
Procedure

Waste disposal

1	Scope.....	2
2	Purpose.....	2
3	How to use this document.....	2
4	Introduction	3
5	Waste definition and classifications	6
	5.1 Definition of 'waste'	6
	5.2 Clinical waste	13
	5.3 Domestic waste	14
	5.4 Hazardous waste	14
6	Segregation, handling and storage of solid wastes.....	15
7	Recycling	16
8	Disposal of domestic waste.....	16
9	Disposal of clinical waste	17
10	Disposal of infectious clinical waste	17
	10.1 Infectious clinical waste	17
	10.2 Offensive clinical waste	18
11	Disposal of cytotoxic waste	18
	11.1 Safe handling on wards	18
	11.2 Cytotoxic waste disposal.....	19
12	Management of spillages	19
13	Clinical waste bags	19
	13.1 Bag closures	19
14	Sharps bins	20
15	Disposal of other wastes	20
	15.1 Disposable suction jars	20
	15.2 Aerosol canisters	20
	15.3 Clinical glassware	21
	15.4 Plaster	21
	15.5 Confidential paper	21
	15.6 Scrap metal	22
	15.7 Polystyrene.....	22
	15.8 Non-returnable gas canisters	22
	15.9 Redundant furniture/ equipment.....	22
	15.10 Redundant IT equipment	23
	15.11 Redundant medical equipment	24
	15.12 Refrigerators/ freezers	24
	15.13 Waste Electrical Electronic Equipment (WEEE) Regulations.....	24
	15.14 Batteries	24
	15.15 Builders waste.....	25
	15.16 Contractors waste.....	25
	15.17 Gardeners waste	26
	15.18 Waste oil	26
	15.19 Pharmaceutical waste.....	26
	15.20 Chemical waste	27
	15.21 Mercury.....	27
	15.22 Dental amalgam	28
16	Liquid wastes via drainage system	28
	16.1 Discharge to surface water	28
	16.2 Discharges to sewer.....	28
	16.3 Radioactive waste.....	29
17	Disposal documentation.....	30
18	Monitoring compliance with and the effectiveness of this document.....	30
19	Associated documents.....	31

1 Scope

This procedure must be applied in conjunction with Cambridge University Hospitals NHS Foundation Trust (CUH) [waste management policy](#).

The following procedural elements are an essential part of ensuring that CUH complies with the relevant sections of the statutory national waste strategy for England and Wales (May 2007) and Waste Framework Directive 2011 which is implemented via the Waste (England and Wales) Regulations 2011 and the Environmental Protection Act 1990 (as expressed through the Duty of Care Code of Practice (DEFRA, March 2016).

For completeness, and to minimise the number of documents that need to be referred to, the disposal of waste water and the local methods deployed to maximise safety, practicality and sustainability during disposal on site have also been included.

2 Purpose

The purpose of this procedure is to ensure that there is effective control through adequate procedures and management practices to ensure total waste management and disposal services are provided across CUH:

- activities relating to total waste management meet legislative requirements
- all staff have ready access to the procedures that must be applied in CUH's management of waste disposal
- all staff are made aware of their role and responsibilities in maintaining good waste management practice and
- there is a published system in place to ensure that the recognised hazards associated with the management of CUH's waste disposal processes are fully accounted for (preventative measures, cost effectiveness and practical application)

3 How to use this document

It is anticipated that this procedural document will be predominantly accessed by CUH staff and others, such as site partners and contractors (and to a lesser extent patients and visitors) who wish to know how they should safely and sustainably dispose of waste products and items they no longer have a use for.

To this end, this procedure has been laid out as a quick reference and look-up document. The table of contents, above, can be used as an index for ease of access.

4 Introduction

The estates and facilities department provides the physical infrastructure, staff resource and requisite contracts to facilitate the safe and sustainable segregation, collection and disposal of all CUH's (and some of its on-site partners') waste. This is a complex and demanding job – managing and consigning an average of 11t of waste a day, in over 30 different waste streams, with on-site incineration for clinical waste, all day and night, every day and night.

Total waste management is run and integrated across three distinct phases:

1. **Waste segregation:** ensuring that all staff, visitors and patients are both guided and able to put their waste into the most practically sustainable waste stream at source. Provided by the energy & sustainability team within the E&F development and liaison section (for queries regarding waste segregation please contact: the sustainable waste management co-ordinator extension 57287)
2. **Waste collection:** ensuring that all waste is effectively collected from source and transported to the on-site disposal/ transfer point. Provided by the environmental services porters team within the E&F portering and logistics service (for queries regarding waste collection please contact extension 4644).
3. **Waste disposal:** ensuring that all waste is safely, compliantly and effectively disposed of on-site or transferred off-site to authorised contractors. Provided by the environmental services team within the E&F operations section (for queries regarding waste disposal please contact extension 4252 or 3193).

Figure 1, overleaf, schematically illustrates this integrated arrangement. Failure to manage waste effectively is a very serious issue – potentially resulting in harm to people and our environment, complaints, prosecution, fines and adverse publicity.

Waste management at CUH follows the basic elements set out in the statutory national waste strategy for England and Wales (May 2007) and Waste Framework Directive 2011 which is implemented via the Waste (England and Wales) Regulations 2011 as follows:

- Ensuring that waste is disposed of without endangering human health, and without harming the environment
- Providing an integrated and adequate network of waste management installations, taking into account the proximity principle, and the desirability of national self-sufficiency and
- Moving waste up the hierarchy by promoting waste prevention and reduction, re-use and recovery (Figure 2, overleaf)

Estates and facilities

Finance directorate

Figure 1: CUH Total Waste Management - core elements

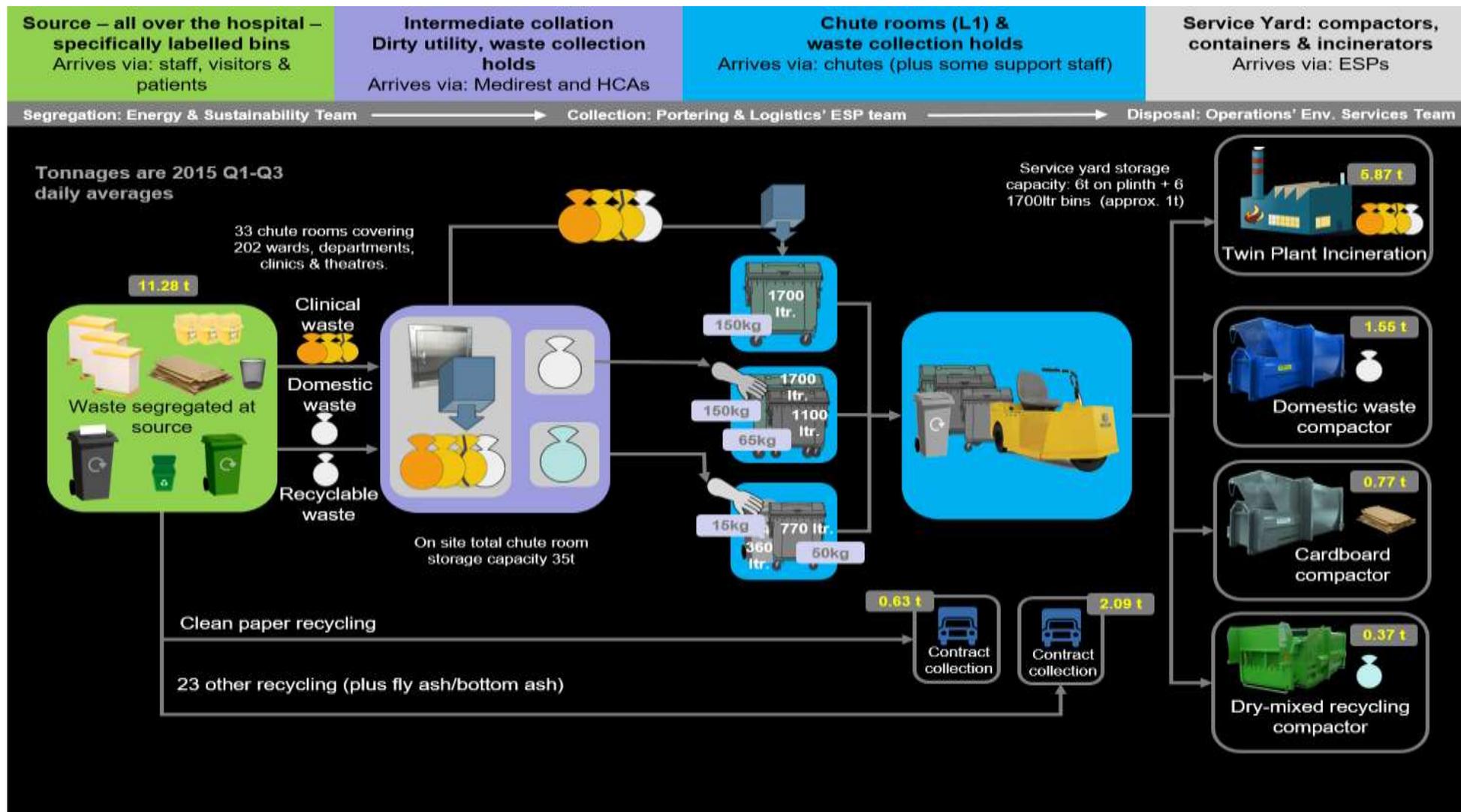
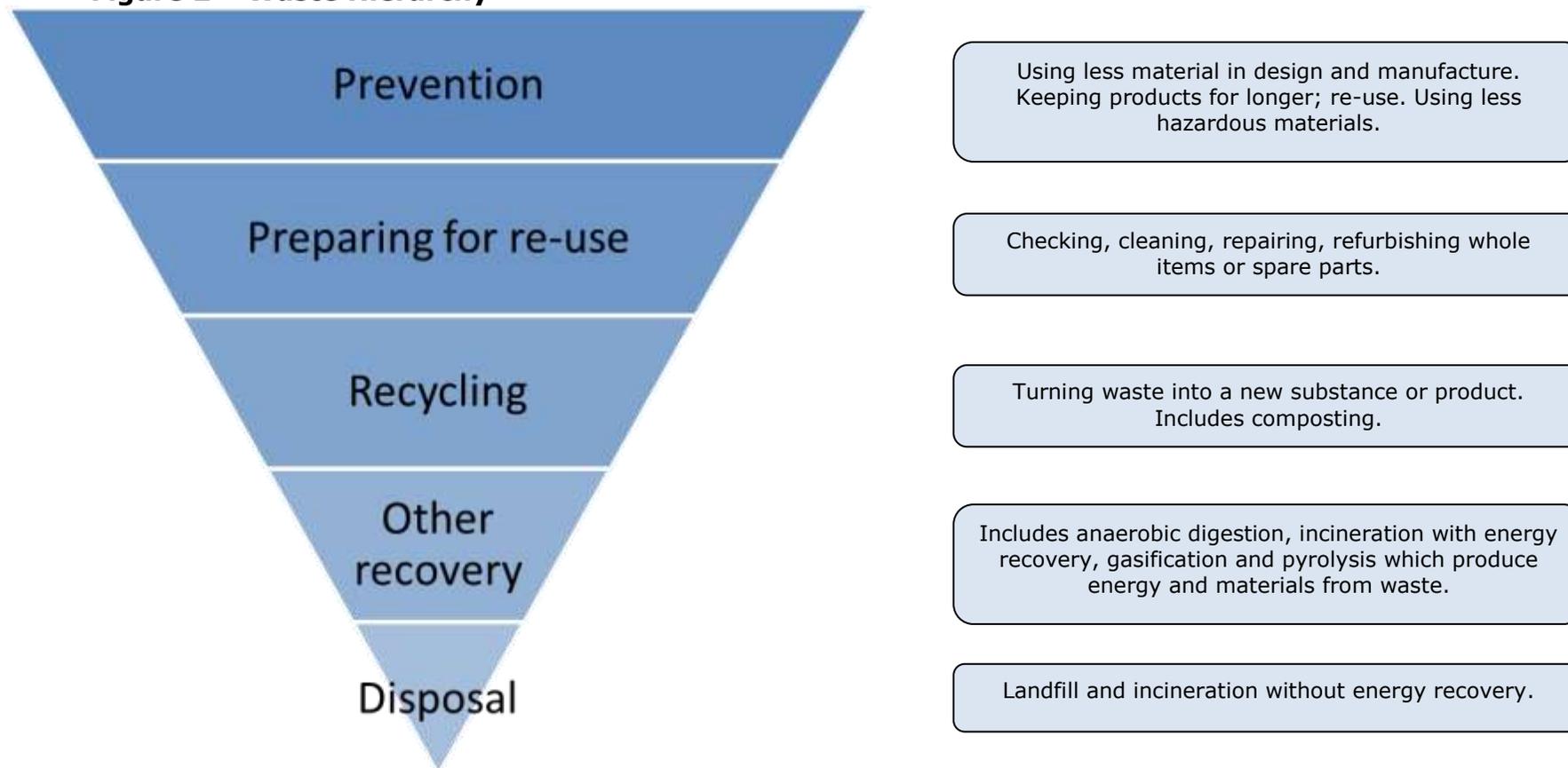


Figure 2 – Waste Hierarchy



5 Waste definition and classifications

5.1 Definition of 'waste'

Waste is defined in EU Directive 2008/98/EC as
"any substance or object which the holder discards or intends or is required to discard."

It includes any kind of household, commercial or industrial waste, as well as clinical and hazardous waste.

Part II of the Environmental Protection Act 1995 (amended) 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."

Examples of waste produced in the healthcare sector are:

Table 1 – Types of healthcare waste

Hazardous Waste	Non-hazardous waste
Infectious waste	Domestic waste (clear bag or municipal waste)
Fluorescent tubes	Food waste
Laboratory chemicals	Offensive/ hygiene waste
Cleaning chemicals	Packaging wastes
Photo chemicals	Recyclates (paper, glass, aluminium etc)
Oils	Furniture
Batteries	Construction and demolition waste
Waste electrical items	Grounds waste
Asbestos	Pharmaceutical wastes
Paint	
Solvents	
Contaminated land	
Amalgam and mercury containing wastes	
Radioactive wastes	
Cytotoxic/ cytostatic	
Aerosols	
Anatomical waste	

If you are the last person to use or handle an item that is now considered to be waste IT IS YOUR RESPONSIBILITY TO ENSURE THAT IT IS PUT INTO THE CORRECT DISPOSAL ROUTE (ie bin, bag or other dedicated container).

Table 2, below, summarises specific direction on the correct disposal routes.

Table 2 – Disposal routes for waste at CUH

Waste disposal route	Waste description	Waste types
 <p>Yellow UN approved bags</p>	<ul style="list-style-type: none"> • High risk infectious wastes • Pharmaceutically contaminated clinical wastes • Anatomical wastes <p><i>The incinerator on site is <u>not</u> permitted to treat chemicals so do not dispose of these in yellow bags</i> <i>No batteries, aerosols, domestic or recyclables</i></p>	<ul style="list-style-type: none"> • High risk infectious wastes ie Cat A infectious waste/VHF • Pharmaceutically contaminated infectious wastes • Pharmaceutically infected PPE • Anatomical wastes • Laboratory specimens/ samples (un-autoclaved) • Chemically contaminated samples or diagnostics kits
 <p>Purple UN approved bag</p>	<ul style="list-style-type: none"> • Cytotoxic/cytostatic contaminated clinical waste <p><i>No anatomical waste, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Cytotoxic/cytostatic contaminated PPE • Cytotoxic/cytostatic contaminated couch rolls, dressings
 <p>Orange UN approved bag</p>	<ul style="list-style-type: none"> • Low/ medium risk infectious/ potentially infectious clinical waste <p><i>No pharmaceutically or chemically contaminated wastes</i> <i>No anatomical wastes</i> <i>No batteries, aerosols, domestic waste or recyclables</i></p>	<ul style="list-style-type: none"> • PPE, Dressings or consumables contaminated with blood or bodily fluids ie plasters, swabs, paper hand towels, couch roll • Barrier nursing consumables • Emptied plastic urine pots • Urine test sticks • Blood sugar test sticks

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Finance directorate

Waste disposal route	Waste description	Waste types
 <p>Offensive waste/ Tiger stripe bags</p>	<ul style="list-style-type: none"> • Offensive/ hygiene waste <p><i>No Infectious clinical waste</i> <i>No pharmaceutically or chemically contaminated wastes</i> <i>No anatomical wastes</i> <i>No batteries, aerosols, domestic waste or recyclables</i></p>	<ul style="list-style-type: none"> • Incontinence pads/ nappies • Sanitary waste • Plasters & minor dressings • Empty blood bags • Stoma & empty catheter/ urine bags • Intravenous saline, glucose & dextrose bags (once detached) <i>(must not be pharmaceutically contaminated ie no drug added)</i> • PPE • Nasal secretions, sputum etc
 <p>Clear bags</p>	<ul style="list-style-type: none"> • Domestic waste <p><i>No clinical, infectious, anatomical or offensive wastes</i> <i>No pharmaceutically or chemically contaminated wastes</i> <i>No batteries, no aerosols</i> <i>No recyclable items</i></p>	<ul style="list-style-type: none"> • Paper hand towels, tissues & couch rolls • PPE ie gloves & aprons • Patient bed side waste • Non-recyclable packaging ie polystyrene cups & food boxes
  <p>Green bags</p>	<ul style="list-style-type: none"> • Dry mixed recyclables <p><i>No clinical, infectious, anatomical, offensive or domestic wastes</i> <i>No pharmaceutically or chemically contaminated wastes</i> <i>No batteries, no polystyrene</i> <i>No food waste</i></p>	<ul style="list-style-type: none"> • All plastics • Packaging wastes • Glass (non-clinical) • Cans (aluminium or steel) • Cartons (juices, soups) • Cardboard items (coffee/drinks cups, small packets, cereal boxes) • Aerosols (individual canisters, no bulk disposal)

SHARPS BINS – Needles and blades

Waste disposal route	Waste description	Waste types
	<ul style="list-style-type: none"> Sharps contaminated with pharmaceuticals <p><i>No batteries or aerosols</i></p>	<ul style="list-style-type: none"> Partially used or fully discharged syringes used to administer pharmaceuticals Pharmaceutically contaminated (drug added) IV bags
	<ul style="list-style-type: none"> Sharps not contaminated with pharmaceuticals/ cytotoxic/ cytostatic <p><i>No batteries or aerosols</i></p>	<ul style="list-style-type: none"> Used or fully discharged syringes from blood sampling IV needles from saline only bags (not containing pharmaceuticals) Disposable sharp implements not contaminated with pharmaceuticals ie acupuncture needles; scalpel blades, forceps etc
	<ul style="list-style-type: none"> Sharps contaminated with cytotoxic or cytostatic pharmaceuticals <p><i>No batteries or aerosols</i></p>	<ul style="list-style-type: none"> Partially used or fully discharged syringes used to administer cytotoxic/ cytostatic pharmaceuticals Disposable sharp implements contaminated with these pharmaceuticals
	<ul style="list-style-type: none"> Blood bag storage box 	<ul style="list-style-type: none"> Blood bags are required to be retained for at least 48 hours prior to disposal via the offensive waste/ tiger bagged clinical waste stream

IcoMed/Bio – bins : Soft waste & non-sharp wastes which may puncture bags. Available in 1, 2, 5 or 30 litre containers

Waste disposal route	Waste description	Waste types
 <p>IcoMed Colour: Yellow EWC 18 01 02 & 18 01 03</p>	<ul style="list-style-type: none"> • High risk (category A) infectious waste • Pharmaceutically contaminated wastes Non-sharp implements contaminated with pharmaceuticals <p><i>No sharps, cytotoxics, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Partially used or fully discharged syringes used to administer pharmaceuticals • IV bags contaminated with Pharmaceuticals
	<ul style="list-style-type: none"> • Low/Medium risk infectious waste (Category B) • Non-sharp implements not contaminated with pharmaceuticals <p><i>No sharps, blades, chemically or pharmaceutically contaminated wastes, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Glass slides • Inoculating loops • Pasteur pipettes • Swabs • Test tubes • Pipette tips • Serological pipettes
 <p>EWC 18 01 02 & 18 01 03</p>	<ul style="list-style-type: none"> • Anatomical waste i.e. recognisable tissue, bones, joints, bone fragments <p><i>No sharps, cytotoxics, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Anatomical Waste • Blood Waste/Blood preserves • Heavily soaked material • Placenta Waste
 <p>IcoMed Colour: Blue EWC 18 01 09</p>	<ul style="list-style-type: none"> • Medicinal waste in original packaging (non-cytotoxic) Expired and patient's own medications that are no longer required Medicines not suitable for recycling <p><i>No sharps, blades, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Tablets, capsules & dosette boxes • Eye preparations, creams & powders • Injections, patches
 <p>EWC 18 01 04</p>	<ul style="list-style-type: none"> • Offensive Human waste Non-sharp implements used in the testing of non-infectious bodily fluids <p><i>No sharps, blades, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Glass slides • Inoculating loops • Pasteur pipettes • Swabs • Test tubes • Pipette tips

Estates and facilities

Finance directorate

Waste disposal route	Waste description	Waste types
 <p>EWC 18 01 04</p>	<ul style="list-style-type: none"> • Medical suction and drainage products <p><i>No sharps, blades, batteries or aerosols</i></p>	<ul style="list-style-type: none"> • Suction liners • Wound drains • Chest drains • Blood filtration devices • Blood waste containers

Recycling and storage containers

Waste disposal route	Waste description	Waste types
	<ul style="list-style-type: none"> • Batteries 	<ul style="list-style-type: none"> • Small batteries • Button cells
	<ul style="list-style-type: none"> • Clinical/ laboratory glass <p><i>No glassware containing pharmaceuticals or chemicals</i></p> <p><i>No batteries or aerosols</i></p> <p><i>No domestic wastes or recyclables</i></p>	<ul style="list-style-type: none"> • Empty medicine bottles; • Empty urine sample containers • Laboratory slides
	<ul style="list-style-type: none"> • Confidential & Office paper 	<ul style="list-style-type: none"> • Paper waste containing confidential information requiring secure destruction • Office paper • Newspapers, • Magazines • Leaflets
	<ul style="list-style-type: none"> • Patient wristband & Fax rolls (non-paper) waste 	<ul style="list-style-type: none"> • Fax rolls • Patient wristbands • Unused blood sample labels
	<ul style="list-style-type: none"> • Cardboard 	<ul style="list-style-type: none"> • Cardboard packaging • Glove boxes etc
	<ul style="list-style-type: none"> • Dry mixed recycling <p><i>No clinical wastes</i></p> <p><i>No infectious, pharmaceutically or</i></p>	<ul style="list-style-type: none"> • All plastic • Glass • Packaging waste (no polystyrene) • Cans (aluminium or steel) • Cartons

Estates and facilities

Finance directorate

Waste disposal route	Waste description	Waste types
	<p><i>chemically contaminated items</i></p> <p><i>All items must be rinsed out and where possible squashed prior to disposal</i></p>	<ul style="list-style-type: none"> • Aerosols • Small cardboard items (no larger than a glove box)
	<ul style="list-style-type: none"> • Plaster waste (Non infectious) 	<ul style="list-style-type: none"> • Plaster casts • Dental moulds • Body casts
	<ul style="list-style-type: none"> • Single-use metal instruments for recycling <p><i>no sharps, needles or scalpels</i></p>	<ul style="list-style-type: none"> • Single-use metal instruments; • Scissors • Tweezers • Laryngoscopes • Forceps
	<ul style="list-style-type: none"> • Polystyrene 	<ul style="list-style-type: none"> • Clean white polystyrene boxes <p>No polystyrene chips, cups or foam boxes</p>
	<ul style="list-style-type: none"> • Fluorescent tubes 	<ul style="list-style-type: none"> • Fluorescent tubes • Energy efficient light bulbs
	<p>Chemical disposal</p> <p>This can be arranged via extension 4252</p>	<ul style="list-style-type: none"> • Out of date Spirigel • Unused out of date chemicals • Analyser wastes • Chemically contaminated wastes

For any queries regarding the segregation of waste (eg which bin, box or bag to use) please contact the Trust's sustainable waste management co-ordinator on extension 57287.

5.2 Clinical waste

In the Controlled Waste Regulations 1992, (updated April 2012) clinical waste means waste from a healthcare activity (including veterinary activity) that:

- contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms, or
- contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or
- is a sharp, or a body fluid or other biological material (including human or animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive 67/548/EEC relating to the classification, packaging and labelling of dangerous substances or
- is waste of a similar nature from a non-healthcare activity.

Table 3 provides a detailed description of the clinical waste categories and the European Waste Catalogue (EWC) codes – these can be important reference numbers that users come across.

Broadly, clinical waste can be divided into two categories:

- Waste which poses a risk of infection: including human or animal tissue, sharps, blood and other bodily fluids; and
- Medicinal waste: including waste arising from veterinary or dental practice, investigation, research and treatment.

Waste producers are required to adequately describe their waste using both a written description and the use of appropriate European Waste Catalogue (EWC) codes. The section pertaining to clinical wastes from human healthcare in the EWC catalogue is section 18 01 'wastes from natal care, diagnosis, treatment or prevention of disease in humans'.

Table 3: EWC coding for healthcare waste

EWC code	Description of waste
18 01 01	sharps (except 18 01 03)
18 01 02	body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	wastes whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers)
18 01 06*	chemicals consisting of or containing dangerous substances
18 01 07	chemicals other than those mentioned in 18 01 06
18 01 08*	cytotoxic and cytostatic medicines
18 01 09	medicines other than those mentioned in 18 01 08
18 01 10*	amalgam waste from dental care

*The use of **bold text** and * in the table above denotes hazardous waste.*

5.3 Domestic waste

For the purposes of this procedure, domestic waste is waste similar to that associated with any domestic property/ household not including any waste that by definition is clinical waste or hazardous waste.

5.4 Hazardous waste

Some clinical waste is classified as 'hazardous waste,' and is subject to controls under the above Regulations. Hazardous waste is defined in the Hazardous Waste (England and Wales) (Amendment) Regulations 2009. These regulations categorise waste as hazardous where:

- it is included in the EWC catalogue as an 'absolute' (hazardous) entry;
- or

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Finance directorate

- it is included in the EWC catalogue as a 'mirror' (could be non-hazardous or hazardous) entry and displays one of the 14 hazardous properties listed below:

H1 – explosive
H2 – oxidising
H3 – flammable

H4 – irritant
H5 – harmful

H6 – toxic
H7 – carcinogenic
H15 - waste capable by any means, after disposal, of yielding another substance e.g. a leachate, which possesses any of the characteristics H1 to H14

H8 – corrosive
H9 – infectious
H10 – teratogenic (toxic for reproduction)
H11 – mutagenic
H12 – produces toxic gases in contact with water, air or acid
H13 – sensitising
H14 – ecotoxic

Waste will be considered hazardous if any part of it exhibits one or more of the above hazard properties, at a level above the published thresholds. Advice regarding hazardous wastes can be obtained from the environmental services team on extension 3193.

6 Segregation, handling and storage of solid wastes

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

- Dry mixed recycling in **green** plastic bags and green bins
- Domestic/ household waste in **clear** plastic bags
- Offensive waste - non-infectious, non-hazardous healthcare wastes in tiger striped bags **yellow** with **black** stripes
- Low/ medium risk known (or reliably suspected) infectious non-medicinally/ non-anatomically contaminated clinical waste in **orange** plastic bags;
- High risk (Cat A) infectious wastes, medicinally or anatomically contaminated clinical waste in **yellow** plastic bags;
- Cytotoxic waste in **yellow/ purple** plastic bags;
- Sharps in **yellow, purple, or orange** lidded plastic burn bins; and
- Confidential paper in **black** bags or in the lockable wheelie bins

Domestic/ household waste should not be placed into orange, offensive, yellow, or purple waste bags/ burn bins, and **under no circumstances** must clinical wastes, sharps or hazardous wastes be placed in the clear domestic waste bags or green recycling bags.

Wards can access a supply of various bags via their materials controller (procurement). Outpatient departments and clinics are supplied via our cleaning contractor – Medirest.

7 Recycling

Recycling must be regarded as the preferred option when dealing with non-hazardous substances, and CUH's estates and facilities department is continually exploring further options associated with recycling schemes; introducing new schemes as they become viable. If you require any information please the sustainable waste management co-ordinator on extension 57287.

Waste items currently recycled at CUH are shown in Table 4:

Table 4 – Waste types recycled by CUH

	Dry mixed recycling (plastic, non-clinical glass)
Confidential paper, office paper and newspapers	Fluorescent tubes
Fridges/ freezers	Batteries
Pallets	Non-clinical glass
Printer cartridges	Polystyrene
Waste chemicals and oils	Fridges/ freezers
Aerosols	Redundant wood
Cardboard	Single use instruments
Redundant IT	Food waste (patient catering & Concourse retail units & Food court)
Waste electrical equipment	Domestic waste – zero landfill
Metal	Items donated to third world countries.
Polystyrene	Organic veg waste, coffee granules

8 Disposal of domestic waste

Domestic waste is disposed of in clear bags and should contain paper hand towels, tissues and couch rolls, non infected PPE ie gloves and aprons, patient bedside waste, non recyclable packaging. No batteries, aerosols or recyclable items to be disposed of via this route. Two compactors are located in the service yard; one for general waste, one for dry mixed recyclables. These are available for use by the kitchen, food concourse and the environmental services staff and are only used for the disposal of clear bagged domestic waste generated.

For details on the safe handling of food for wards and pantries, refer to the relevant infection control policy: [safe handling of food for ward kitchens](#). There are three food waste bio-digesters now located in satellite kitchen 1, for the disposal of all food waste from ward/ patient catering; the bio-digesters react with enzymes to produce grey water which is sent to drainage over a 24 hour cycle; the eleven macerators in satellite kitchens are no longer used for food waste disposal. This facility will also be used by

the food court and concourse areas to dispose of all food waste and save on landfill and disposal charges.

9 Disposal of clinical waste

Yellow and orange bagged clinical waste and offensive waste, and domestic waste from clinical areas, should be disposed of via the waste chutes located in each ward/ clinic disposal room.

Yellow bags are for high risk infectious wastes (Cat A), anatomical waste and those infectious wastes contaminated with pharmaceuticals or chemically contaminated samples or diagnostic kits.

Orange bags are for medium/ low risk wastes that are known infectious (or reliably suspected to be infectious) but not contaminated with pharmaceuticals, chemicals and contain no anatomical wastes.

Waste should be placed into these chutes sufficiently tied and secured with traceable bag closures (see section 14.1 below). Staff should be conversant with the safe operation of each type of chute – bags should not be more than three quarters (75%) full. No other waste should be disposed of via the chutes, for example; medical suction and drainage devices (ie disposable suction jars/ canisters, blood filtration devices, blood waste containers) cardboard boxes, cytotoxic and sharps containers. These should be stored in the disposal/ sluice/ dirty utility room or designated storage area awaiting transfer to the waste handling area by the environmental service porters at the agreed scheduled times.

10 Disposal of infectious clinical waste

10.1 Infectious clinical waste

The yellow infectious waste stream is used for waste that is infectious but which has the added characteristic that means that it must be incinerated in a suitably licensed or permitted facility. The known examples are:

- Anatomical waste
- Chemically contaminated samples and diagnostic kits
- Medicinally – contaminated infectious waste; and
- High risk infectious clinical wastes - Category A pathogens; an infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals: Wastes of this nature must be double bagged using UN approved heavy duty yellow bags before being placed inside rigid hermetically sealed/secure containers.

Medium/ low risk (category B) infectious clinical waste – Orange UN approved bags

This is waste that contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms.

Heavy duty orange bags should be used and clearly labelled. Any special collections of infected waste should be communicated to the environmental services porters on extension 2696. The environmental services porter will then arrange the collection of the waste as soon as possible.

Infected mattresses for disposal via the incinerator must be bagged and labelled prior to disposal. Mattress bags are kept in the porters lodge, on extension 2696; the porters will arrange to collect the infected mattress once the contaminated mattress is bagged and labelled correctly and will carry the mattress down to the incinerator bay for disposal.

Infectious clinical waste is collected daily from certain acute areas. Additional collections, special requirements or amendments to schedules can be arranged by contacting the facilities helpdesk on extension 2696.

10.2 Offensive clinical waste

Offensive waste is waste that contains body fluids, secretions or excretions from patients that are not known or reliably suspected to have an infection. The waste should not contain any pharmaceutical, anatomical or chemical contamination. It can contain incontinence pads/ nappies, sanitary waste, plasters and minor dressings, empty blood bags, stoma and empty catheter/ urine bags, intravenous saline, glucose and dextrose bags (once detached, non-pharmaceutically contaminated ie no drugs added), PPE, nasal secretions and sputum.

Non-infected/ non contaminated mattresses that require disposal due to wear and tear ie not fit for purpose, can be collected by the equipment team via extension 2696 request.

Bag type: offensive waste/ tiger stripe medium gusseted polyethylene yellow with black stripe (25 micron).

11 Disposal of cytotoxic waste

11.1 Safe handling on wards

Wards C9, C10, D9, D5 (PSSU), E10, oncology day unit and C2 all have policies and procedures in place relating to the safe handling of cytotoxic materials. Other wards that are occasional users of anti-cancer drugs for non-oncology purposes will also have specific procedures in place relating to the items that they use.

11.2 Cytotoxic waste disposal

All cytotoxic waste, including any residue of drugs and particularly tablets, swabs, dressings, syringes, giving sets and any other item which comes into contact with the giving process, should be disposed of as follows:

- Soft cytotoxic waste should be placed in a, heavy-duty yellow clinical waste bag and must be labelled with a 'cytotoxic waste' label. The bag should conform to the specifications laid out in the bags for clinical waste section of this policy. The bag should be appropriately labelled and sealed with the traceable bag closure.
- All sharps should be collected in a sharps bin which should be sealed and then labelled 'cytotoxic waste'. Cytotoxic sharps bins have purple lids; all sharps bins are required to be signed and dated at the time of assembly and then again when they are locked. Unsigned bins will not be collected by the environmental services porters.
- Both bags and sharps bins containing cytotoxic waste should be stored in a safe area (such as a sluice room) to await collection. To request collection of cytotoxic waste from wards and clinical areas, in addition to the daily collection, contact the environmental services porters on extension 2696.

This is covered in the cytotoxic waste procedure.

12 Management of spillages

In the event of a spillage, refer to the disposal advice found in the spillage guidance documents listed below:

- [cytotoxic spillage](#)
- formaldehyde spillage – see the [formalin policy](#)
- [peracetic acid spillage](#)

13 Clinical waste bags

The following specifications apply:

- **High risk infection areas** eg infectious diseases ward, barrier nursing haemodialysis and disposal of human tissue – heavy duty yellow or orange clinical waste bags (50 micron).
- **All other areas** – medium duty orange clinical waste bags (25 micron).

13.1 Bag closures

To ensure that a clear auditable waste trail is maintained, all waste generated by wards and clinical departments needs to be readily identifiable. This identification will take the form of tape which should be used to securely fasten waste bags and also attached to sharps bins and disposal boxes. Each

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Finance directorate

bag closure is clearly identified as belonging to a specific department. Waste tagging tape is supplied by the estates and facilities management department for all clinical areas. Tags are available via environmental services, extension 4252. Ensure that tagging tape is only used in the department that it refers to; do not move tape between departments.

14 Sharps bins

Discarded 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 BS 7320. All sharps bins must be tagged using the identification tape prior to collection by the environmental services porters. Non-sharps waste must not be placed in these bins. Sharps bins are required to be signed and dated at the time of assembly and then again when they are locked. Unsigned bins will not be collected by the environmental service porters. The correct disposal route is shown in Table 3.

- Yellow lidded sharps bins must be used for medicinally contaminated sharps; medicinally contaminated (ie drug added) IV bags/ lines should be disposed of via yellow IcoMed/ Econix bio-bins
- Orange lidded sharps bins should be used for non-medicinal sharps waste ie phlebotomy sharps.
- Purple lidded sharps bins must be used for cytotoxic/ cytostatic wastes.

These bins should be disposed of in accordance with IC Policy No. 3 relating to the [safe disposal of sharp objects](#).

15 Disposal of other wastes

15.1 Disposable suction jars

Used disposable suction jars/ canisters should have the contents gelled using the gelling agent supplied, before being placed four to a box into the cardboard boxes provided. The box should be sealed to act as a protective containment and labelled with department ID tagging tape.

If single use of disposable suction jars is required, these should be gelled using the same method as above, then double bagged and stored in the sluice room prior to collection by the environmental services porters; **do not** dispose of them via the chute system.

15.2 Aerosol canisters

All pharmaceutically related aerosol canisters from all wards, clinics and departments are to be returned to central pharmacy using the green pharmacy boxes. These boxes are issued daily by pharmacy. All aerosol canisters will be collected by central pharmacy for ultimate safe disposal by

Estates and facilities

Finance directorate

the estates and facilities department. Canisters should be empty of all contents prior to being sent down to central pharmacy. Under no circumstances should aerosol canisters be disposed of via the clinical waste bags. Empty domestic aerosol canisters (eg deodorant) can be recycled via the dry mixed recycling bin.

15.3 Clinical glassware

Bins for the disposal of bio-hazard contaminated glassware are placed at each service lift landing in the laboratory block and in other high volume producing departments. These bins are dark blue in colour and are clearly labelled 'STRICTLY CLINICAL GLASS ONLY' – biohazard glassware generated in other areas should be kept in the disposal room in a strong clearly labelled cardboard box awaiting collection by the environmental services porters. Where chemical bottles which are safe to rinse are to be discarded in this stream, any hazard markings should be obliterated prior to disposal.

All broken glass should be treated as sharps.

On arrival at the waste handling area all glassware will be steam cleaned and crushed before removal from site; uncontaminated clean glassware can be recycled.

Full bins will be collected on a regular – pre-scheduled basis or on request via extension 2696.

15.4 Plaster

Plaster casts from the fracture clinic; clinic 1 are incinerated on site, due to their potentially infectious nature, and should be placed in a yellow clinical waste bag with a securely tied neck. The total weight of these bags must not exceed 25 kilograms. A dedicated clinical waste skip is placed on level one.

Other departments producing plaster wastes have access to a dedicated plaster skip, and this waste is sent for recycling. All moulds, casts etc must have any patient identifiable information removed prior to disposal for recycling. This waste should be stored in clear bags and placed in one of the two plaster skips located at:

- radiotherapy disposal, level 1;
- disablement services, level 1;

Plaster waste and other solid plaster residues generated at clinic 8 maxillo-facial should be bagged, and will be collected regularly by the environmental services porters from the clinic area.

15.5 Confidential paper

All paper waste containing confidential information requiring secure destruction should be disposed of via the black secure wheelie bins provided. Please refer to the [data protection policy](#).

Confidential paper is collected by the environmental services porters; exchanges of full bins can be arranged by calling 2696. All paper waste is destroyed on site by a specialist contractor. Arrangements for witnessing destruction can be made by contacting the sustainable waste management co-ordinator on extension 57287).

All paper waste can be disposed of via this bin and includes office paper, newspapers, magazines and leaflets.

15.6 Scrap metal

Scrap metal should be deposited in the waste compound located in the service yard. The portering and equipment team staff will collect and transport scrap metal to the container following a collection request made via extension 2696. Use of the scrap skip is administered by the environmental services manager. Only items predominately made of metal should be placed on the scrap skip.

Small metal items ie biscuit tins, soup cans etc should be rinsed and placed in your dedicated dry mixed recycling bin. The environmental services porters will exchange these bins, as per their scheduled collections or after a collection request made via extension 2696.

Single use metal instruments can also be recycled; for further information contact the sustainable waste management co-ordinator on extension 57287.

15.7 Polystyrene

Polystyrene should be stored at the dedicated cardboard collection point, and will be regularly collected by the environmental services porters.

15.8 Non-returnable gas canisters

Arrangements for collection of non-returnable gas canisters should be made with the facilities helpdesk on extension 2696 for the attention of the equipment team.

These canisters should then be taken to environmental services who will determine onward disposal.

15.9 Redundant furniture/ equipment

Before disposing of redundant furniture and equipment from clinical areas, the [cleaning and disinfection policy and procedure](#) should be considered, as well as the procedure for the [disposal of obsolete/ surplus equipment](#).

Redundant furniture and equipment not falling into the category of scrap metal should be decontaminated and arrangements for collection of items for

Estates and facilities

Finance directorate

disposal should be made with the facilities helpdesk on extension 2696 for the attention of the equipment team. All decontaminated equipment must be provided with a decontamination certificate/ label prior to collection.

Any unwanted furniture should be advertised via SwapShop for a minimum of two weeks prior to requests being made for collection/ disposal.

15.10 Redundant IT equipment

Computer equipment must be disposed of correctly in accordance with Trust policy and following instructions from the [information security policy](#); the Trust has a contract with an external supplier who guarantees that all data is destroyed to CESG standards and waste is reclaimed or disposed of according to the WEEE directive. No Trust computer equipment is to be disposed of outside this process – this is as per the IT security policy.

IT equipment is defined as:

- PCs, laptops, tablets and other personal computers
- PDAs including Blackberries, Palms and other similar devices
- mobile phones and smart phones
- digital dictaphones, answering machines and other audio recording devices
- external hard disks, USB memory sticks, and other mass storage media
- tapes, floppy disks, CDs and DVDs
- servers and infrastructure components
- printers, scanners, multifunctional photocopiers and fax machines
- cameras and digital image storage devices
- monitors, screens and display equipment
- any other electronic devices which store any form of Trust data.

Please refer to the [data protection policy](#).

Redundant computer equipment will be collected by the equipment team, and arrangements can be made for the collection with the facilities help desk on extension 2696. Please refer to the [records: preservation, retention and destruction policy and procedure](#).

Secure containers have been provided in the following areas for the storage of redundant removable media items such as memory sticks, floppy disks, CDs etc and any portable device:

- medical records general office level 3
- IT reception level one

Estates and facilities

Finance directorate

15.11 Redundant medical equipment

Redundant medical equipment should first be decontaminated in accordance with the infection control policy:

- [decontamination of re-usable medical devices](#)
- [infection control: cleaning and disinfection](#)

Once decontaminated, contact the clinical engineering department on extension 2716 for advice and assistance on what action is required. All redundant medical equipment will then be disposed of in the appropriate manner. For any queries please contact the technical service manager in clinical engineering on extension 4345.

15.12 Refrigerators/ freezers

Before disposing of redundant fridges or freezers from clinical areas the procedures as laid down in the infection control policy should be adhered to:

- [infection control: cleaning and disinfection](#)

Refrigerators/ freezers should be transported to the main service yard by the equipment team, by contacting the facilities help desk on extension 2696. Once collected all refrigerators/ freezers will be placed in a holding area until sufficient numbers have accumulated to make arrangements to transport them to a local contractor where the refrigerant (CFC gases) will be safely removed. Permanent cold rooms etc will be degassed by specialist contractors in situ before removal.

All decontaminated equipment must be provided with a decontamination certificate/ label prior to collection.

15.13 Waste Electrical Electronic Equipment (WEEE) Regulations

The WEEE Regulations came into force in 2007. The broad aim of the directive is to address the environmental impacts of WEEE and to encourage its separate collection and subsequent treatment ie re-use, recovery, recycling and environmental disposal.

The environmental services team ensures that CUH is compliant with these regulations by separating out any WEEE items from waste streams and ensuring they are sent for disposal to permitted facilities for disposal and recycling.

Items generated from within the hospital site that require collection need to be notified to the equipment team via extension 2696.

15.14 Batteries

Disposal of batteries will be in accordance with the Waste Batteries and Accumulators Regulations 2009 which aims to achieve a significant reduction in the quantities of spent batteries going to disposal by creating a framework for national battery collection and recycling schemes.

Estates and facilities

Finance directorate

Disposal of both dry cell and wet cell, either acid or alkaline, batteries can be carried out by placing them in the battery recycling boxes supplied by the environmental services team. Every ward and clinic has been supplied with a recycling box; if you have not and require one please contact environmental services on extension 57287.

Batteries for disposal are kept in a covered, bunded storage area in the service yard prior to collection by specialist contractors. Under no circumstances should redundant batteries be placed in either clinical waste bags and sharps bins for incineration, or clear domestic waste bags for landfill.

15.15 Builders waste

Builders waste hard core is recycled; other builders waste is disposed of to landfill. Skips for builders are arranged as required and located at suitable positions near the point of work as agreed with the supervising building officer or project manager from the estates and facilities department.

Skip hire on the CUH sites may only be undertaken using an approved contractor as required by the standards for contractors. Contact the environmental services manager for information regarding specialist contractors.

15.16 Contractors waste

Please see individual project specifications on waste procedure to be followed.

Disposal of waste by contractors will be:

- in accordance with the standards for contractors – waste disposal, and conditions of contract (eg if the contract exceeds £300,000 a site waste management plan must be submitted to CUH by the contractor prior to work commencing)
- in accordance with CUH's waste management policy and waste disposal procedures or
- by suitable alternative arrangements previously agreed with the supervising building officer or project manager

Contracts will state whether the disposal of waste is to be via the on site disposal routes presently administered by the estates and facilities department or via alternative routes arranged by the contractors themselves.

Contractors using the on-site disposal routes must follow the guidance in CUH's waste management policy. Contractors arranging their own disposal should ensure that they comply with all relevant legislation. Copies of all

Estates and facilities

Finance directorate

waste transfer documentation must be handed to the supervising officer as disposal occurs.

Waste disposal contractors employed for purposes of waste removal from CUH's sites by main contractors should be wherever possible those on the CUH approved list of contractors. Contractors should ensure that no waste movements occur within the boundaries of CUH's permitted waste handling area without the written permission of the estates and facilities manager. The supervising officer will provide details of the boundaries.

Skips are only to be placed at locations agreed with the supervising officer. Contractors should ensure that waste materials are always placed directly into skips prior to disposal and never piled outside CUH buildings. All skips must be covered skips of an appropriate size to accommodate waste accumulating from the scheme, or exchanged frequently enough not to cause hazards to patients, visitors and staff.

The contractor must at all times cone off and light any skips located on CUH's service roads and parking areas as agreed with the supervising officer. In certain cases traffic signals may need to be provided. Contractors are responsible for the safe removal/ disposal of all waste materials associated with the contract concerned and the removal of equipment involved in the process at the end of the contract.

15.17 Gardeners waste

Gardener's green waste is collected and composted by local contractors. A covered skip is kept adjacent to the gardeners shed for their use only. The gardeners maintain all outside areas of the Hills Road site and can be contacted on extension 2696.

15.18 Waste oil

Waste oil is stored in a dedicated bunded waste oil store or waste oil tank in the service yard until sufficient quantity has built up to organise collection by an oil recycling company. Arrangements for waste oil disposal should be made with the environmental services manager on extension 3193.

Waste oils deposited for disposal must be accompanied by COSHH data sheets detailing types and disposal recommendations.

15.19 Pharmaceutical waste

CUH holds a permit to incinerate all pharmaceutical waste. It is not considered necessary to use the consignment note system for movements of such waste within the hospital boundary.

Pharmaceutical waste should however always be packaged in accordance with CDG-CPL Regulations. Advice can be sought from the environmental services manager extension 3193.

Disposal of unused or unwanted medicines should be in accordance with Section 14 of the [ordering and storage of medicines procedure](#).

Controlled drugs should be denatured on site prior to final disposal and a T28 exemption for the storage and denaturing these drugs is required.

15.20 Chemical waste

Departments that produce chemical wastes should contact environmental services on extension 4252 to arrange disposal. All waste chemicals should be accompanied to the waste chemical store, located within the main service yard, by a Duty of Care Transfer Note that has been authorised by the environmental services manager. Also a detailed list of quantities/ volumes and description of the wastes deposited should accompany the waste.

All chemical waste disposals will be in accordance with the requirements for hazardous waste. Once volumes of waste have been accumulated the waste will be collected and disposed of by specialist contractors.

Chemical waste cannot be incinerated on-site; under no circumstances should waste chemicals be placed in clinical waste bags/ bins. Infectious clinical waste that is contaminated with chemicals may be incinerated, however details of the chemical contaminated must be made known to the environmental services department.

15.21 Mercury

The toxic effects of mercury may result from inhalation of dust or vapour or absorption through unbroken skin or the gastrointestinal tract. It is therefore essential that mercury spillages are immediately cleaned up and the mercury made safe. In the event of a mercury spillage during normal working hours (08:00 - 16:15), please contact the mechanical engineering section of the clinical engineering department on extension 2249/ 2716/ 2503 to arrange for the mercury to be removed and the mercury vapour level to be checked and shown to be within safe limits.

Out of normal hours (16:15 - 08:00 and weekends) a mercury spillage should be carefully collected into as small an area as possible, using a damp paper tissue or wooden spatula, the mercury should then be drawn up in a slip-lock syringe. **Note:** protective gloves should be worn to prevent absorption through the skin and to protect gold rings. The mercury should then be put in a small sample container and cold water added to cover the mercury to prevent evaporation. Small droplets should be collected on adhesive tape, and the area finally wiped with dampened tissue or cloth. All material used in the cleaning up process should be placed in a plastic bag, and the top should be sealed. The bag and the sample container should be clearly marked 'Mercury Waste' and kept in a safe place until the surgical instrument section staff can be informed at the start of the next working day, and arrangements made for the removal of the waste and to ensure that there is no significant remaining mercury contamination.

Under no circumstances must mercury spillages be removed with vacuum cleaners or the waste disposed of via sluices, sinks or ordinary waste bins. Enquiries concerning mercury disposal should be addressed to extension 2471/2503.

15.22 Dental amalgam

Dental amalgam contains mercury (items that need to be collected separately include capsules, any items contaminated with amalgam and teeth containing amalgam fillings) which is a hazardous substance; consequently we have implemented an alternative disposal route as follows:

- All dental amalgam from clinic 8, day surgery and main theatres, and all other areas within the hospital site generating such waste should be collected separately to the normal waste disposal route; and
- All dental amalgam should be stored in a specialist container (with a mercury suppressant), clearly marked for 'dental amalgam only'.

Once the container is almost full please notify the environmental services manager on extension 3193 to arrange a collection and onward disposal. Box type : white body with white lid available via NHS Supplies.

16 Liquid wastes via drainage system

16.1 Discharge to surface water

Drains from roof areas courtyards and roads generally drain into the surface water drainage system which discharges from the CUH site at three points:

- Long Road;
- Hills Road; and
- Vicars Brook.

Agreement has been received from the Environment Agency (EA) that no formal consent is required as long as only rainwater is disposed of via this route, however an informal Consent to Discharge is monitored by the EA under Consent No: PRCNF/05025/1/1. Under no circumstances must any other substances be disposed of via the surface water system.

16.2 Discharges to sewer

Discharges to sewer (other than domestic sewerage) are only made in accordance with the requirements of our consent from the Anglian Water Authority (the sewerage undertaker) as required by the Water Industry Act 1991. The CUH consent number is: **D2 298 119 19**.

Discharge of certain substances into the sewer is prohibited as follows:

- petroleum spirit and other volatile or flammable organic solvents

Estates and facilities

Finance directorate

- calcium carbide
- sludges 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
- ethidium bromide
- blood

Agreements have been reached to discharge certain substances in agreed concentrations and volumes and Anglian Water monitors concentrates or chemicals at discharge points to check that these criteria are not exceeded.

CUH's estates and facilities department ensures that aggregate quantities do not exceed the permissible limits and keep details of permitted quantities.

Disposal of prohibited substances may be made via the waste chemical store (see [chemical waste disposal](#)). Others may require special arrangements under the Control of Pollution Hazardous Regulations, in either instance contact the environmental services manager on extension 3193.

16.3 Radioactive waste

CUH is authorised under the 'Radioactive Substances Act 1993' to store and dispose of radioactive waste. No disposal of radioactive waste either as liquid, solid or gas may be undertaken except in accordance with the hospital's authorisation issued by the EA.

Each user department's radiation protection supervisor is issued with a sub-certificate signed by CUH's radiation protection advisor (RPA) specifying the disposal routes, the radionuclides and the maximum activity of which their departments may dispose. Before commencing work with radionuclides, staff must ensure that the sub-certificate will cover the work that they are proposing. If there is any doubt, the hospital's RPA must be consulted on extension 2443. All those disposing of radioactive waste will be issued with detailed instructions, by the RPA, with which they must comply.

Supervision of disposal of radioactive waste from CUH is undertaken by the East Anglian Regional Radiation Protection Service (EARRPS) whose headquarters are in the service yard at CUH, to whom any queries should be addressed (extension 2908).

Departments must keep accurate, up to date records of disposals of radioactive waste and must send promptly a monthly return to EARRPS detailing the activities and radionuclides disposed of each month so that an annual return can be sent to the EA.

17 Disposal documentation

Clinical waste movement within the hospital can be carried out without the use of waste transfer/ consignment notes. Waste brought into and out of CUH's permitted waste management areas by off site producers must comply with the Environmental Protection Act 1990 (and Environmental Protection (Duty of Care) Regulations 1991). All movements of dangerous goods on and off the site must conform to the requirements of the Hazardous Waste (England and Wales) Regulations 2005 (as amended), the Revised Waste Framework Directive 2011 and the Carriage of Dangerous Goods Regulations 2011 unless the volume of the waste exempts requirements.

All non-hazardous waste transfers off site must be accompanied by the appropriate documentation, and copies retained for a period of two years. CUH is a registered hazardous waste producer, and the correct registration code must be displayed on all hazardous waste consignment notes. Hazardous waste consignment notes need to be retained for three years. Further advice can be obtained by contacting the environmental services manager on extension 3193.

18 Monitoring compliance with and the effectiveness of this document

The environmental services manager and co-ordinator will undertake audits on a regular basis to ensure compliance with these procedures. This will be carried out as follows:

- formal audits; both internal and external on a rolling programme to cover one third of the hospital each year
- review of reported incidents
- inspections
- patient/ staff surveys
- weekly checks on level one areas

The results of the monitoring will be carried out by the environmental services manager, who will instigate a review of practices when under performance is reported, and will ensure that actions are completed. The environmental services manager will report to the waste management steering group quarterly and the health, safety and welfare committee annually.

Estates and facilities

Finance directorate

19 Associated documents

- [cleaning and disinfection policy and procedure](#)
- [cytotoxic spillage](#)
- [data protection policy](#)
- [decontamination of re-usable medical devices](#)
- [disposal of obsolete/ surplus equipment procedure](#)
- [formalin policy](#)
- [information security policy](#)
- [ordering and storage of medicines procedure](#)
- [peracetic acid spillage](#)
- [records: preservation, retention and destruction policy and procedure](#)
- [safe disposal of sharp objects](#)
- [safe handling of food for ward kitchens](#)
- [waste management policy](#)

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

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