



London Ambulance Service **NHS**
NHS Trust

Waste Management Policy

DOCUMENT PROFILE AND CONTROL.

Purpose of the document: to ensure that the London Ambulance Service (LAS) manages waste with a focus on the protection of the environment and cost-effective safe handling and disposal.

Sponsor Department: Estates

Author/Reviewer: Head of Estates. To be reviewed by Facilities Manager by January 2018

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26/03/15	1.13	Head Infection Prevention & Control	Minor amendments to 4.3, 4.5, and 4.10
03/02/15	1.12	Facilities Manager	Changes to s4.3 and s8.3
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14/04/08	0.5	Driver Jonas	New version
22/05/06	0.4	Facilities Manager	Ind. PPDG comments

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	The Controlled Waste Regulations 2012	2012
	Technical Guidance WM2 – Interpretation of the definition and classification of hazardous wastes (Environment Agency)	
	Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health) (2012)	2012
	Healthcare Waste Management – HTM 2065	
	Health and Social Care Act 2008: Code of Practice for the Prevention and Control of infections and related guidance	2008
TP 027	Infection Prevention and Control Policy	2016
	Infection Prevention and Control Training Workbook (2013)	2013
TP30 OP/001	Uniform Work wear Policy	
OP002 &	Procedure covering the issue and use of drugs by LAS	

OP030	staff & Policy and procedure for ordering, storage and use of controlled drugs within the LAS	
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1. Introduction

1.1 The London Ambulance Service NHS Trust (LAS) recognises that the environment is an important factor in the health of our nation. In order to protect the environment it will strive to ensure that waste is managed, handled and disposed of safely and securely within cost effective parameters.

1.2 Waste minimisation and recycling initiatives play a key role in waste management and in order to reduce the volume of waste produced the LAS is committed to the implementation of recycling initiatives.

The Trust has a legal responsibility to provide proper and safe equipment and safe systems of work and has a duty to exercise such reasonable care in the management of hazardous waste so as to avoid such acts and omissions which could reasonably be foreseeable to cause injury or harm to any person(s) who are closely and directly affected by the Trust's business.

Effective management is essential to minimise the risks to the health and safety of staff, patients, contractors, the general public, and the environment and this policy has been developed to document the systems of waste management in place.

1.3 Compliance with Hygiene Code for continued registration with CQC.

2 Scope

2.1 The scope of this policy covers all waste types generated by the LAS other than those dealt with in separate Environmental Management and Transport policies, standing financial instructions and uniform and work wear policies.

2.2 The policy applies to all LAS staff, suppliers, contractors and sub-contractors who, as part of their activities, may produce waste on LAS sites.

3. Objectives

3.1 To provide the effective waste management that will deliver a more efficient and sustainable healthcare service and ensure that waste considerations are taken into account in the activities and services of the LAS in line with the requirements of Corporate and Information Governance, Health and Safety, and Infection Prevention and control.

3.2 To facilitate compliance with legislation and regulations (see Appendix 1) that govern the production, handling, storage, transportation and disposal of all waste types and therefore meet our legal obligations, including 'Duty of Care';

- 3.3 To minimise risk to staff, patients, public, contracted staff and their agents from exposure to hazardous or potentially hazardous waste;
- 3.4 To assist managers and staff at all levels in the organisation to understand their role in waste management and responsibility for effective waste management;

4. Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for having an effective waste management system in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by the Department of Health.

4.2 Medical Director

The Medical Director has delegated responsibility to ensure the correct disposal of controlled drugs.

4.3 Director of Operations

The Director of Operations is responsible via line management structures, for operational staff adherence to the correct disposal of clinical waste.

4.4 Director of Finance

The Director of Corporate Affairs has delegated responsibility for managing all other types of waste, through the Head of Estates.

4.5 Head of Estates

The Head of Estates is the lead in respect of providing the Trust with organisational assurance for the management of all the following waste:-

- Infectious Health care/clinical waste
- Confidential Waste
- Out of date drugs
- Domestic Waste including recycling
- Food Waste

The Head of Estates devolves the day to day operational management of above waste to the Facilities Manager.

4.6 Deputy Director Fleet and Logistics

The Deputy Director of fleet and Logistics is the lead in respect of providing the Trust with organisational assurance for the management of all the following waste:-

- Workshop waste
- Uniforms

Medical waste/equipment.

4.7 **Chief Information officer**

The Chief information officer is the lead in respect of providing the Trust with organisational assurance for the management of all the following waste:-

Redundant IT equipment such as computers, printers, phones.

4.8 **Facilities Manager**

The Facilities Manager will have responsibility for co-ordination of all waste management activities as described in 4.5 and to ensure that the objectives of the Waste Management Policy are achieved.

The Facilities Manager is to:

- Develop an LAS Waste Management Strategy and promote its awareness throughout the organisation; including facilitating implementation.
- Ensure the LAS is meeting its legal obligations;
- Develop appropriate procedures for the management of waste in item 4.5.
- Co-ordinate the LAS waste management initiatives and schemes;
- Input relevant waste data in ERIC Return
- Monitor performance of waste management practices, and where appropriate, recommend actions
- Develop and co-ordinate appropriate waste management training and awareness programmes for all relevant staff at induction to the LAS. Liaise with education and training to ensure implementation
- Liaise with the Information Governance Manager to ensure appropriate handling of all secure and confidential waste.
- Liaise with training to ensure waste management procedures are incorporated in corporate induction training programmes

4.9 **Managers**

All managers have responsibility for compliance with the Waste Management Policy.

Duty Station Officers/Team Leaders will be given responsibility to:

- Assist the LAS in meeting all legal obligations with the collection, storage and disposal of all types of waste;
- Plan and assist the implementation of the Waste Management Policy, and procedures and actively promote best practice;
- Monitor the overall performance of waste management practices, and where appropriate, recommend actions. Undertake workplace inspections on a quarterly basis and report any waste issues through Estates Service Desk.

4.10 **General Responsibilities of all Staff**

All staff have a statutory obligation to ensure that they comply with the LAS Health and Safety Policy and Waste Management Policy when handling and disposing all waste types. This includes the safe, secure and proper disposal of waste produced from Service establishments, and in particular, all items of waste generated from operational activities and patient care interventions.

Staff have a duty to inform their line manager of any inappropriate waste management practices.

4.11 **Trust Board**

The Trust Board takes ultimate corporate responsibility for the management of waste throughout the LAS and the Director of Finance has lead responsibility on the Board.

4.12 **Infection Prevention & Control Committee and Task Force**

The Infection Prevention & Control committee and task Force has responsibility to:-

- advise staff and any third party contractors to meet all legal obligations relating to the collection, storage and disposal of all types of healthcare waste
- oversee the implementation of the Waste Management Policy and procedures for the implementation of the objectives and targets set in the Waste Management Policy;
- ensure changes in legislation related to infection prevention and control are incorporated into the LAS policies and procedures;
- ensure policy implementation and compliance with healthcare waste management procedures are audited with time limited action plans to remedy any shortfalls
- encourage and promote sustainability and environmental best practice;

- monitor all on-site activity to see that it is carried out in accordance with current best practice guidance – DoH: Health Technical Memorandum 07-01: Safe management of healthcare waste;
- recommend sufficient physical and financial resources to ensure healthcare waste is handled and disposed of in accordance with relevant legislation and best practice guidance.

5. Definitions

5.1 Infectious Healthcare Waste/clinical waste

Clinical waste is defined as any waste arising from healthcare activities that pose a risk of infection or that may prove hazardous. The Controlled Waste Regulations 2012 defines clinical waste as, a) ***“.....any waste which consists wholly or partly of human or animal tissues, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, which unless rendered safe may prove hazardous to any person coming into contact with it”*** and b) as ***“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, being waste which may cause infection to any person coming into contact with it.”*** This also includes single use items.

5.2 Confidential Waste

Confidential waste includes any material that contains patient, employee or other personal information or may be used to identify an individual. It also applies to business confidential information, restrictively marked documents or information otherwise deemed to be of a sensitive nature. It applies to all materials, i.e., paper, computer, video or audiotape, photographs, film fiche, disks, memory devices, DVDs, etc.

5.3 Domestic waste

All household waste, including glass and aerosols, but excluding any item generated from a clinical related activity.

5.4 Recyclable Waste

Specific items which can be recycled and have designated bins include paper, cardboard, empty cans and glass, plastic bottles, plastic cups, and carrier bags.

5.5 Food Waste

All food waste including: tea bags, coffee grounds, leftover food, dairy products, eggs, pasta, rice, bread, confectionery, meat, fish, vegetables and flowers.

5.6 **Workshop Waste**

This includes exhausts, disc brakes, waste metal, filters, brake shoes, rubber drive belts, wipers, brake pads, discs, catalytic converters, and engine and body parts.

5.7 **Medicinal waste/Out of date Drugs**

Medicinal waste includes:

- a) expired, unused, split and contaminated medicinal substances, drugs, vaccines and sera that are no longer required and need to be disposed appropriately.
- b) Discarded items contaminated with medicinal, such as bottles or boxes with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

6. **Policy Statement**

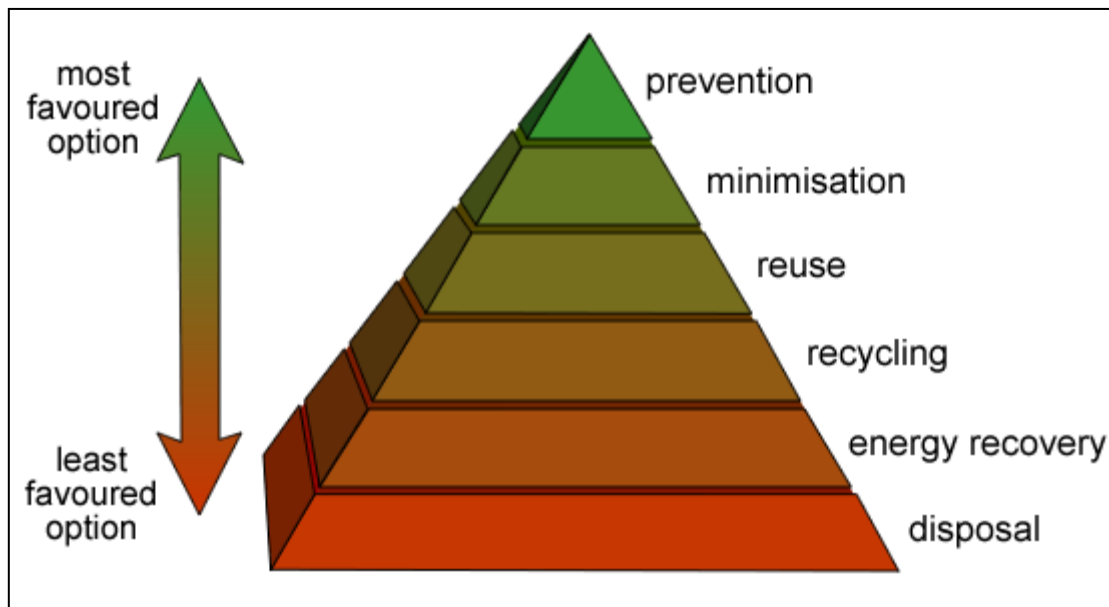
It is the policy of The Trust to:

- Segregate all waste into recyclable and non-recyclable streams to minimise environmental impact and keep operational costs to a minimum
- Develop appropriate procedures to ensure the safe segregation, handling, transportation, storage and final disposal of all waste streams;
- Limit the quantity of waste produced. Re-use, re-cycle, and dispose of waste, using the principles of sustainability and the Hierarchy of Waste Management model;
- Employ innovative approaches to waste management wherever possible;
- Receive and evaluate information and reports from waste management contractors in order to facilitate improvement in waste management performance and recycling rates; and provide assurance of compliance
- Ensure principles of sustainable waste management are implemented in any construction projects;
- Train staff in accordance with this policy and waste management procedures to encourage best practice and statutory compliance;
- Ensure this policy and any procedures comply with Infection Control requirements;

- Monitor and audit waste management through such initiatives as the quarterly Infection Control Audit and Duty of Care performance and produce an annual report for the Trust.

7. Waste Management Principles

7.1 Hierarchy of Waste Management



The Hierarchy of Waste Management model sets out the key principles by which the Trust intends to manage waste:

7.2 Prevention

Procurement department to encourage suppliers to reduce waste at the source by minimising packaging as detailed in Section 21.1.1 of the NHS Conditions of Contract for the Purchase of Goods (July 2007) and to comply with the Producer Responsibility Obligations (Packaging Waste) Regulations 2005... Encourage suppliers to use cages rather than boxes for deliveries.

Encourage staff to use email or the scan to e-mail facility rather than printing and mailing a document.

7.3 Minimisation

Reduce the amount of waste produced, through initiatives such as the 'paper light office'

Encourage employees to print responsibly and to recycle where possible. Facilitate transition of paper documents into digital form and ensure they are correctly archived to alleviate the need for hard copies.

Print double sided; make double sided printing the default position on computers to save paper consumption. Staff where practical should shred confidential documents so that they can be recycled.

7.4 Reuse

Seek to identify waste streams suitable for re-use and encourage commercial ventures utilising re-use items i.e. compost bins.

7.5 Recycling

Recycle non-healthcare waste streams where possible and seek to identify healthcare waste streams that could be recycled.

Use printer manufacturers pre-paid postage labels to recycle printer/toner cartridges or designated recycling collection boxes.

Operate dry recycling scheme which includes paper, plastic, cardboard, cans etc.

7.6 Energy Recovery

Bagged clinical waste is autoclaved, shredded and the heat is converted to form electricity. Providing sustainable green energy for London.

7.7 Disposal

The Trust will only consign to landfill those wastes which cannot be 'disposed' of using the principles described above.

8. Segregation of Waste


Different types of waste require different treatment to ensure their safe and appropriate disposal. Proper segregation of waste is critical to the effective and safe management of waste and if undertaken correctly, should also minimise the costs associated with disposal. For example, incineration of a bag of infectious waste is more expensive than disposing of a bag of domestic waste. It is therefore LAS policy that waste is correctly identified and segregated at source, in order to remove all avoidable risk during subsequent handling, storage and transportation.

To assist staff in segregating waste the LAS adopted a national colour coding system (below) that identifies and segregates waste on the basis of its classification and suitability of treatment and disposal options. See page 22 and 23 of the Infection Prevention and Control Training Workbook (2013) for procedures concerning segregation, handling, and storage of waste.

8.1 Sharps waste

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Sharps are items that could cause cuts or puncture wounds, including contaminated or non-contaminated needles, syringes with needles attached, broken glass ampoules, scalpels and other blades, and infusion sets. Yellow-lidded sharps receptacles should contain waste that requires disposal by incineration only.


	Description	Example	Disposal Method
	Sharps including single use items	Syringe body, ampoule	Incineration

Sharps receptacles used during the course of ambulance/patient transport services should be correctly assembled, labelled, dated and signed as appropriate.

The sharps receptacle should be disposed of when it is filled to the fill line indicated on the container and should never exceed the permissible marked mass.


8.2 Infectious healthcare waste (clinical waste)

Orange bags should be used for infectious healthcare waste which may be treated to render it safe prior to final disposal. Treatment may only take place in a suitably licensed or permitted facility. The Trust, by segregating waste in the orange stream, will reduce its carbon footprint and environmental pollutants.

	Description	Example	Disposal Method
	Infectious waste, potentially infectious waste, autoclaved laboratory waste and single use items	Soiled dressings, single use items	Licensed/permitted treatment facility

8.3 Highly Infectious Category A Waste

	Description	Example	Disposal Method
	Category A waste is an infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent	Soiled dressings, single use items, gloves, aprons, masks, goggles, overshoes, gowns etc	Licensed/permitted treatment facility. Prior permission must be sought before waste is moved, details listed below.


	<p>disability, life threatening or fatal disease in otherwise healthy humans or animals. This would include waste from patients with suspected or proven Viral Haemorrhagic Fever.</p> <p>Waste is to be Double bagged in yellow clinical waste bags and tagged prior to being placed in yellow sealed UN3291 bin. To be labelled highly infectious.</p>		
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Full details for disposal of highly infectious waste can be located in appendix 2.

8.4 Domestic waste

Domestic waste means mixed municipal waste from healthcare and related sources that is the same as, or similar to black bag domestic waste from domestic households. Healthcare premises must not place any hazardous waste in this waste stream.


Black bags should be used for domestic waste which is waste similar in nature and composition to waste generated in the home. It should not contain any infectious healthcare waste materials, sharps or medicinal products, or any confidential material and therefore may be placed in black bags for disposal.

	Description	Example	Disposal Method
	Domestic waste	General refuse, including confectionery products, food, flowers etc.	Energy from waste

8.5 Food Waste (where applicable)

Some premises have dedicated food caddies provided for the purpose of collecting food waste. This includes tea bags, coffee grounds,

leftover food, meat, fish, dairy products, eggs, pasta, bread, noodles, cereals, confectionery and plants. Biodegradable bags are provided to allow composting of food products.

	Description	Example	Disposal Method
	Food waste	Tea, tea bags, coffee, plate scrapings, meat cooked/uncooked dairy, eggs confectionery, cut flowers and indoor plants.	Composting


8.6 Confidential waste

Confidential waste should be shredded if possible. If not dedicated sacks and tags must be used for the disposal of any waste material that contains confidential or restricted information that will constitute a breach of confidentiality if it became available to unauthorised persons. The sack is to be securely locked away or placed in a designated locked confidential waste bin for secure shredding.

Confidential waste includes any material, such as Patient Report Forms (PRF), that contains information that would identify an individual patient or employee or business confidential information. All completed parts of a PRF must be placed in the black box on station at the end of shift. On no account should any part of a PRF be disposed of through the residual waste stream or infectious health waste (clinical waste) stream.

This Disposal of Confidential waste applies to all materials, i.e., paper, computer, video or audiotape, photographs, film fiche, disks etc.

Confidential waste which is not shredded must never be placed in any other type of sack or bin that is not dedicated purely for the use of confidential waste. Any shredded waste can go directly in the recycling waste bags.

	Description	Example	Disposal Method
	Confidential Waste	Paper, or any material that contains patient or personal information	Shredded and then placed in recycling bin. If not shredded placed into confidential waste sack and secured with tag and placed in designated

			confidential waste bin. Collected and securely shredded.
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8.7 Uniform Disposal

Disposal of uniform will be in accordance with the current uniform and work wear policy.

Returned uniforms should be securely disposed of through an approved route which will result in them being securely destructed and should not discarded into the domestic waste stream.


Uniforms with gross contamination with blood and bodily fluid should be discarded into the infectious healthcare waste stream.

Refer to: OP/001 Uniform Work Wear Policy

	Description	Example	Disposal Method
	Uniform	Jackets, trousers, boots, shirts etc	Transported to Logistics Store for onward secure shredding.



8.8 Recycling waste

Clear sacks will be used for all recycling waste. This includes cans, glass, paper, cardboard, plastic bottles, carrier bags etc.

	Description	Example	Disposal Method
	Recycling waste	Paper, cans, glass, cardboard, plastic bottles etc	Recycled

8.9 Workshop Waste

Waste arising from the servicing of LAS vehicles will be deposited into a designated workshop skip.

	Description	Example	Disposal Method
	Workshop Waste	Exhausts, disc brakes, air filters, waste metal etc.	Sorted and recycled where possible
	Vehicle batteries, defibrillator batteries	Lead, acid batteries	Sorted and recycled where possible

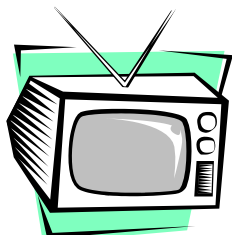
The above items are consigned as hazardous waste and must be accompanied by a hazardous waste consignment note. They must be collected by an approved contractor with full audit trail.

There is currently no legislative requirement to segregate alkaline or zinc carbon batteries (i.e., AA, AAA) from domestic waste destined for landfill. However, where feasible, recycling points may be installed. This also reduces landfill volumes.

8.10 Electrical and Electronic Waste

The Waste Electrical and Electronic Directive (WEE) covers a wide range of waste electrical equipment including battery powered devices and electronic and mechanical information technology, communications equipment, mobile telephones and non-lead acid batteries generated as a result of trust activities.


A contracted company is, used to remove this waste on an ad hoc basis, which is then transferred for recycling or reuse to an authorised and approved treatment facility.

	Description	Example	Disposal Method
	Waste electrical equipment	IT equipment, electrical household appliances, electrical medical devices	Approved treatment facility and secure disposal of memory devices.


8.11 Medical Devices

Refer to Records Management & Disposal Policy & Procedure TP030 and any other related policy for full details.

Medical devices must be decontaminated and visually clean before disposal.


	Description	Example	Disposal Method
	Medical devices	Walking frames, spinal boards, stretchers, trolleys, stethoscope etc	Approved treatment facility

8.12 Hazardous Waste

	Description	Example	Disposal Method
	Hazardous waste	Waste oil, anti-freeze brake fluid, pesticides, paint, glue	Approved treatment facility

8.13 Medicinal/Out of Date Drugs

The above items should be collected by logistics for onward transmission to the stores at Blackhorse Road. They are stored in bulk in blue lidded containers and then collected by approved contractor for incineration.

	Description	Example	Disposal Method
	Out of date drugs	Expired, unused, split & contaminated medicinal products/ drugs, vaccines	Approved disposal facility

Refer to OP/002 & OPO30 for further details on completion of relevant paperwork. This is the procedure covering the issue and use of drugs by LAS staff and OP030 Policy and Procedure for Ordering, Storage and Use of Controlled Drugs.

9. Continuous Development

The Waste Management Strategy will identify waste management programmes to:

- Encourage staff and contractors to minimise any undue waste;
- increase recoverable/recyclable LAS generated waste on a year by year basis;
- Consult our stakeholders and collaborate with appropriate external organisations.

- Improve safety to our staff and patients and ensure compliance with national requirements and CQC registration.

10. Management of waste contractors

The relevant managers will organise scheduled meetings with the principle waste contractors on a quarterly basis. Those contractors offering fringe services will be seen annually.

Contractors will be monitored on quality and effectiveness of the service; key performance criteria include:

- Missed or late collections within the review period
- Cleanliness and serviceability of waste bins
- Average bin weights
- Recycling volumes

IMPLEMENTATION PLAN				
Intended Audience	For all staff and external stakeholders			
Dissemination	Available to all staff on the LAS Pulse and to the public on the LAS website			
Communications	Revised policy to be announced in the RIB and a link provided to the document			
Training	Procedures for the management and disposal of hazardous waste will be incorporated within the induction training and on the CPD training programme for all staff and will comprise of the risks associated with handling, segregation, storage, safe disposal, transportation together with procedures for dealing with spillages and accidents and, where appropriate, the use of personal protective equipment.			
Monitoring: Quarterly workplace inspection audits are undertaken by DSO's and ad hoc audits are undertaken by Facilities Manager and Infection Control				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
<p>Quarterly workplace inspections and ad hoc audits by facilities manager and infection control. Contractors provide monthly KPI information.</p> <p>Cradle to grave annual waste audit undertaken by Facilities Manager</p>	<p>Quarterly workplace inspection forms, KPIs, ERIC return. (The ERIC (Estates Return Information Collection) is collected and published by the HSCIC on behalf of the Department of Health).</p>	<p>Facilities Manager, Deputy Director Fleet and Logistics, Chief information officer and Infection Control will report to infection control committee</p>	<p>Infection Control Committee and Trust Board</p>	<p>Induction training & CPD training</p>

Appendix 1

Legal compliance

Listed below are some of the Acts, Regulations & EC Directives identified as key to creating a comprehensive waste policy document. These standards are open to iteration and should be monitored regularly to ensure adherence to the latest versions (as discussed in section 9 above).

Hazardous Waste Regulations 2005 amended 2011

Environmental Protection Act 1990

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Environmental Protection (Duty of Care) Regulations 2011

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 amended 2011

The Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 CHIP

Control of Substances Hazardous to Health Regulations 2002 COSHH

European Union Directive on Waste Electrical and Electronic Equipment (WEEE) 2013

National Waste Strategy for England and Wales 2007

Waste Management Licensing Regulations 1994 amended 2005

Health and Social Care Act 2008, 2010, 2012

Landfill Regulations 2011

Health Technical Memorandum 07-01: safe management of healthcare waste 2013

Disposal of Category A Waste

Waste from patients which has a 'high possibility of' or confirmed VHF infection is classified as category A infectious waste, and on the basis that it is known or suspected to be contaminated with pathogens presenting the most severe risk of infection. All treatment, disposal and transport of waste should therefore follow the guidance for Category A infectious waste as set out in HTM07-01, ie autoclaved on site or sent for incineration, and any additional national guidance.

Highly infectious waste in this category includes, any waste that is contaminated with bodily fluids, sharps, contaminated patient care equipment, PPE, cleaning equipment, and materials exposed to the infectious patient, and materials following crew and ambulance decontamination.

LAS and Category A waste

Disposal of highly infectious Category A waste, generated by Hazardous Group 4 organisms is rarely undertaken by crews in LAS with the exception of the HART team. HART, when on completion of transferring confirmed cases of VHF to RFH HLIU, disposes all highly infectious waste generated at the hospital.

In the event of an escalation of cases with Category 4 organisms requiring transfer by the general LAS Ambulance crews to local Emergency Departments, there will be a need to set up an appropriate service for this service.

Category A waste Contract

In the event such a service is required, an appropriate contract specification to meet HTM 07-01 standard, and further national guidance should be put in place for Category A waste disposal with a reputable and licensed waste contractor to take the Category A waste to final incineration.

As LAS do not have autoclave facilities, this waste would have to be transported for final disposal by the waste contractor to the nearest incinerator, with authorization from the Department of Transport. Adequate contingency arrangements should be made in advance with the contractor to ensure safe collection, transport and disposal demonstrably in full compliance with the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) and compliance with national guidance as stated above.

Category A waste packaging

The category A waste should be contained within 2 layers of containment (thick, durable yellow clinical waste bags) with the secondary containment being robust, leak-proof containers with a secure lid with appropriate UN-

approved designation (60L UN3291). The waste is to be transported on a trolley where appropriate to avoid inadvertent contamination of the person handling the waste. It is recommended that liquid waste is solidified using a proprietary product before disposal into the highly infectious waste bags, to reduce leakage. The waste container should be labelled 'Highly Infectious'.

Waste streams for confirmed high possibility and low possibility cases

For confirmed case transfer to RFH HLIU by HART, Category A waste should be handled as Category A as described - placed in a 60L rigid yellow container (UN3291) for autoclave at RFH before waste disposal by the hospital.

For high possibility cases, transferred to local EDs, the waste should be packaged as described above, and the waste containers should be stored securely until a confirmed diagnosis is available. When confirmed as VHF, the waste would be disposed of as Category A waste. If the high possibility case is not confirmed as VHF/hazard group 4 pathogen, the infectious waste should be managed as per normal arrangement for infectious waste in LAS. Likewise, all low risk VHF waste should be disposed of as per the current waste stream. ON NO ACCOUNT are staff to break into secured waste bins to retrieve any items.

Prior to collection by the waste contractor for final disposal (when authorized by the Department of Transport), the waste must be stored securely and access restricted to authorised and trained personnel.

This waste stream should be regularly audited by the waste contract manager to ensure that all aspects are compliant and reported to the quarterly IPCC for oversight.