



SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CORPORATE POLICY & PROCEDURE

No EPP20 WASTE MANAGEMENT

November 2015

DOCUMENT INFORMATION

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Consultation & Approval:

Staff Consultation Process: 21 days
Governance Committee: Health, Safety and Risk
Committee
Board Ratification: TBC

Equality Impact Assessment

This document replaces:

Version 3

Notification of Policy Release:

All Recipients e-mail – TBC
Staff Notice Boards - TBC
Intranet – TBC

Date of Issue:

November 2014

Next Review:

November 2016

Version:

5



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1. INTRODUCTION

The purpose of this policy is to outline the standards required within South Central Ambulance NHS Foundation Trust – NHS Foundation Trust for compliant, efficient and cost effective waste management.

Large quantities of waste are produced throughout the Trust on a daily basis. It is therefore essential that the appropriate segregation, transport and safe disposal of all these waste streams are properly managed.

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.

This policy provides formal guidance and appropriate direction on good waste management standards for South Central Ambulance NHS Foundation Trust NHS Foundation Trust

2. ENVIRONMENTAL POLICY STATEMENT

South Central Ambulance NHS Foundation Trust NHS Foundation Trust will actively seek to reduce the impact on the environment to the lowest practicable minimum by recognising its responsibilities through a positive strategy for controlling pollution and effective waste minimisation.

This policy has been endorsed by the Chief Executive and the Trust Board of South Central Ambulance NHS Foundation Trust NHS Foundation Trust. This statement will be brought to the attention of all employees, suppliers and contractors to South Central Ambulance NHS Foundation Trust NHS FoundationTrust. Copies of this policy are freely available to the general public, regulatory authorities and other NHS organisations.

3. ENVIRONMENTAL ACTION PROGRAMME

This environmental action programme determines the specific objectives for waste management standards and provides guidelines for NHS staff of South Central Ambulance NHS Foundation Trust NHS FoundationTrust to meet the legal requirements and environmental considerations for waste disposal.

4. MANAGEMENT RESPONSIBILITY

Managers at all levels throughout the Trust must take individual responsibility to ensure that appropriate waste management standards are applied within their areas of authority and that environmental issues are considered carefully when making decisions or planning changes within their department.



5. RESPONSIBILITIES FOR WASTE MANAGEMENT

5.1. The Director of Finance & Estates

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 South Central Ambulance NHS Foundation Trust NHS Foundation Trust.

5.2. The Divisional Estates Managers

Have the responsibility for the day-to-day operation of waste collection and disposal.

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 South Central Ambulance NHS Foundation Trust NHS Trust staff.

5.3. Operational Managers

Directly responsible within their own 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.
- The Quality, Health and Safety Committee shall have waste management as a standard agenda item.
- Designate staff as Waste Auditors.

6. STAFF RESPONSIBILITIES

NHS staff working for the Trust will be made aware of their individual responsibilities in accordance with the Trust Waste Management Policy and 'due diligence' accountabilities.

7. INFECTION CONTROL

Staff must also be trained in infection control procedures relating to the management of waste. This training will be provided by the Infection Control Team.



8. ESTATES

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.

9. WASTE REDUCTION AND RECYCLING

Due to on-going 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, South Central Ambulance NHS Foundation Trust NHS Foundation Trust is continually exploring further options associated with recycling schemes and will introduce new schemes as they become viable.

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.

10. EFFECTS ON THE COMMUNITY

Noise, odour, atmospheric omissions, traffic and environmental considerations that adversely affect the local community will be controlled to the lowest reasonable level. South Central Ambulance NHS Foundation Trust NHS Trust will seek to be a good neighbour and continually work towards improving the aesthetic appearance of its sites.

11. COMPLAINTS

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.

12. WASTE TRANSFER

All matters pertaining to waste transfer should be made to the Head of Estates who is responsible for the movement of waste around the Trust sites.

The Operational Managers are responsible for ensuring the waste transfer documentation is appropriately generated, recorded and managed in accordance with the 'Carriage of Dangerous Goods' legislation.



13. CARRIAGE OF WASTE

A registered waste carrier must 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. Carriers must also comply with the requirements of The Carriage of Dangerous Goods' Regulations and Accord Dangereux Routier (ADR), for the correct provision of equipment and suitable driver training.

14. CLINICAL WASTE

14.1. Definition

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

Part II of the Environmental Protection Act 1990 also defines waste as: "any substance which constitutes a scrap material or an effluent or other unwanted surplus substance arising from the application of any process, and any substance or article which requires to be disposed of as being broken, worn out, contaminated or otherwise spoiled".

14.2. Clinical Waste includes:

- a) Any waste which consists wholly or partly of:
 - Human or animal tissue
 - Blood or other body fluids
 - Excretions
 - Drugs or other pharmaceutical products
 - Swabs or dressings
 - Syringes, needles or other sharp instruments
 - Waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
- b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research or the collection of blood for transfusion which may cause infection to any person coming into contact with it.



14.3. Clinical Waste Categories

Clinical waste is defined in current legislation as falling into five categories, A to E:

- Group A - Includes the following items: Identifiable human tissue, blood, soiled surgical swabs and dressings. Other waste materials for example from infectious disease cases.
- Group B - Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instrument or item.
- Group C - Microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.
- Group D - Drugs or other pharmaceutical products.
- Group E - Items used to dispose of urine, faeces and other bodily secretions or excretions, which do not fall within Group A. This includes disposable bedpans, stoma bags and urine containers.

14.4. Disposal of Clinical Waste

Bagged clinical waste and domestic waste should be disposed of via the local designated, controlled and secure waste storage area prior to collection. Clinical waste bags **must** be tagged, Bags should not be overloaded. High risk or infected waste, disposable suction jars, and sharps containers should be stored in the designated area awaiting collection by the approved contractor.

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

14.5. Bags for Clinical Waste

Orange Clinical Waste bags will be provided by the Trust and be:

- a) A minimum gauge of 800 (200 microns) i.e. heavy duty plastic and sealed using the supplied purpose-made plastic ties.

They have to comply with the requirements of The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004, (amended 2005) and ADR/RID the European Agreements for the Carriage of Dangerous Goods by Road and Rail, and must be UN approved.

- b) Conform to all other specifications listed below:
Orange bags for storage of clinical waste should:
- c) Be of maximum nominal capacity of 0.1m³.



- d) Be of minimum gauge of 225 (55 microns) if of low density or a minimum gauge 100 (25 microns) if of high density

Match the chosen container or fittings in use and be clearly marked with the UN Class 6.2 Hazard Warning Diamond label for Infectious Substances, the designation "UN3291" and the UN approval mark - the lower case letters 'un' written vertically inside a circle and followed by the package type code

14.6 Clinical Waste Bag Closures

To ensure that a clear and auditable waste trail can be maintained it has become necessary that all clinical waste generated is readily identifiable with tags supplied

15. BINS FOR SHARPS

Discarded syringes, needles and cartridges should be kept intact and together with any broken glass or sharp instruments be placed in containers designed and manufactured in accordance with Part 6 of ADR and Packing Instruction 621 for items of UN 3291 - Clinical Waste Unspecified numbers.

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.

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.

16. HAZARDOUS WASTES

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. The enforcing agencies have assessed types of clinical waste and their view is that the following will be subject to the Hazardous Waste Regulations 2005:

- a) Waste containing or consisting of prescription-only medicines.
- b) Used sharps and/or fully discharged syringes, which have been used to administer drugs, may still contain or be contaminated these should be regarded as hazardous waste.
- c) Hazardous wastes are wastes as defined in the Control of Pollution (Hazardous Waste) Regulations 2005. The regulations came into force on 15/7/05
- d) The Trust must register each site annually with the Environmental Agency as a hazardous waste producer and have a registration number

Consignment notes are produced by the waste contractor to collect this 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 2005

17. PHARMACEUTICAL WASTE DISPOSAL

Pharmaceutical waste includes out of date waste medicines, packaging contaminated with medicines and items used to handle and administer medicines, e.g. .medicine-contaminated syringe bodies

Medicines are classified as follows:

- Cytotoxic/Cytostatic Waste Medicines
- Other Pharmaceutical Waste Medicines
- Non-Hazardous Waste Medicines

Cytotoxic and cytostatic medicines are classified as hazardous waste and must be separated from pharmaceutical waste. A guide to cytotoxic and cytostatic medicines is at Appendix 4, and more information can be obtained from the Pharmacy Advisor.

Cytotoxic and cytostatic medicines must be placed in a yellow container with a purple lid.

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

Controlled Drugs (CD) are 'Other Pharmaceutical 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 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.

Non-Hazardous Waste Medicines: These may be disposed into the foul sewer and for the Trust these medicines are:

- Expired Sodium Chloride 0.9% intravenous solution
- Expired Glucose 10% intravenous solution

Pharmaceutical waste must be placed in rigid leak-proof containers (and store liquid wastes separately to prevent mixing). Containers will be provided by the waste contractor and should be clearly labeled by the manufacturer to identify that they are suitable for and contain pharmaceutical waste.



Waste	Container
Medicinal waste in original packaging and not in original packaging (EWC) 18.01 09 These should be separated solid from liquid	Yellow container
Controlled Drugs inactivated in "Denaturing Kits" (EWC) 18.01 09	Yellow container
Cytotoxic/cytostatic medicinal waste in original packaging Hazardous waste Consignment Note (EWC) 18 01 08	Yellow container with purple lid
Expired Sodium Chloride 0.9% intravenous solution Expire Glucose 10% intravenous solution	Dispose of in the foul sewer

18. DISPOSAL OF CHEMICAL WASTE

All chemical waste disposals will be in accordance with the requirements for Hazardous Waste, and storage and collection advice is available from the Estates Department.

19. HAZARDOUS WASTE

For waste to fall into this category, any part of the composition of the waste must exhibit any of the following properties:

- Explosive
- Oxidising
- Flammable
- Irritant
- Harmful
- Toxic
- Carcinogenic
- Corrosive
- Infectious
- Teratogenic
- Mutagenic
- Ecotoxic

20. SEGREGATION, HANDLING AND STORAGE OF SOLID WASTES

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	Orange plastic bags.
Sharps	Yellow plastic burn bins with relevant lid (yellow).
Confidential waste	Marked confidential waste sacks or the sealed bins provided.
Infectious clinical waste	Yellow plastic bag clearly marked "clinical waste for incineration"



Anatomical waste for incineration including items containing large amounts of anatomical liquids such as suction liners, chest drains etc.,	Yellow burn boxes
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Under no circumstances must clinical waste, sharps or hazardous waste ever be mixed with domestic waste in the clear or black plastic bags.

21. DOMESTIC WASTE (HOUSEHOLD INCLUDING FOOD WASTE)

For the purpose of this policy, domestic waste is waste similar to that associated with any domestic property not including any waste that by definition is clinical waste or hazardous waste.

Items Donated by Trust Personnel or Benefactors: Where Trust personnel or benefactors wish to donate items of furniture or equipment to the Trust an assessment of the nature and cost of ultimate disposal must be made. Where this is considered excessively hazardous/expensive the donation should be declined

Disposal of Domestic Waste: Arrangements exist for domestic waste to be disposed of by approved contractors to a suitably licensed disposal facility.

22. 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.



	<p>Arrangements for waste oil disposal should be made with the Fleet Maintenance Department. Oils must not be disposed of via the drains.</p>
Vehicle Workshop Waste (Oily Rags etc.)	<p>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.</p>
Metal Waste	<p>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.</p>
ICT Waste	<p>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</p>
Batteries	<p>Disposal of dry cell batteries can be carried out by placing them, up to five at a time, in domestic waste bags for disposal via suitable licensed disposal sites. We are considered a high volume waste producer, under no circumstances are batteries to be disposed of via general waste, it is the job of estates to make sure that batteries are disposed of correctly.</p> <p>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.</p> <p>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.</p>
Glassware	<p>Glassware generated should be kept in the disposal area in a strong, clearly labelled glass box awaiting collection by the</p>



	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 there is a lack of recognizable WEEE items and clarification in this document.
Printer/Toner Cartridges	Empty printer cartridges are to be disposed of via designated contractor, please contact SCAS Green.Issues@scas.nhs.uk for further advice on disposal.

23. DISPOSAL OF LIQUID WASTES VIA DRAINAGE SYSTEM

23.1. Discharge to Surface Water Drains

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.

23.2. Discharges to Foul Sewers

Discharges to foul sewers (other than domestic sewerage) are made in accordance with the following requirements.

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.

24. MANAGEMENT OF POWDER SPILLAGE

Protective clothing must be worn (apron, gloves, mask and goggles) and reference should be made to the substance's Health and Safety (Control of Substance Hazardous to Health - COSHH) Data Sheet

Carefully cover the spillage with a layer of damp paper towels. This will prevent mobilisation of the powder particles and contain the spillage. Add a little more water until all the powder has been wetted. Carefully wipe up the spillage with absorbent paper towels.

Wash the contaminated area with copious amounts of water. Work from the outside of the area inwards to prevent spreading the contamination. Discard contaminated paper towels, gloves and other materials

25. ACCIDENTAL SKIN OR EYE CONTACT

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 form and seek advice from Occupational Health or Accident and Emergency.

26. TRAINING

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.

If any staff members have any queries regarding waste disposal or minimisation and segregation of wastes contact the local Estates Manager.

27. APPENDICES

27.1. Appendix 1: Disposal of Asset Registered Equipment.

Staff and Managers must ensure that if the equipment is registered as a Trust asset, the Finance Department is notified so that the item can be removed from the asset register.

Much of the scrap and old equipment will not be registered. Please do not try to dispose of equipment by dumping. It is also a legal obligation for the Trust to record and identify scrap disposal.



27.2. Appendix 2: Relevant DH/NHS Documents & UK/EC Legislation

All handling, movement and disposal of waste undertaken at or on behalf of the Trusts 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).

Healthcare Technical Memorandum – HTM 07-01: Safe Management of Healthcare Waste

The Environmental Protection Act 1990

- Waste Management Licensing Regulations 1994 as amended 1995, 1996, 1997 and 1998.
- The Waste Management (Miscellaneous Provisions) Regulations 1997.
- 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 1999.
- Packaging (Essential Requirements) Regulations 1998.

Control of Pollution (Amendment) Act 1989

- Controlled Waste (Registration of carriers and seizure of vehicles) Regulations 1991 as amended 1998.

Finance Minimisation Act 1998

- Landfill Tax Regulations 1996 as amended 1996 & 1998.

Waste Minimisation Act 1998

- H.S.A.C "Purple Book" (2006).

Health and Safety at Work etc Act 1974

- Transport of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004



- Control of Substances Hazardous to Health (COSHH) Regulations 2004
- Control of Asbestos at Work Regulations 2006
- Personal Protective Equipment Regulations 2002
- Ionising Radiations Regulations 1999

Waste Electrical and Electronic (WEEE) Directive (2002/96/EC and 2003/108/EC)

European Agreement ADR 2005:

Accord European Relatif au Transport International des Marchandises par Route 2005 i.e. European Agreement concerning the International Carriage of Dangerous Goods by Road 2005 (ADR 2005)

27.3. Appendix 3: Medical Equipment & Device Disposal

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 the following regulations as appropriate:

Hazardous Waste Regulations 2005 Control of Substances Hazardous to Health Regulations 1999

Hazardous/Special waste can include, but is not limited to:

- Wastes containing metal (including mercury)
- Oil wastes (including poly-chlorobiphenyls)
- Wastes from coolants
- Batteries containing lead, cadmium and mercury (refer to the MDA DB9805 for guidance)
- Radioactive waste
- Wastes from human healthcare or related research
- Waste from natal care, diagnosis, treatment or prevention of disease in humans

During the disposal of medical equipment and devices, consideration will also be given to the European Directive on waste from Waste Electrical and Electronic Equipment (WEEE) Directive (2002/96/EC and 2003/108/EC)

Finance department will be notified to ensure, where applicable, they are removed from the Trust's capital asset register.

Where necessary, consultation will be carried out with the device manufacturer with regards to the correct process and technique for disposal.



27.4. Appendix 4: List of 'Cytotoxic and Cytostatic' Medicines

Medicines in British National Formulary Chapter 8.1, live vaccines and the following medicines

Aldesleukin	Estradiol	Methotrexate
Alemtuzumab	Estramustine phosphate sodium	Methyltestosterone
Alitretinoin	Estrogen-progestin combinations	Mifepristone
Altretamine	Estrogens, conjugated	Mitomycin
Amsacrine	Estrogens, esterified	Mitotane
Anastrozole	Estrone	Mitoxantrone HCl
Arsenic trioxide	Estropipate	Mycophenolate mofetil
Asparaginase	Etoposide	Nafarelin
Azacitidine	Exemestane	Nilutamide
Azathioprine		
Bacillus Calmette-Guerin Vaccine	Finasteride	Oxaliplatin
Bexarotene	Floxuridine	Oxytocin
Bicalutamide	Fludarabine	Paclitaxel
Bleomycin	Fluorouracil	Pegaspargase
Busulfan	Fluoxymesterone	Pentamidine isethionate
Capecitabine	Flutamide	Pentostatin
Carboplatin	Fulvestrant	Perphosphamide
Carmustine	Ganciclovir	Pipobroman
Cetorelix acetate	Ganirelix acetate	Piritrexim isethionate
Chlorambucil	Gemcitabine	Plicamycin
Chloramphenicol	Gemtuzumab ozogamicin	Podofilox
Choriogonadotropin alfa	Goserelin	Podophyllum resin
Chlormethine hydrochloride	Hydroxycarbamide	Prednimustine
Cidofovir	Ibritumomab tiuxetan	Procarbazine
Cisplatin	Idarubicin	Progesterone
Cladribine	Ifosfamide	Progestins
Colchicine	Imatinib mesilate	Raloxifene
Cyclophosphamide	Interferon alfa-2a	Raltitrexed
Cytarabine	Interferon alfa-2b	Ribavirin
Ciclosporin	Interferon alfa-n1	
Dacarbazine	Interferon alfa-n3	Streptozocin
Dactinomycin	Irinotecan HCl	
Daunorubicin HCl	Leflunomide	
Denileukin	Letrozole	
Dienestrol	Leuprorelin acetate	
Diethylstilbestrol	Lomustine	
Dinoprostone	Megestrol	
Docetaxel	Melphalan	
Doxorubicin	Menotropins	
Dutasteride	Mercaptopurine	
Epirubicin		
Ergometrine/methylethergometrine		



28. POLICY APPROVAL

Policy Approved for Implementation	
Date:	
Chief Operating Officer Approval	
Name:	Sue Byrne
Head of Estates Approval	
Name:	Mike Kerrigan