

# THE STATE HOSPITALS BOARD FOR SCOTLAND

## OPERATIONAL POLICY FOR WASTE MANAGEMENT (INCLUDING CLINICAL WASTE)

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The date for review detailed on the front of all State Hospital policies, procedures and guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy, procedure and guidance at any time due to organisational or legal changes.

Staff are advised to always check that they are using the correct version of any policy, procedure or guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

## REVIEW SUMMARY SHEET

Changes required to policy (evidence base checked)

Yes ☒

No ☐

### Summary of changes within policy for 2025 review:

Expired hyperlinks and reference to national documents updated.

## CONTENTS

1	POLICY APPLICATION .....	4
2	PURPOSE .....	4
3	POLICY STATEMENT .....	4
4	INTRODUCTION .....	5
5	RESPONSIBILITIES AND PROCEDURAL FRAMEWORK.....	5
6	PROTOCOL FRAMEWORK AND LOCAL PROCEDURAL ARRANGEMENTS FOR IMPLEMENTATION .....	6
7	MANAGING THE RISK.....	8
8	TRAINING .....	8
9	OCCURRENCE RECORDING.....	8
10	WASTE MANAGEMENT PROCEDURES .....	8
11	TYPES OF WASTE.....	9
12	WASTE SEGREGATION .....	11
13	CLINICAL WASTE .....	11
14	SPECIAL WASTE DISPOSAL ARRANGEMENTS .....	14
15	HANDLING OF CLINICAL WASTE .....	14
16	SPILLAGES OF FLUID DURING TRANSPORTATION .....	14
17	TRAINING REQUIREMENTS.....	15
18	TRANSPORT .....	15
19	STORAGE/SECURITY .....	15
20	EQUALITY AND DIVERSITY .....	16
21	STAKEHOLDER ENGAGEMENT .....	16
22	COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY .....	16
23	ASSOCIATED DOCUMENTS .....	16
	APPENDIX 1: HEALTHCARE WASTE SEGREGATION AND DISPOSAL BY COLOUR CODES	18
	APPENDIX 2: SAFE DISPOSAL OF WASTE RECOMMENDED METHOD FOR SEALING CLINICAL WASTE BAGS .....	19

## 1 POLICY APPLICATION

The policy applies to ALL wastes that arise from premises and land, owned, leased or used in delivering the State Hospital healthcare services. This includes all scrap, surplus assets and moveable equipment, part or whole, which are defined in law as waste.

This policy is based on [NHSScotland Waste Management Guidance \(SHTN 03-01\)](#).

## 2 PURPOSE

This document sets out the policy objectives, the supporting management responsibilities and organisational arrangements for waste management in the State Hospital, in keeping with statutory and mandatory requirements.

This document does not contain the specific details of the statutory or mandatory arrangements for waste management, which are to be found within legislation and Scottish Government Health Directorates instructions and supporting guidance.

## 3 POLICY STATEMENT

- 1) The State Hospital takes seriously the requirements for a structured approach on the management of healthcare and domestic waste. This ensures that health, safety, environmental and financial risks are effectively managed and integrated within the overall risk management process. A structured management approach also ensures procedures are in accordance with statutory requirements NHSScotland Waste Management Guidance (SHTN 03-01).
- 2) The State Hospital is committed to the effective management of healthcare and domestic waste arisings. It aims to achieve this through the development of realistic and acceptable risk-based procedures, which meet the legal requirements, the performance standards and their interpretation set out in the NHSScotland suite of waste management guidance.
- 3) The State Hospital recognises that the management of healthcare and domestic waste disposal is a significant management responsibility comparable in importance to other management and performance objectives.
- 4) The State Hospital is committed to ensuring compliance with Standing Financial Instructions and all relevant statutory and mandatory requirements by undertaking, maintaining and monitoring the performance, and monitoring the risks of healthcare and domestic waste management arrangements.
- 5) The State Hospital will ensure that healthcare and domestic waste is secure from areas of public access and properly and efficiently managed throughout.
- 6) Where appropriate and where risks are minimal, consideration will be given to reduce, re-use and recover materials and substances, to avoid unnecessary disposal.
- 7) The State Hospital recognises its responsibilities to all its employees, including agency, contract and volunteer staff, under the Health and Safety at Work etc Act: 1974 and associated regulations. Therefore, the State Hospital will provide sufficient information, training, supervision, equipment and safe systems of work to carry out their duties in the implementation of this policy.
- 8) The State Hospital recognises its responsibilities to ensure the safe management of healthcare and domestic waste. To this end, highest priority will be given to:
  - Ensuring that waste is kept in a secure location and safeguarding against the uncontrolled release or spillage of waste materials.
  - Minimising the production and associated environmental impact of waste by reviewing materials used and practices employed.

- Ensuring that healthcare and domestic waste are properly handled, segregated, presented in appropriate fit-for-purpose packaging, stored, transported, treated and disposed of appropriately.
  - Ensuring procedures for waste management are established, adopted, understood and implemented.
  - Providing information, instruction, training and supervision as necessary to ensure the implementation of waste management systems.
  - Taking cognisance of, and implementing any actions necessary to address relevant matters raised or recommended by Healthcare Waste, Infection Control and other relevant committee meetings.
- 9) The State Hospital requires the assistance and co-operation of all employees in the pursuit of this policy.
- 10) The allocation of duties for waste management and practical arrangements for implementation are set out in this policy.

## **4 INTRODUCTION**

The State Hospital delivers healthcare services, resulting in the production of a correspondingly range of healthcare and domestic wastes. The presentation of suitably segregated wastes that require a range of safe disposal technologies has many associated burdens, costs and risks. The Scottish Government Health Directorates have provided NHS Boards with specific waste and environmental management responsibilities to be discharged and obligations to be met, in the delivery of healthcare services.

The State Hospital is obliged to understand the requirements of Health and Safety and Environmental Regulation. The State Hospital is required to assess the risks in the context of the protection of workers engaged in healthcare and waste management, the protection of the public and the local and wider environment.

## **5 RESPONSIBILITIES AND PROCEDURAL FRAMEWORK**

### **5.1 Organisational**

The Chief Executive and Management Teams:

- Ensuring Operational Procedures and Risk Management processes are in place to meet policy requirements.
- Providing resources for implementing and maintaining this policy
- Reviewing performance of this policy
- Reviewing the effectiveness of this policy.

Head of Estates and Facilities:

- The provision of adequate facilities support to allow implementation and maintenance of the uplift and disposal aspects of this policy.
- The provision of waste management and annual waste performance reports to the Chief Executive, via Infection Control Committee.
- Reviewing the effectiveness of the policy across the State Hospital.

For healthcare waste and special waste arising from the delivery of healthcare by clinicians, and for domestic waste, confidential waste and special waste arising ancillary to the delivery of healthcare in both clinical and non-clinical settings, the following staff roles have specific responsibilities, as outlined below:

- Head of Estates and Facilities is also Waste Management Officer (WMO) and is a member of the Health and Safety Committee and Infection Control Committee providing advice, training, contractual, legal, operational and performance arrangements (including preparation of reports) when required.
- Infection Prevention and Control Lead is a member of the Infection Control Committee providing advice and guidance (including preparation of reports) when required.
- Health and Safety Advisor provides health, safety and risk advice and incident reporting.

## 5.2 Departmental

Departmental / Line Managers:

- Ensuring that all staff are aware of this policy and are familiar with the relevant procedures and protocol framework associated with the disposal of segregated wastes.
- Putting into practice, within the protocol framework, the local procedures and safe systems of work, which are designed to reduce risks from production of waste to its final disposal.
- Ensuring that all staff and workers engaged in healthcare and in waste management have adequate information, training, instruction, supervision and support. This includes refreshing staff knowledge and skills at regular frequencies.
- Monitoring the effectiveness of local procedures and safe systems of work, including annual review of occurrence recording, investigation and management inspections.
- Ensuring staff receive suitable and effective support, should any accidents or incidents relating to waste and waste management occur.
- Ensuring that specialist arrangements for the disposal of medicinal products are co-ordinated with the Pharmacy and in line with associated policies.
- Ensuring that specialist arrangements for handling, storing and disposing of specimens and potentially infectious substances are co-ordinated with Infection Control (who will liaise with Laboratory services) in line with associated policies.

All staff and workers engaged in healthcare and in waste management:

- Taking precautions and reasonable care with regard to their own safety; that of any other persons who may be affected by their actions, and the environment.
- Co-operating with policy, procedures and safe systems of work that are in place to minimise risk to persons and the environment.
- Reporting of all incidents, including near misses that arise.
- Attending the appropriate training and instruction, and ensuring practical skills are regularly refreshed.
- Assisting managers with the identification of any risks arising from waste management.

## **6 PROTOCOL FRAMEWORK AND LOCAL PROCEDURAL ARRANGEMENTS FOR IMPLEMENTATION**

### 6.1 Risk-based approach

Risk assessment is the fundamental process used to minimise actual or potential harm to persons or the environment. Local managers must identify and assess all risks, by considering the hazards and the likelihood of harm.

Waste management is a complex area subject to statutory obligations. All responsible staff should be fully aware of their statutory duties as outlined in the pertinent legislation and guidance. To ensure all local managers are aware of these regulatory aspects, the State Hospital Waste Disposal Procedures provide a core generic protocol framework that supports and provides an interpretation of critical requirements.

Because of risk assessment, all locations where waste arises should have effective control measures in place to manage identified risk. The State Hospital Waste Disposal Procedures are central to the protocol framework and compilation of a risk assessment. However, all managers are responsible for developing localised arrangements specific to local needs.

Various waste management factors need to be considered when conducting risk assessment. The waste may be considered to present a hazard, and/or potentially to be of harm to persons or the environment if it demonstrates or contains:

- Infectious or bio-hazardous characteristics: reference should be made to the Control of Substances Hazardous to Health Regulations (COSHH) and the categorisation and classification of infectious substances. These should be considered in line with guidance produced by the Advisory Committee on Dangerous Pathogens (ACDP) and Technical Guidance WM2 (Hazardous waste) produced jointly by the Environment Agency and the Scottish Environment Protection Agency (SEPA).
- Hazardous or dangerous substances can be identified by the following characteristics: explosive; oxidising; highly flammable; irritant; harmful; toxic; carcinogenic\*; corrosive; infectious; teratogenic\*; mutagenic\*; eco-toxic\*; produces toxic gas\*, or yields leachate\*.
- Sharp or cutting edges (broken glass, sharps, other intrusive devices, etc.) .
- Radioactive substances\*.
- Offensiveness (volume, time and temperature controls).

*(\*not normally onsite)*

Or, because of issues relating to:

- Containment (packaging, storage, handling and transport controls).
- Definition as a 'Controlled Waste'.

The following aspects of the waste management regime should be considered when evaluating the risk of hazard and/or harm to persons or the environment:

- Access and egress of vehicle.
- Accessibility of waste to birds, insects or other vermin.
- Accessibility of waste to the staff.
- Fire risk.
- Fit for purpose containment.
- Frequency of uplift.
- Impact of variable temperature on waste.
- Incident reporting procedures and record keeping.
- Labelling and marking.
- Location of waste arisings and storage.
- Moving and handling procedures.
- Patient contact.
- Perceptions about the waste.
- Potential and procedures for spillage.
- Presence and management of substances hazardous to health.
- Presence of metal objects.
- Procedure for presenting waste for uplift/disposal.
- Procedures for returning medicinal products to pharmacy.
- Risk of immunisation.
- Security.
- Segregation.
- Staff training and experience; transportation.
- Welfare of staff and others.

- Any other risk specific to the individual's role.

## 7 MANAGING THE RISK

The risk presented should be reduced to the lowest level that is reasonably practicable. If the risk assessment shows that it is not possible for the waste to be safely handled, stored, decontaminated, treated or disposed of using the proposed or current system then other arrangements must be put in place. Local managers and the producer of the waste have prime responsibility for the Duty of Care and all aspects of health, safety and environmental protection, wherever NHSScotland healthcare services are delivered.

## 8 TRAINING

Statutory or mandatory requirements may lead to a need to increase competence levels or capabilities within NHSScotland Boards. The appropriate level of training will be provided to staff locally, based on risk and training needs assessment. Advice and guidance on available training can be obtained from the Learning and Professional Development Manager.

## 9 OCCURRENCE RECORDING

All persons and workers engaged in healthcare and in waste management should report all incidents, including near misses. Local managers should be informed and the appropriate DATIX completed and processed as soon as possible following the incident. This will ensure compliance with the Reporting of Injuries, Diseases, and Dangerous Occurrence Regulations: 1995. All incidents must be recorded to ensure accurate collection of information, enabling intelligent trend analysis. This will help with future planning for reduction target initiatives and the introduction of safer systems of work.

## 10 WASTE MANAGEMENT PROCEDURES

The State Hospital delivers healthcare services, which generate healthcare (including clinical), and domestic wastes arise. The presentation of suitably segregated wastes for appropriate safe recovery, treatment or disposal technology places many burdens, costs and risks on the hospital.

The Scottish Government Health Directorates (SGHD) has provided NHSScotland Boards with specific waste and environmental management responsibilities and obligations in their delivery of healthcare and support services.

The State Hospital is obliged to consider all appropriate regulatory requirements, including those related to the Health and Safety at Work etc Act 1974, the Environmental Protection Act 1990, and other relevant legislation. As a producer of waste, the State Hospital is required to ensure that all wastes are suitably packaged and labelled. The responsibilities and procedural framework are outlined in the State Hospital Waste Management Policy document.

The State Hospital is obliged to implement NHSScotland Waste Management Guidance (SHTN 03-01).

In the workplace, three distinct types of waste arise:

- 1) *Healthcare (including clinical) waste* – arising directly from the delivery of healthcare by clinicians. This includes a wide range of controlled wastes defined in legislation due to ethics, risk of infection posed, or other hazardous characteristics according to their class, origins or properties. Certain fractions of the healthcare waste stream may be considered special



(hazardous) waste, due to the infection risk posed or their contamination with medicinal products; a fraction of this waste stream may also be considered to contain low-level radioactive waste if contaminated with low-level radioactive substances.

- 2) *Special (also referred to as hazardous) waste* – arising from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a very specific range of controlled wastes defined in legislation, which contain dangerous/hazardous substances, as defined by The Special Waste Amendment (Scotland) Regulations 2004. Guidance on the interpretation and classification of special waste is published by the Scottish Environment Protection Agency (SEPA) and updated regularly. Such wastes should be separated from domestic waste for appropriate management.
- 3) *Domestic waste* – arising supplementary to the delivery of healthcare in both clinical and non-clinical settings. This waste stream is often referred to as ‘household waste’ as it may be similar in nature and composition to waste produced from household premises. Domestic waste includes a wide range of controlled mixed municipal wastes defined in legislation due to minimal risk of infection or low probability of contamination with hazardous substances.

## 11 TYPES OF WASTE

### 11.1 Clinical Waste

Clinical Waste (Appendix 1 summarised colour-coding system for healthcare wastes) Under the Controlled Waste Regulations 1992, clinical waste is defined as 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, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- 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, being exposed to it.

### 11.2 Sharps Waste

The term ‘sharps waste’ shall mean anything sharp and includes syringes, needles, forceps, scalpel blades, giving sets, pipettes, pipette tips, broken glass containers having contained or come into contact with any article or substance likely to be toxic or infectious.

### 11.3 Medicinal Waste

Medicinal waste includes expired, unused, spilt and contaminated pharmaceutical products, drugs, vaccines and sera as well as the discarded items contaminated from use/ handling of pharmaceuticals, e.g. bottles, boxes, syringe bodies, drug vials. Expired and unused pharmaceutical products should be returned to Pharmacy for appropriate disposal.

Some clinical waste may also be classified as special waste under the Special Waste (Scotland) Regulations 2004 e.g. prescription-only medicines. Such waste is deemed to represent a particular hazard to the environment or human health and special arrangements will apply.

### 11.4 Cytotoxic and Cytostatic Waste

Cytotoxic waste is considered as "special waste" and must be placed in dedicated rigid yellow container fitted with a purple lid, identified with ‘Cytotoxic Waste’ hazard warnings.

Pharmacy must be contacted directly if there are any unused cytotoxic drugs to be returned from the ward area. Cytotoxic drugs or contaminated equipment must not be returned to pharmacy in routine drug delivery containers.

#### 11.5 Other Wastes

No	Type of waste	Disposal Route
1.	Domestic waste stream (clear bags) (max weight 7kg)	Uplifted by Estates staff and disposed of via the compactor then uplifted by a registered waste carrier.
1a	Dry mix recycle clear bag green strip (max weight 7kg)	Uplifted by Estates staff and disposed of via the compactor then uplifted by a registered waste carrier.
2.	Confidential waste - paper dry mix recycle	To be shredded by source department into clear bags. Clear bags will be uplifted by Estates staff and disposed of via the compactor then uplifted by a registered waste carrier. The waste carrier will remove to their marshalling point and segregate for recycling.
	Electronic media	To be returned to IT for appropriate destruction.
3.	Cardboard dry mix recycle	All boxes to be flat packed by staff. Uplifted by Estates staff and disposed of via the compactor then uplifted by a registered waste carrier.
4.	Glass (uncontaminated glass e.g. coffee jars crockery)	Placed in a rigid cardboard box and sealed. Identified as glass / crockery and uplifted by Estates staff and disposed of via separate stream then uplifted by a registered waste carrier.
5.	Cooking Oil (Catering Dept)	Oil not for re-use should be drained into original containers, secured and uplifted by registered waste carrier for recycling.
6.	Food waste including Packaging domestic waste stream	Any food not fit to re-use is disposed via specific waste disposal equipment within catering department or at ward level. Contaminated food waste packaging should be placed in double black bags for uplift by Estates. A licensed waste carrier will remove skip to landfill.
7.	Printer / Toner Cartridges	Multi-function devices separate stream in box supplied, Then uplifted by Estates and returned to IT who arrange uplift from supplier.
8.	IT. Equipment (Computers, printers etc)	The IT Department will ascertain if any items identified as surplus can be re-used elsewhere in the organisation or sold to staff. If not, at certain times a specialist contractor is used to recycle, or dispose, all or part of the equipment in accordance with WEEE Regulations.
9.	Batteries	Items generated by or received by Estates are sorted by type and held in Estates. Uplifted by a registered specialist contractor when the volume held merits.
10.	Fluorescent Tubes	Used lamp tubes are collected from all areas and returned to Estates. Uplifted by a registered specialist contractor when the volume held merits.
11.	Engineering / Building scrap	Securely stored in Estates compound and removed by a specialist contractor when the volume held merits.
12.	Electrical Equipment (including Refrigerators)	Uplifted and stored by Estates Department. Uplifted by registered waste carrier in accordance with WEEE Regulations.
13.	Asbestos	The Hospital is an asbestos free site.

No	Type of waste	Disposal Route
14.	Wood Ash	Held in enclosed ashbin supplied with biomass boiler. Uplifted by specialist contractor.
15.	Herbicides and Pesticides	Herbicides and Pesticides arise generally from certain operations with the hospital. Special internal collection and disposal arrangements are made by Estates
16.	Dental Amalgam	This contains mercury and should be sent for the appropriate recovery via the red stream waste.
17.	Metal	To be segregated at source and special uplift organised by Estates for the waste management contractor.

## 12 WASTE SEGREGATION

Segregation is a key element of waste management and has a major influence on the options for the treatment and disposal of waste.

The Environmental Protection Act imposes a “duty of care” on everyone, who produces, carries, keeps and disposes of waste, to take all reasonable measures to ensure that pollution to the environment and harm to human health are avoided. All “duty of care” legislation is subject to criminal law and civil law.

It is therefore vitally important that all members of staff handle, package, store and transport waste in a safe and secure manner and that the various types of waste detailed in this Operational Policy are segregated at source.

Estates staff who are responsible for removal of waste from wards and departments must ensure that household waste bags and clinical waste containers / bags are collected and transported separately and remain segregated at all times.

This policy details the correct methods of disposing of waste along with how waste should be packaged. Any waste not packaged in accordance with this policy will not be uplifted by Estates staff. Details of the colour coding system of bags and containers are shown in Appendix 1.






There is a nationally agreed hierarchy of waste management principles. These apply throughout the NHS in Scotland. These principles are based on a simple and straightforward guide to waste production.


## 13 CLINICAL WASTE

For the purpose of this policy, clinical waste is waste, which carries with it a risk of infection for those handling it. The following items should be treated as clinical waste:

- All identifiable human tissue.
- All swabs, dressings etc. soiled by human secretions or excretions.
- All items used to dispose of urine and faeces (e.g. bedpans and urinals).
- Any other item not explicitly included above which may be a source of infection.

Classification of clinical waste normally generated within the State Hospital:

WASTE GROUP	WASTE STREAM	WASTE DESCRIPTION	COMMENTS
	Orange	Infectious Clinical Waste (Orange Stream) suitable for Alternative Treatment	<p>Waste segregated at source due to risk of infection, this waste stream includes waste contaminated with known or potentially infectious bodily fluids.</p> <p>Waste placed in UN approved orange sacks must not contain free flowing liquid (sacks are not approved for liquid waste) and all liquid waste must be solidified using gelling agents prior to disposal.</p> <p>Lateral Flow Device Testing equipment and fluid resistant surgical masks are to be disposed of via this route.</p>
	Orange	Orange Lidded Sharps Bin	<p>Infectious sharps with no medicinal contamination or no visible contamination from non-cyto pharmaceutical administration. For example, razors, needles and syringes following venepuncture etc.</p> <p>This waste stream is NOT suitable for disposal of pharmaceutical products including medicine bottle or glass vials.</p>
	Blue	Blue Lidded Sharps Bin	<p>Medicinally contaminated Sharps and glassware (including vials).</p> <p>Infectious sharps with non-cyto medicinal contamination. This waste stream is suitable for disposal of pharmaceutical contaminated vials, etc.</p> <p>Non-hazardous medicines or sharps produced from Pharmacy or the preparation of pharmaceuticals at department level. For example, needles and syringes following IM PRN medication, depots etc.</p>
	Blue	Blue lidded leak proof bin	<p>Pharmaceutical waste from the preparation of medication.</p> <p>Pharmaceutical wastes which cannot be returned to Pharmacy.</p> <p><b>NO Sharps</b></p> <p>Predominately this will be used for the disposal of dropped medication, expired stock or discontinued medication.</p>
	Yellow	Infectious clinical waste for Incineration	Infectious healthcare waste containing secondary properties requiring incineration.

WASTE GROUP	WASTE STREAM	WASTE DESCRIPTION	COMMENTS
	Red	Amalgam waste	Amalgam contaminated waste including teeth, sludge's, capsules.

### 13.1 Clinical waste disposal and appropriate receptacles

The Clinical Waste receptacle and disposal route is dependent upon the category of waste.

The following sections identify the appropriate method of disposal for each waste category.

#### *Orange Waste Stream*

Clinical waste generated at ward level should be placed in an orange bag. When the bag is two-thirds full it should be removed from the pedal operated holder and secured at the neck by a uniquely coded cable tie supplied from hospital stores. Orange bags should then be stored in the designated area for uplift by Portering staff, which will ensure that waste is transported to the designated site holding area for uplift by the hospitals approved Waste Contractor. If full waste bags require to be carried, they should be held just away from the body to avoid accidental injury.

Staff are reminded that they should always wash their hands after handling waste to prevent cross infection.

#### *Sharps boxes*

All sharps instruments must be disposed of separately from other clinical waste.

Orange-lidded sharps box is for sharps with no medicinal contamination, e.g. razors, needles and syringes following venepuncture etc

This waste stream is NOT suitable for disposal of any other waste including medicine bottles, tablets, gloves, dressings, wrappers, etc.

Blue-lidded sharps box is for medicinally contaminated sharps and glassware (including vials), e.g. Needles and syringes following IM PRN medication, depots, vaccinations etc.

Dispose of the sharps immediately after use into a purpose made sharps container:

- Prior to use staff must check the sharps container to ensure that it has been assembled according to the manufacturer's instructions and is identified with department and site
- Sharps containers must be placed out of reach of patients at all times. Keep the containers secure to prevent access by unauthorised people.
- Do not expose sharps containers to extreme temperatures, particularly direct sunlight or hot pipes, as sharps boxes can be weakened by exposure to high temperatures.
- Sharps containers must not be filled above the manufacturers marked line. Do not attempt to shake or apply pressure to sharps to make more room in the sharps container.
- Seal the used sharps container when ready for final disposal using the closure mechanism (i.e. when the manufacturer's marked line is reached, or the container has been in use for a maximum of 4 weeks). Check that the sharps container is clearly identified with department and site.
- Handle used sharps containers with extreme care. Never place a full sharps container, which is ready for disposal into a plastic disposal bag of any colour.
- Place damaged used sharps containers into a larger secure container and clearly identify the outer container. Keep used sharps containers ready for uplift in a controlled area.

Sharps disposal units which are not secure, will not be uplifted.

#### *Yellow waste stream*

This is the disposal route for infections waste or anything recognisable as human tissue. It is unlikely that the State Hospital will produce this type of waste - any instances that would, will be at the direction of Estates and or Infection Prevention and Control Lead.

Please contact Estates or Infection Prevention and Control Lead for advice on this type of waste.

### **14 SPECIAL WASTE DISPOSAL ARRANGEMENTS**

- Disposal of contaminated large items, such as mattresses, carpets etc. should be discussed with Estates and advice on disposal discussed with the contractor.
- Any special waste disposal should be made through the WMO / Estates. Details of the State Hospital waste disposal routes are shown in the Waste Disposal – Colour Coding Guide (See Appendix 1).

### **15 HANDLING OF CLINICAL WASTE**

- It is the responsibility of those generating clinical waste to place it immediately in the correct receptacle.
- Clinical waste must be stored in the designated clinical waste cupboard, container or area.
- Clinical waste must only be transported in a designated clinical waste trolley or container.
- Clinical waste bags must be lifted by the neck, they must never be thrown and must always be handled with care and should not exceed 4 kg.
- Porters transporting clinical waste trolleys or containers must wear the safety shoes and the protective gloves provided.

### **16 SPILLAGES OF FLUID DURING TRANSPORTATION**

A pack containing equipment, disinfectant and instructions for dealing with spillages from clinical waste will be available to Portering staff. Staff will be trained in the spillage procedure:

- Identify, if possible, the container or bag from which the spillage has occurred.
- Render the bag or container safe by re-bagging in a bag of equivalent colour and secure with a uniquely coded cable tie.
- Disposable gloves and aprons must be worn; eye protection is required if there is a danger of splashing.
- The spillage is then rendered safe before removal. This can be achieved by covering the spillage with paper towels and then applying Hypochlorite solution 10,000 ppm or applying Hypochlorite granules as per the NIPCM.
- The spillage, paper towels, disposable apron and gloves are then placed into an orange clinical waste bag marked with department.
- The area is then washed thoroughly with hot water, detergent, rinsed, and left to dry. Place “wet floor” warning cones/sign as necessary. Contact Housekeeping Supervisors for appropriate cleaning of carpeted areas.
- The incident must be reported to the supervisor/manager who will complete a DATIX.

## 17 TRAINING REQUIREMENTS

Adequate training must be given in order to ensure the safety of all staff involved in the waste disposal process and training records retained by the department.

All staff who work in areas where waste arises must receive instructions in waste handling, segregation storage and disposal procedures, and the use of protective clothing.

All staff who may be required to transport clinical waste by hand between locations **must**:

- Ensure that the point of origin of the clinical waste is marked on the container.
- Check that storage bags are effectively sealed and do not exceed 4 kg.
- Handle bags by the neck only (for securing clinical waste bag see Appendix 2).
- Know the procedure in the case of accidental spillage.
- Know the procedure in the event of accidental needlestick/sharps injury.
- Check that the seal on any waste storage bag is unbroken when movement is completed.
- Wear protective gloves at all times.
- Segregate clear, orange, yellow bags, cardboard and rigid sharps containers and place in correct location to await uplift.
- Ensure that yellow containers are locked and that they are securely locked inside the designated area.
- Ensure that all clinical waste and sharps disposal units are clearly identified with the source.

## 18 TRANSPORT

Trolleys and vehicles used for the transportation of clinical waste must be designed and constructed so that:

- They do not offer harbourage to insects.
- They can and will be cleaned and drained, appropriate for the level of use or immediately following a spillage.
- Particles of waste do not become lodged in the fabric of the conveyance.
- The waste may be easily loaded, secured and unloaded.

## 19 STORAGE/SECURITY

Where waste is to be stored prior to collection, the area must be:

- Situated in a separate area of adequate size related to the frequency of collection, with bags of each coded colour kept separate - (Internal).
- Sited on a well-drained, impervious hard standing, which is provided with wash down facilities - (External).
- Kept secure from unauthorised persons and entry by animals and free from infestations by rodents and insects.
- Accessible to collection vehicles (where appropriate).

All categories of clinical waste will be stored in clinical waste bins located within clinical services rooms and main domestic services room within the hubs. The contents of these bins will then be stored in a secure storage area whilst awaiting uplift by an approved contractor.

## 20 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and/or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person Centred Improvement Team on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

## 21 STAKEHOLDER ENGAGEMENT

This policy is governed by specialised national guidance. Therefore, engagement with the Key Stakeholders noted below is not necessary.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
Carers	N/A
Volunteers	N/A

## 22 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via email, the hospital's intranet and through the staff bulletin.

The Infection Control Committee will be responsible for the implementation and monitoring of this policy. Local managers are required to monitor their local procedural arrangements, risk register and incident analysis.

Healthcare waste audits are undertaken quarterly by the eControl book holder. Audit submissions are monitored by Risk and Resilience Department. Waste management is also reviewed as part of the SICPs audits and Inspections undertaken by the Infection Prevention and Control Lead.

This policy will be reviewed biennially or earlier if required.

## 23 ASSOCIATED DOCUMENTS

The following are to be read and used in conjunction with the State Hospital Waste Management Policy.

- 1) *The State Hospital - Waste Disposal Procedures* - The core generic protocol framework describing the local procedures and safe systems of work. They are designed to reduce risks arising from waste management practices within the State Hospital, from the production to final disposal of waste.






- 2) *The State Hospital - Waste Segregation Chart* - A3 generic Waste Segregation Chart for all persons and workers engaged in healthcare and in waste management.
- 3) *NHSScotland waste management guidance (SHTN 03-01)* - Waste management guidance, including policy and procedure templates. Includes specific guidance on the management and disposal of clinical waste.
- 4) *National Infection prevention and Control manual* - Guidance on core standards for the control of infection in hospitals and healthcare premises.

## APPENDIX 1: HEALTHCARE WASTE SEGREGATION AND DISPOSAL BY COLOUR CODES

Adapted from Health Facilities Scotland for the State Hospital (July 2021). Date of implementation August 2021. Review as per policy.

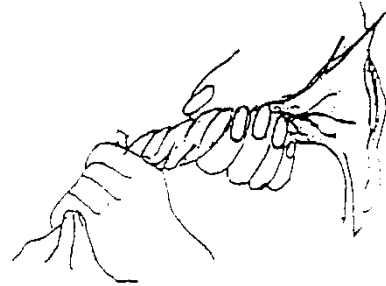
### The State Hospital Healthcare waste segregation and disposal by colour codes (summary chart for all waste streams)

WASTE GROUP	TYPE OF CLINICAL WASTE	CONTAINER
<b>Orange Waste Stream</b> 	<p>Sharps with no medicinal contamination.</p> <p>Items used to dispose of urine, faeces and other bodily secretions or excretions that do not fall within the yellow waste stream.</p> <p>Soiled surgical dressings, swabs and other similar soiled waste.</p> <p>PPE waste.</p>	<p>Orange top sharps bin</p> <p>Orange bag</p> <p>Orange bag</p> <p>Orange bag</p>
<b>Blue Waste Stream</b> 	<p>Sharps with medicinal contamination. This waste stream is suitable for disposal of pharmaceutical contaminated vials, etc.</p> <p>Pharmaceutical waste from the preparation of medication.</p> <p>Pharmaceutical wastes which cannot be returned to Pharmacy.</p>	<p>Blue top sharps bin</p> <p>Blue bin with blue lid</p> <p>Blue bin with blue lid</p>
<b>Red Waste Stream</b>	Dental Amalgam etc. (Health Centre Only)	Red top bin
<b>Clear Bags Waste Stream</b>	Household Waste (Paper, newspapers, plastic bottles, cardboard, clean packaging, toner cartridges, plastics).	Clear bags
<b>Black Waste Stream</b>	Food waste when mechanised disposal is not available (Double Bagged)	Black bags
<b>Yellow Waste Stream</b> 	<p>Identifiable human tissue*, Highly <u>Infectious</u> blood plasma and serum, animal carcasses and tissue from veterinary centres, hospitals or laboratories.</p> <p>Other waste materials for example from infectious disease cases as advised by Estates or Infection Prevention and Control Lead.</p>	Yellow bags

**APPENDIX 2: SAFE DISPOSAL OF WASTE RECOMMENDED METHOD FOR SEALING  
CLINICAL WASTE BAGS**

**SAFE DISPOSAL OF WASTE  
RECOMMENDED METHOD FOR SEALING CLINICAL WASTE BAGS**

**1. Seal all clinical waste bags  
when no more than  $\frac{3}{4}$  full.**



**2. Twist neck firmly and then  
double over.**



**3. Seal firmly with ward  
identifiable cable ties  
supplied by procurement.**



**Leave at least 2" of tape free  
(as figure opposite) to allow  
bag identification to be  
clearly seen.**