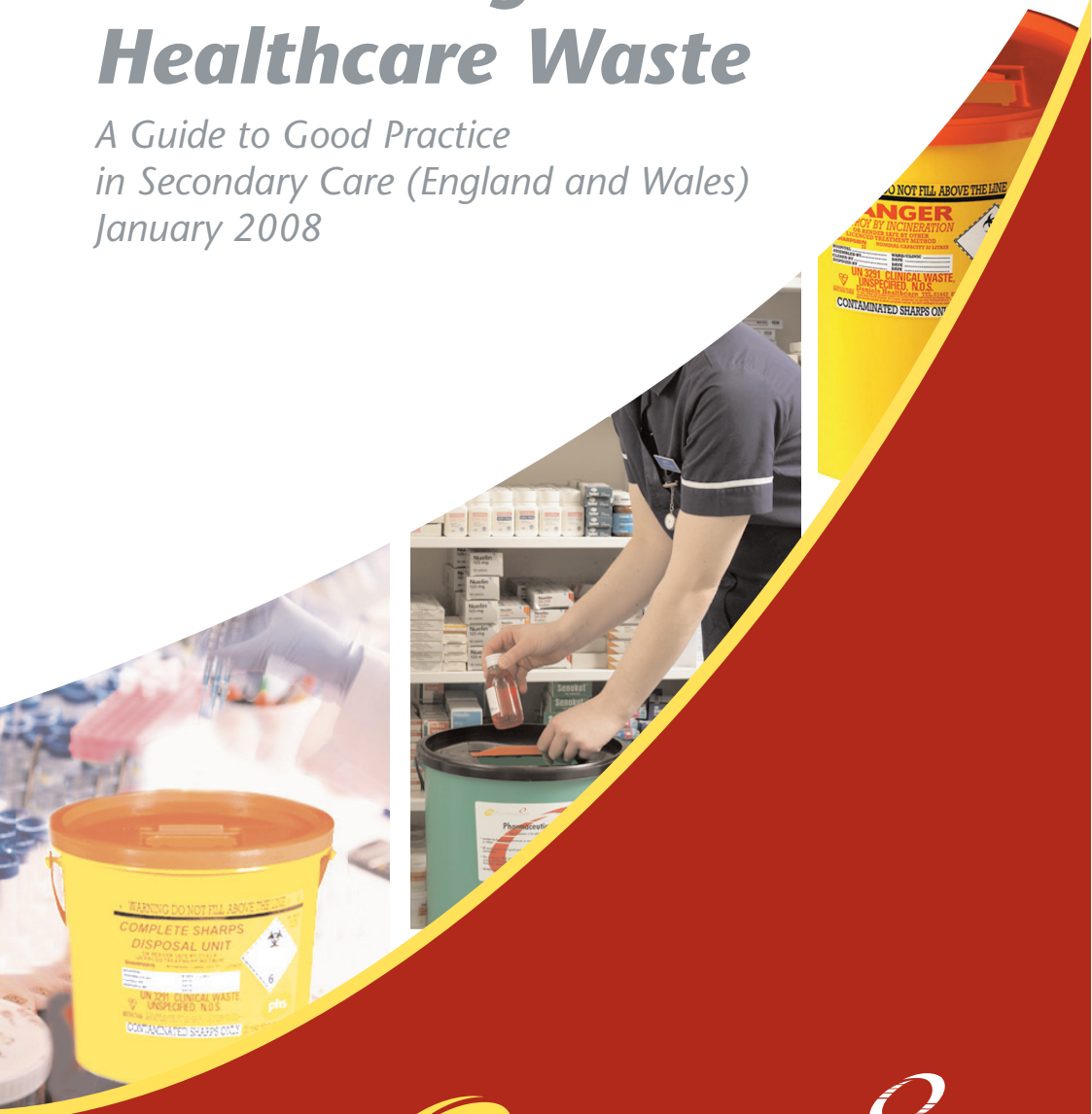


# Safe Management of Healthcare Waste

*A Guide to Good Practice  
in Secondary Care (England and Wales)  
January 2008*



***The Department of Health Document “Safe Management of Healthcare Waste” was released in December 2006. This document defines the Best Practice Guidelines for safely dealing with healthcare waste and replaces the HSAC document “Safe Disposal of Clinical Waste 1999”, more commonly known as “the purple book”.***

The aim of the Guidance is to standardise waste practices across both the waste industry and the healthcare sector. It also provides a unified approach for all areas of the United Kingdom. However, as it is not legally binding, organisations may choose to adopt alternative practices as long as they are fully compliant with all the relevant legislation.

## ***Who is this Guidance applicable to?***

### ***Healthcare Premises***

Healthcare Premises are defined as hospitals, PCT clinics, dental surgeries, GP surgeries, veterinary practices, ambulance stations or community nursing activities. Additionally, HSE (Health & Safety Executive) guidance also defines waste from funeral parlours as infectious.

### ***Non-Healthcare Premises***

Private households and commercial or industrial premises such as supermarkets and shops are not classed as Healthcare Premises. Waste discarded in the community or produced at home as a result of self-care is also not classed as healthcare waste and is therefore NOT governed by this Guidance.

## ***How to define “Clinical Waste”***

Following the implementation of the Hazardous Waste (England and Wales) Regulations 2005, certain types of waste, previously defined as clinical waste Groups A to E are now defined as hazardous waste. Some is hazardous due to its hazardous properties, such as Cytotoxic and Cytostatic Drugs, and some is classified as hazardous according to its potential infection risk and where it was produced.

## ***Defined by waste type and producer (may be infectious hazardous)***

Waste previously defined as Group A (dressings), B (sharps) and C (lab waste) clinical waste, is now classified according to the infection risk AND where it was produced.

### ***Infectious Hazardous***

The Guidance states that only Healthcare Premises produce ‘clinical waste’ that is defined as infectious and therefore hazardous. E.g dressings from a hospital ward are Infectious Hazardous Waste due to the presence of blood and the possible risk of infection associated with it. Infectious Waste is waste that poses a risk of infection regardless of the level of risk.

Essentially anything produced by Healthcare Premises and packaged in a UN approved clinical waste bag (yellow or orange bag) or rigid container (eco-loc or sharps bin) and labeled as UN3291 (clinical waste) is Hazardous Infectious Waste.

### ***Non-Infectious Hazardous***

Even if the waste would previously have been defined as ‘clinical waste’ such as dressings and syringes, if it has been produced by a Non-Healthcare Premises, such as a first aid room in a school or factory, it is Non-Infectious. It should not therefore be defined as Hazardous Waste and should instead be defined as “offensive” or “hygiene waste”.



## ***Defined by waste type only (Always Hazardous)***

### ***Amalgam Waste***

This is always classed as Hazardous Waste due to its high mercury content, regardless of whether it comes from a healthcare site or not.

### ***Pharmaceutical Waste***

There are three Classes of Medicine:

- Cytotoxic and Cytostatic;
- Pharmaceutically active, but not Cytotoxic or Cytostatic; and
- Not pharmaceutically active and possessing no hazardous properties (e.g. saline solution and glucose).

Only Cytotoxic and Cytostatic medicines are hazardous and they display the following hazardous properties:

- H6 Toxic
- H7 Carcinogenic
- H10 Toxic for reproduction
- H11 Mutagenic

Additionally, if medicines are deemed not to be Cytotoxic and Cytostatic then they may still be classed as hazardous based on the following properties:

- H3B Flammable
- H4 Irritant
- H5 Harmful
- H14 Ecotoxic

It should be noted that it is not a legal requirement to segregate Cytotoxic or Cytostatic medicines from other medicines, however, certain waste disposal facilities may request this based on the waste types that they can process.

### ***Offensive or Hygiene Waste***

This is Non-Infectious Waste that may be landfilled and includes:

- Incontinence
- Sanitary
- Nappy
- Animal faeces/bedding
- Items that have been produced in a non-healthcare environment and do not pose a risk of infection (e.g. first aid waste from commercial and industrial properties).

### ***Waste segregation and Colour-coding***

The colour-coding system defined in the Guidance is not mandatory but will help to achieve a standard approach across the UK. It will provide an easy and effective way of segregating waste on the basis of waste classification and ensuring that it goes to a suitable treatment/disposal facility. The new colour-coding system should be introduced by all suppliers over the next 12 months.

#### ***Yellow and orange bags***

Yellow clinical bags are going to gradually be replaced with orange bags. Orange bags will be used for Infectious Hazardous Waste and the only difference between yellow and orange bags is the disposal method. Unlike yellow bags, orange bags can be sent for alternative treatment rather than incineration. Alternative treatment is suitable for all the types of waste that you would currently place in a yellow bag e.g. dressings, swabs, bandages etc.

Eco-Locs will remain yellow and are to be used for anatomical waste, animal carcasses, wastes from funeral parlours where embalming takes place and any other clinical waste that may produce some free liquid. This waste is not suitable for alternative treatment and will continue to be sent for incineration.

### ***Collection frequencies***

The Safe Management of Healthcare Waste Guidance document recommends that Infectious Hazardous Clinical Waste (bags and eco-locs) is collected on a weekly basis unless the producer has refrigerated storage facilities. It also recommends that sharps are collected at frequencies no longer than 3 months.

# Helping you to safely and cost-effectively manage your waste

|   |                                       |  |
|---|---------------------------------------|--|
|    | <b>Anatomical Waste</b>               | <i>surgical waste, tissue, solidified embalming fluid</i>                            |
|    | <b>Swabs and Dressings</b>            | <i>swabs, wound dressings, bandages, blood contaminated waste (excluding sharps)</i> |
|    | <b>Phlebotomy Sharps</b>              | <i>sharps used to take blood samples or administer saline</i>                        |
|    | <b>Sharps with Medicinal Residue</b>  | <i>sharps waste from dispensing medicine with traces of medicine</i>                 |
|    | <b>Cytotoxic and Cytostatic Waste</b> | <i>waste relating to the dispensing of cytotoxic and cytostatic drugs only</i>       |
|  | <b>Pharmaceutical Waste</b>           | <i>medicines, controlled drugs once denatured by specialist disposal kits</i>        |
|  | <b>Offensive Waste</b>                | <i>incontinence waste, nappies</i>   |

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