

<b>Health and Safety Executive</b>		<b>Sector Information Minute</b>	
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Target Audience:  
FOD Inspectors

## MANAGEMENT OF HEALTHCARE WASTE

This SIM introduces new guidance issued on the management of healthcare waste arising out of regulatory changes and provides general guidance.

### BACKGROUND

1 Changes to legislation governing the management of waste, its storage, carriage, treatment and disposal have meant that guidance on clinical waste previously provided in the Health Services Advisory Committee (HSAC) publication **Safe Disposal of Clinical Waste** required revision.

### SAFE MANAGEMENT OF HEALTHCARE WASTE

2 The Department of Health (England) Estates and Facilities Directorate issued new guidance entitled **Safe Management of Healthcare Waste** on 1 December 2006. It was produced collaboratively with: HSE; Department for Environment Food and Rural Affairs; Department for Transport; Environment Agency; Scottish Environmental Protection Agency; Welsh Health Estates; Health Facilities Scotland; NHS Purchasing and Supply Agency; Health Protection Agency; and other parties. The guidance is applicable to England, Scotland and Wales.

3 The guidance is freely available to all via the Department of Health website.

### KEY CHANGES

4 Key changes contained in the new guidance includes:

- The introduction of a new term **healthcare waste**, defined as waste from natal (maternity) care, diagnosis, treatment or prevention of disease in human / animals.
- The definition of **infectious waste**, as waste that contains viable micro organisms or their toxins, which are known, or reliably believed to cause disease in man or living organisms, and a methodology for its classification.
- The definition of **medicinal waste** and a methodology for its classification
- The introduction of a new term **offensive / hygiene waste**, defined as non-infectious non-hazardous waste which does not require specialist

treatment or disposal, but which may cause offence to those coming into contact with it. This waste type includes waste previously described as 'human hygiene' or 'sanpro'.

### Changes to transport legislation

5 The recommendation that the old clinical waste classification system (Groups A to E) is removed as it no longer reflects appropriate segregation of waste for treatment or disposal as required by the European Waste Catalogue (EWC) codes, which are now mandatory on all waste transfer documentation.

### THE UNIFIED APPROACH

6 The Hazardous Waste Regulations 2005 (enforced by the respective Environment Agencies for England, Wales and Scotland) place a duty on waste producers to segregate hazardous and non hazardous waste at source. There are further duties placed upon the consignor of dangerous goods via Carriage Regulations (enforced by HSE) to ensure appropriate: classification and identification; packaging; marking; labelling; and documentation. The guidance proposes a unified approach to ensure compliance with all of the regulatory requirements – from production, through transport, to disposal.

7 Inspectors should have a basic appreciation for the unified approach, as it replaces guidance previously issued by HSE / HSAC, however it is not mandatory and duty holders are free to take alternative steps to comply with relevant legislation.



8 HSE interest would relate to the handling of waste or its security on-site, where such issues link to managing the risks of the control of infection, and in relation to the carriage of waste. Enquiries as to the segregation of waste for disposal (incineration vs. alternative treatment technologies for example) should be referred to the appropriate Environment Agency.



9 The Unified Approach is based upon the segregation of healthcare waste by a healthcare professional. An assessment of the wastes properties in relation to:

- Medicinal (including cytotoxic / cytostatic properties)
- Chemical
- Infectious

10 Should be undertaken to determine the segregation pathway for the waste.

11 Segregation is based upon a colour-coded scheme, linked to disposal:

	Infectious - Incineration
	Infectious - Alternative treatment

	Cytotoxic / cytostatic
	Offensive / hygiene

12 The Unified Approach is only relevant for waste generated from healthcare practices (hospitals, dentists, GP's surgeries, care homes etc). Municipal waste, such as that generated from industrial or commercial premises are not considered to be infectious unless a healthcare practitioner gives specific advice to the contrary.

13 Municipal waste, such as sanitary products and plasters (minor first aid or self care of the type that does not involve recourse to a healthcare practitioner) is acknowledged to have the potential to cause offence and the guidance therefore recommends that where such waste is produced in bulk it be classified as offensive / hygiene.

14 There are examples of municipal waste that is akin to healthcare waste – for example drug litter. It can reasonably be expected that such waste is infectious, and to ensure that it is appropriately managed through the transport and disposal chain specific EWC codes have been assigned for its use – 20 01 99. General guidance on the management of needles in waste and recycling has been produced in consultation with the Waste Industry Safety and Health Committee (WISH).

#### CARRIAGE ISSUES

15 The Carriage Regulations may require healthcare organisations to appoint a dangerous goods safety advisor (DGSA) dependent upon the quantity of dangerous goods (including, but not exclusively infectious waste) they transport. It is the duty of a DGSA to monitor and advise upon the carriage of dangerous goods. Dutyholders should therefore seek advice from their DGSA.

16 Inspectors may find the following useful sources of information:

- General guidance on the application of Carriage legislation Carriage of Dangerous Goods Manual – CDG / ADR.
- Specific guidance on the carriage of healthcare waste in 'bulk' Carriage of Dangerous Goods Manual - Some Common Problems
- Guidance on the carriage of diagnostic specimens Infectious Substances, Clinical Waste and Diagnostic Specimens

Or may seek advice from Hazardous Installations Divisions colleagues.

#### **Soiled Surgical Instruments:**

17 Where healthcare organisations are obliged to carry used surgical instruments by road to a centralised sterile services facility, such instruments, dependent on an assessment of infection risk, should normally be classified as UN 3291 (clinical waste). It is extremely unlikely that surgical instruments contaminated with pathogens of Category A need to be transported offsite. If this is necessary a special authorisation will be required from the Department for Transport.

## **Used Laundry:**

18 The majority of used linen being transported to off-site laundries will not normally be assessed as dangerous for transport. There will be some occasional circumstances where soiled laundry will need to be classified as dangerous for transport, such as when a consignment is thought to contain pathogens which pose a significant risk of spreading disease, and the load is heavily soiled to the extent that the potential for exposure and infection is high. In such instances the load should then be classified and packaged as UN 3291. Special bags are available for contaminated mattresses.

## **CONTACT**

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