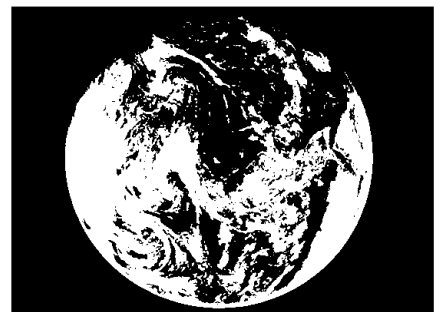


ROYAL

Waste Disposal Procedures Manual

April 2002



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***This manual should be read in conjunction with the Trust Waste Disposal Policy
This manual is subject to change with the implementation of the HTM 07-01 guidance
document “Management of Healthcare Wastes”, which at the time of revision has not
been implemented in Northern Ireland.***

Who is responsible for Waste?

Waste (clinical and household) is handled by all staff within the Royal Hospitals as well as outside companies.

There are procedures in place to protect not only the health and safety of staff within the Royal Hospitals, but also the public who visit the site and those who come into contact with the material after it leaves the site. The consequences therefore of a few people 'taking shortcuts' or being careless can have a serious impact on a vast number of people, including the Trust, if there are grounds for prosecution.

It is the **PERSONAL RESPONSIBILITY** of those using sharps to dispose of them safely, immediately after use. If through negligence you expose other staff or members of the public to risk or endanger their health or well being or expose the Trust to possible prosecution you will be held responsible and disciplinary procedures will follow.

Removal Schedules

Departments and wards have a number of scheduled collections each day (dependent on generation) for the removal of the following categories of waste:

- Household
- Clinical
- Special
- Soiled linen

The following waste will be removed on request by contacting the Environmental Team Leaders via the Dispatch Centre on ext 4848 or mobile 07714850512

- Batteries
- Broken or unwanted furniture and equipment

Contractors must dispose of any waste they generate. If contractors do not comply the Estates Department should be contacted immediately.

If equipment is being replaced by an outside company they must remove the obsolete piece of equipment (being replaced) off site.

Clinical Waste

Large quantities of clinical waste are produced every day by the Royal Hospitals. Unless the segregation, handling, transport and disposal are properly managed, such waste can present risks to the health and safety of people at work, members of the public and the environment.

Legislation (see Waste Policy) cover the risks to people and to the environment from hazardous healthcare waste. These laws are reinforced by different regulators, ie the Health and Safety Executive, the Environmental and Heritage Agency, the Scottish Environmental Protection Agency and The Environment England and Wales (as all our 'Special Waste' is incinerated on the mainland).

Responsibility for correct clinical/healthcare waste management rests with EACH individual within the organisation, it is not someone else's problem. Improper regard for the producer's responsibility in relation to the safe disposal of clinical/healthcare waste could lead to disciplinary action.

- Primary clinical waste packaging shall be stored in a designated area, sited away from the general public and food preparation areas
- It **MUST NEVER** be stored loose in corridors
- Where possible, a locked wheeled bin with brakes on should be parked in the designated storage area for secondary containment of yellow bags, yellow lidded containers and sharps boxes (not cytotoxic)
- Burn bins with either black or purple lids must not be placed in the wheeled bin unless it has been designated for special waste
See Appendix 4.

Definition of Clinical Waste

The following definition of clinical waste used in this guidance is taken from the Controlled Waste Regulations 1992.

Clinical Waste

- Any waste which consists wholly or partly of:
 - Human or animal tissue
 - Blood or other body fluids
 - Excretions
 - Drugs or other pharmaceutical products
 - Swabs or dressings
 - Syringes, needles or other sharp instruments

Which unless rendered safe may prove hazardous to any person coming into contact with it. And:

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

Clinical waste is further categorised into 5 groups A, B ,C ,D & E.

Categorisation of clinical waste

Waste Group	Type of clinical waste
Group A	Includes the following items: Identifiable human tissue, blood, animal carcasses and tissue from veterinary centres, hospitals or laboratories. Soiled surgical dressings, swabs and other similar soiled waste. Other waste materials, for example from infectious disease cases
Group B	Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.
Group C	Microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.
Group D	Certain pharmaceutical and chemical wastes.
Group E	Items used to dispose of urine, faeces and other bodily secretions or excretions which do not fall within Group A. This includes used disposable bed pans or bed pan liners, incontinence pads, stoma bags and urine containers.

Some clinical waste is also classified as ‘Special Waste’ and subject to controls under Special Waste Regulations (NI) 1998 this includes:

- Waste contaminated or suspected to be contaminated by Hazard Group 4 Pathogens and CJD or vCJD
- Waste containing or consisting of prescription-only medicines
- Cytotoxic materials and Vaccines

Radioactive Clinical Waste

Clinical waste may also be radioactive. Radioactive waste can only be disposed of in accordance with the Trust’s “Certificate of Authorisation for Accumulation and Disposal of Radioactive Waste.” **The producers of radioactive clinical waste must ensure that it is labelled as such and transferred to the Decay Store to await decay prior to disposal.**

Radioactive clinical waste must never be sent to the Treatment Plant at Antrim.

If you have any queries regarding the disposal of radioactive waste please contact Mrs J Gillanders on Ext 3018 for advice.

Segregation

- Segregation is the sole responsibility of the producer of the waste.
- Clinical waste must never be placed in a household waste bag.
If household waste is contaminated with clinical waste it must be placed inside a yellow (clinical waste) bag or if a sharp is present into a yellow rigid container and be disposed of as clinical waste. On no account should staff sort through the waste. The entire bag should be placed into the appropriate clinical waste container.
- Primary packaging is colour coded to ensure correct segregation.
- Where necessary secondary labelling must be attached to the primary packaging eg pathological waste or risk of infection.
- Clinical waste will be segregated into three separate streams for disposal, i.e. Thermal Treatment Disinfection Process, Normal Incineration and High temperature Incineration.
- Household waste and soiled linen are dealt with separately and have individual collection times.
- Collections should never be mixed.

Disposal Routes for Clinical Waste

Yellow bags, Sharps boxes -blue lids -(not containing POM's) and Yellow Rigid Containers

- **Group A** – Excluding anatomical waste, Hazard Group 4 Pathogens and CJD
- **Group B** – Excluding cytotoxic sharps
- **Group C** – Autoclaved laboratory waste
- **Group E** – Incontinence pads, Stoma bags etc

High Temperature Incinerator

Sharps box (purple lid) and Burn Bin (purple lid)

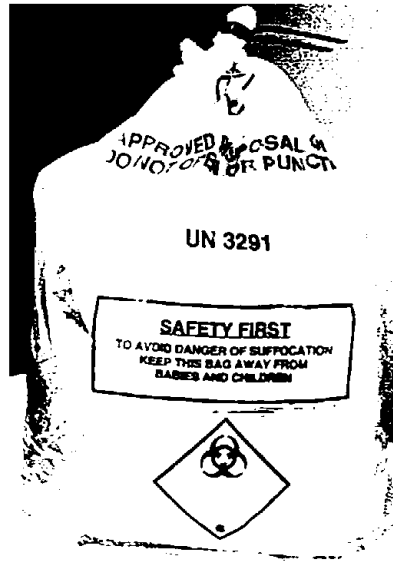
- Cytotoxic Sharps and materials
- Certain vaccine materials
- Single use instruments from known or suspected CJD or vCJD cases

Normal Incinerator

Burn Bin (black lid)

- Pharmaceutical
- Non-Autoclaved Special Laboratory Waste
- Identifiable anatomical waste
- Hazardous Group 4 waste and waste infected with CJD or vCJD

Yellow Bags



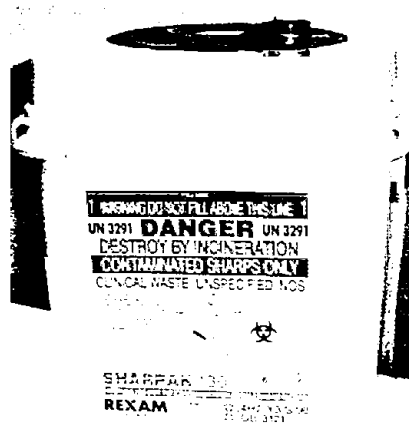
- Must be in accordance with the Packaging Policy Document
- Must be UN approved
- Shall be suspended in the appropriate foot operated holder
- Bags must not be more than $\frac{3}{4}$ filled
- Sealed at the point of production by twisting, swan-necking and securing with a traceable tag
- Shall be further contained in a wheeled bin for collection

Yellow bags shall be used for the disposal of waste from the following categories:

- Group A – excluding identifiable anatomical waste, HG4 pathogens and CJD
- Group C:
 - Pre-treated by autoclaving
 - Not requiring autoclaving
- Group E

Disposal Method – Thermal Treatment Disinfection Process or incineration

Sharps Box (Blue Lid)



- Must be in accordance with the Packaging Policy Document
- An approved container must be used – BS7320/UN3291
- Must be kept off the ground during use, either on a work surface or a wall bracket
- Must be dated and signed on assembly
- The aperture must be kept closed when not in use
- Must not be filled more than $\frac{3}{4}$ full
- Must be dated and signed on locking
- Must have a traceable tag attached to ensure source can be easily identified
- Must never be placed in a clinical waste bag
- Shall be further contained in a wheeled bin for collection

Used for

Group B:

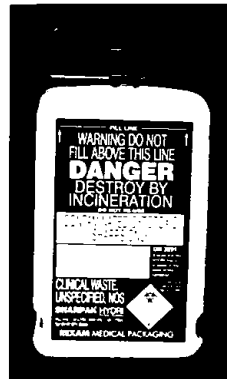
- Used sharps
- Needles
- Syringes
- Broken or unbroken glass etc from patient care
- Contaminated disposable sharp instruments or items

Excluding cytotoxic waste

Disposal method – Thermal Treatment Disinfection Process

**If syringes contain Prescription Only Medicines (POM's),
the contents should be discharged into a special waste burn
bin (Black Lid)**

Sharps box (purple lid)



- Must be in accordance with the Packaging Policy Document
- An approved container must be used – BS7320/UN3291
- Must be kept off the ground during use, either on a work surface or a wall bracket
- The aperture must be kept closed when not in use
- Must be dated and signed on assembly
- Boxes must be labelled accordingly
- Must have a traceable tag attached to ensure source can be easily identified
- Must not be placed in wheeled bin

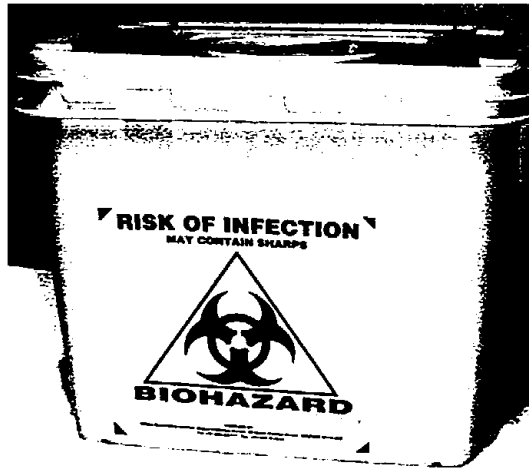
Used for

Group B materials used in the administration of cytotoxic materials including:

- Cytotoxic sharps waste
- Syringe needles
- Cartridges
- Broken Glass
- Sharp instruments
- Where appropriate some small items of giving equipment which have been used for the administration of cytotoxic drugs.
- Single use instruments from suspected, high risk or known CJD or vCJD cases, with Pathological/Risk of Infection label attached (this information may change as per Health Estates).

Disposal Method – high temperature incineration

Yellow Rigid Container (Yellow Lid)



- Must be in accordance with the Packaging Policy Document
- A UN standard approved container must be used
- The aperture must be kept closed when not in use
- Must have primary labelling which shall comply with the Carriage of Dangerous Goods by Road Regulations 1996
- Must be dated and signed
- Must have a traceable tag attached to ensure source can be easily identified
- Shall be further contained in a wheeled bin for collection

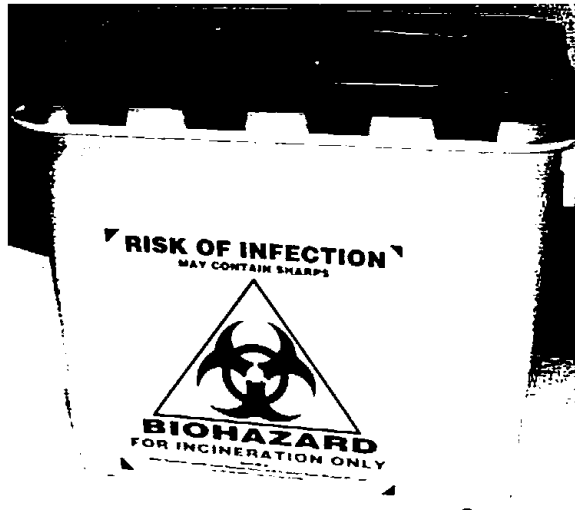
These containers are primarily for the containment of 'Free Liquid' clinical waste.

- Group A – eg suction liners and canisters that are not granulated, catheter bags, heavily saturated disposable drapes
excluding waste containing Hazard Group 4 Pathogens, CJD and vCJD
- Group C – waste pre-treated by autoclaving
or not requiring autoclaving
- Group E

Disposal method – Thermal Treatment Disinfection Process or incineration

***These containers are not to be used as replacement sharps boxes.**

Burn Bin (Purple Lid)



- Must be in accordance with the Packaging Policy Document
- A UN standard approved container must be used
- Must have primary labelling which shall comply with the Carriage of Dangerous Goods by Road Regulations 1996
- Must be dated and signed
- Secondary labelling to identify the type of waste shall be attached at the point of origin
- Must have a traceable tag attached to ensure source can be easily identified
- Must not be placed in wheeled bin

Used for

- Group D – non-sharp cytotoxic waste, larger amounts of cytotoxic waste unsuitable for a sharps container.
- Vaccine materials.
- Waste from suspected, high risk or known CJD/vCJD cases (this information may change as per Health Estates).

Disposal Method – high temperature incineration

*** These bins are not to be used as replacement sharps boxes.**

Burn Bin (Black Lid)



- Must be in accordance with the Packaging Policy Document
- A UN standard approved container must be used
- Must have primary labelling which shall comply with the Carriage of Dangerous Goods by Road Regulations 1996
- Must be dated and signed
- Secondary labelling to identify the type of waste shall be attached at the point of origin e.g. pharmaceutical waste or pathological waste
- Must have a traceable tag attached to ensure source can be easily identified
- Must not be placed in wheeled bin

Used for

- Group A – identifiable anatomical waste, including limbs, recognisable organs and placentae
- Group C - non-autoclaved laboratory waste which requires to be autoclaved
- Group D - pharmaceutical waste (excluding cytotoxic waste)
- Waste containing Hazard Group 4 pathogens, CJD or vCJD

Disposal method – normal incineration

*** These bins are not to be used as replacement sharps boxes.**

Colour Coding - Clinical Waste

Yellow Bag	Group A – Swabs, dressings, other soiled Waste from treatment areas Group C – Autoclaved laboratory waste Group E – Incontinence waste, stoma bags	Twist swan-neck and secure with traceable tag when ¾ full	Thermal treatment Disinfection Process
Yellow Sharps Box (blue lid)	Group B – used sharps, needles, syringes cartridges, glass, scissors, scalpel blades, any other sharp disposable instruments. <u>Excluding</u> Cytotoxic waste & single use instruments	Secure lid and attach traceable tag when ¾ full	
Yellow Rigid Container (yellow lid)	Free liquid clinical waste from the following groups: Group A – excluding Hazard Group 4 pathogens, CJD and vCJD Group C – Autoclaved laboratory waste Not requiring autoclaving Group E – All waste	Secure lid and attach traceable tag when ¾ full	
Yellow Sharps Box (Purple Lid)	Cytotoxic sharps waste Vaccine material Single use instruments from suspected, high risk or known CJD/vCJD cases	Secure lid and attach traceable tag when ¾ full and secondary label	High Temperature Incineration
Yellow Burn Bin (Purple Lid)	Non-sharp cytotoxic waste non sharp vaccine material	Secure lid and attach traceable tag when ¾ full and Secondary label	
Yellow Burn Bin (Black Lid)	Group A – identifiable anatomical waste Waste containing Hazard Group 4 pathogens, CJD or vCJD Group C – Non autoclaved laboratory waste requiring autoclaving. excluding cytotoxic waste Group D - Pharmaceutical waste (except Cytotoxic and controlled drugs)	Secure lid and attach traceable tag when ¾ full Secondary label	Incineration

Household Waste



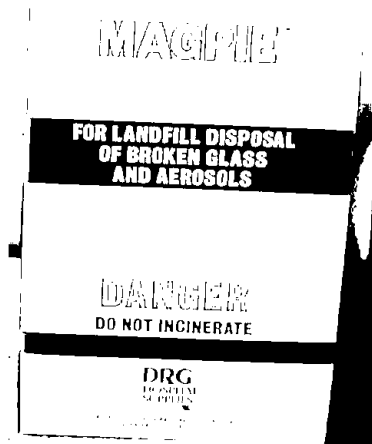
Household waste must be placed in a **BLACK BAG**.

Household waste includes:

- Newspapers
 - Paper Hand towels
 - Flowers
 - Drinks cans
 - Waste paper
-
- Household waste bags should not be overfilled (remember – someone has to lift and carry them).
 - When $\frac{3}{4}$ full the neck of the bag should be twisted and bent over (i.e. swan necked) and a traceable tag pulled tightly around it.
 - This tag not only makes the bag traceable but also effectively seals it.
 - Bags should be stored neatly inside wards and departments or in household waste bins in disposal rooms until collected by the Environmental Team
 - Household waste that is radioactive must be labelled as such and removed to the Decay Store to await decay prior to disposal.

Magpie Boxes

Sharp objects or glass bottles must never be placed in a black household waste bag, these items plus aerosol cans must be placed in a Magpie Box.



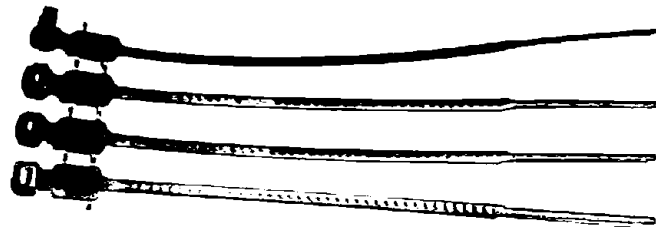
Magpie Boxes

- **Must never be used in a clinical area**
- Must not be overfilled
- Must be kept dry to avoid disintegration
- Must have a traceable tag attached when ready for disposal

Batteries

- The disposal of batteries must conform to the Special Waste Regulations (NI) 1998.
- Batteries must not be packaged with any other form of waste for disposal.
- The Environmental Team will collect batteries on request.
- Batteries will be stored by the Environmental Team to await disposal by an authorised disposal company.

Traceable Tags



- All waste (and laundry) must be identifiable from the point of generation, this is a legal responsibility and Royal Hospitals policy
- Tags are designed to be attached to all primary packaging
- Provide a secure closure device for clinical waste bags
- Carry such identification information which will permit traceability of each package back to its producer location
 - Hospital name
 - Telephone number
 - Unique sequential identification number
- Must not be loaned or borrowed as this prevents traceability
- Ordering is the responsibility of the person in charge of ward or department
- Benefits internal auditing of waste generation, segregation practices and Risk Management.

It is a legal requirement that all waste must be traceable back to point of origin.

Cardboard Boxes

Targets for recycling have been set by Government and form part of the NHS Controls Assurance Standards and the Northern Ireland Waste Strategy and we must endeavour to meet these. Landfill taxes continue to increase due to limited landfill sites and to encourage recycling, these charges are passed on to the Trust through the Household Waste Disposal Contracts.

To reduce disposal costs and to facilitate recycling:

- Cardboard boxes (except heavy duty boxes i.e. those that are glued and/or stapled together) must be flatpacked when emptied.
- Cardboard should be segregated from other household waste.
- Cardboard need not be placed in household waste bags.
- Any polystyrene packaging should be placed in an ordinary household waste (black) bag.
- Flatpacked boxes will be collected by the Environmental Team along with other household waste for disposal.

Obsolete Furniture and General Equipment

- Follow the Trusts procedures removal of unwanted equipment
- Identify unwanted items by attaching a “For Disposal” label
- Contact Environmental Team Leaders on Mobile 07714850512 or via Dispatch ext. 4848 to arrange a time for removal
- Keep in ward or department (where possible) until removed by Environmental Team
- Do not block exits or fire escapes with items for disposal
- **Do not remove obsolete furniture or equipment from your area of responsibility.**
- Be responsible
- **The yard area (old laundry/porters yard) outside East Wing is not for dumping unwanted items/rubbish.**

If very large, heavy pieces of equipment are being replaced the company supplying the new equipment are required (as per contract) to remove the obsolete piece. The Environmental Team does not have heavy lifting equipment to deal with large, heavy items.

For disposal of medical equipment which may need to be decontaminated please contact Infection Control for advice.

Confidential Waste

Wilson Waste disposes of confidential waste ie paper, videos, discs, etc. from the Trust. Confidential waste bags/containers can be requested directly from Wilson Waste. When filled Wilson Waste should be contacted on 90352256 to arrange for removal. The Environmental Team does not have any responsibility for handling or removing confidential waste.

X-rays

X-rays will be removed from the main Radiology Department on a regular basis for storage prior to being disposed of by Silvo Chem Ltd.

Catering Waste

- Food waste should be segregated from ordinary household waste.
- Where available waste disposal units should be used for the disposal of food waste.
- Where waste disposal units are not available food waste should be placed in Wet and Dry black bags to avoid leakage. These bags should not be overfilled and must be tagged in accordance with waste disposal legislation.
- To avoid tearing, items with sharp edges should not be placed in bags containing food waste.
- Magpie boxes may be used for any sharp items from kitchens or pantry areas.
- Cooking oil must be returned to its original container or placed in the containers provided (where available) for separate collection.
- Bags containing food waste should be placed in the wheeled bins where available.
- All precautions should be taken by catering staff when bagging food waste to avoid spills and leakages.

Waste that is unacceptable for removal and transportation and therefore will not be removed by the environmental team includes:

- Bags which contain sharp items, eg needles, syringes, broken glass etc
- Packaging which has not been approved for the movement of waste eg bags or containers not identified in this document
- Packaging which is not sealed properly
- Packaging which does not have a traceable tag attached
- Sharps boxes which are not signed and dated
- Burn bins (black or purple lids) which do not have secondary labelling identifying the contents
- Packaging which is damaged, holed or leaking
- Packaging which is overfilled
- Radioactive waste
- Cardboard boxes which are not flatpacked (apart from those specified)
- Laundry which is in unapproved bags (eg large white plastic bags), not tagged or where bags are overfilled
- Waste that has not been placed in the secondary containers provided (where available and appropriate).

Should you have a query or problem regarding the Environmental Service, please contact the Team Leader on mobile number [REDACTED] from 7.30am to 8.30pm or the Dispatch Centre (24hours) on ext [REDACTED]. Please note however, that the Environmental Service is not a 24 hour service but is available between 7.30am and 8.30pm.

APPENDIX 1

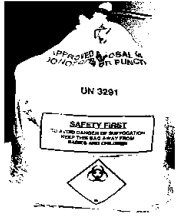
Primary Packaging available from Stock at SDC

Product	Code	UOI
Yellow Clinical Waste Bags; Large	MWM 551	CS/200
Small	MWM 361	CS/200
Sharps Container General;		
0.6ltrs	FSL 103	CS/100
1.8ltrs	FSL 539	Each
6.5ltrs	FSL 037	CS/25
13.0ltrs	FSL 040	CS/15
25.0ltrs	FSL 178	CS/8
(Endoscopic) 26.0ltrs	FSL 227	CS/6
Sharps Container – Cytotoxic		
0.6ltrs	FSL 0602	CS/24
1.8ltrs	FSL 0600	Each
6.5ltrs	FSL 180	Each
13.0ltrs	FSL 0601	Each
22.0ltrs	FSL 0487	CS/5
Rigid Container (yellow lid)		
5.0ltrs	FSW 500	CS/15
10.0ltrs	FSW 501	CS/15
30.0ltrs	FSW 0609	CS/3
60.0ltrs	FSW 0663	CS/3
Burn bin (black lid)		
2.5ltrs	FSW 502	CS/20
10.0ltrs	FSL 461	CS/15
30.0ltrs	FSW 0627	CS/3
60.0ltrs	FSW 0681	CS/3
Burn Bin (purple lid)		
10.0ltrs	FSW 505	CS/15
30.0ltrs	FSW 0628	CS/3
60.0ltrs	FSW 0701	CS/3
Secondary Labels; Vaccine	WCA 983	PK/25
Pathological	WCA 982	PK/25
Pharmaceutical	WCA 981	PK/25
Cytotoxic	WCA 980	PK/25
Traceable Tags	MVN 200	CS/1000
Autoclave Bags; Large	MVN 0394	CS/250
Small	MVN 0392	CS/500

Pharmaceutical labels: An additional seven labels eg., Toxic, Corrosive, etc. have been identified as required. These will be available Non-Stock via appropriate RSS Purchasing Team – details will be sent to Pharmacy departments directly.

Waste Packaging

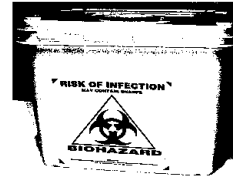
22



- **Group A**
Dressings, swabs etc
(excluding anatomical, HG4 and CJD waste)
- **Group C**
Pre-treated by autoclaving
Not requiring autoclaving
- **Group E**
Stoma bag, bed pan liners etc



- **Group B**
Syringe needles, cartridges, broken glass and other contaminated sharp instruments
(excluding cytotoxic waste)
- **Group C**
Not requiring autoclaving

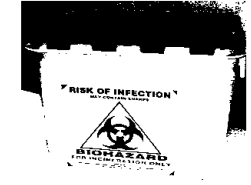


- **Group A**
'free liquid'
(excluding HG4 and CJD)
- **Group C**
'free liquid' Pre-treated by autoclaving or not requiring autoclaving
- **Group E**
'free liquid'

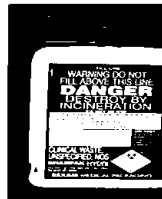


- **Group D**
Cytotoxic giving equipment

Waste from high risk procedures



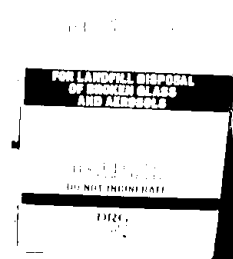
- **Group A**
Identifiable anatomical, HG4, CJD and vCJD waste
- **Group C**
Where required but not having been autoclaved
- **Group D**
Certain pharmaceutical waste (except cytotoxic and control drugs)



- **Group B**
Cytotoxic Sharps Waste
Single Use instruments
From suspected, high risk or known CJD or vCJD cases












- Paper towels
- Newspapers
- Flowers
- Drinks cans
- Tissues
- Packaging



Glass
Crocery
Aerosols

} Not Clinical Waste

PHARMACEUTICAL WASTE DISPOSAL SUMMARY

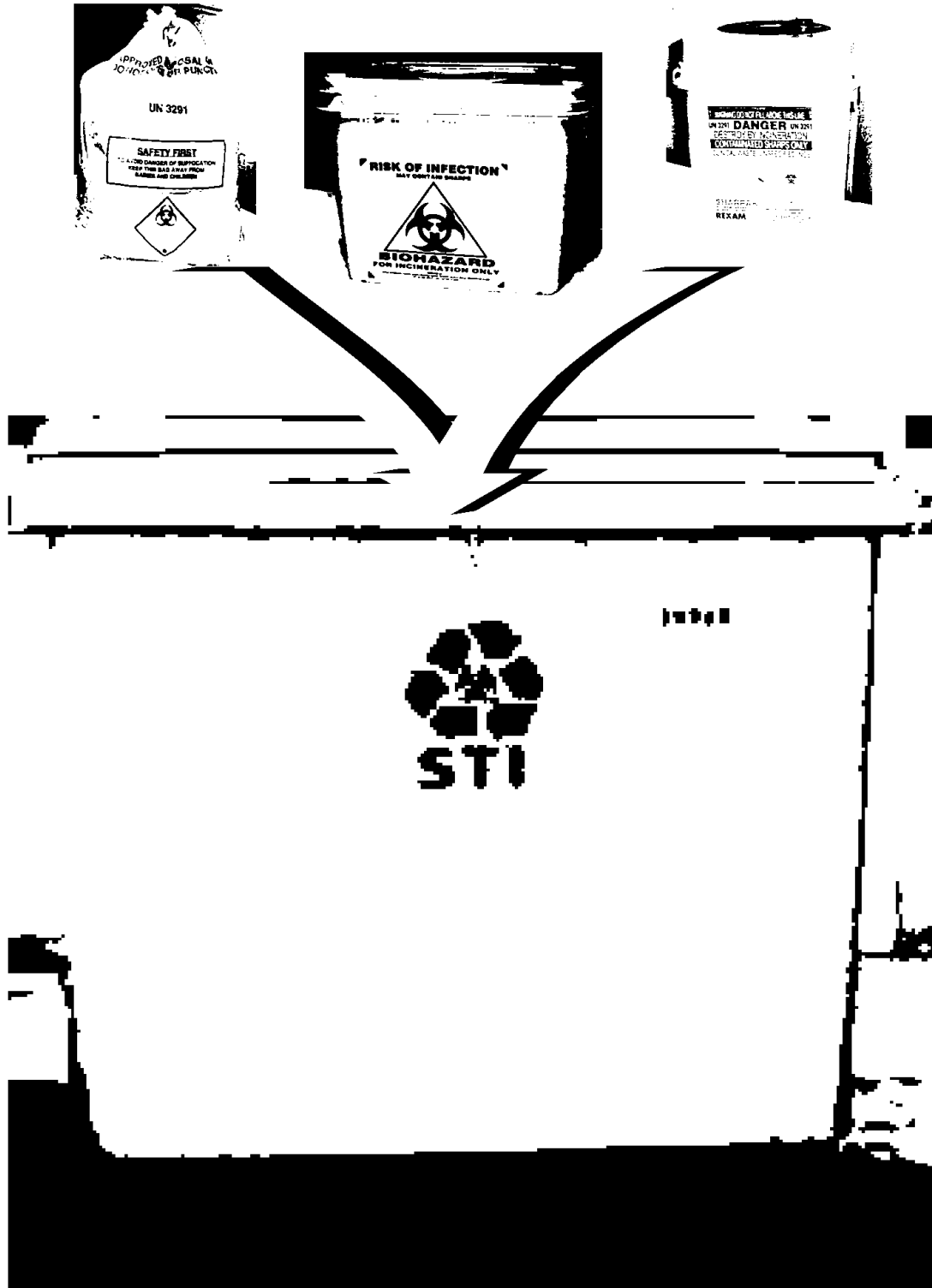
TYPE OF WASTE	METHOD OF DISPOSAL
Unwanted boxes of tablets, capsules, injections etc.	Return to Pharmacy Department for credit.
Pharmaceutical aerosols.	Return to Pharmacy Department.
Pharmaceutical items labelled - Toxic, Irritant, Harmful, Corrosive or Flammable.	Return to Pharmacy Department
Partially used pharmaceutical items ie infusion bags, syringes, vials, bottles etc. that have any remaining product.	Place the entire item into the BLACK TOP BURN BIN - NO NEEDLES Label bin "Pharmaceuticals" 
Cytotoxic Waste	<ul style="list-style-type: none"> •Purple top sharps box for sharps. •Purple top burn bin for non-sharp waste. •Label bins "Cytotoxic"  
Antibiotic waste ie empty or partially used syrup bottles or vials.	<ul style="list-style-type: none"> • Place entire item into the BLACK TOP BURN BIN – NO NEEDLES • Label bins "Pharmaceuticals" 
Empty (or residue) SHARP pharmaceutical items ie syringes with a needle attached, open ampoules etc.	<ul style="list-style-type: none"> • Put in sharps box with blue lid 
Vaccines - syringes, needles and vials.	<ul style="list-style-type: none"> •Purple top sharps box labelled "Vaccine" for empty syringes and needles. •Purple top burn bin labelled "Vaccine" for empty and partially used vials.  
Empty plastic bottles, cartons, tubes but not glass.	<ul style="list-style-type: none"> •Yellow clinical waste bag 
Empty glass pharmaceutical containers.	<ul style="list-style-type: none"> •Yellow rigid container, yellow lid. 

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CLINICAL WASTE WHEELED BIN

ONLY THE WASTE INDICATED SHOULD BE PLACED IN THE WHEELED BIN

BIN TO BE KEPT LOCKED AT ALL TIMES



DISPOSAL OF Waste Arising from Patients Known or Suspected to Have CJD or Related Disorder

Primary Containment

All clinical waste from patients known or suspected to be infected with CJD or related disorder should be deemed as “Special”. It should be bagged in a yellow clinical waste bag in accordance with the Packaging Policy Document, sealed at the point of production by twisting, swan necking and securing with a traceable tag. This must then be placed in a yellow burn bin with black lid, this in turn must be securely sealed in accordance with the Packaging Policy Document, and have an identifiable tag attached. Sharps must be placed into a sharps box then placed in a yellow burn bin with black lid, tagged and sealed. Items that can not fit into a burn bin must be double bagged and treated as special i.e. destined for incineration.

Secondary Containment

Arrangements must be made with a Patient and Environmental Services Manager (PESM), Duty Manager (DM) or Environmental Team Leader (TL) to have this material collected from source. (It would be considered polite to afford as much notice as possible.) See contact arrangements below.

On receiving a call the PESM/DM/TL will organise transportation of a purple-lidded wheeled bin to the ward of the contaminated waste. As is standard practice it shall be the generator of the waste that must place all sealed special waste into the Secondary method of containment (purple lidded bins).

Storage Practices

The Environmental Team Leader will lock the Secondary Container at source and take it to a secure and segregated holding area. The unique bar code number of the purple-lidded bin will be forwarded by E-mail to the “Contractor”

Disposal Practices

A weekly collection by the licensed “Contractor” (Sterile Technologies Group, Antrim Area Hospital) will take material for incineration outside N.Ireland.

Disposal of Laundry

All linen used to treat CJD or related disorder patients and contaminated with blood or Cerebral Spinal fluid will be disposed and should be treated as special waste outlined above.

Personal Protective Equipment

If staff require personal protective equipment, the type should be notified prior to collection so that arrangements can be made.

Additional Advice

Large contaminated equipment/items that cannot be disposed of as outlined above must be reported to the PESM. Suitable methods of disposal of such items will be judged on a case-by-case basis.

Contact Details

Position	Telephone Extension	Mobile Number	E-mail	Availability
Environmental Team Leader	██████	██████	████████████████████	365 days/year between 8am – 8pm
Duty Manager	██████	██████	████████████████████	365 days/year 24 hrs/ day
Operational Services Manager	██████	██████	████████████████████	Mon – Fri 9am-5pm

██████████^{3rd} draft '06
Patient and Environmental Services

Additions/amendments to this document will be circulated when necessary in line with changes in legislation, contracts, etc. When you receive any of these pages please replace and dispose of the original page.

If you have any queries regarding any of the documents please contact the Operational Services Department on ext [REDACTED].

It is in all our interests to ensure that waste is managed properly.

Follow the guidance in this document to:

- Keep the Royal Hospitals staff and patients free from the risks associated with inappropriate packaged/ managed waste
- Ensure that the Royal Hospitals adheres to legislation
- Meet Controls Assurance Standards
- Meet the standards of the Northern Ireland Waste Strategy
- Contribute to Environmental Issues

DISPOSAL OF SPECIAL WASTE (SARS, Avian Flu)

Primary Containment

All clinical waste from patients known or suspected to be infected with SARS, Avian Flu should be deemed as “Special”. It should be bagged in a yellow clinical waste bag in accordance with the Packaging Policy Document, sealed at the point of production by twisting, swan necking and securing with a traceable tag. This must then be placed in a yellow burn bin with black lid, this in turn must be securely sealed in accordance with the Packaging Policy Document, and have an identifiable tag attached. Sharps must be placed into a sharps box then placed in a yellow burn bin with black lid, tagged and sealed. Items that can not fit into a burn bin must be double bagged and treated as special i.e. destined for incineration.

Secondary Containment

Arrangements must be made with a Patient and Environmental Services Manager (PESM), Duty Manager (DM) or Environmental Team Leader (TL) to have this material collected from source. (It would be considered polite to afford as much notice as possible.) See contact arrangements below.

On receiving a call the PESM/DM/TL will organise transportation of a purple-lidded wheeled bin to the ward of the contaminated waste. As is standard practice it shall be the generator of the waste that must place all sealed special waste into the Secondary method of containment (purple lidded bins).

Storage Practices

The Environmental Team Leader will lock the Secondary Container at source and take it to a secure and segregated holding area. The unique bar code number of the purple-lidded bin will be forwarded by E-mail to the “Contractor”

Disposal Practices

A weekly collection by the licensed “Contractor” (Sterile Technologies Group, Antrim Area Hospital) will take material for incineration outside N.Ireland.

Disposal of Laundry

All linen used to treat SARS, Avian Flu patients will be disposed and should be treated as special waste outlined above.

Personal Protective Equipment

If staff require personal protective equipment, the type should be notified prior to collection so that arrangements can be made.

Additional Advice

Large contaminated equipment/items that cannot be disposed of as outlined above must be reported to the PESM. Suitable methods of disposal of such items will be judged on a case-by-case basis.

Contact Details

Position	Telephone Extension	Mobile Number	E-mail	Availability
Environmental Team Leader	██████	██████	████████████████████	365 days/year between 8am – 8pm
Duty Manager	██████	██████	████████████████████	365 days/year 24 hrs/ day
Operational Services Manager	██████	██████	████████████████████	Mon – Fri 9am-5pm

██████████^{4th} draft '07
 Patient and Environmental Services