



Waste management policy

DOCUMENT INFORMATION	
Author:	Paul Cross, Head of Estates
Ratifying committee/group:	Health, Safety and Risk Group
Date of ratification:	June 2018
Date of Issue:	June 2018
Review due by:	June 2020
Version:	



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1.0 Introduction

- 1.1 The purpose of this policy is to set out the standards required within South Central Ambulance Service - NHS Trust (The Trust) for compliant, efficient and cost effective waste management.
- 1.2 Large quantities of waste are produced throughout the Trust on a daily basis. It is therefore essential that the appropriate segregation, transportation and safe disposal of all these waste streams are properly managed.
- 1.3 Comprehensive legislation covers all risks associated with waste for people and the environment. This legislation can be enforced by the Environment Agency, the Health and Safety Executive and local authorities.
- 1.4 This policy provides formal guidance and appropriate direction on good waste management standards for The Trust.

2.0 Scope

- 2.1 The scope of the management system covers all persons, workplaces and operations within The Trust.
- 2.1 The management system organisation and arrangements section of this policy provides guidance and signposting for compliance, implementation, monitoring, audit and review of our management system, demonstrating continual improvement and achievement of our policy aims.

3.0 Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.



4.0 Aim

- 4.1 This policy has been prepared with the aim of:
- Ensuring compliance with all relevant legislation
 - Providing all staff with guidance in the safe handling and disposal of waste in line with health and safety and infection control requirements
 - Identifying specific responsibilities
 - Identifying and promoting safe methods of segregation and disposal
 - Reducing the impact that The Trust has on the environment.
- 4.2 The environmental action programme determines the specific objectives for waste management standards and provides guidelines for NHS staff of South Central Ambulance Service NHS Trust to meet the legal requirements and environmental considerations for waste disposal.

5.0 Roles and Responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated policies.

5.1.2 It will also ensure that there are suitable and sufficient arrangements for the management of health and safety and the identification, assessment and management and control of risks to patients, staff, the general public (anyone affected by the activities of the Trust), community first responders, contractors, agency staff and bank staff.

5.2 Chief Executive

5.2.1 The Chief Executive has overall accountability for ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved.

5.2.2 The Chief Executive shall ensure:

- Trust policies are reviewed as appropriate in order to secure continuing compliance with existing policies and current and upcoming legislation
- The allocation of resources necessary to meet the objectives of this policy
- That there are sufficient arrangements in place for the identification, assessment and management and control of the risks.

5.3 Executive Director

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.3.2 They are also responsible for the provision, application and monitoring of health and safety policies and procedures within their Directorate. They will ensure that all arrangements for the health, safety and security of staff, employed within their



Directorate, are made known, maintained and reviewed whenever there is a change of operation, equipment or process.

5.4 Director of Finance

5.4.1 The Director of Finance is responsible for waste management and has delegated to the Head of Estates overall authority for the implementation of this policy and for controlling the waste disposal contracts on behalf of the Chief Executive. This includes the annual 'duty of care' visits to waste contractors providing services to The Trust.

5.5 Estates Managers

5.5.1 Estates Managers have the responsibility for the day-to-day operation of waste collection and disposal.

5.5.2 They are required to report regularly and are directly accountable to the Head of Estates who will ensure compliance with Duty of Care Regulations and the Carriage of Dangerous Goods Regulations by both contracted suppliers and The Trust staff.

5.5.3 Designs of new buildings and all major refurbishment work will include improving systems for waste minimisation and providing effective, compliant standards of waste management e.g. storage and removal.

5.5.4 Carry out an annual pre-acceptance audit, taking a sample of sites as representative of the estate as a whole (as it is recognised that undertaking a pre-acceptance audit of the whole estate is not practical)

5.6 Operational Managers

5.6.1 Operational Managers have the direct responsibility within their departments for:

- Overall implementation of the policy in relation to all types of waste
- Selection of the standards applicable to their department(s)
- Designating appropriate staff to be responsible for implementing particular standards
- Monitoring of waste management practices within their area
- Arranging necessary staff training
- Maintaining appropriate training records

5.7 All Staff

5.7.1 All staff have the following responsibilities:

- To make themselves fully aware of this policy and abide by it
- To take reasonable care for their health and safety and that of others who may be affected by their acts or omissions
- To abide by any information, instruction and guidance provided to them with regards to waste management

6.0 Waste Reduction and Recycling



6.1 Due to ongoing legislative changes with regard to the environment, recycling must be regarded as the preferred option when dealing with non-hazardous substances. As a consequence of this, The Trust is continually exploring further options associated with recycling schemes and will introduce new schemes as they become viable.

6.2 Careful consideration must be given to the elimination or minimisation of waste at source by purchasing recycled packaging and materials. The ethos of the Waste Policy is to develop sustainable options for waste reduction and introduce recycling initiatives to reduce pollution and damage to the environment.

7.0 Effects on the Community

7.1 Noise, odour, atmospheric omissions, traffic and environmental considerations that adversely affect the local community will be controlled to the lowest reasonable level.

7.2 The Trust will seek to be a good neighbour and continually work towards improving the aesthetic appearance of its sites.

8.0 Complaints

8.1 The Trust will continue to develop the existing system for handling complaints from individuals or from other organisations and make every effort to provide an efficient and friendly channel of communication.

9.0 Carriage of Waste

9.1 A registered waste carrier shall undertake all transportation of wastes off site and all movements of waste must be accompanied by the correct documentation. All queries regarding the movement and transportation of wastes should be raised through the Head of Estates who has the overall responsibility for administering these contracts.

9.2 Any contractor removing any waste from The Trust locations must provide details of their waste carrier registration certificate, details of the waste facility to be used and evidence that the proposed destination can legally accept the waste.

9.3 All waste carrier certificates and permits must be checked to ensure they are genuine and valid. In addition to this the organisation must provide The Trust with a record of the waste movements in the form of a fully completed waste transfer note or hazardous waste consignment note.

9.4 Legible copies of waste transfer notes must be kept for two years following date of issue.

9.5 Copies of hazardous/special waste consignment notes must be kept for three years following collection.

10.0 Disposal of Clinical Waste

10.1 Bagged clinical waste should be tagged and bags must not be overloaded.

10.2 High risk or infected waste, disposable suction jars, and sharps containers should be stored in the designated area awaiting collection by the approved contractor.

10.3 It is a legal requirement for containers used for the storage of clinical waste to be locked at all times.



10.4 Yellow clinical waste bags shall be heavy duty plastic, meet the required capacity and shall be sealed using purpose made bag ties.

10.5 To ensure that a clear and auditable waste trail can be maintained all clinical waste generated must be identifiable with tags.

11.0 Bins for Sharps

11.1 Discarded syringes, needles and cartridges should be kept intact and together with any broken glass or sharp instruments and be placed in containers designed and manufactured for this purpose.

11.2 All sharps bins must be tagged by using the identification tags prior to collection by the approved contractors. Sharps boxes should only be filled 2/3rds full (to the indicated line) before sealing in order to prevent accidental sharps injuries.

11.3 These boxes will be collected and stored separately and must not be mixed with clinical waste sacks or bins. Trust staff should be aware that there is a Sharps Policy for the control and use of sharps in the Trust.

12.0 Hazardous Waste

12.1 Some clinical waste is also classified as 'hazardous waste' and is subject to controls under the Hazardous Waste Regulations 2005. These apply over and above other waste management controls.

12.2 Hazardous waste is a waste with properties that make it dangerous or capable of having harmful effects on human health or the environment.

12.3 The Trust shall register each site annually with the EA as a hazardous waste producer.

12.4 Consignment notes shall be produced by the waste contractor who collects the hazardous waste, with the site's registration number clearly visible. The waste contractor then completes Hazardous Waste Quarterly Returns to the EA in line with the Hazardous Waste Regulations.

13.0 Pharmaceutical Waste Disposal

13.1 Pharmaceutical waste includes out of date waste medicines, packaging contaminated with medicines and items used to handle and administer medicines.

13.2 Medicines are classified as follows:

- Pharmaceutical Hazardous
- Pharmaceutical Non-hazardous
- Non-Pharmaceutically active

13.3 Cytotoxic and cytostatic medicines are classified as Pharmaceutical Hazardous waste and must be separated from pharmaceutical non-hazardous waste. Cytotoxic and cytostatic medicines must be placed in a yellow container with a purple lid or purple tape. More information can be obtained from the Pharmacy Advisor.

13.4 Other Pharmaceutical Waste is classified as Pharmaceutical Non-hazardous waste and includes all medicines that are not cytotoxic and cytostatic.



- 13.5 Controlled Drugs (CD) are ‘Pharmaceutical Non-hazardous Waste’ and must be destroyed using a denaturing kit designed for that purpose and the instructions for use must be followed to ensure effectiveness. No other method of destruction may be used.
- The Trust must hold an Environment Agency T28 exemption to “Sort and denature controlled drugs for disposal”.
 - The CDs should be ‘written out’ of the Controlled Drug Register in accordance with the Trust Medicines Management Policy
 - Once ALL products being destroyed have been added to the kit, water should be added in accordance with the kit manufacturer’s directions.
 - The used kit should then be put in the CD cupboard whilst the inactivation process is taking place (this may take up to 24 hours).
 - After 24 hours the CDs are considered ‘irretrievable’ and the kit should be added to a standard pharmaceutical waste container.
- 13.6 Non-Pharmaceutically Active waste medicines in small volumes may be disposed into the foul sewer. These include:
- Expired Sodium Chloride 0.9% intravenous solution
 - Expired Glucose 10% intravenous solution

The empty containers should be placed in the medicinal waste container.

- 13.7 Pharmaceutical waste must be placed in rigid leak proof containers (store liquid wastes separately to prevent mixing). Containers will be provided by the waste contractor and should be clearly labelled.

Waste	Container
Medicinal waste in original packaging and not in original packaging (EWC) 18 01 09 These should be separated solid from liquid	Sharps container
Controlled Drugs inactivated in “Denaturing Kits” (EWC) 18 01 09	Sharps container
Cytotoxic/cytostatic medicinal waste in original packaging Hazardous waste Consignment Note (EWC) 18 01 08	Sharps container with purple lid
Expired Sodium Chloride 0.9% intravenous solution Expire Glucose 10% intravenous solution	Dispose of small volumes in the foul sewer Empty containers should be placed in the medicinal waste container

14.0 Segregation, Handling and Storage of Solid Waste

- 14.1 It is essential to identify and segregate clinical wastes from domestic waste at an early stage. All departments involved with the production and handling of clinical/domestic wastes are therefore required to adopt the following colour coded system.

Type of Waste	Method of Disposal
Domestic/household waste	Clear (recycling) or black plastic (domestic waste) bags for non-clinical areas.
Clinical waste	Yellow plastic bags.
Sharps	Yellow plastic burn bins with relevant lid
Confidential waste	Marked confidential waste sacks or the sealed bins provided.



- 14.2 Under no circumstances must clinical waste, sharps or hazardous waste ever be mixed with domestic waste in the clear or black plastic bags.
- 14.3 Arrangements exist for domestic waste to be disposed of by approved contractors to a suitably licensed disposal facility.

15.0 Special Waste

Type of Waste	Method of Disposal
Asbestos Waste	Asbestos waste can only be removed by a licensed specialist asbestos removal contractor. Any such removal will be under the strict control of the Estates & Risk Management Departments
Builders' Waste	Builders' waste is licensed for disposal by landfill. Skips for builders are arranged as required by the contractor concerned and located at suitable positions near the point of work as agreed with the local Estates Manager
Contractors' Waste	Disposal of waste by contractors will be either: a) In accordance with this Waste Disposal Policy. b) By suitable alternative arrangements previously agreed with the Estates Manager. c) The Estates Department to arrange with the Contractor for the safe disposal of waste from site.
Gardeners' Waste	Gardeners' waste is licensed for disposal by landfill or recycling as compost
Waste Oil	Waste oils are stored in a secure tank supplied by the contracted disposal company. Arrangements for waste oil disposal should be made with the Fleet Maintenance Department. Oils must not be disposed of via the drains.
Vehicle Workshop Waste (Oily Rags etc.)	Vehicle workshop waste is to be stored in a secure container/drum supplied by the contracted disposal company. Arrangements for vehicle workshop waste disposal should be made with the Fleet Maintenance Department. Vehicle workshop waste must not be disposed of via any clinical, domestic or hazardous waste stream.
Metal Waste	All metal waste must be segregated and stored in a metal waste skip provided by the contracted disposal company. Most metal waste will be produced by the vehicle and body repair workshops. Arrangements for metal waste disposal should therefore be made with the Fleet Maintenance Department. Metal waste must not be disposed of via any clinical, domestic or hazardous waste stream.
ICT Waste	ICT waste is not general waste and is subject to the Waste Electrical & Electronic Equipment (WEEE) Regulations. Redundant computer equipment must be returned to the local IM&T Department for disposal/recycling. Arrangements are in place to dispose of this waste
Batteries	Dry cell batteries shall be recycled and not disposed of via any clinical, domestic or hazardous waste stream. Arrangements for disposal of larger (vehicle) batteries is made via the Fleet Maintenance



	Department who will organise transport to a recycling centre or specialist waste contractor. Lead-acid batteries should be packaged according to ADR Packing Instruction P801. When the conditions of this instruction are complied with, none of the other provisions of ADR apply.
Glassware	Glassware generated should be kept in the disposal area in a strong, clearly labelled glass box awaiting collection by the approved contractors All broken glass should be treated as sharps .
Confidential Waste	Confidential waste which includes any paper containing person identifiable information (including patients, staff, service users or anyone else we hold information on) is shredded and disposed of by an outside contractor. Collection arrangements can be made by contacting the local Estates Dep't
Redundant Furniture/Equipment	Redundant furniture and equipment will be collected by the approved contractors, the Estates Department will facilitate.
Redundant Medical Equipment	Redundant medical equipment should first be cleaned and in accordance with the Medical Devices Policy (Guidance on the sale, transfer of ownership and disposal of used medical devices).
Refrigerators/Freezers	The local Estates Department will make the necessary arrangements for an approved contractor to collect from site
Printer/Toner Cartridges	Empty printer cartridges should be sent back to the stores for recycling.

16.0 Discharge to Surface Water Drains

16.1 Agreements have been reached with the Environment Agency that no formal consent will be required so long as only rainwater is disposed of via this route. Under no circumstances must any other substances be disposed of via the surface water drainage system. If it is unclear whether the drain is surface or foul it must always be treated as surface until proven otherwise.

17.0 Discharge to Foul sewers

17.1 Discharges of certain substances into the sewer is prohibited, these are:

- Petroleum spirit and other volatile or flammable organic solvents
- Calcium Carbide
- Sludge's arising from the pre-treatment of the trade effluent before discharge to the public sewer.
- Waste liable to form viscous or solid coatings or deposits on any part of the sewerage system through which the trade effluent is to pass.
- Substances of a nature likely to give rise to fumes or odours injurious to persons working in the sewers through which the trade effluent is to pass.
- Halogenated hydrocarbons.
- Halogen substitutes phenolic compounds.
- Thiourea and its derivatives.
- Cooling or Condensing water



18.0 Medical Equipment Device and Disposal

- 18.1 The term 'disposal' will include devices which are removed from site for scrapping, auction, sale or transfer of ownership. Medical equipment and devices will be disposed of using guidance from regulations as appropriate.
- 18.2 Where necessary, consultation will be carried out with the device manufacturer with regards to the correct process and technique for disposal.
- 18.3 All waste electrical and electronic equipment (WEEE) must be stored in segregated containers. WEEE items must not be disposed of with other waste and any disposal site must be checked to ensure they can accept this waste stream. This also applies to mechanical and electrical components.
- 18.4 Fluorescent tubes must be kept in appropriate storage containers (often known as coffins) to prevent damage during storage, preferably separated from other wastes including other WEEE wastes due to their fragility.

19.0 Accidental Skin or Eye Contact

- 19.1 Any accident or spillage involving skin or eye contact must be followed by immediate washing of the area with copious amounts of water. Wash as per COSHH data sheet, complete the Trust's Accident / Incident Report (IR1) Form and Investigation Form and investigate. Seek advice from Occupational Health or Accident and Emergency.

20.0 Training

- 20.1 This policy should form part of the Induction training day for all new staff entering employment with The Trust and all contracted and agency staff. A record of attendance must be kept in each staff member's personal file.
- 20.2 If any staff members have any queries regarding waste disposal or minimisation and segregation of wastes, contact the local Estates Manager.

21.0 Monitoring

- 21.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
A) Annual pre-acceptance audit	a) Report to HSRG	a) Head of Estates	a) Health, Safety and Risk Group.	a) Annually

22.0 Consultation and Review



22.1 A consultation exercise on the policy has been carried out across SCAS and also specifically with those listed below

22.2 This policy will be reviewed every two years.

Stakeholder or Group Title	Comments received (Yes/No)
Infection Control Lead, Jo Craven	Yes
Pharmacy Advisor, Ed England	Yes
Sustainability Lead, Michael Greenfield	Yes

22.3 The policy will be implemented and communicated to managers and staff within The Trust via the weekly newsletter, Staff Matters.

22.4 All handling, movement and disposal of waste undertaken at or on behalf of The Trust will only be undertaken in accordance with all appropriate DH/NHS documents and UK/EC legislation (and any act instrument or statutory requirement amending or replacing the same).

23.0 References

- Healthcare Technical Memorandum – HTM 07-01: Safe Management of Healthcare Waste
- Waste Management Licensing Regulations 1994 as amended 1995, 1996, 1997 and 1998, 2002, 2003 and 2005.
- The Waste Management (Miscellaneous Provisions) Regulations 1997.
- Environmental Protection Act 1990
- Environmental Protection (Duty of Care) Regulations 1991.
- Environmental Protection (Prescribed Processes and Substances) Regulations 1991
- Controlled Waste Regulations 1992 as amended 1993.
- Hazardous Waste Regulations 2005.
- Statutory Nuisance (Appeals) Regulations 1995
- Environmental Act 1995
- Producer Responsibility Obligations (Packaging Waste) Regulations 1997 as amended 2007
- Packaging (Essential Requirements) Regulations 1998 as amended 2015
- Control of Pollution (Amendment) Act 1989
- Controlled Waste (Registration of carriers and seizure of vehicles) Regulations 1991 as amended 1998.
- Waste Minimisation Act 1998
- H.S.A.C "Purple Book" (2006).
- Health and Safety at Work Act 1974
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 as amended 2004
- Control of Asbestos Regulations as amended 2012
- Personal Protective Equipment Regulations 2002
- Ionising Radiations Regulations 2017
- Waste Electrical and Electronic (WEEE) Directive



24.0 Associated documentation



Appendix 1: Review Table

Version	Reason for change	Overview of change



Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IM & T Policies and Procedures	Director of Information Management and Technology (IM & T)	IM & T Control Board	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision

[Type here]



Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Waste Management Policy.

Officer completing assessment: Paul Cross, Head of Estates

Telephone: 01869 365000 (ext 5262)

1. What is the main purpose of the strategy, function or policy?
The aim of this policy is to: <ul style="list-style-type: none">• Ensure compliance with all relevant legislation• Provide all staff with guidance in the safe handling and disposal of waste in line with health and safety and infection control requirements• Identify specific responsibilities• Identify and promote safe methods of segregation and disposal• Reduce the impact that The Trust has on the environment.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The policy also aims to ensure that: <ul style="list-style-type: none">• Legal compliance is achieved• Responsibilities at all levels is understood• The management system remains accurate• Continual improvement is achieved• The Trusts impact on the environment is reduced.
3. Who will be the main beneficiaries of the strategy/function/policy?
All who work in or for the Trust.
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none">a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Men	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
RACE	Asian or Asian British People	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
DISABILITY	Disabled People	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
AGE	Older People (60+)	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.



RELIGION/BELIEF	Faith Groups	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓	n/a	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed: Paul Cross, Head of Estates		

[Type here]



Name: Paul Cross, Head of Estates

Date: 24 May 2019



Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Waste Management Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?



Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	



Sexuality Orientation	
Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?



(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Waste management policy
Author's Name and Job Title	Paul Cross, Head of Estates
Review Deadline	
Consultation From – To (dates)	
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	Y
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	22 May 2019

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	
Date Policy is Active	
Date Next Review Due	
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle, Chief Operations Officer