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<td>Sources of advice in relation to this document:</td>
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<tr>
<td>Cara Browne, Trust Waste and Recycling Manager</td>
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<td>Replaces (if appropriate):</td>
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<td>Legacy United - Policy for handling and transportation of waste</td>
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<td>Legacy Causeway - Hazardous Waste Policy/Policy for handling and transportation of waste</td>
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<td>Legacy Homefirst - Trust Waste Management Policy/Procedure for segregation, primary containment and storage of waste in Primary Health Care facilities/Procedure for managing hazardous wastes and untowards events involving waste</td>
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<td>NHSCT Mission Statement</td>
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<td>To provide for all the quality of services we would expect for our families and ourselves</td>
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# Northern Health and Social Care Trust Waste Policy and Procedures

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1 **Introduction**

The Northern Health and Social Care Trust shall be referred to as the Trust within this document.

The Northern Health and Social Care Trust Waste Policy and Procedures provide guidance on the safe management and disposal of all types of waste generated, excluding redundant furniture and equipment and non-clinical hazardous waste. The Policy and Procedures specify how waste should be classified, segregated, stored, handled, transported and disposed of safely and efficiently.

The Policy includes the responsibilities of all those involved with waste and the implementation of this Policy. This is to reduce the risk of exposure to patients, staff, visitors, refuse collectors and the general public, and to reduce the Trust’s impact on the environment.

Procedures will vary according to the different waste produced at different departments or sites. It is the responsibility of the site/department manager to derive compliant procedures to local practices. This includes Nuclear Medicine/X-ray, Pharmacy, Laboratories, HSDU, Support Services, Catering and Community Services.

Redundant Furniture or Equipment and Non-Clinical Hazardous Waste are not included within this document. Advice will be found in Transfer and Disposal of Non Medical Equipment Policy and Non-Clinical Hazardous Waste Procedure.

The Trust Waste Policy is supported by other information on the Trust Intranet, and should be read in conjunction. These Policies include Hand Hygiene, Health and Safety, Incidents Management including the Procedure for Serious Adverse Incidents, Infection Control, and Risk Management Strategy including Risk Management System for Production of Risk Registers and the COSHH Policy.
Purpose of the Policy and the Objectives

The purpose of this Policy is to achieve the objectives, which are:-

- To ensure all waste produced is managed against all legislative requirements

- To provide a safe, effective and compliant waste service for all wards, departments, offices and other areas from which waste is produced

- To ensure that all waste is properly categorised, segregated, stored, transported and disposed of in such a way that the risk of potential cross infection and personal harm is minimal and is kept in line with all best practice standards

- To give best practice guidance to all staff within the Trust whether employed by the Trust or by contractors working for the Trust in regard to waste

- To identify specific responsibilities of those involved with the waste process

- To incorporate the addition of recycling and waste minimisation schemes into the waste service in a cost effective manner

- To safeguard the environment from adverse effects from the waste produced throughout the Trust
Policy Statement

The Policy and Procedures are to establish criteria for the management and disposal of waste products resulting from the Trusts activities and a set of procedures to guide staff in terms of legislation and best practice. To improve waste management practices and compliance, and identify responsibilities of individuals to achieve this.

The Policy and Procedures will ensure the Trust works towards waste prevention and reduction, to reduce pollution and make efficiency cost savings that can be directed to direct patient care.
4 Roles and Responsibilities

The Director of Planning, Performance Management and Support Services

The Chief Executive has appointed the Director of Planning, Performance management and Support Services who is responsible for ensuring that adequate resources are available to allow for the effective management of waste in line with the Trust’s Waste Policy and Procedures. This shall include human resource and special skills, organisational infrastructure, technology and financial resources.

Estate Services

Estate Services will receive reports via the Trust Waste and Recycling manager regarding the performance of the waste management system. This will be quantified through the different waste streams of waste produced (tonnage per year) together with financial costs or savings. Reports on internal audits carried out by the Waste and Recycling Manager, to monitor progress, and change if necessary, the Trust Waste Policy and Procedures.

Estate Services department, together with the Waste and Recycling manager will respond to and investigate any environmental incidents relating to waste management.

Trust Waste and Recycling Manager

The Waste and Recycling manager is responsible for ensuring that the handling, disposal and storage of waste, is in accordance with all relevant legislation, to include:

- Advice and guidance as required on safe practices and procedures
- Develop training programmes for the safe handling, segregation, storage and disposal of waste for staff, including educational material (posters and signage)
- Monitoring the control and segregation of waste in departments by audit arrangement
- Investigation of any failures in the Trust’s procedures for the safe disposal of waste
- Liaison with Directorate staff, Infection Control, Support Services in the internal movement of waste until the transfer to the Trust’s licensed waste carrier and disposal agents
- Monitoring under Duty of Care, that the Trust’s licensed waste carrier and disposal agents continue to carry out their waste carrier and disposal contract in due and diligent manner
- Liaison with local environmental and other authorities to assure appropriate waste disposal procedures and communications are maintained
• Keep abreast of changes in waste related legal and other requirements and act on any relevant implications for the Trust

• Develop, implement and monitor the Waste Policy and Procedures and update when required

• Act as a central point of contact for all matters relating to the management of waste

• Respond to and investigate any environmental incidents relating to waste management

• Monitor and report to Estate Services department the performance of the Trust with regard to waste management, including the quantity of waste produced and recycled, together with financial costs.

• Collate and input waste related data into the Northern Ireland DHSSPS Environmental Data Monitoring and Reporting System

• To introduce and continually implement waste minimisation schemes including recycling and recovery of waste

**Managers**

All departmental managers within the Trust have a direct responsibility for the management of their waste to ensure it is safely stored prior to collection, and where appropriate is transported correctly in accordance with departmental procedures.

All managers will ensure that:

• All staff are aware of the Trust Waste Policy and Procedures, and also the department’s procedures if specialised

• All staff are aware of the significant financial and environmental impacts caused by waste disposal and the steps that should be taken to reduce these impacts

• Staff should be provided with appropriate PPE

• Adequate training is given in line with Corporate Induction and also the annual refresher training and awareness with the Waste and Recycling manager

• Staff are aware of the need to obtain inoculations

• Issues of concern or incidents concerning waste are reported to the Waste and Recycling manager
The Producer of waste – all staff

Staff should follow all laid down procedures relating to the management of waste to include:-

• Compliance with the Trust Waste Policy and Procedures

• To ensure all waste is properly classified, segregated at source, stored and transported in a safe and secure manner

• All containers to be assembled (and signed on assembly if necessary), closed properly after use (and signed on closure if necessary) according to the manufactures specifications, tagged and stored in a secure area

• Waste to be transported by the appropriate equipment and the use of PPE

• To attend training on the correct method of handling, safe disposal and storage of waste and any future updates or refresher courses

• Report any adverse incidents, spillages or accidents associated with waste to your line manager, including inappropriate segregation or storage of waste

Support Staff

All staff that are required to move waste containers (clinical, domestic confidential bags, sharps boxes and bum bins) must be trained to:-

• Know the procedure in the case of accidental spillage and to report any incident to their line manager

• Check containers, before removing, that they are sealed and tagged, bags are swan-necked and not overfilled or too heavy

• Ensure that the Waste is correctly segregated at all times in transit and final destination

• Ensure the waste containers are not left unattended whilst in transit

• Appropriate PPE and equipment are used, and regular hand washing is practiced

• Understand the special precautions related to sharps disposal

• Trolleys and internal domestic waste bins are to be regularly cleaned and kept in good working order

The 770L clinical wheeled bins and the external domestic bins belong to the waste contractors who will regularly maintain their bins.
Contractors

All personnel employed by or working on behalf of the Trust must recognise their obligation to comply with the Trust policy in respect of the environment and waste management.

Contractors who may produce waste products as part of any contract with the Trust must make provision for removal of waste to an appropriately licensed disposal site/treatment facility as part of the tender process.
5 **Legislative Compliance**

The legislation listed below set the legal standards and responsibilities for keeping, treatment, deposit or disposal of waste:

- Hazardous Waste Regulations (NI) 2005 (Amended)
- List of Wastes Regulations (NI) 2005 (Amended)
- Waste and Contaminated Land (NI) Order 1997
- Waste Electrical and Electronic Equipment Regulations (NI) 2009 (Amended)
- Controlled Waste Regulations (NI) 2003 (Amended)
- Controlled Waste (Duty of Care) Regulations (NI) 2004 (Amended)
- Controlled Waste (Registration of Carriers and Seizure of Vehicles) Regulations (NI) 1999
- Environment (NI) Order 2004 (Amended)
- Landfill Regulations (NI) 2007 (Amended)
- Packaging (Essential Requirements) Regulations 2009 (Amended)
- Pollution Prevention and Control Regulations (NI) 2003
- Waste (NI) Order 2007 (Amended)
- Waste Batteries and Accumulators Regulations (NI) 2009
- Waste Collection and Disposal Regulations (NI) 1997 (Amended)
- Waste Management Licensing Regulations (NI) 2009 (Amended)
- Radioactive Substances Act 1993
- Control of Major Accident Hazards Regulations (NI) 2005 (Amended)
- The Control of Substance Hazardous to Health Regulations 2002
- Health and Safety at Work Legislation
**Duty of Care**

Everyone who manages and/or has responsibility for the management of waste is required to fully comply with his or her own ‘duty of care’

The statutory requirements covering duty of care in waste management are contained in:-

- Section 34 of the Environment Protection Act
- Section 5 of the Waste and Contaminated Land (NI) Order
- Controlled Waste (Duty of Care) Regulations (NI)

**Health and Safety Legislation**

The Health and Safety Executive for Northern Ireland (HSENI) is the lead body responsible for the promotion and enforcement of health and safety at work standards in NI

Health and safety legislation is based on the assessment of risk

The COSHH Regulations and the Management of Health and Safety at Work Regulations, in line with Health and Safety at Work legislation, specifically require those dealing with potentially infectious substances, including waste, to assess the risk to the public and staff who may come into contact with it

A number of guidance documents are available in relation to the management of infectious waste including:-

- “The Management of Health and Safety in the Health Services” by the Health Service Advisory Committee (HSAC)
- “Biological agents: managing the risks in Laboratories and Healthcare premises” by the Advisory Committee on Dangerous Pathogens
- “Infections at work: controlling risks” by the Advisory Committee on Dangerous Pathogens
6 **Target Audience**

The Policy and Procedures are to be read by all Northern Health and Social Care Trust employees

We all generate waste throughout our day-to-day activities, whilst working within the Trust. The Policy and Procedures will give guidance on the classification, segregation, handling, storing and transporting of all waste.

The Policy and Procedures are written in accordance with legislation.

The legislation is designed to prevent the environment from being polluted by waste, people coming to harm by waste and to encourage a more sustainable process of waste management.

7 **Equality, Human Rights and DDA**

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

8 **Alternative Formats**

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

9 **Source of Advice**

The Policy author outlined below should be contacted with regard to any queries on the content of this policy.

Cara Browne
Estate Services Department
Bush House
Bush Road
Antrim

Phone: 028 94 424420  Tie Line 7555 4420
Email: cara.browne@northerntrust.hscni.net
10.1 Classification of Waste Streams

Introduction

This procedure outlines the definitions and classifications of waste used in the Healthcare environment, for healthcare waste, transport and health and safety legislation.

Waste regulations require the classification of waste on the basis of hazardous characteristics and point of production.

Definitions

- Clinical waste taken from the Waste and Contaminated Land (NI) Order states:
  
  “… any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it”

- Hazardous waste or Medicinal Waste is classified into two categories:
  
  1. Cytotoxic and Cytostatic Medicines and Vaccines
  2. Medicines other than those classified as cytostatic and cytotoxic and vaccines ie Pharmaceutical Medicines

Controlled Drugs are subject to special legislative controls under the Misuse of Drug Regulations as they are potentially harmful.

For destruction of CDs, refer to the Pharmacy department’s waste procedure.

Medicinal or Pharmaceutical waste includes expired, used, un-used and contaminated pharmaceutical products, drugs, and sera that are no longer required.

There are a number of licensed medical products that are not pharmaceutically active and possess no hazardous properties. These include normal saline and sterile water. These products are usually in the form of IV bags, or bottles. These products can be disposed of down the sink and the container placed in a yellow clinical burn bin or bag, or sharps box.

Cytotoxic and cytostatic waste is any medical/pharmaceutical waste possessing one or more of the following hazardous properties:

- Toxic H6
- Carcinogenic H7
- Toxic for Reproduction H10
- Mutagenic
Infectious waste is essentially a waste that poses a known or potential risk of infection, regardless of the level of infection posed. However, within Healthcare practice an assessment is usually carried out to substantiate this.

To determine the classification, all healthcare waste items must be clinically and specifically assessed by the producer, at the time of production for:

- Medicinal/pharmaceutical properties
- Chemical properties
- Infection properties

Anatomical waste includes body parts or other recognisable anatomical items. The Human Tissue Authority (HTA) has a Code of Practice on removal, storage and disposal of human organ and tissues. This is available at [www.hra.gov.uk/regulationcodes/](http://www.hra.gov.uk/regulationcodes/)

There is much sensitivity around the disposal of foetal remains or foetal tissue. While this is not an appropriate issue for a waste procedure of this type, for completeness, more specific guidance can be obtained from: [www.dh.gov.uk.PolicyAndGuidance/HalthAndSocialCareTopics/Tissue](http://www.dh.gov.uk/PolicyAndGuidance/HalthAndSocialCareTopics/Tissue)

Recent regulatory changes, notably the Hazardous Waste Regulations and the List of Waste Regulations, require producers to adequately describe their waste using both a written description and the use of the appropriate European Waste Catalogue (EWC) codes.

The EWC is produced by the European Waste Framework Directive to provide common terminology for describing waste throughout Europe.

All waste that is removed for treatment, landfill, recycling or incineration must have a consignment code for the movement of that waste. All Healthcare waste must be classified using the EWC, on the consignment note.

The NIEA must have 72 hours notice of the movement of hazardous waste.

Larvae/Maggots are classified as clinical waste or clinically infected waste. Larvae are obtained from the Pharmacy department or Tissue Viability Nurse. They come in a pack, ready to apply to the patient. The pack contains the larvae, either within a bio bag or vial, and dressings. The larvae have been genetically produced to last up to 72 hours on the patient. Once the larvae and dressings have been removed it should be double bagged in a clinical waste bag and disposed of in a bum bin with a black lid.

Radioactive Material
Contact Nuclear Medicine Department for disposal procedures.
10.2 Segregation and Containers for Waste

In order for waste disposal to take place in accordance with the guidance and statutory legislation, it is vitally important that correct segregation takes place. It is an offence punishable by fine under the Environmental Protection Act, for hazardous substances to be disposed of in an inappropriate manner.

All staff should be aware of their obligations, therefore, to ensure the correct segregation of all waste products so that any items of hazardous waste do not find their way into an inappropriate and lesser category of waste disposal.

It is important that non-hazardous, domestic type waste is not segregated into hazardous waste streams entailing very costly, inappropriate waste disposal costs.

The colour-coded segregation system (see appendix 1) segregates waste on the basis of waste classification and suitability of treatment/disposal options.

There are 4 main colours, to make it as user friendly as possible:

- Yellow is for clinical waste
- Black is for Hazardous/Pharmaceutical/Anatomical/Infectious waste
- Purple is for Cytotoxic and Cytostatic and Vaccine waste
- Clear is for Domestic and Recycling

The containers are bags for “soft” waste, burn bins for “liquid and hard” waste and sharps boxes for “hard and sharp” waste.

Yellow clinical waste is temperature treated at SRCL to render it safe for further disposal to landfill once macerated.

Black Pharmaceutical and Anatomical waste is incinerated. Purple Cytotoxic/Cytostatic and Vaccine waste is high temperature incinerated.

The containers for waste disposal must:

- Be UN approved which includes, the requirement to contain all waste without puncture or spillage during handling and transport.
- All waste containers shall be taken out of use and sealed when no more than 75% full.
- All containers shall be signed and dated on assembly and closure, and tagged with the ward/department personal tag.
- All waste containers shall be adequately packaged so as to prevent the risk of spillage, leakage and unauthorised interference with contents.
- Collections of the containers should be appropriate to the frequency of their use.
NB It is the responsibility for the person closing the container (sharps box or bum bin) to ensure the container is sealed properly, signed, dated and tagged before the container leaves the ward/department, for storage.

- Clinical and domestic bags must be contained within fire retardant, pedal operated lidded bins, within the ward/department.

- Recycled waste must be contained within a bin that is appropriate in size to the area and washable.

- All bags must have most of the air out when closing. Swan necked and tagged with the ward/departments personal tag. Recycled material does not have to be tagged.

Where containers are kept within the ward/department, posters must be displayed to indicate waste segregations.

Segregation waste stickers must be placed on the lids of the correct bins to aid segregation further.
10.3 Storage of Segregated Waste

Healthcare waste receptacles may need to be stored before being transported to treatment/disposal sites.

They should not be allowed to accumulate in corridors, wards or other places accessible to unauthorised personnel or members of the public.

Healthcare waste should be stored securely so as to prevent the escape of waste, harm to the environment, and harm to human health.

Failure to do so is a breach of the statutory duty of care.

• Storage areas at ward/department level should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated.

• Bulk storage areas may be situated within the Trust’s premises or at a licensed or permitted transfer or treatment/disposal facility.

All storage areas, regardless of size or location must:-

• be reserved for healthcare waste only

• be well lit and ventilated (if indoors)

• be totally enclosed and secure to prevent unauthorised access

• be locked at all times, including the clinical 770L wheelie bins

• be sited on a well-drained, impervious hard-standing (if outdoors)

• be accessible for the registered carrier to up-lift the waste

Domestic waste and recyclables should be stored in appropriate secondary containers prior to collection. These are normally large domestic wheelie bins or small household wheelie bins.

Cans and plastic can be stored in cages prior to collection. These bins should be stored away from public access but must be accessible for the registered carrier.

Anatomical waste must be stored within a dedicated refrigerator prior to transfer of the waste. The refrigerator must be kept in a secure area, only accessible to authorised personnel and only for the storage of anatomical waste.
10.4 Transportation of Segregated Waste

Collection of waste from storage areas should be as frequent as practicable and storage facilities should be cleaned at the end of each cycle.

Risk assessments should be carried out at the different types of storage facilities found across the Trust ie. within a ward, department, health centre, care home etc. This will identify the risk involved and the necessary measures to avoid or minimise those risks.

Manual handling operations should be kept to minimum. Person handling waste must be provided with the correct PPE and also correct equipment to transport the waste.

Staff will be offered appropriate immunisation.

All staff removing waste from storage areas must:-

- Check that all containers are properly sealed
- Handle bags by the neck only and boxes by the handles
- Inform the ward/department manager of any spills or split containers
- Containers should not be thrown or dropped and bags should not be pierced or squashed
- Trolleys and carts should have smooth and impenetrable surfaces to allow easy cleaning. A record of frequency of cleaning the trolleys and carts should be kept
- Hands must be washed regularly even after the removal of gloves and antibacterial foam must be used frequently

Staff using the 770L wheelie bins must ensure that:

- The right waste stream is packed within the right 770L bin. Yellow lidded bin are for clinical waste, purple lidded bins are for cytotoxic/cytostatic and vaccine or pharmaceutical or anatomical waste
- The 770L bins must be locked at all times
- The containers must be packed properly to allow the maximum amount to be stored
- SRCL coloured tags must be attached to each bin properly when transporting the waste:-

  The orange tag is for Clinical waste
  The red tag is for Pharmaceutics waste
  The blue tag is for Anatomical waste
  The purple tag is for Cytotoxic/Cytostatic and Vaccine waste.
Chemical Waste

For the use of this procedure:-

Chemical waste is generated from the use of chemicals in medical applications or for cleaning medical equipment or environment.

Chemicals received through the Pharmacy or Laboratory department which are COSHH include items such as Industrial Mentholated Spirit, Nitrate Pencils, Alcohol Foam, Phenol or any item that is categorised by definition in the Hazardous Waste Regulations, having:

- H3A Highly Flammable
- H3B Flammable
- H5 Harmful
- H8 Corrosive
- H6 Toxic

These items if expired, unused, partly used or no longer needed should be returned to Pharmacy or Laboratory for disposal. These items require specialist handling through the contractor.

For further information and procedures please contact the Pharmacy department that supplies your COSHH items or the Laboratory department.

- Amalgam Waste
  
  All dental practices are required to have amalgam separators fitted. Amalgam is classified as Hazardous waste. Guidance can be found at [www.dhra.gov.uk/environmental/waste](http://www.dhra.gov.uk/environmental/waste).
  
  Amalgam waste should be placed in a rigid receptacle with a mercury suppressant. This can be found within the Mercury spill kit.

- Teeth Waste
  
  Any teeth containing Amalgam should be treated as hazardous waste. Teeth that do not contain amalgam should be disposed of within a clinical sharps box.

- Mercury Waste
  
  Over the years the Trust has reduced the quantity of mercury. Amounts may still be found in old equipment. The disposal of mercury is subject to specific control, if there may be mercury contained in any item contact Trust Waste and Recycling Manager.
  
  Mercury spills kits are located in the Emergency Drug Rooms at Antrim, Holywell, Whiteabbey, Mid-Ulster and Causeway Hospitals.

For the disposal of other hazardous chemicals, such as, paint thinners, fixers, oil etc., refer to the Non-Clinical Hazardous Waste Procedure appendix 3.
Dry Recyclables and Domestic Waste

The aim of recycling and waste management is to reduce the amount of waste produced and to manage the waste in a way that minimises its impact on the environment and public health.

From a waste management point of view, the tree Rs – Reduce, Reuse, Recycle – offer a simplified view of the types of action we must take. They are in order of priority and are often referred to as the waste minimisation hierarchy.

Reduce - means to use less in the first place, this is the most important

Reuse  - means to use the same item more than once in its original form

Recycle - means to reprocess used products into either the same product or a different one

It is the power of the waste producer (all staff) that influences the first two actions. Reducing what you actually need to carry out a certain task and not wasting resources. Also, reusing items twice or finding alternative uses for items to increase the life cycle. These two steps in themselves will reduce the amount of waste produced. However, within domestic waste, items can be recycled. These include cans, plastic, paper and cardboard and also batteries and toner cartridges.

Where there are recycling facilities all except batteries and toner cartridges, all recyclables must be:-

- segregated into the clear bag/container
- be clean before placing in the bag/container
- not contain any confidential material or personal information
- not contain any pharmaceutical/chemical properties
- once ¾ full the bag/container must be closed and stored in a secondary container for collection

Spent batteries and toner cartridges must be placed in the designated collecting boxes.
Toner cartridges must be in their original boxes.
Batteries must be separated into lead batteries and unleaded.

Domestic waste that cannot be recycled must be disposed of within a clear plastic bag. Once 3/4 full the bag must be swan necked and tagged and left within a storage area for collection. Any spills or leaks must be cleaned up immediately to prevent slips or falls.
10.7 Confidential Waste

The Trust produces a large volume of waste which is known to be sensitive for either corporate or patient confidentiality. The following details a method by which staff producing such waste can carry out their duty of care to protect the confidentiality and information they are privy to and dispose of any documents, or media, which allowed into the public domain would breach such a duty. Compliance with this procedure is therefore paramount to protect the security of this information and allow staff to exercise due diligence in their responsibilities for its safe destruction.

Definition

Confidential information is information that is given or received “in confidence” for a specific purpose. This means that both the sender and recipient understand that access to it will be limited or restricted in some way, even during disposal. Predominantly, it identifies individuals ie patients or staff; however certain business information will also have restricted access. All health information is confidential and can be held in any form of media ie. manually (paper based) or electronically. When it is no longer required (for any reason) it becomes “confidential waste” ie it requires disposal but still subject to required standards of confidentiality.

The Data Protection Act 1998 specifically defines information about the health service as “sensitive” data, and consequently places additional legal responsibilities on the Trust and all staff to safeguard it at all times.

Those areas throughout the Trust who have confidential waste must either shred the confidential waste paper or:-

- dispose of confidential waste paper within sacks
- the sacks must be tagged when closed
- the sacks will be uplifted by the contract company for disposal or
- the sacks will be uplifted by portering staff and stored in a lockable area for uplift.
10.8 **Accidents and Incidents**

All incidents including spillage damaged packaging, inappropriate segregation or any incident involving sharps need to be reported to the line manager or other suitable individual, and be investigated by them.

The investigation of these accidents and incidents needs to establish the cause and what action needs to be taken to prevent a recurrence. The analysis and investigation of incidents involving healthcare waste, whether reportable or not, helps identify causes, trends, the level of compliance with current legislation, the effectiveness of the precautions in place, and problem areas for which satisfactory precautions have yet to be provided. Information relating to both the financial cost and staffing required to deal with incidents is also relevant, as it allows managers to assess the total cost of incidents and accidents.

The depth of each investigation will vary depending on the nature of the incident. To be worthwhile, however, any investigation needs to consider carefully the underlying causes. Action after an accident will not be effective if it addresses only the superficial and obvious causes and misses more significant issues.

The active and reactive monitoring of healthcare waste procedures is most effective as part of an overall system of health and safety monitoring, with information passing up the line management chain to senior management. The Risk Assessment procedure and Risk Register should be read alongside this document.

All Heads of Department/Facilities Managers, who deal with or come in contact with healthcare waste should have procedures for dealing with accidents or incidents including spillages. Those procedures should include:-

- immediate first-aid measures. In the case of sharps injuries, procedures need also to cover arrangements for suitable medical advice and counselling
- immediate reporting to a responsible designated person
- recording of the accident/incident
- investigation of the incident and implementation of remedial action. Initial investigation should preferably take place before any damaged receptacle is removed
- retention, if possible, of the item, and information about it’s source to help identify possible infection risks
- involvement of the Risk Manager and Waste and Recycling Manager
- involvement of the infection control team
- for spills, spill kits should be available with PPE and requirements for decontamination. Only trained personnel should use and clear up any spills using the specific spill kit
- for major chemical spills refer to the Incident Management Policy and Procedure (including Procedure for serious Adverse Incidents)

COSHH Regulations require that risks to health be eliminated, prevented or, where this is not reasonably practicable, reduced.
Risk assessments should be carried out to identify and reduce those risks for staff that are exposed to the handling, transfer and transport waste.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) require certain accidents, work-related ill-health and dangerous occurrences (such as an incident that results in, or could have resulted in, the release of a biological agent that could cause severe human disease) to be reported to the appropriate enforcing authority. This will be HSE [www.riddor.gov.uk](http://www.riddor.gov.uk)

Severe human disease includes diseases caused by hazard group (HG) 3 and 4 agents as well as some HG2 agents.
11 Future Legislation

It is the responsibility of the Waste and Recycling Manager to keep up to date with legislation concerning waste, and in doing so reviewing the Trust Waste Policy and Procedures to inform and educate staff.

At the time of writing this document, the Waste Bill (NI) is under consultation by the Department of the Environment (DOENI) and expects to introduce new legislation in mid 2010.

The aim of the Bill is to ensure that both the DOENI and local councils have sufficient powers to deal effectively with illegal waste activity.

Within the HSC Trust’s regionally, there is discussion of the classification, segregation and disposal of Offensive waste. The term offensive waste describes waste which is non-infectious and which does not require specialist treatment but which may cause offence to those coming into contact with it.

Examples of offensive waste include:-

- Incontinence pads
- Sanitary waste
- Nappies
- Plaster casts

Offensive waste is classified as non-hazardous waste and can be disposed of by incineration or non-hazardous deep landfill.

Care must be taken in the storage of such waste that it does not cause an odour, nuisance to the local residents and surrounding community. Failure to address odour nuisance can result in legal action by the local council and environmental health department.

If classification is introduced throughout the Trust, sites that produce sufficient quantities of offensive waste will be assessed and procedures for the segregation, storage and collection will be implemented.

Other areas of discussion are that of, segregation of organic waste from the domestic waste stream, to be used as a renewable fuel or for composting.

Anaerobic Digestion is a renewable energy and waste management technology. It can reduce greenhouse gas emissions by capturing methane from the decomposition of organic materials, such as food and garden waste. It also produces biogas which can be used to generate power and heat. This renewable resource is being investigated by the Department of Enterprise, Trade and Investment.

The Magpie box will be phased out, as this container created problems with waste segregation. The disposal process is landfill and therefore as a Trust conflicting with our Duty of Care.
12 Waste Disposal Contingency Plan

The waste disposal contingency plan should be put in place when regular collection services are disrupted. The waste streams covered by this contingency plan are Healthcare Waste and Domestic Waste.

Disrupted services may be due to one or more events such as:-

- Missed collections
- Accidents and road closures affecting transport networks
- Inclement weather
- Loss of waste treatment plant
- Financial failure or non-legislative compliance of waste company
- Terrorism effects

Immediate Action

When a missed collection becomes apparent, the site/facilities manager should contact the service provider to ascertain the nature of the problem. Or contact Trust Waste and Recycling Manager (phone number 028 94 424420)

Short Term Action – Up to 5 days or less

The following may be considered:-

- Re-label spare bins in either waste stream to provide additional capacity
- Request additional bins from collection contractor for short-term storage
- Use infectious waste bins for non-infectious, hazardous for non-hazardous or medicinal for non-medicinal, ensuring that the consignment note defines all types of waste cosigned, and codes reflect the most hazardous category for any mixed wastes.

Long Term Action – Greater than 5-days or when the Short Term Actions are Exhausted

By prior agreement with site/facility managers, it will be necessary to stockpile waste on site until regular collections can recommence.

Where practical, separate storage areas should be used for each waste stream. Separate rooms should be provided for Healthcare and Domestic Waste. Upon resumption of normal service, all temporary storage areas will be thoroughly disinfected. Remove all temporary sheeting, make good walls, floors and ceilings where damaged and redecorate if appropriate.

The Trust Waste and Recycling Manager will be in close contact with Northern Ireland Environment Agency (NIEA) for advice throughout the durations of the contingency plan.
Training and Education on the Safe Handling of Health Care Waste

The Trust's Waste Policy and Procedures cannot be effective unless it is applied carefully, consistently and universally. This requires that all healthcare staff should be aware of the policy and procedures and that it is implemented by trained and competent people.

Training needs vary depending on the responsibilities and job function. Ideally, separate training programmes should be designed for and targeted on specific groups, for example medical staff, clinical staff, support service staff etc.

Managers need to ensure that procedures are followed by all staff. Staff at all levels who generate the waste need to recognise that they are personally responsible for complying with the Trust Waste Policy and Procedures. A training record will readily enable line managers to identify members of staff who are not receiving the appropriate level of training, and where such training should be focused.

Corporate Induction training is for all new members of staff and should provide information in:-

- The risks associated with the healthcare waste, its classification, segregation, handling, storage and collection
- Personal hygiene and appropriate use of PPE
- Any procedures which apply to their particular type of work
- Emergency procedures and further information

The Trust has diverse facilities and will be subjected to continual change for improvement and implementation of Waste and Environmental Legislation. The Waste and Recycling Manager will implement any new legislation through Policy and Procedural changes. From these changes, refresher training and or educational material will be distributed.

The main objective for training is to educate and implement better resource management and waste prevention. To ensure waste is classified, segregated, handled, stored and transported legally and to minimise the impact on the environment.

See appendix 4 Waste Strategy 2010-2011
In motivating staff to be more effective and resource efficient, over time, waste prevention activities become part of normal, everyday behaviour.

- **Encourage** – educate/train/provide skills, provide guidance, give information
- **Enable** – recognition for good practice, reward schemes, waste prevention forum
- **Engage** – working partnerships, awareness campaigns, waste prevention forum
- **Exemplify** – leading by example, broadcasting best practice, demonstration projects
Segregation of waste at the point of production into suitable colour-coded packaging is vital to good waste management. Health and safety, carriage and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. The following colour-coded waste segregation guides represents best practice and ensures, at minimum, compliance with current regulations.

<table>
<thead>
<tr>
<th>COLOUR/ CONTAINER</th>
<th>DESCRIPTION</th>
<th>DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YELLOW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps- Blue/Orange Lid</td>
<td>All clinical sharps, needles, scissors, blades, empty vials, needles with empty syringe attached. “hard” clinical waste</td>
<td></td>
</tr>
<tr>
<td>Burn Bin-Yellow Lid</td>
<td>Liquid clinical waste, blood bags “liquid” waste</td>
<td></td>
</tr>
<tr>
<td>Bag - Yellow</td>
<td>Swabs, bandages, PPE regowns, gloves, masks, tubing, empty IV bags, empty feed bags. “soft” waste</td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL WASTE CONTAINERS MUST NEVER CONTAIN PHARMACEUTICALS OR DOMESTIC WASTE**

<table>
<thead>
<tr>
<th>BLACK</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn Bin – Black Lid</td>
<td>All used, unused, expired Pharmaceutical products including, tablets, capsules, powder, liquids, syringes, creams, medicated dressing, TPN, IV bags partially used. NO CDs Recognisable anatomical waste Blood or tissue suspected of CJD or Hazardous Group 4 waste. Large or bulk metal items ie hip waste. Used larvae including dressings from infected wounds</td>
<td>INCINERATION</td>
</tr>
<tr>
<td>Round Bin – Black Lid</td>
<td>Placentas</td>
<td></td>
</tr>
</tbody>
</table>

**PHARMACEUTICAL CONTAINERS MUST NEVER CONTAIN DOMESTIC NOR CYTOTOXIC WASTE**
<table>
<thead>
<tr>
<th>COLOUR/CONTAINER</th>
<th>DESCRIPTION</th>
<th>DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPLE</td>
<td>CYTOTOXIC/CYTOSTATIC (180108) and VACCINE WASTE EWC (180108)</td>
<td>HIGH TEMPERATURE INCINERATION</td>
</tr>
<tr>
<td>Sharps – Purple Lid</td>
<td>Needles, syringes empty and full of cytotoxics/cytostatic or vaccines. All sharps associated with the administration of vaccines or cytotoxics/cytostatics</td>
<td></td>
</tr>
<tr>
<td>Burn bin – Purple Lid</td>
<td>All used and unused cytotoxic/cytostatic and vaccines waste medication.</td>
<td></td>
</tr>
</tbody>
</table>

**CYTOTOXIC AND CYTOSTATIC CONTAINERS MUST NEVER CONTAIN ANY OTHER WASTE**

<table>
<thead>
<tr>
<th>CLEAR</th>
<th>DOMESTIC and RECYCLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag – Clear</td>
<td>For non-recyclable domestic waste.</td>
</tr>
<tr>
<td></td>
<td>Recyclable domestic waste, paper, cans, plastic and organic.</td>
</tr>
<tr>
<td></td>
<td>Cardboard is baled or placed in hessian sacks</td>
</tr>
</tbody>
</table>

**NEVER MIX RECYCLEABLE PRODUCTS, SEGREGATE ALL RECYCLEABLES**

<table>
<thead>
<tr>
<th>Other Containers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidential Waste Sack</td>
<td>All personal paper information relating to patient or staff members or sensitive financial or business information</td>
</tr>
<tr>
<td></td>
<td>Shredded and Recycled</td>
</tr>
</tbody>
</table>

**NEVER PUT DOMESTIC WASTE INTO THE CONFIDENTIAL WASTE SACK**

| Battery Bin      | For spent batteries (portable). Separate bin for lead batteries  | Recycled                                    |

**NEVER MIX LEAD AND UNLEADED BATTERIES**

| Toner Cartridge Bin | For all types of brand of toner cartridge. Place empty cartridge in original box for disposal | Recycled                                    |

**ALWAYS SEGREGATE MAKES OF CARTRIDGE**

| Cooking Oil       | Used cooking oil collected from catering department              | Recycled                                    |
## PRIMARY PACKAGING

<table>
<thead>
<tr>
<th>YELLOW BAG</th>
<th>YELLOW SHARPS BOX</th>
<th>YELLOW CONTAINER</th>
<th>YELLOW BURN BIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY PACKAGING</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CLINICAL/ SPECIAL WASTE

<table>
<thead>
<tr>
<th>Incontinence Waste Swabs, dressings and other soiled dressings (Excluding anatomical, HG4 and CJD waste) Pre-treated by autoclaving or not requiring autoclaving</th>
<th>(Excluding cytotoxic waste) Used sharps, needles, syringes (free from POM’s) and any other sharp instruments Pre-treated by autoclaving or not requiring autoclaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Treatment Disinfection</td>
<td>Thermal Treatment Disinfection</td>
</tr>
</tbody>
</table>

### PRIMARY PACKAGING

<table>
<thead>
<tr>
<th>CLEAR BAG</th>
<th>MAGPIE BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY PACKAGING</td>
<td></td>
</tr>
</tbody>
</table>

### DISPOSAL METHOD

- **Option 1**: Identifiable and or substantial anatomical, HG4 and CJD waste
- **Option 2**: Pharmaceuticals (No cytotoxic drugs)
- **Option 3**: Non autoclaved waste

**Confidential Waste**

- **Paper Bag**

**Waste Tags**

- **All primary waste containers must be tagged.**
- **Do not loan or borrow tags**

**Specialist Recycler**

- **Not Applicable**
Non-Clinical Hazardous Waste Procedure

Introduction

The Northern Health and Social Care Trust shall be referred to as the Trust within this document.

The Non-Clinical Hazardous Waste procedure provides guidance on the safe management and disposal of such waste. This is to reduce the risk of exposure to patients, staff, visitors, refuse collectors, and contractors, and to reduce the Trust’s impact on the environment.

This procedure is supported by other information on the Trust Intranet, and should be read in conjunction. This information includes Health and Safety, Incidents Management including the Procedure for Serious Adverse Incidents, Infection Control, and Risk Management Strategy including risk Management System for Production of Risk Registers, the COSHH Policy, the Transfer and Disposal of Non-medical Equipment Policy and the Transfer and Disposal of Equipment Policy.

Hazardous waste is governed by the Hazardous Waste Regulation (NI) 2005, to provide an effective system of control for this waste and to make sure that they are soundly managed from the point of production to their final destination for disposal and recovery.

The regulations apply to those who produce, carry and receive hazardous waste to keep, treat or dispose of.

Classification

Hazardous wastes are dangerous waste which displays hazardous or toxic properties. They are listed in the List of Waste Regulations (NI) 2005. (see appendix A)

List of typical Hazardous wastes:-

- Acids
- Alkaline
- Batteries
- Fluorescent Tube
- Fridges Containing CFCs
- Industrial Solvents
- Oily Sludge, Waste Oils
- Pharmaceutical/Laboratory Chemicals
- Paint, Varnishes, Thinners
- Used Spillage Kits
If you receive materials or chemicals at your site/ward/department/facility, they should be accompanied by a safety data sheet. The information contained on the safety data sheet will aid the decision, if the waste is hazardous.

Any Waste Electrical Electronic Equipment (WEEE), such as fridges, Freezers, TV Monitors etc., are deemed as hazardous under the Waste Electrical Electronic Equipment Regulations 2006. This type of waste is disposed of via the Transfer and Disposal of Non-medical Equipment Policy.

Storing

All hazardous waste must be stored safely and securely to prevent pollution. All wards/departments/clinical areas that have hazardous items, such as Phenol, Industrial Mentholated Spirit, Acetone, must keep them within a COSHH cupboard.

Facilities that store large quantities of hazardous items, should store them in a designated area, separating the classifications of hazardous items, and any large amounts of liquid items should be stored in a bunded area.

Disposal

Ward/departments/facilities that wish to dispose of hazardous material, received through Pharmacy or the Laboratory department, should contact them for disposal.

Departments/facilities must complete the “Removal and Disposal of Non-Clinical Hazardous Waste” form (see appendix B) and return it to Cara Browne, Trust Waste and Recycling Manager. Arrangements will be made for the uplift of the waste through the contractor.

Moving and Transporting

Whenever hazardous waste is moved or transferred for disposal or recovery it must be accompanied by a consignment note. The Waste and Recycling manager will arrange this with the contractor and all records will be kept for 3-years.

All containers must be sealed securely and labelled before removal.

Further Information

- The Waste and Contaminated Land (NI) Order 1997
- The Hazardous Waste Regulations (NI) 2005
- List of Wastes Regulations (NI) 2005
- Hazardous Waste: Interpretation of the Definition and Classification of Hazardous Waste (Technical Guidance WM2)
# REMOVAL AND DISPOSAL OF NON-CLINICAL HAZARDOUS WASTE

Name: ____________________________________________

Facility: ___________________________________________

Address: ___________________________________________
                                                       ___________________________________________

Tel No: _______________________________________________

Date: _______________________________________________

Please ensure all hazardous waste is packaged securely and labelled prior to uplift.

<table>
<thead>
<tr>
<th>QUANTITY (g, kg, l, ml)</th>
<th>DESCRIPTION</th>
<th>HAZARD CLASSIFICATION</th>
<th>LOCATED AT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I authorise the disposal charge (if relevant) for the disposal of the waste listed above.

Cost Centre: ___________________ Expense Code: ________________

Name: _______________________

**Designation** (Head of Dept/Assistant Director): _____________________________

Signed: ___________________ Date: _______________________

Please forward this form to: Mrs Cara Browne, NH&SCT Waste & Recycling Manager, Estate Services Department, Bush House, Bush Road, Antrim.
Introduction

The Northern Health and Social Care Trust cannot sustain the continued growth in waste arising. We therefore need to take action across all facilities and departments to ensure waste is prevented wherever possible in the life cycle of a product.

Several tools will be required to bring about the behaviour change needed to reduce the overall growth of waste. An integrated approach to motivate staff in all facilities and departments through a mix of initiatives, including education and communication, the use of equipment and segregated waste containers, and the involvement of all staff to contribute to waste minimisation schemes and innovative ideas.

The UK Sustainable Development Strategy developed a behaviour change model on what influences our decisions. The approach brings together the levers currently in place recognising both the social and practical factors which influence or limit our choices.
The main elements of the model, which the Strategy will be adopting are, good communications, sufficient facilities, and continuous training and education. This will empower and encourage people to use resources more efficiently and also to segregate and recycle waste more effectively.

The benefits of waste prevention are to:-

- Reduce the amount of money spent on waste disposal
- Reduce demands on finite natural resources and the often ‘hidden’ adverse environmental impacts of resource extraction
- Meet the demands of legislation
- Encourage social inclusion and economic development through creating jobs and training opportunities
- Reduce the environmental impact

The aims of the Waste Strategy are to:-

- Stabilise clinical and pharmaceutical waste generation
- Reduce expenditure on waste disposal
- Recycle more products found within the domestic waste stream
- Provide goals and targets for the future

The Waste Strategy is divided into three categories

1. Clinical and Pharmaceutical Waste
2. Domestic Waste
3. Non-Medical equipment and redundant furniture

Each category will have goals and targets for the future and how the Trust is going to achieve them.

These targets will only be achieved through everyone’s responsible efforts, conforming to Policies and Procedures, participating in education and training programmes, developing efficient and effective contracts, and actioning problematic issues and areas.

Governance and Assurance

For the staff, patients, visitors and contractors to have confidence in the Trust’s waste disposal methods, assurance will be in the form of internal and external monitoring.

Monitoring will be carried out through

- Waste audits for all waste types throughout all departments within the trust by the Waste and Recycling manager. Compiling waste action plans where necessary and assessing the effectiveness of change with a second audit
- Waste reports from SRCL on Clinical, Pharmaceutical and Anatomical waste.
- Quarterly meeting with Domestic waste contractors to cofigureate recycling benchmarks.
- Contractual agreements with disposal companies must have Environmental and Business standards including ISO14001 and ISO9001.
The HSC Controls Assurance Standard periodically audits the Policy, Procedures, accountability, processes, capability, outcomes and review of Waste Management for the Trust

Clinical and Pharmaceutical Waste

The production of clinical and pharmaceutical waste (including anatomical) in weight and cost for each hospital site during 2009/10 is shown below (figures for SRCL contractor for clinical waste disposal)

<table>
<thead>
<tr>
<th>SITE</th>
<th>WEIGHT (Tonne)</th>
<th>COST 2009/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>707.248</td>
<td>£480,929.06</td>
</tr>
<tr>
<td>Braid Valley</td>
<td>43,980</td>
<td>£29,906.99</td>
</tr>
<tr>
<td>Mid Ulster</td>
<td>112.495</td>
<td>£76,497.00</td>
</tr>
<tr>
<td>Moyle</td>
<td>2.510</td>
<td>£1,707.00</td>
</tr>
<tr>
<td>Whiteabbey</td>
<td>121.482</td>
<td>£82,608.00</td>
</tr>
<tr>
<td>Causeway</td>
<td>186.602</td>
<td>£126,890.00</td>
</tr>
</tbody>
</table>

In recent months, departments, facilities and wards around the Trust have been, closed, moved or downgraded. This will be reflected in the quantity of clinical and pharmaceutical waste over the year 2010/2011.

Intervention through integrated programmes on waste reduction, prevention and minimisation will decrease the production of clinical and pharmaceutical waste by 10% in acute areas. The projected targets for 2010/2011 are shown below.

<table>
<thead>
<tr>
<th>SITE</th>
<th>WEIGHT (Tonne)</th>
<th>COST (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>636.517</td>
<td>£432,831.60</td>
</tr>
<tr>
<td>Braid Valley</td>
<td>4.397</td>
<td>£26,910.90</td>
</tr>
<tr>
<td>Mid Ulster</td>
<td>101.245</td>
<td>£68,847.30</td>
</tr>
<tr>
<td>Moyle</td>
<td>2.259</td>
<td>£1,536.30</td>
</tr>
<tr>
<td>Whiteabbey</td>
<td>109.334</td>
<td>£74,347.20</td>
</tr>
<tr>
<td>Causeway</td>
<td>167.942</td>
<td>£114,201.00</td>
</tr>
</tbody>
</table>

The programmes to achieve these targets include:-

- Waste audits, Antrim and Causeway hospitals completed, other sites to be arranged
- Waste talks and refresher talks, including induction talks
- Improved information in signage and posters on and around waste areas
- Implementation of Trust Waste Policy and Procedures, out for consultation
Domestic Waste

At present the domestic waste contract does not contain recycling methods. The new domestic waste contract is due to be implemented in November 2010 and contains aspects of recycling non-clinical or hazardous waste.

The aim of recycling is to reduce the amount of waste produced and to manage the waste in a way that minimises its impact on the environment and public health.

The production of domestic waste, in cost for each hospital site during 2009/2010 is shown below:-

<table>
<thead>
<tr>
<th>SITE</th>
<th>COST (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>£83,598</td>
</tr>
<tr>
<td>Braid Valley</td>
<td>£6,520</td>
</tr>
<tr>
<td>Mid Ulster</td>
<td>£10,597</td>
</tr>
<tr>
<td>Moyle</td>
<td>£3,110</td>
</tr>
<tr>
<td>Whiteabbey</td>
<td>£26,224</td>
</tr>
<tr>
<td>Causeway</td>
<td>£15,142</td>
</tr>
<tr>
<td>Holywell</td>
<td>£52,716</td>
</tr>
</tbody>
</table>

As there is no or very little recycling of domestic waste, these figures will provide a base level of domestic waste produced. Once the domestic waste contract is awarded, the recycling key performance indicators (KPI) will be:-

- Cardboard, tonnage per month, rebate per month
- Recyclables, tonnage per month, rebate per month or: paper, tonnage per month, rebate per month, plastic, tonnage per month, rebate per month, cans, tonnage per month, rebate per month
- Organic waste, tonnage per month, rebate or gate fee per month

NB. Rebates and gate fees will depend on markets depicted from www.letsrecycle.com

The aims of the new domestic waste contract is to reduce the amount of domestic waste going to landfill and to increase recycling in a cost effective manner.

Targets for recycling will be:-

2010 – 2011 increase recycling by 30%
2011 – 2012 increase recycling by 40%
2012 – 2013 increase recycling by 50%

The programmes to achieve these targets include:-

- Implementation of new domestic waste contract November 2010
- Provide information of waste segregation for recycling
- Provide waste containers for waste segregation
- Reduce the amount of skips at Trust sites
- Reduce the amount of non-recycling domestic bin.
**Non-Medical Equipment and Redundant Furniture**

In the past non-medical and redundant furniture has been disposed of via landfill, or through contractors with regard to WEEE (Waste Electronic Electrical Equipment).

There has been an accumulation of non-medical equipment and furniture in storage locations across the Trust which can no longer be sustainable. This furniture can be relocated within the Trust reducing the un-necessary purchase of new furniture.

The management goals for non-medical equipment and redundant furniture are:-

- To prevent unnecessary disposal to landfill
- To prevent hazardous waste disposed of via landfill
- To reuse reissue furniture and equipment to other users
- To prevent accumulation of furniture and equipment
- To ensure furniture and equipment are disposed of responsibly encouraging a paper tail for proof of disposal
- To appreciate life-cycles of equipment and furniture

The programmes to achieve these goals are:-

- Implementation of the Transfer and Disposal of Non-Medical Equipment Policy
- Implementation of the Non-Clinical Hazardous Waste Procedure
- Removal of unnecessary skips and acquire only when necessary