



CARDIFF AND VALE NHS TRUST
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WASTE MANAGEMENT POLICY

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Waste Management Policy

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1.0 INTRODUCTION

- 1.1 NHS Controls Assurance Standard / All Wales Risk Pool – Waste Management Standard No. 35 requires NHS Trusts to have in place a Policy to manage waste which ensures that the segregation, handling, transportation and disposal of waste are properly managed so as to minimise the risks to the health and safety of patients, staff, the public and the environment.
- 1.2 This Policy is directed to all aspects of waste management that occur as Cardiff and Vale NHS Trust fulfils its obligations to:
- provide acute, primary and community healthcare;
 - provide and maintain the buildings, boundaries and the facilities contained within them;
 - maintain regulatory compliance;
 - maintain cooperation with partners, stakeholders and contractors
- For the purpose of this Policy the structures and means for fulfilling the above obligations is herein after referred to as the Organisation.
- 1.3 This Policy supports other obligations with respect to aspects of waste management that are inherent in other Trust Policies.
- 1.4 The ownership for compliance with this Policy is the responsibility of all persons who fulfil, cooperate with or utilise the Organisations functions.

2.0 POLICY STATEMENT

- 2.1 This Policy outlines the systems of work that will:
- enable the Organisation and its individuals to ensure that all wastes are disposed of correctly, without endangering human health and without using processes or methods which could harm the environment;
 - ensure that persons handling, producing, packaging, transporting and or disposing of the Organisations waste, exercise care to avoid injury or risk of harm to themselves or others, including the general public
- 2.2 The Organisation is required to comply with regulations and must address the objectives within the Trust Waste Strategy; Welsh Assembly Healthcare Waste Strategy and other related Trust policies and procedures
- 2.3 This Policy requires the development of procedures that will enable the Organisation to manage waste in line with the hierarchy of waste management options ordered by preference as follows:

2.3.1 Waste Minimisation

It is the responsibility of the Organisation to limit the amount of waste produced, insofar as is reasonably and economically practicable. This is

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to be achieved by careful consideration of the disposal implications of all developments, purchases and donations.

2.3.2 Reuse

It is the responsibility of the Organisation insofar as is reasonably and economically practicable to reuse articles that have not yet reached the end of life. Articles of this category fall outside waste legislation and can be reused, donated or resold under Trust Disposal of Assets Procedure.

2.3.3 Recycling

Where opportunities exist and where regulations apply, waste recycling must be encouraged and implemented to minimise the amounts of waste destined for landfill.

2.3.4 Treatment

Where wastes are sent for treatment to render safe or reduce hazardous properties of waste prior to recycling or disposal the Organisation must ensure that the segregation, storage, handling, transport and treatment processes comply with legislation.

2.3.5 Disposal

Where the production of waste is unavoidable the Organisation must ensure that the segregation, storage, handling, transport and disposal processes comply with legislation.

3.0 AIM

This Policy provides instructions on the classification, management, training and audit with respect to waste management. This will ensure that the storage, handling, transport, treatment and/or disposal of waste generated by the Organisation is managed to minimise the risks of harm to human health, damage to the environment or detriment of the local amenity.

4.0 OBJECTIVES

- 4.1 The Organisation must ensure that the management of waste complies with all regulatory and statutory requirements and that best practice guidelines are developed, implemented and maintained as far as is reasonably practical.
- 4.2 The Organisations instructions that enable compliance with these obligations are detailed in the Trust Operational Procedures Manual written to support this Policy.
- 4.3 The Organisation must manage waste in accordance with all existing and future regulatory requirements. The main Acts of Parliament that prescribe the regulations to which this Policy sets out to comply are summarised in Appendix B of this Policy.

- 4.4 The Organisation must as far as it is able develop the waste management systems to meet with other applicable mandatory, Codes of Practice, Best Practice and Guidance summarised in Appendix C of this Policy.

5.0 WASTE DEFINITION AND CLASSIFICATION

- 5.1 Waste is defined in European Waste Framework Directive 75/442/EEC as *"any substance or object, which the producer or the person in possession of it discards or intends to discard, or is required to discard"*.
- 5.2 Wastes must be classified and segregated in accordance with the regulations to ensure that each category of waste transported by or on behalf of the Organisation meets the waste acceptance criteria of the authorised waste receiving site/process.
- 5.3 This Policy requires that waste produced by the Organisation is segregated into defined waste categories to ensure compliance with the regulations and maintain a safe working environment for the Organisation.
- 5.4 All members of the Organisation have a responsibility to ensure that the waste generated by their activities are segregated and identified as follows and in accordance with the specific requirements outlined in the [Operational Procedures Manual and appendices](#) (Please note this document is still in the production stage and will be available once completed).

5.4.1 Clinical Waste for Alternative Treatment (AT)

Certain clinical wastes that are infectious are suitable for treatment by an approved AT processes. The waste must be segregated from incineration only waste and must be identified and securely sealed in approved clinical waste sacks, bags or authorised containers. Clinical Waste for AT forms the bulk of the Organisations infectious Clinical Waste.

5.4.2 Autoclaved Clinical Waste

Clinical wastes that have been autoclaved on site prior to further treatment and or disposal shall be managed in accordance with agreement between the Waste Manager and the producing department. Contingency arrangements must exist and be implemented where autoclave shutdowns change the classification of waste.

5.4.3 Incineration only Laboratory and GM Waste

In some instances due to activities of a waste producer the infected Clinical Waste may also contain a mixture of chemicals, reagents or other constituent parts that give rise to additional hazardous properties. These wastes must be identified by the producing department such that the waste receives high temperature treatment.

5.4.4 Medicinal Waste

All unused, patient returns or out of date medicines must be returned to the Pharmacy in accordance with the Return to Pharmacy Policy for

classification, packaging and disposal. All part used medicines falling outside the Return to Pharmacy Policy and/or items contaminated with residues of medicines must be disposed into sharps boxes or other identified and approved containers suitable for high temperature treatment.

5.4.5 Cytotoxic Waste

All Cytotoxic waste that is produced outside the Return to Pharmacy Policy and items contaminated with residues of cytotoxic medicines must be disposed into identified and approved containers suitable for high temperature treatment.

5.4.6 Sharps Boxes

Sharps boxes are provided for needles and syringes, vials, ampoules and any other items that may contain medicinal residues, stitch cutters, scissors, scalpels and any other sharp object that may cause injury.

5.4.7 Liquid Clinical Wastes

Liquid clinical wastes for disposal must be securely sealed in leak proof containers or solidified where the risks of spillage or leaks are known.

5.4.8 Anatomical Wastes

Anatomical waste is defined as any recognisable body part, tissue or organ arising from healthcare with exception of that which is generated post-mortem. Anatomical waste must be segregated from other wastes and contained in rigid containers, identified suitable only for high temperature treatment.

The removal, storage and disposal of human organ and tissue post-mortem are subject to The Human Tissue Act 2004 and so fall outside the scope of this Policy.

5.4.9 Clinical Waste Generated In the Community

The segregation of infectious and non infectious waste must be practiced at the home of a patient treated by the Organisation in accordance with this Policy. The Patient should be advised of the basic requirements so that they too can make best efforts to cooperate with this Policy. Only clinical waste produced by a patient in a home or other establishment that is the direct consequence of activities of the Trust will the Trust ensure that the waste is collected for treatment or disposal by an approved waste contractor.

5.4.10 Non Hazardous Hygiene waste

Non Hazardous Hygiene waste are those produced by healthcare activities that are known to be non infectious but are offensive or are such that they may be perceived to be clinical waste. Non hazardous Hygiene wastes must be segregated from all other healthcare waste at the point of production and stored separately for transport to an approved landfill.

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5.4.11 Waste Electrical and Electronic Equipment

Waste Electrical and Electronic Equipment (WEEE) is any item that is powered by mains or battery electricity. WEEE must be segregated from other waste in accordance with the Waste Electrical and Electronic Regulations 2006.

5.4.12 Waste Batteries

There are certain battery types that are classified under the regulations as Hazardous Waste and so must be segregated, stored and transported for recycling separately from non hazardous batteries and other waste.

5.4.13 Toxic and Flammable Liquids

Toxic and Flammable liquids must be disposed of in accordance with the Organisations Toxic and Flammable Waste Disposal Policy.

5.4.14 Waste Containing Mercury

Any waste product containing or contaminated by Mercury is a Hazardous Waste and must be identified, collected and stored separately for treatment and/or recycling.

5.4.15 Radioactive wastes

Radioactive wastes must be disposed of in accordance with the Radioactive Substances Act 1993 and with the Radioactive Authorisations granted to the Trust by the Environment Agency. The communication protocol for producers of this waste is outlined in the Operational Procedures Manual. All other aspects of managing radioactive waste fall outside the scope of this Policy.

5.4.16 Domestic Waste

Domestic Waste is the non-infectious and non hazardous waste found in any household or office.

5.4.17 Waste Destined for Recycling

The Organisation will as opportunities arise implement waste recycling schemes to minimise the amount of biodegradable waste that goes to landfill and to reduce the impact to the environment from the final disposal of other wastes.

5.4.18 Confidential Waste

The Organisation must only dispose of waste containing confidential information or images by an approved confidential waste processor.

5.4.19 Information Technology Equipment

The Organisations waste computers and peripherals must be disposed of in accordance with Appendix 14 of the IT Security Policy.

5.4.20 Beds and Mattresses

Beds and mattresses at the end of life will be collected as scrap waste unless they are the property under contract of suppliers. Mattresses irreversibly contaminated with infectious substances are clinical waste.

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5.4.21 Filters

Disposal of used filters must be in accordance with manufactures recommendations and with producer classifications being made to identify associated risks of contamination.

5.4.22 Wastes Produced by Contractors

Contractors working at sites belonging to the Organisation must comply with the terms and conditions of the contract with respect to waste disposal. No waste generated by a contractor must knowingly be mixed in the Organisations waste management systems without authorisation.

5.4.23 Wastes Produced by Estates and Maintenance.

The Organisations Estates and Maintenance Department waste materials must be returned to the site from which the maintenance employee is based and the wastes must be segregated into appropriate bulk containers for transportation off sites for disposal.

5.4.24 Wastes Collected by Charities

Any Charity raising money from processing waste materials arising within the Organisation shall be approved by the Organisation and must demonstrate compliance with waste regulation.

5.4.25 Scrap Wastes

Scrap wastes are defined for the purposes of this policy as any object or material that has reached the end of its life and is unsuitable for disposal into any of the waste streams as above.

5.4.26 Other Wastes

Advice should be sought from the Waste Management Department for any other waste substance or material that is not easily defined by the waste categories listed by this Policy.

6.0 IDENTIFICATION, DESCRIPTION AND STORAGE OF SEGREGATED WASTE

- 6.1 The producer of waste products must define, identify and store wastes correctly and prevent unauthorised access or accidental release while awaiting collection.
- 6.2 Waste including trolleys and containers, must not be left unattended in lobbies to lift shafts and staircases, or corridors, unless approved by the Fire Service. This is of particular importance in lower ground floor basement areas, as detailed in the Trust Fire Safety Policy Document. In this connection waste should be kept in approved designated fire resisting stores and storage areas prior to collection. This action will significantly reduce the potential of arson attacks and mitigate fire damage caused in the event of a fire.
- 6.3 It is the Organisations policy to use coloured plastic bags, safety containers and waste transportation trolleys for certain waste and to store these and other wastes safely at the point of production while they await

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collection from designated waste hold/storage areas. Site specific variations in storage, transport and collection exist. See Operational Procedures Manual.

- 6.4 The tagging and removal of waste bags from bins to waste hold/storage areas is the responsibility of the waste producer and or facilities staff. Sharps boxes or other rigid clinical waste containers must be sealed, identified and delivered to waste hold/storage areas by the waste producer. In laboratory areas it is the responsibility of laboratory staff to deliver all hazardous waste to the designated waste hold/storage areas.
- 6.5 When waste is unsuitable for storage at a designated waste hold/storage area then the producer must ensure that the chosen storage area is safe and secure.

7.0 COLLECTION OF WASTE FOR TRANSPORT

- 7.1 Waste will be collected from waste hold/storage areas at regular intervals in accordance with local circumstances. As far as possible empty clean designated waste trolleys will be replaced on a one for one basis.
- 7.2 Waste must be segregated in accordance with the requirements of the legislation such that description on the Controlled Waste Transfer Note or Hazardous Waste Consignment Note accurately reflects the waste load for transport.
- 7.3 All contracted waste carriers transporting waste on behalf of the Organisation must be in possession of a valid Waste Carriers Certificate and must comply with all regulatory transportation requirements.
- 7.4 Transportation of waste materials between the Organisation sites must occur in accordance with the Waste Management Licensing Regulations 1994 and this Policy.
- 7.5 The Organisations staff and vehicles must transport all non hazardous and hazardous waste to authorised transfer, treatment or disposal sites only. Each load must be accompanied by a Controlled Waste Transfer Note and/or Hazardous Waste Consignment Note and the Organisation must be in possession of a valid Waste Carriers Certificate.
- 7.6 Any vehicle used for the transportation of waste on the public roads must be fit for purpose and vehicles and drivers must comply with the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004.
- 7.7 All staff that arrange, oversee or cooperate with collections of waste materials on behalf of the Organisation must assist with the administrative requirement of Controlled Waste Transfer Notes and/or Hazardous Waste Consignment Notes as outlined in the Operational Procedures Manual.

8.0 TREATMENT AND DISPOSAL OF WASTE

- 8.1 Hazardous wastes where possible will be treated using appropriate technologies to remove or minimise the hazardous properties prior to disposal.
- 8.2 To ensure compliance with the Landfill Regulations 2002 all Non Hazardous waste destined for landfill will, as far as is reasonably practical, be reduced in weight by removing a proportion of the waste for recycling, whether at source through a separate recycling collection or at a licensed sorting facility.
- 8.3 All treatment/sorting facilities employed by the Organisation shall be licensed by the regulatory authority such that they are permitted to accept, transfer and treat wastes accordingly.
- 8.4 All disposal facilities employed by the Organisation or where waste products are produced by the treatment of the Organisations waste will be disposed in accordance with a licence or permit granted by the regulatory authority.

9.0 WASTE MANAGEMENT ACCIDENTS AND INCIDENTS

- 9.1 The Organisations employees must follow the current procedures as required Trust Health and Safety Policy and Sharps Injury/Blood and Body Fluid Exposure Policy

Given the risks associated with the handling of waste, any accidents/injuries involving waste must be reported immediately in accordance with the Organisation's procedures for the reporting of accidents and untoward incidents, utilizing the Incident Report Form HS/IDO/04.

- 9.2 Where accident of incidents occur and that are established as non compliant with this Policy or with waste regulation a Waste Management Breach of Policy Notice may be issued to a responsible department to identify correct procedure and ensure failures do not reoccur. This reporting system is outlined in the Operational Procedures Manual
- 9.3 All spillages of waste must be cleaned without delay. Waste spillages should not be left unattended or unsecured. Where spillages occur in the ward or laboratory it is the responsibility of persons working in that area to clean up the spillage. Where spillages occur in "common areas" i.e. corridors etc then Facilities/Operational Services must be notified immediately.
- 9.4 Advice for management of spillages can be found via the Organisations Emergency Spillage Guide.

10.0 RESPONSIBILITIES

- 10.1 The Chief Executive/Vice Chancellor are ultimately responsible for ensuring that waste is managed in accordance with legislative requirements.
- 10.2 The Waste Manager is responsible to ensure that the dedicated waste management staff and the services provided by these staff meet the requirements of the Policy and are compliant with the legislation.
- 10.3 It is the responsibility of all staff to adhere to the legislation, this Policy, and the Operational Procedures Manual to which it refers.
- 10.4 The Waste Management Department is responsible to ensure all waste records are maintained in accordance with the regulations.
- 10.5 The Waste Management Department is responsible to undertake audits to ensure that the Organisation is in compliance with this Policy and the legislation
- 10.6 The Waste Management Departments will undertake investigations and make recommendations for improvements as required where accidents and incidents are identified as non compliant with the Policy or legislation.
- 10.7 The Waste Management Department has responsibilities to ensure that contractors who supply the Organisation with waste management services are comply with Policy and legislation.
- 10.8 The Waste Management Department will undertake investigations and report non conformances to the Regulatory Authority where it is known that a waste management accident, spillage or release occurs such that there are apparent risks to human health, the environment or amenity.
- 10.9 The Waste Management Department will ensure that all regulatory requirements such as Waste Management Licences, Exemptions from Waste Management licences, Carriers Certificates, and competency of operators are maintained to the standards required.
- 10.10 The Waste Management Department will undertake annual Duty of Care Audits of all waste contractors and waste service providers to ensure regulatory compliance is maintained.
- 10.11 Directorate and Departmental Managers will be responsible to ensure that staff under their control are aware of the Policy and that the mandatory training requirements of staff are fulfilled.
- 10.12 Directorate and Departmental Managers will assist with the Waste Management Department to make improvements to departmental waste management systems where accidents or incidents occur or where disposal events do not comply with this Policy and the legislation.

11.0 RESOURCES

- 11.1 The Organisation shall maintain the level of service, equipment and facilities such that the Aim of this Policy is developed and maintained.
- 11.2 The Organisation shall implement this Policy as far as is reasonably practical from available resources. Where the implications of new legislation dictate or where new technological resources and solutions become available the Organisation must seek a best value solution that reduces the environmental impact of waste.
- 11.3 Where local procedures dictate and as needs are established to ensure compliance, it shall be the financial responsibility of a Directorate or directing management body to fund internal departmental waste management systems.
- 11.4 It will be the responsibility of the Organisation to allocate sufficient resources to enable the implementation of new waste management systems that are deemed necessary to comply with improvement or enforcement instructions from the regulatory authority.
- 11.5 Where wastes are produced that fall outside that which is normally budgeted by a Cardiff and Vale NHS Trust Service Level Agreement, then the Waste Management Department reserves the right to levy a charge for the collection and disposal of that waste.

12.0 WASTE MANAGEMENT TRAINING

- 12.1 Waste Management training forms an integral part of the Organisation's mandatory training and staff induction programme that must be completed by all members of staff. Mandatory training is carried out annually using an E-learning web based tool and where circumstances require via seminars and presentations. Waste Management training will also be undertaken as part of the Organisations Staff Induction Day.
- 12.2 Where possible waste management training will include the following:
- outlines current waste legislation and penalties for non compliance;
 - the responsibilities of individuals for the safe management of waste including 'Duty of Care' obligations;
 - the practical methods and definitions that enable waste segregation;
 - waste containers and storage arrangements;
 - waste identification;
 - a basic awareness of the transportation of waste;
 - a basic awareness of treatment and or disposal arrangements
- 12.3 Those supervising the waste handling procedures should ensure that persons handling waste:
- are fully aware of any dangers which may arise in handling that waste;
 - have the necessary mechanical aids and equipment to handle that waste safely;
 - are trained in the procedures associated with segregation and waste handling appropriate to their work environment

- 12.4 Further waste management training will be provided as required within the Organisation to meet with the requirements of this Policy.

13.0 WASTE MANAGEMENT TRACKING, AUDITING AND MONITORING

- 13.1 It shall be the responsibility of any person who collects transports and transfers wastes on behalf of the Organisation to maintain the administration and collection of data that will enable the Organisation to demonstrate regulatory compliance, performance review and development of strategic targets.
- 13.2 Waste Management Audits will be conducted on the Organisations departments, wards and clinics as required evaluating compliance with waste regulation and this Policy. The results of audits will be forwarded to department/unit managers to identify good practice, non conformances or areas requiring improvement.
- 13.3 Duty of Care Audits will be routinely conducted by the Organisation to evaluate the regulatory compliance of contracted waste carriers, waste transfer stations, waste treatment facilities and disposers.
- 13.4 Regular audits of the Organisations environmental performance are carried out to maintain accreditation to the Environmental Management System Standard ISO140001. The Organisation may also receive periodic inspection by the Regulatory Authority to establish outcomes of the Organisations waste management systems and as required should environmental incident or regulatory offence occur.

14.0 IMPLEMENTATION

The Policy shall be implemented throughout the Organisation from date of issue. Where adaptations are required to comply with changes from previous policy then allocation of resources and training will be agreed between all parties.

15.0 FURTHER GUIDANCE AND INFORMATION

Further guidance and information on all aspects of waste management may be obtained by reference to the Operational Procedures Manual that will be updated electronically on the Organisation's Intranet / Internet websites: to take account of changes and or development to legislation, technologies and best practice guidance. The Operational Procedures Manual refers to and describes:

- Waste Management Strategy
- Waste Management Policy
- Detailed waste disposal guidance for waste listed in Paragraph 5 of this Policy
- Waste regulation compliance documentation and audit
- Waste Charts, Posters, Labels and other Publicity Material
- Links and Further Guidance

16.0 EQUALITY

The Equality Impact Assessment carried out has shown that there will be no adverse effect or discrimination made on any particular or individual group.

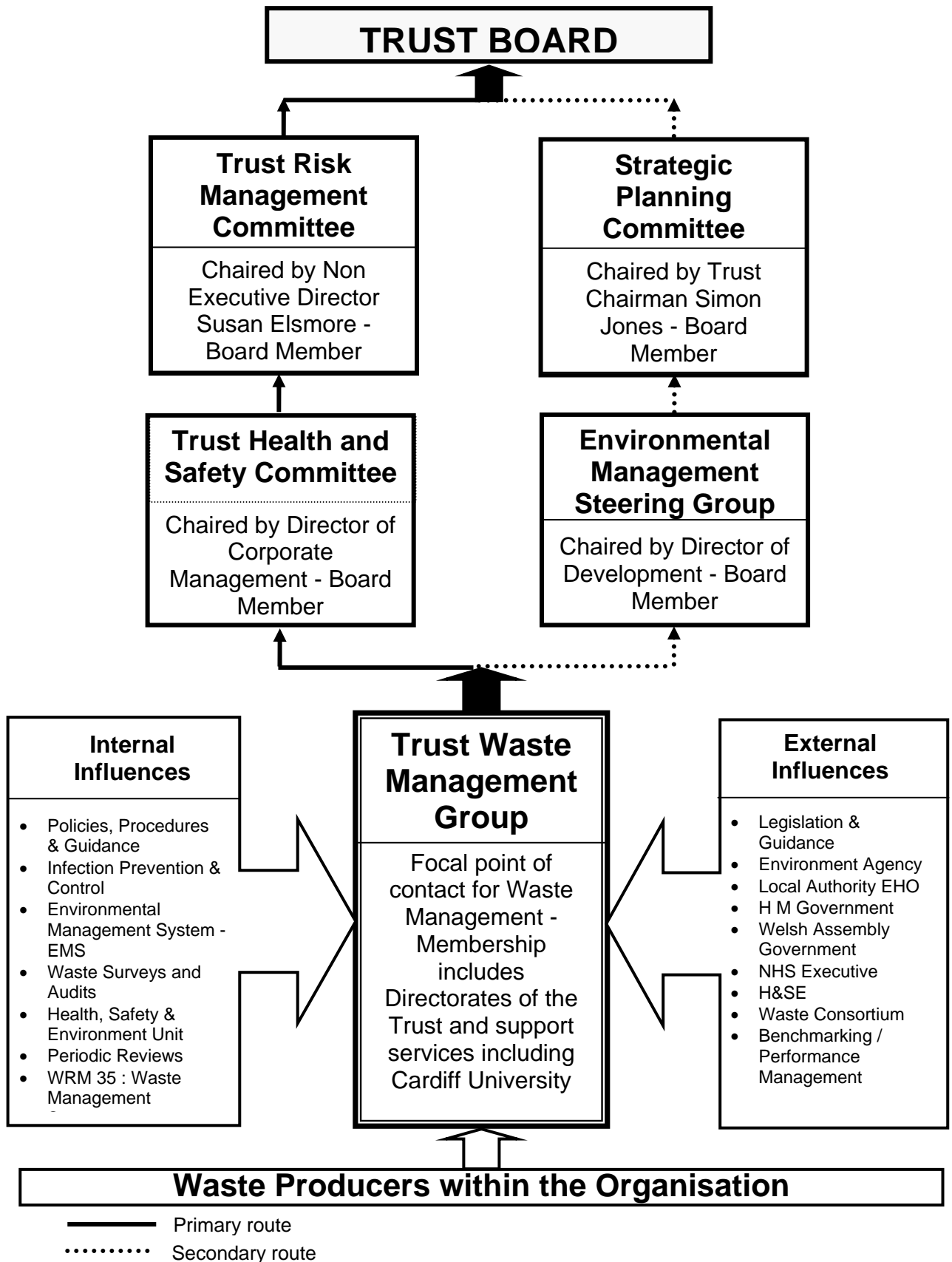
17.0 DISTRIBUTION

This document will be distributed in accordance with the Cardiff and Vale NHS Trust Policy for the Management of Policies, Procedures and All other Written Control Documents.

APPENDICES

Appendix A

Waste Management Reporting - Flow Chart



Appendix B

Applicable Legislation

Only the primary Acts and main Regulations are listed by the date of becoming law. Subsequent amendments are not included in this list.

Health and Safety at Work Act 1974

All regulations enabled by this Act having matters relating to waste management must be complied with and so minimise and control risks to health and safety of all persons involved in the management of waste. The following regulations making specific reference to waste management include;

- Manual Handling Operations Regulations 1992
- The Management of Health and Safety at Work Regulations 1999.
- The Genetically Modified Organisms (Contained Use) Regulations 2000
- Control of Substances Hazardous to Health Regulations (COSHH) 2002.
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004.

Environmental Protection Act 1990

All regulations enabled by this Act having matters relating to waste management must be complied with and so minimise and control risks to human health and the environment. The following regulations that make specific reference to waste management include;

Environmental Protection (Duty of Care) Regulations 1991

The Controlled Waste Regulations 1992

Waste Management Licensing Regulations 1994

- The Animal By-Products Regulations 2005.
- The Pollution Prevention and Control (England and Wales) Regulations 2000.
- The Landfill (England and Wales) Regulations 2002
- The List of Wastes (Wales) Regulations 2005.
- The Hazardous Waste (England and Wales) Regulations 2005.
- Clean Neighbourhoods and Environment Act 2005
- The Waste Electrical and Electronic Equipment Regulations 2006

Data Protection Act 1998

The disposal of waste must be managed such that the requirements of the Data Protection Act are maintained at all times.

The Human Tissue Act 2004

Tissue Authority Code of Practice – The removal, storage and disposal of human organs and tissue Code 5 July 2006

NB: Where new or amended Government and Department* regulations are issued to regulate the way in which wastes are managed by the Organisation, it is the Organisation's policy to ensure that these are complied with.

[* refers to Department of Health, NHS Estates, Environment Agency, DEFRA, HSE, WAG etc]

Appendix C

Applicable Mandatory, Codes of Practice, Best Practice and Guidance

HTM 07-01: Safe Management of Healthcare Waste

This document has been produced as a best practice guide to the management of healthcare waste. The document replaces the Health Services Advisory Committee's (1999) guidance document 'Safe disposal of clinical waste'.

HTM2075: Clinical Waste Disposal/Treatment Technologies (Alternatives to Incineration)

Environment Agency Technical Guidance WM2

Interpretation, definition and classification of hazardous waste

Healthcare Waste Strategy for Wales, WAG 2006

NHS Trusts in Wales are required to implement the Strategy with particular reference to the actions and targets required to improve management and performance when handling health care waste.

Cardiff and Vale NHS Trust Waste Management Operational Procedures Manual

Cardiff and Vale NHS Trust Sustainable Development Policy

Cardiff and Vale NHS Trust Environmental Management Policy

Cardiff and Vale NHS Trust Infection Control Policies

Cardiff and Vale NHS Trust Health and Safety Policies

Cardiff and Vale NHS Trust Fire Safety Policy

Contractor Waste Acceptance Criteria

Pre-Waste Acceptance Criteria

Where new or amended Government and Department* guidance documents are issued to regulate the way in which wastes are managed by the Organisation, it is the Organisation's policy to ensure that these are complied with. [* refers to Department of Health, NHS Estates, Environment Agency, DEFRA, HSE, WAG etc]