines should be recycled but care should be taken to ensure that all patient specific labelling has been removed. Cardboard and paper with patient details should be treated as confidential waste.

5.43 Medicinal products should be segregated into two waste streams:

- **Chemotherapy waste** (antineoplastic drugs), classified in waste regulation as cytotoxic and cytostatic waste;
- **Medicinal waste**, often described as pharmaceutical waste; this waste stream contains all waste medicines except chemotherapy drugs.

**Note:** antibiotics, vaccines, hormones, steroids, cytotoxics, cytostatics or known dangerous medicines should never be discharged to the drain or public sewer.

## Pharmaceutical wastes (non cytotoxic)

5.44 Some pharmaceutical wastes do not have hazardous properties and are not subject to specialised handling, packaging and disposal. Non-hazardous medicinal waste includes saline (sodium chloride 0.9%), glucose- (dextrose-) based medicinal products and dialysis solutions. Care should be taken to ensure that these products have not had an 'active' medicinal product added to

them as part of an infusion. Unused (date expired) or partially used products may be discharged to sewer (subject to a discharge consent) and the container disposed of in the orange waste stream.

- 5.45 Ward returns of waste medicine will include unused, expired, recalled medicinal products, normally in or sealed within the original or dispensed packaging. Within the hospital environment this waste stream should be returned to pharmacy departments; this will normally be to local NHS Board pharmacy departments. Where medicinal wastes cannot be returned to pharmacy, local colour-coded rigid containers should be available for this waste stream. Medicinal waste should be placed in yellow stream rigid bin containers with a yellow or blue lid and clearly labelled.
- 5.46 To prevent any adverse reactions, care should be taken when managing medicinal waste not in its packaging. Waste not in its original packaging should be separated from medicinal waste in packaging as different transport requirements apply. See SHTN 3 Part C: Compendium of regulatory requirements for further information.
- 5.47 Patients who bring drugs into a hospital may have them returned to them on their discharge. If unwanted, these drugs should be returned to the hospital pharmacy. Patients in the community should return waste medicinal products to their local pharmacy.
- 5.48 Medicinal waste returned to pharmacy departments will normally be in its original packaging or the packaging it was dispensed in. Once received by the pharmacy the packaging should be checked and any chemotherapy drugs and controlled drugs should be removed and should be managed separately.
- 5.49 Pharmacy staff should place packaged medicinal waste in a yellow rigid container with a yellow or blue lid. Bins are available in a 22.0 litre size or 60.0 litre size. Bins should be clearly labelled with the pharmacy details, date, and should state 'non-chemotherapy medicinal waste'. Local procedures should identify incompatible medicinal products involving liquids, flammable products, oxidising agents, etc.
- 5.50 Empty primary packaging used for medicinal products should be treated as medicinal waste and placed in yellow rigid containers with a yellow or blue lid.
- 5.51 Controlled drugs listed in Schedule 2 and Schedule 3 of [The Misuse of Drugs Regulations 2001](#) are subject to safe custody requirements and should be placed into waste containers only after they have been rendered irretrievable (i.e. by denaturing). Denaturing kits are available to pharmacists and usually comprise a self-setting compound (such as a pre-gel or equivalent). The act of rendering the drugs irretrievable must take place in the presence of an 'authorised witness'. Authorised witnesses can be police officers, Royal Pharmaceutical Society of Great Britain (RPSGB) inspectors and those authorised by the Accountable Officer. Particulars of the date of rendering irretrievable, and the quantities treated in this manner, must be entered in the register of controlled drugs, signed by said authorised witness and by an appropriate member of staff from the ward / department / pharmacy responsible

for the controlled drugs. Once treated to render them irretrievable, controlled drugs should be placed in a yellow rigid container with a yellow or blue lid. The bin should be clearly labelled with the pharmacy details and date, and should state 'controlled drugs'. Final disposal by incineration of wastes must take place in an appropriately licensed facility approved and regularly inspected by an 'authorised witness' as authorised by the Accountable Officer. Particulars of the date of final destruction by incineration and the quantities destroyed must be recorded.

- 5.52 NHS Board staff should not accept samples from pharmaceutical representatives. Samples if given should be returned to the appropriate representative immediately.
- 5.53 Unused, expired or recalled vaccines in, or sealed within, the original unopened packaging should be returned to the dispensing pharmacy. If the supplier offers a take-back scheme this should be used. Partially-spent vials and needles / syringes or other giving sets, and any opened or prepared vaccines left at the end of a vaccine session, must be disposed of in the yellow stream and should be placed into a 5.0 or 22.0 litre yellow rigid container. If sharps are present the container must be suitable for safe storage of sharps, e.g. must be a sharps bin. The bin should be clearly labelled with details of the ward / department / premises generating the waste and date of disposal, and should be labelled 'vaccine waste'.
- 5.54 Fully discharged (fully used) needles / syringes and other administration devices used for vaccines may be disposed of as sharps waste and placed into rigid sharps containers. Unless advised otherwise by the pharmacy department or waste contractor, the sharps container should be colour-coded for the orange stream.

### Cytotoxic wastes

- 5.55 This waste stream is primarily produced as a result of cancer care but antineoplastic drugs are used widely throughout the hospital and in the community and care should be taken to ensure that this waste is segregated in all areas it is produced in.
- 5.56 Chemotherapy waste including all unused, partially used or surplus medicines and associated materials used to administer these products (such as cups, spoons, bottles, intravenous giving sets, tubes and needles / syringes, personal protective equipment) should be placed in yellow rigid bin containers with violet / purple lids. It is common practice to use an 11.5 litre size waste bin but other rigid bin sizes are available.
- 5.57 When waste is presented in the correct waste containers (yellow rigid bin containers with violet / purple lid), there is no need to return these to the NHS Board's Pharmacy Department, and the containers can be uplifted directly from the ward.
- 5.58 For patients at home using methotrexate, waste associated with administering the drug should be placed into the 1.0 litre size waste bin container supplied. It

is the responsibility of the care worker administering or prescribing the chemotherapy products in a community setting to ensure the safe management and disposal of any wastes.

- 5.59 The British National Formulary (BNF) may be used to reference details of particular cytotoxic and cytostatic medicines. Contact the NHS Board Director of Pharmacy or Waste Management Officer for specific and detailed instructions on safety on the Standard Operating Procedures (SOP).

## Red Stream healthcare wastes

### Waste description and segregation

- 5.60 The red waste stream comprises items that cannot be disposed of by treatment or incineration and require specialist recovery and processing.
- 5.61 The following red stream waste arises directly through the healthcare delivery environment (generally from dental and X-ray service functions):
- amalgam (normally from dental services, including amalgam, amalgam capsules and teeth with amalgam fillings for recovery and reprocessing);
  - lead and any other 'heavy' metal compounds, including X-ray and other photo-chemicals and fixers with silver, cadmium, lithium, etc.
- 5.62 If any other suspected red stream substances are identified for disposal, contact the NHS Board Waste Management Officer for further advice.

### Dental wastes

- 5.63 Amalgam should be carefully placed into either a 0.5, or 1.0 or 5.0 litre size red stream rigid waste bin containers to suit the quantities of waste arising. The rigid waste bin should have a screw top and contain a suppressant. The container should be clearly labelled 'amalgam waste'.
- 5.64 Amalgam capsules should be carefully placed into either a 0.5, or 1.0 or 5.0 litre size red stream rigid waste bin container with suppressant and screw top lid. The container should be clearly labelled 'amalgam waste – capsules'.
- 5.65 Teeth with amalgam should be carefully placed into either a 0.5, or 1.0 or 5.0 litre size red stream rigid waste bin container with suppressant and screw top lid. The container should be clearly labelled 'teeth with amalgam'.
- 5.66 Lead foils should be placed into a 5.0 litre size red stream rigid waste bin container with screw top lid. A 5.0 litre size clinical user 'flip top' sleeved room bin is also available for use in the processing room, where this is a user preference. The container should be clearly labelled 'lead foils'.
- 5.67 X-ray and associated photo-chemicals, fixers and developers with silver, cadmium, lithium, etc. should be placed carefully without spillage into a 10.0 litre size rigid opaque bin with a red screw top lid. Separate bins should be used for each waste stream; wastes should not be mixed. The container should be clearly labelled with details of the specific fluid or chemical it contains.

- 5.68 The following European Waste Catalogue codes for photo-chemical wastes should be used:

Waste Description	Chapter 09 European Waste Catalogue Code(s)	Details
Dental and X-ray and associated photographic fixer and developer	09-01-01	Water-based developer and activator solutions
	09-01-02	Water-based offset plate developer solutions
	09-01-03	Solvent-based developer solutions
	09-01-04	Fixer solutions
	09-01-05	Bleach solutions and bleach fixer solutions
	09-01-06	Wastes containing silver from on-site treatment of photography wastes
	09-01-07	Photographic film and paper containing silver or silver compounds. This is not special waste, but for NHS purposes shall be considered as if special waste and to be rendered unrecognisable
	09-01-08	Photographic film and paper free of silver or silver compounds. This is not special waste, but for NHS purposes shall be considered as if special waste and to be rendered unrecognisable
	09-01-99	Lead foils. This is not special waste, but for NHS purposes shall be considered as if special waste and to be rendered unrecognisable

### Other healthcare wastes - radioactive waste

- 5.69 Radioactive waste (in limited quantities) is generated from the delivery of healthcare in therapeutic and diagnostic medicine using radionuclides. Generally, this waste is considered to be low-level radioactive waste in limited quantities (i.e. these procedures do not cover arrangements for sealed radioactive sources). Low-level radioactive waste is sub-divided into three categories:
1. long half-life:  $^3\text{H}$ ,  $^{14}\text{C}$ ;
  2. radioiodine:  $^{123}\text{I}$ ,  $^{125}\text{I}$ ,  $^{131}\text{I}$  (any mixed waste containing radioiodine will be in this category);
  3. other Beta / Gamma emitters:  $^{89}\text{Sr}$ ,  $^{35}\text{S}$ ,  $^{32}\text{P}$ ,  $^{51}\text{Cr}$ ,  $^{201}\text{Tl}$ ,  $^{111}\text{In}$ ,  $^{67}\text{Ga}$ ,  $^{99\text{m}}\text{Tc}$ ,  $^{57}\text{Co}$ ,  $^{75}\text{Se}$ ,  $^{65}\text{Zn}$ ,  $^{59}\text{Fe}$ ,  $^{22}\text{Na}$ ,  $^{24}\text{Na}$ ,  $^{45}\text{Ca}$ .

- 5.70 The Scottish Environment Protection Agency (SEPA) regulates the storage and use of radioactive material in hospitals. Users of small amounts of radioactive sources (including hospitals) require authorisation to discharge. The [Environmental Protection Act 1990](#) gives SEPA authorisation to permit discharges, and discharge limits are set under the [Radioactive Substances Act 1993](#).



- 5.71 Radioactive waste is not classified as special (hazardous) waste, but it can arise as part of a mixed waste stream that may be classified as a special waste, e.g. low-risk infectious waste.
- 5.72 Low-level radioactive waste is subject to additional procedures under the management of the Radiation Protection Adviser (RPA) working to common pan-Scotland RPA protocols.

**Note:** Disposal of radioactive waste is managed by the NHS Board Radiation Protection Advisor (RPA).

- 5.73 Where clinicians are administering healthcare services that result in the production of low-level radioactive wastes, they must ensure the waste is then uplifted, managed and disposed of through the Radiation Protection Adviser.
- 5.74 The RPA will have a Certificate of Authorisation for the disposal and accumulation of radioactive waste in limited quantities prior to disposal. Waste sacks / bags and rigid containers containing low-level radioactive waste should be marked clearly using self-adhesive “Radioactive waste – limited quantity” labels and the container label completed with details of the producer, date and radioactive substance used. Following uplift the waste will be taken to the secure NHS Board low-level radioactive store in accordance with the Certificate of Authorisation. Shielding will be used during storage where necessary. Appropriate protective clothing may be required when handling these wastes.
- 5.75 Uplift and disposal of low-level radioactive waste will be in accordance with the conditions contained in the Certificate of Authorisation for the Disposal and Accumulation of Radioactive Waste and national healthcare waste contract method statement.

### Decontaminated active medical devices and decontaminated inserts

- 5.76 Active implanted medical devices and contaminated inserts include the following items: cardiac pacemakers / stimulators, cardiac assist pumps, cardioverter defibrillators, cochlear hearing implants, neurological stimulators, pain relief devices and medicine infusion devices. Used implanted devices and inserts should be decontaminated, dried and returned for recovery. Medical device manufacturers or suppliers often require these items to be returned for them to be in accordance with Medicines and Healthcare Products Regulatory Agency (MHRA) procedures.
- 5.77 A certificate of decontamination shall be prepared by the clinician following MHRA Device Bulletin DB2003(05) June 2003 to confirm any waste active implanted medical device(s) have been:
- decontaminated at low temperature (less than 50°C) by cleaning to remove any anatomical and tissue remnants;
  - immersed in an approved disinfectant for an approved period of time for the concentration of the disinfectant used;

- subject to a disinfectant appropriate for high level disinfection of the specific medical device to render inactive or to denature spores, mycobacteria, bacteria and viruses – see MHRA guidance.

- 5.78 Where it is not possible to safely decontaminate the medical device / insert or remove the energy source, advice should be sought from the NHS Board's Waste Management Officer and case-specific instructions will be provided. On no account shall such active implanted medical devices and contaminated inserts be subject to incineration or heat disinfection processes (such as autoclaving).
- 5.79 Infected implanted medical devices are excluded from the scope of the [Waste Electrical and Electronic Equipment \(WEEE\) Regulations 2013](#) but due to the presence of infectious agents (if not decontaminated) and / or an energy source (battery), the items are classified as special waste and must be consigned as such.

### Human hygiene offensive waste (formerly known as 'sanpro' waste)

- 5.80 Disposable sanitary items such as nappies, sanitary towels, tampons, and similar items of human hygiene waste arising from the public, staff, and in certain situations, from patients. Human hygiene waste is not considered an infectious waste; such waste items should be placed in the dedicated feminine hygiene bins supplied in toilet areas or placed in the paper or small plastic bags provided and then disposed of in the residual black (or clear) waste stream.
- 5.81 It is not NHS Board policy to source-segregate human hygiene offensive waste in the clinical environment. In wards and clinical areas, where the waste is a direct product of clinical / patient activity and may be considered potentially infectious then it should be segregated and disposed of as healthcare waste in the orange stream.

### Healthcare waste packaging

#### Bag (sacks) containers

- 5.82 Bags should be filled to no more than three quarters full, should weigh no more than 4 kg, and be securely sealed. To seal:
- the bag is held by the neck and twisted until tight;
  - the neck of the bag is folded over to form a 'swan neck';
  - a ratchet-type healthcare waste tag is placed around the folded neck, and tightened until a sturdy secure seal has been made.
- 5.83 Each bag must be sealed with a ratchet-type healthcare waste identification tag, or equivalent, which bears the identification of the hospital and individual ward or department. A list of tag identification codes, colours, etc., and information on how to obtain supplies, should be available from the NHS Board's Waste Management Officer.

**Note:** Bag containers must never be overfilled - bursts and spillages can be avoided.

Sharp or similar objects must never be placed into bag containers as these can puncture, rupture or cause injury.

Other waste bin containers should never be placed into bag containers.

- 5.84 Sack / bag containers must be used with appropriate sack holders. Sack holders should be located close to the point of waste production. Sack holders should be easy to clean and spills should be visible. All bag holders must be clearly labelled to indicate the waste type and the waste stream colour-code that it is intended for.
- 5.85 For theatre, pathology, dental, ITU and other consulting and treatment rooms where there are dedicated staff who clearly understand recurring waste procedures, sack holders should be fixed to mobile trolleys or walls at approved secure points close to the point of waste production.
- 5.86 In wards and other departments freely accessible to patients and the public, sack holders should be fixed to mobile trolleys at appropriate approved secure points that can be taken close to the point of waste production. Where this is not practical, a risk-based approach should be considered prior to fitting the minimum number of appropriately positioned wall-mounted sack holders, bearing in mind the risks of infection and keeping the waste secure.
- 5.87 Within the clinical setting, filled bag containers must be stored securely and separately from all other wastes and should be uplifted routinely by arrangement with the staff responsible for removal of waste.
- 5.88 Sack / bag containers should be presented for collection in a safe manner to avoid spillage or injury.
- 5.89 Sack / bag containers should be collected daily unless more or less frequent collections have been organised by clinical staff.
- 5.90 Staff responsible for waste removal are instructed *not* to uplift bag containers which are not properly presented, which have not been correctly sealed, or are not marked with the ward or department's identity. 'Near-miss' and non-compliance reporting should be undertaken in such instances.

### Bin containers

- 5.91 Bin containers come in a range of shapes and sizes. Bin containers for the disposal of sharps (sharps bins) have an opening designed to allow needles and syringes to be placed in the bin securely and to avoid access to the bin contents.
- 5.92 Liquid wastes should not be placed in sharp bin containers, as the opening means that they are not designed to be leak-proof. Other bin containers may be leak-proof and suitable for liquid wastes.



- 5.93 Sharp bin containers are for disposing of used sharps, which comprise syringes, needles, scalpels and similar metal parts, cartridges, glass ampoules and vials, broken glass and any other small sharp instruments. Orange stream sharps bins should *not* be used for cytotoxic wastes such as chemotherapy (antineoplastic) medicinal wastes or items contaminated with these products.
- 5.94 Sharps bin containers should only be filled to the fill line - i.e. three quarters full.
- 5.95 Sharps bin containers should not be used for the disposal of medicinal wastes.
- 5.96 When filled or ready for uplift, the label on bin containers must be completed, providing the following details:
- the ward / department / premises location generating the waste;
  - the name of the person disposing of the waste; and,
  - date of disposal.
- 5.97 Where relevant, a ratchet identification seal must be attached to the handle of the bin container so that the originating clinical department and hospital or other premises are identified.
- 5.98 Bin containers, when sealed for uplift, must:
- weigh no more than 4 kg;
  - be stored separately from all other waste; and,
  - be uplifted routinely by arrangement with the staff responsible for removal of waste.
- Note:** Bin containers must never be overfilled, to avoid sharps incidents and spillages.

Bin containers should never be placed into bag containers.
- 5.99 Bin containers should be secured to trolleys and walls, etc. using the proprietary fitments to ensure the container is secure at all times. All bin container holders must be labelled clearly to indicate the waste stream it is intended for.
- 5.100 For theatre, pathology, ITU, and other consulting and treatment rooms where there are dedicated staff who clearly understand recurring waste procedures, bin holders should be fixed to mobile trolleys or walls at approved secure points close to the point of waste production to minimise the risk of infection.
- 5.101 In wards and other departments freely accessible to patients and the public, bin holders should be fixed to mobile trolleys at appropriate approved secure points that can be taken close to the point of waste production. Where this is not practical, a risk-based approach should be considered prior to fitting the minimum number of appropriately positioned wall-mounted bin holders, bearing in mind the risks of infection and keeping the waste secure.

- 5.102 Within the clinical setting, filled bin containers must be stored securely and separately from all other wastes and should be uplifted routinely by arrangements with the staff responsible for removal of waste.
- 5.103 Bin containers should be presented for collection in a safe manner to avoid spillage or injury.
- 5.104 Bin containers should be collected at an agreed frequency of collection that has been organised by clinical staff.

**Note:** Staff responsible for removal of waste are instructed *not* to uplift bin containers which are not properly presented, which have not been correctly sealed or are not marked with the disposing source identity. 'Near-miss' and non-compliance reporting should be undertaken in such instances.

### Handling waste bag and bin containers

- 5.105 The waste container (bag or rigid bin) may be uplifted manually in small quantities from the clinical setting and taken directly, without setting down, to the secure on-site healthcare waste store, or to a collection vehicle. Where this is not possible (such as due to the high number of containers arising or the distance and/or time to reach the healthcare waste store), appropriate risk-based measures must be taken to ensure that the risk of unauthorised access to the wastes is minimised.

**Note:** All healthcare waste must be stored in a secure delineated environment, distinctly:

- a. separating different orange stream wastes (bags from bins);
- b. avoiding mixing orange stream wastes with either yellow or red stream wastes.

- 5.106 The best practice is for bag or bin waste containers to be placed into locked intermediate bulk containers (wheelie bins). These intermediate bulk containers should be colour-coded. The design of the internal management and storage system should avoid unnecessary manual handling and all containers must be cleaned suitably each time they are emptied, prior to return to the clinical setting.
- 5.107 Where practical and to minimise the risks in manual handling, considerations should be given to automatic loading of the wastes into larger intermediate bulk containers at the clinical waste store / transfer station for uplift and off-site disposal. These considerations must also include, where practical, automatic washing and drying prior to return into the clinical setting.
- 5.108 It is not considered best practice for a waste management contractor's wheeled bin to be brought into the clinical setting or through areas where there is public access, as these bins are only cleaned to basic waste industry standards and may be a source of infection within clinical and public access areas.

- 5.109 Where waste industry bulk bins (and Eurobins) used in waste stores and waste compounds are to be taken into buildings, the waste management risk assessment must detail risk reduction mitigation within the specific compliant waste plan for securing the wastes and control of infection on an ongoing basis.
- 5.110 If healthcare waste is being transferred to the NHS Board through uplift from:
- a third party organisation (such as the Scottish Ambulance Service);
  - an independent contractor (such as a General Practitioner, General Dental Practitioner or Community Pharmacist, etc.).
- 5.111 ...each waste movement will be subject to regulatory requirements including completion of the appropriate paperwork; with respect to low-risk healthcare waste, this will be a Special Waste Consignment Note.

### Packaging sizes

- 5.112 The tables below summarise the waste packaging suitable for this waste stream. Examples of packaging have been included but Waste Management Officers should complete with Board-specific information.

Orange waste bags			
Size	Details	Marked	Requisition Code
200 x 380 x 610 mm – 25 micron (10 roll pack of 50 bags)	Small 5 kg Orange Stream Plastic Bag	Orange Stream Healthcare Waste – Dispose by Heat Disinfection	
380 x 635 x 990 mm – 50 micron (6 roll pack of 25 bags)	Large 10 kg Orange Stream Plastic Bag	Orange Stream Healthcare Waste – Dispose by Heat Disinfection	
380 x 635 x 990 mm – 150 micron (1 roll pack of 50 bags)	Large 15 kg (extra thick) Orange Stream Plastic Bag	Orange Stream Healthcare Waste – Dispose by Heat Disinfection	

Orange containers including sharps bins (rigid bins)			
Size	Details	Marked	Requisition Code
2.5 litre Nom Capacity Round Bin	Yellow bin with Orange lid with slide access (for use with White Trays)		
11.5 litre Nom Capacity Round Bin	Yellow bin with Orange lid with slide access		

For needle and syringe exchange service (NSES) waste - normally in NSES user packs			
Size	Details	Marked	Requisition Code
0.3 litre Nom Capacity Oval Bin	Black bin/Black lid with flip top access and restrict flap		

Yellow waste bags			
Size	Details	Marked	Requisition Code
325 x 635 x 990 mm – 50 micron	Large 8 kg Yellow Stream Plastic Bag	Yellow Stream Healthcare Waste – Dispose by Incineration	

Yellow containers (rigid bins) for dental waste			
Size	Details	Marked	Requisition Code
5.0 litre Nom Capacity Round Bin	Yellow bin with Red flat lid		

Yellow containers (rigid bins) for non cytotoxic medicinal waste			
Size	Details	Marked	Requisition Code
22 litre Nom Capacity Round Bin	Yellow bin with Blue extra access lid		

Yellow containers including sharps bins (rigid bins) for cytotoxic medicinal waste			
Size	Details	Marked	Requisition Code
1.0 litre Nom Capacity Rectangular Bin	Yellow bin with Violet lid with Com-Plus slide lid access (for Methotrexate & Community Waste Schemes)		
11.5 litre Nom Capacity Round Bin	Yellow bin with Violet flat lid		

Yellow containers (rigid bins) for placenta waste			
Size	Details	Marked	Requisition Code
2.5 litre Nom Capacity Round Bin	Yellow bin with Red flat lid		

Yellow containers (rigid bins) for theatre and contaminated waste and recognisable body parts etc.			
Size	Details	Marked	Requisition Code
35 litre Nom Capacity Rectangular Theatre Bin	Yellow bin with Red flat lid		

Red containers (rigid bins) for amalgam waste			
Size	Details	Marked	Requisition Code
1.0 litre Nom Capacity Oval Bin	Red bin with Red lid with screw top access	Amalgam	

Red containers (rigid bins) for lead foils			
Size	Details	Marked	Requisition Code
5.0 litre Nom Capacity Oval Bin	Red bin with Red lid with screw top access	Lead Foils	

Red containers (rigid bins) for x-ray fluid or photo developer or other chemical waste			
Size	Details	Marked	Requisition Code
10.0 litre Nom Capacity Rectangular Bin	Opaque bin with Red lid with screw top access	To be labelled with specific chemical	

Additional products which support management of the low-risk healthcare waste

Self setting compounds are for use with wastes in bins to stabilise liquid wastes			
Supplier	Description	Remarks	National Procurement Catalogue Code
VacSax Ltd	Pre-Gel Solidifying gel 4Kg Tub	1 x 1 single tub	Recommended for Pharmacy and Theatre Departments and similar bulk waste producers

## 6. Exemplar text: Other non-healthcare special (hazardous) waste

- 6.1 The Special Waste (Scotland) Regulations: 1996 (as amended) outline the requirements with respect to the classification and management of all hazardous waste in Scotland in line with the European Hazardous Waste Directive. Further guidance is available in the SEPA publication [WM2](#), and from SHTN 3 Part C.
- 6.2 A wide range of special wastes arises from NHS activities that are ancillary to the delivery of healthcare. The packaging, handling, storage and treatment of special waste generated must be considered on an individual basis. Further information and advice is available from the Board's Waste Management Officer.
- 6.3 Consideration should be given to the avoidance and minimisation of special (hazardous) waste, including:
- Why does the waste arise in the first place?
  - Could this be eliminated at procurement stages?
  - Could better practice or alternative products or techniques be used?
- 6.4 In many cases manufacturers and suppliers facilitate 'take-back' and recovery schemes to reduce the risk and impact. These should be investigated and utilised wherever possible.
- 6.5 The following special wastes have been identified as being commonly produced by NHS Boards.

### Mercury

- 6.6 Waste mercury may arise from the following sources:
- mercury spills;
  - fluorescent discharge lamps and tubes, and
  - electrical switches.

### Mercury spills

- 6.7 Spillages from thermometers and sphygmomanometers should be cleaned using standard mercury spillage kits, as available from the NHS Board's central stores;
- 6.8 The standard method of dealing with a mercury spillage / disposal is:
- ensure the area is well-ventilated;
  - wear disposable gloves;

- collect mercury with pump or syringe;
- discharge under water in specialist (universal) container;
- place sealed container and broken instrument in a plastic bag provided in the spillage kit and tie securely;
- place inside the second plastic bag provided in the spillage kit and tie;
- affix 'Mercury' label provided with the spillage kit and attach indent to outside of package;
- send to central store;
- remove gloves, then wash hands and forearms.

**Note:** On no account should spilled mercury be placed in the healthcare or domestic waste streams.

- 6.9 Used kits should be returned to the NHS Board's central stores. At central stores the returned waste spillage kits will be placed into the specific 60.0 litre size special waste rigid bin container and subject to special waste consignment arrangements. When full, the 60.0 litre bin label should be completed stating 'Mercury Waste' and consigned as European Waste Catalogue code 20-01-21.
- 6.10 Mercury waste must not find its way into other waste streams or be discharged into the sewer.

### Fluorescent discharge lamps and tubes

- 6.11 Fluorescent discharge lamps and tubes should be returned to the Facilities Department where they should be stored in purpose-designed containers. The Facilities Department will manage uplift for recovery; the waste should be consigned using European Waste Catalogue code 20-01-21.

### Electrical switches

- 6.12 Electrical switches should to be returned to the Facilities Department where they should be stored in designed containers. The Facilities Department will manage uplift for recovery and the waste should be consigned using European Waste Catalogue code 20-01-21.

### Batteries (with heavy metals such as mercury, lithium or nickel cadmium, etc.)

#### Batteries from active implanted medical devices

- 6.13 The following active implanted medical devices contain batteries that contain heavy metals:
- cardiac pacemakers / stimulators;
  - cardiac assist pumps;
  - cardioverter defibrillators;



- cochlear hearing implants;
- neurological stimulators, and
- pain-relief devices and medicine infusion devices.

6.14 Used implanted devices should be decontaminated by the NHS Board to remove the risk of infection. Once decontaminated, many of these items may be returned to the manufacturer or supplier. Where this is not the case the battery should be removed if possible and the terminals should be taped. Batteries should be placed in a rigid bin container labelled as 'Decontaminated Battery Waste' and consigned as European Waste Catalogue code 20-01-33. Filled decontaminated battery containers should be returned to the NHS Board's central stores where they will be placed into a 60.0 litre size rigid waste bin, awaiting uplift from a specialist contractor.

6.15 If removal of the battery is not possible the unit should be placed intact into a labelled rigid container and advice should be sought from the NHS Board's Waste Management Officer

#### Other batteries with heavy metals (mercury, lithium or nickel cadmium)

6.16 Other batteries with heavy metals (mercury, lithium or nickel cadmium) are generated from equipment such as hearing aids, pagers, mobile phones, calculators and other electronic equipment. Waste batteries should be returned to central stores where the terminals should be taped before they are placed into a 60.0 litre size rigid waste bin awaiting uplift from a specialist contractor. The rigid bin container should be labelled 'Battery Waste' and consigned as European Waste Catalogue code 20-01-33.

**Note:** Alkaline batteries are not special (hazardous) waste but should be source-segregated for recycling. Where recycling is not an option they may be disposed of in the residual black waste stream.

### Other special wastes

#### Unused alcohol hand gels and wipes

6.17 Where unused alcohol hand gels and wipes arise (normally in bulk and in original supply wrapping), these should be returned using supplier 'take-back' arrangements or disposed of as special waste with the following European Waste Catalogue code: 20-01-29. Advice should be sought from the NHS Board's Waste Management Officer.

#### Unused disinfectants

6.18 Where unused disinfectants and similar chemical waste that is not infectious arise (normally in bulk such as unused glutaraldehyde and alternatives such as Cidex OPA and hyperchlorides), these should be returned by supplier take-back arrangements, or disposed of as special waste with the following European Waste Catalogue code: 20-01-29. Advice should be sought from the NHS Board's Waste Management Officer.



## Pesticides

- 6.19 Pesticides arise from use in facilities' grounds and gardens. Waste pesticides should be returned to the Facilities Department for recovery / disposal as special waste using the following European waste catalogue code: 20-01-19

## Equipment with CFCs

- 6.20 Equipment containing chlorofluorocarbons (CFCs) includes air conditioners, fire-fighting equipment, freezers, refrigerators and associated equipment. Care should be taken to keep the equipment intact and prevent escape of the CFCs. The equipment should be sent for recovery / disposal as special (hazardous) waste using the following European Waste Catalogue code: 20-01-23.

## Oils and fats

- 6.21 With the exception of waste edible oil, waste oils and fats are special (hazardous) waste and should be sent for recovery / disposal using the following European Waste Catalogue code: 20-01-26.

## Asbestos

- 6.22 Asbestos materials are special (hazardous) waste and arise from insulation materials from facilities sources working to specialist arrangements under the NHS Board's Asbestos Policy. Any materials suspected to contain asbestos must be assessed by contacting the Asbestos Manager at the Facilities Department. Inspection, testing and disposal will be dealt with by the Facilities Department. Insulation materials containing asbestos should be sent for recovery / disposal using the following European Waste Catalogue code: 17-06-01. Construction materials containing asbestos should be sent for recovery / disposal using the following European Waste Catalogue code: 17-06-05.

## Construction and demolition wastes

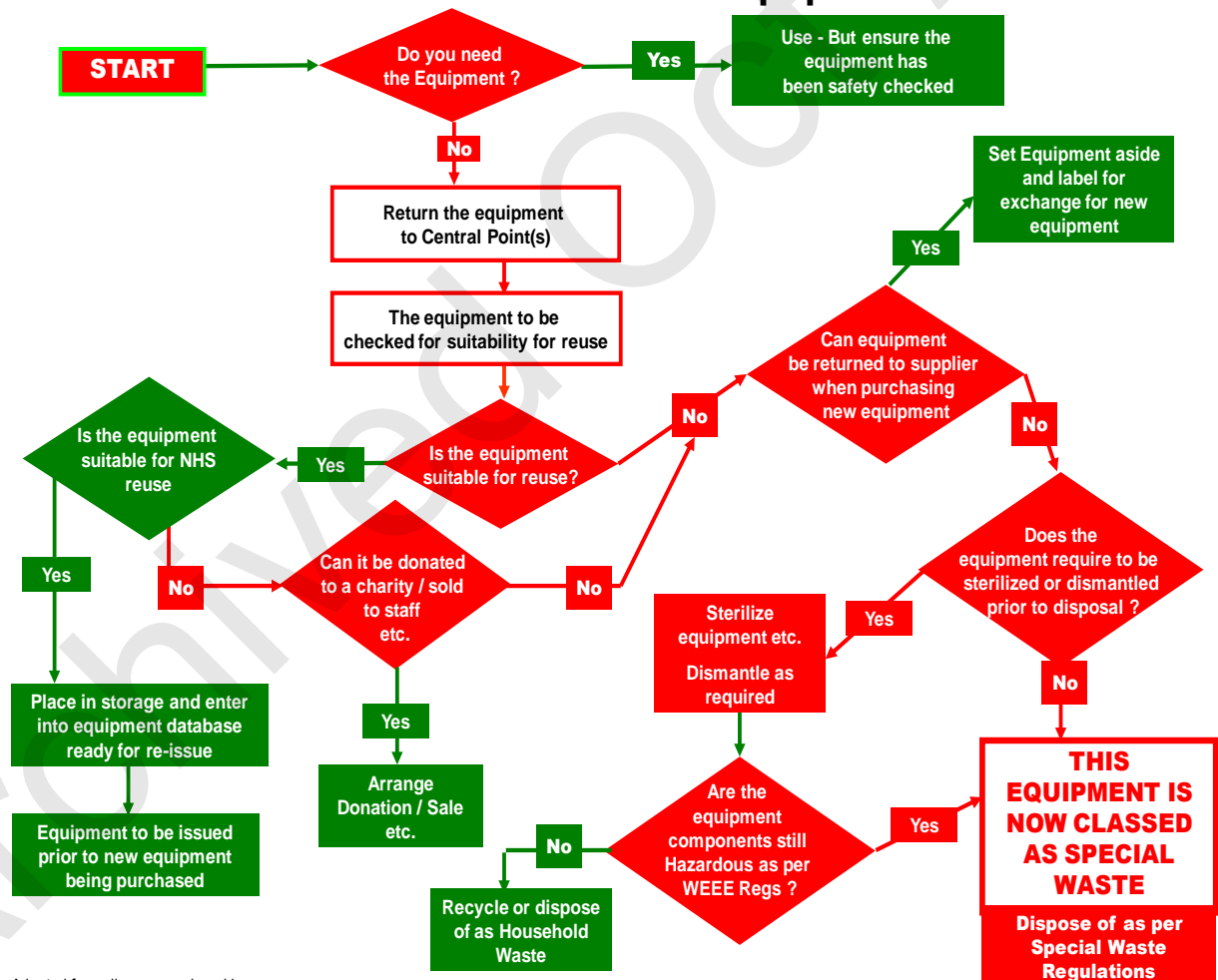
- 6.23 Reference should be made to the NHS Board's Construction Procurement Policy, and/or the Disinvestment Policy. Excavated soil from contaminated sites from construction or dis-investment sources should be assessed and disposed of in accordance with Chapter 17 of the European Waste Catalogue. Any special (hazardous) waste arisings should be consigned as such. Care should be taken to ensure that special and non-special soils are not mixed.

## Electrical and electronic equipment - containing hazardous components

- 6.24 The majority of surplus or discarded waste electrical and electronic equipment (WEEE) produced from the NHS Board's sites will require recovery / disposal as special (hazardous) waste. WEEE includes virtually all fixed and portable electrical and electronic equipment and is produced throughout NHS Board premises. Items of WEEE should be returned and assessed by the Facilities, Medical Physics or Information Management and Technology (IM&T) departments.

- 6.25 All telecommunications equipment such as telephone handsets, mobile telephones and fax machines should be returned to the NHS Board's Telecommunications Centre while all electrical and electronic medical equipment should be returned to the Medical Physics Department and all other estates and facilities electrical and electronic equipment, whether fixed or mobile, are to be returned to the Estates Department.
- 6.26 WEEE assessed as special (hazardous) waste should be consigned using European Waste Catalogue code: 20-01-35.
- 6.27 Non-special waste WEEE should be transferred using European Waste Catalogue code: 20-01-36.
- 6.28 The following flow diagram shows the key considerations in the management of

## Unwanted Electrical & Electronic Equipment Flow Chart



Adapted from diagram produced by  
Alan Lamont

Figure: Decision chart for waste electrical and electronic equipment (WEEE)

## 7. Exemplar text: Recyclables and domestic waste

### Source segregation requirements

- 7.1 The Waste (Scotland) Regulations 2012 provide the regulatory framework to enable Scotland to meet its Zero Waste Plan. The Regulations have a number of key requirements, including:
- businesses (including hospitals<sup>1</sup>) to present dry recyclable materials (glass, metals, plastics, paper, and card / cardboard) for collection from 1 January 2014;
  - materials collected separately for recycling to 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 they produce less than 50kg of food waste per week, in which case they have until 1 January 2016 to comply<sup>2</sup>;
  - food waste disposal to 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.
- 7.2 To assist NHS Bodies to meet these requirements the HFS Waste Management Steering Group has published a Waste Management Action Plan 2013-2016.

### Colour-coded containers for source segregated recyclates

- 7.3 To meet the requirements of the Waste (Scotland) Regulations 2012 the NHS Board must segregate recyclable materials at source. Colour-coded containers should be in place throughout the NHS Board's estate to aid segregation.
- 7.4 There are two best-practice colour-coding systems in use by NHSScotland. Some NHS Boards have opted to use the national 'Recycle for Scotland' colour-coding system used by Local Authorities and retail outlets. An alternative system developed by a number of NHSScotland Boards, broadly based on the 'Recycle for Scotland' system but avoiding any potential confusion with colour codes used for healthcare wastes, is also in use. Details of both schemes are shown below.

'Recycle for Scotland' colour-coding scheme for source-segregated recyclates

<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 titled 'Defining rural and non-rural areas to support zero waste policies' available from the Scottish Government web site.

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

Alternative NHSScotland colour-coding scheme for source-segregated recyclates

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

## Audit and assessment of container requirements

- 7.5 To ensure that high quality recyclables are captured, colour-coded waste bins or sack holders should be in place throughout Board premises. Working jointly with infection control specialists and the NHS Board's Waste Management Officer, the container requirements for each area should be assessed.
- 7.6 The assessment should reflect on waste audit results of waste arisings and ensure that the most appropriate type and size of container are allocated in each area.

## Confidential paper waste

- 7.7 Confidential paper waste should be kept separate from other paper wastes and should be held in a secure manner.
- 7.8 Confidential paper and documents should be shredded at source (on site) whenever possible. The shredders involved must be manufactured to at least

DIN Standard 3. Shredded paper may then be placed within the paper recycling stream.

- 7.9 Confidential waste for secure off-site shredding should be placed in dedicated packaging and labelled clearly. Once uplifted from the point of production confidential waste containers should be held securely.

## Residual waste

- 7.10 Residual waste is the term used to describe the fractions left in the waste stream once all recyclable materials have been removed from it via source-segregation.
- 7.11 Residual waste should be kept separate from other segregated waste streams.

## General procedures

- 7.12 Source-segregated recyclates should be placed in clear bags (sacks) contained within colour-coded bins.
- 7.13 Residual waste should be placed in either black or clear bags (sacks).
- 7.14 Bags should not be filled more than three quarters full, must weigh not more than 4 kg, and be sealed securely.

**Note:** Clear and black bags must *not* be sealed using healthcare waste ratchet tags, which are exclusively for healthcare waste bags.

- 7.15 All recyclables and residual waste should be uplifted regularly by arrangement with waste collection staff. Waste should be taken to the central waste area and placed in the appropriate bulk containers, wheelie bins or compactors as appropriate.
- 7.16 Care should be taken to ensure that segregated waste streams are stored separately and that residual waste bags do not enter the recycling streams.
- 7.17 A waste transfer note is required for the movement of waste off Board premises for recycling or disposal.

## Appendix 1: Summary procedures - segregated waste streams

Waste stream	Summary of procedures	Management practice
Cardboard	All staff members should ensure cardboard is flattened and taken to a designated disposal area where it should be placed in either a cage system or left neatly beside the Eurocart (wheelie bin) containers. Porters will remove the cages / loose cardboard and take to the external waste collection point for uplift.	The cardboard will be collected by the contractor either from the cage system or loose, and sent on for recycling.  Please note: when the baler is installed the above practice will change to cardboard being taken to the recycling centre to be baled.
Glass bottles and containers	Collection containers (bins) will be placed in areas where a large volume of glass is routinely produced. The container should be clearly identified as 'for glass only' and assessed by domestic staff for contamination, e.g. food waste residues, before removal to the waste disposal area for collection by porters.	Porters will place the glass in external Eurocart / skip (depending on volume) for collection by subcontractor on scheduled uplift days.
Toner cartridges	Place used toner cartridge back in original packaging (if possible) for return to a recycling centre.	Used toner cartridges will be stored in a dry area within the recycling centre until approximately 40 cartridges are ready for collection by the appointed industrial waste removal contractor who will arrange for a charitable organisation to collect and take away for recycling.
Shoes and slippers	All shoes and slippers to be placed in clear bags.	A collection bank will be provided from which the appointed industrial waste removal contractor will empty the contents for despatch to a charitable organisation for reprocessing/recycling.
Spectacles	All spectacles to be posted back to the NHS Board's recycling centre	A container will be situated at the recycling centre for old spectacles. When full the appointed industrial waste removal contractor will collect and pass to a charitable organisation.
Mattresses	Contact the appointed industrial waste removal contractor who will arrange for a charitable organisation to attend site, assess mattresses and arrange for suitable method of either re-use or re-processing.	Charitable organisation will uplift mattresses from site and will then arrange for these to be sent on for re-use or re-processing.



Waste stream	Summary of procedures	Management practice
Detergents and disinfection products and containers (neat and residual)	Contact the appointed industrial waste removal contractor and advise of the item types and quantity of each item type for a special uplift of the products and containers with one of their subcontractors.	The subcontractor will come to the location and check that the type of items and quantity match up to what they have been advised of. Once this is checked they will take off site for recycling.
Fabrics and protective clothing	All fabrics and protective clothing to be placed in clear bags and labelled clearly as 'Non NHS Uniforms'.	A collection bank will be provided. When bank is full contact the appointed industrial waste removal contractor who will arrange for the bank to be emptied and the contents sent on to a charitable organisation for reprocessing / recycling.
Textiles and clothing- Non NHS Uniforms	All textiles to be placed in clear bags and labelled clearly as 'Non NHS Uniforms'.	When bank is full contact the appointed industrial waste removal contractor who will arrange for the bank to be emptied and the contents sent on to a charitable organisation for reprocessing / recycling.
Textiles and clothing - NHS Uniforms	All textiles to be placed in clear bags and labelled clearly as 'NHS Uniforms'.	A secure, lockable container will be provided. When full contact the appointed industrial waste removal contractor who will arrange for the container to be exchanged and contents securely destroyed.
Chemicals	Contact the appointed industrial waste removal contractor and advise of the type of chemicals and volume for collection. The contractor will arrange a special uplift of the chemicals with one of their subcontractors.	Subcontractor collection.
Adhesives	Contact the appointed waste removal contractor and advise of type of adhesive, size of container adhesive is stored in and quantity of containers. The contractor will arrange a special uplift of the adhesive by one of their subcontractors.	Subcontractor collection.
Mineral and synthetic oils	Please contact the appointed industrial waste contractor and they will arrange for a subcontractor to collect from site.	Subcontractor collection.
Cooking oils and fats	Large quantities from kitchen / canteen areas; please place the oils back in the original containers and contact the appointed industrial waste removal contractor and they will arrange for a subcontractor to collect from site. Smaller quantities from wards / departments; please place the oils into the internal containers labelled for "Organics".	Larger quantities - the subcontractor will collect the full containers of oil from the site Smaller quantities - the bags from the organic containers will be sent away for anaerobic digestion (AD).



Waste stream	Summary of procedures	Management practice
Aerosol cartridges	Contact the appointed industrial waste contractor; advise as to the item types and quantity of each. They will arrange a special uplift of the aerosol cartridges with one of their subcontractors.	Subcontractor collection.
Paint and varnish	Contact the appointed industrial waste contractor; advise of type of paint and varnish, size of container paint and varnish is stored in and quantity of containers. They will arrange a special uplift with one of their subcontractors.	Subcontractor collection.
X-ray plates	Place all items in a blue security bag. Label the bag up clearly "Confidential - To be Shredded" for return to the recycling centre.	When bags are taken back to the recycling centre they will be shredded confidentially using the on-site shredder.
Mercury (for example from sphygmomano meters, thermometers or switches)	Contact the appointed industrial waste contractor; advise as to the item types and quantity of each item type. They will arrange a special uplift of the mercury with one of their subcontractors.	Subcontractor collection.
Electrical equipment and chargers	Contact the appointed industrial waste contractor; advise as to the item types and quantity of each item type. They will arrange a special uplift of the WEEE with one of their subcontractors.	Subcontractor collection.
Electrical parts	Contact the appointed industrial waste contractor; advise as to the item types and quantity of each item type. They will arrange a special uplift of the WEEE with one of their subcontractors	Subcontractor collection.
CD disks	Place all items in a blue security bag. Label the bag up clearly "Confidential - To be Shredded" for return to the recycling centre.	When bags are taken back to the recycling centre they will be confidentially shredded using the on-site shredder.
Video and audio tapes	Place all items in a blue security bag. Label the bag up clearly "Confidential - To be Shredded" for return to the recycling centre.	When bags are taken back to the recycling centre they will be confidentially shredded using the on-site shredder.
Floppy disks / data storage disks and drives	Place all items in a blue security bag. Label the bag up clearly "Confidential - To be Shredded" for return to the recycling centre.	When bags are taken back to the recycling centre they will be confidentially shredded using the on-site shredder.
Mobile phones and pagers	All old mobile phones and pagers should be posted internally to the recycling centre.	All mobile phones and pagers will be kept in a container at the recycling centre until full. When full please contact the appointed industrial waste removal contractor and they will arrange for these to be collected by a charitable organisation.

Waste stream	Summary of procedures	Management practice
Electrical bulbs and tubes	Contact the appointed industrial waste removal contractor and advise of the item types and quantity of each item type. They will arrange a special uplift of the electrical bulbs and tubes with one of their subcontractors.	Subcontractor collection.
Glazing glass	Contact the appointed industrial waste removal contractor and they will arrange with one of their subcontractors for a skip to be dropped at site for staff to load with glazing glass. When the container is full, contact them again and they will arrange for this to be collected or exchanged as requested.	Subcontractor collection.
Wood cuttings and shavings from estates workshops	Contact the appointed industrial waste removal contractor and they will arrange with one of their subcontractors for a skip to be dropped at site for staff to load with wood cuttings and shavings.	Subcontractor collection.
Paint brushes / rollers, gaskets, filters, rags, keys and maintenance consumables, etc.	Where some of these items still have a residue on them they will have to be treated as a special collection in which case the appointed industrial waste contractor should be contacted and advised as to the quantities and item type.	Subcontractor collection.
Carpet and flooring	Contact the appointed industrial waste removal contractor and they will arrange with one of their subcontractors for a skip to be dropped at site for staff to load with carpet and flooring. When the container is full please contact the contractor again and they will arrange for this to be collected or exchanged as requested.	Subcontractor collection.
Lead acid batteries	Contact the appointed industrial waste removal contractor and advise of the type of lead acid batteries and quantity of each type. They will arrange a special uplift of the batteries with one of their subcontractors from site.	Subcontractor collection.