



Registered Charity 1092333

Hart First Response

Waste Management Policy

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1. Policy Statement

Hart First Response (HFR) is committed to the safe, efficient and effective management of all waste produced as a consequence of its activities in order to minimise the risks to patients, volunteers, the public and the environment. HFR is further committed to complying with all relevant legislation. This policy is regularly monitored to ensure that the standards are achieved. It is reviewed and, if necessary, revised in the light of legislative or organisational changes. This policy and statement together with the procedures as outlined in the accompanying Waste Charts describes HFR's Waste Management arrangements.

2. Standards

In order to deliver this policy HFR must achieve the following standards:

- Identify all sources of waste
- Ensure all waste is segregated correctly
- Minimise the handling of waste.
- Train all staff in the correct segregation, disposal and handling of waste
- Review systems on a regular basis to ensure compliance

3. Legal and statutory obligations

- The Environmental Protection Act 1990 requires all organisations to manage their waste responsibly. HFR must be able to identify all sources of waste, the waste type, storage requirements and prove the safe storage, carriage and disposal of waste from all sources.
- The Control of Substances Hazardous to Health Regulations 1997 requires HFR to minimise exposure to all hazardous substances. This means clinical waste must be handled as little as possible. The target should be to handle clinical waste only once until placed in an appropriate receptacle.
- HFR will ensure that this policy and its implementation are in compliance with all relevant legislation and guidance including the Healthcare Commission's Core standard 4e: "Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment".
- HFR understands that we have a duty of care to provide a written description, adequately describing the type and quantity of waste, which should accompany the waste as it is moved from the point of production to the point of final disposal. We recognise that all waste should be weighed and labelled correctly, with a spillage kit to hand. We do not need a licence or ADR training certificate as we carry less than 333kg of waste (we are in the same category as ambulances and ambulance stations).
- HFR is registered with the Environment Agency: PCD/GN5413ZB as a professional collector and transporter and dealer/broker of controlled waste.



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- HFR understands that the management of hazardous waste in the UK is changing in order to incorporate the requirements of the European Hazardous Waste Directive 91/689/EC.
- HFR will ensure that this policy and its implementation are in compliance with the Health Technical Memorandum "HTM 07-01: Safe management of healthcare waste", which is recognised as the Department of Health's framework document for good practice for the management of healthcare waste. The key messages include:
 - The definition and classification of infectious wastes in accordance with hazardous waste regulations and associated guidance published by regulatory authorities
 - The definition and classification of medicinal waste regulations, including cytotoxic and cytostatic wastes in accordance with hazardous waste regulations and associated guidance published by regulatory authorities
 - Changes in carriage regulation brought in the Carriages Regulations, as amended in 2005
 - A revised colour-coded best practice waste segregation and packaging system
 - The use of the European waste catalogue (EWC) codes

4. Responsibilities

- The Waste Control Officer (WCO) for HFR, the Honorary Secretary is responsible for implementation of this policy, and is the person to whom enquiries relating to the policy should be referred. The WCO will inform the Exec. Com. of any changes or amendments to relevant regulations and National policies, and advise on the implementation of these.
- HFR volunteers must ensure that they follow this policy at all times.
- The Officer In Charge (OIC) at events is responsible for monitoring/observing HFR volunteers to ensure best practice is adhered to. Fleet Medical Centre is responsible for appropriate disposal (i.e. safe rendering) of clinical waste given to them for disposal.

5. Clinical Waste

The Controlled Waste Regulations 1992 state that "clinical waste" includes any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments. It then states that "clinical waste", unless rendered safe, may prove hazardous to any person coming into contact with it. There are strict controls in place to ensure that clinical waste is managed safely and is recovered or disposed of without harming the environment or human health. Under the Environmental Protection Act 1990, it is unlawful to deposit, recover or dispose of clinical waste in a way which causes pollution of the environment or harm to human health. Contravention of these waste controls is a criminal offence.

6. Waste management arrangements

- **Storage on the ambulance**

Clinical waste that is carried on the ambulance must be properly bagged and secured. It should be removed from the ambulance at the earliest opportunity and placed in a suitable container that is provided for the purpose.

- **Storage at HFR HQ**

Clinical waste returned to HFR HQ must be placed in an appropriate container in a secure designated area (HFR store room). Handling of clinical waste should be kept to the minimum level possible. All HFR members must ensure that the outside of the sacks or containers do not become contaminated.



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In order to incorporate some of the requirements of the European Hazardous Waste Directive 91/689/EC, HFR will separate waste into six categories and deal with them as follows:

- Infectious Clinical Waste
 - Sharps Clinical Waste
 - Offensive Clinical Waste
 - Domestic Waste
 - Confidential waste
 - Pharmaceutical waste
-
- **Infectious Clinical Waste**
 - Infectious bodily fluids include: blood, semen, vaginal, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic. Infectious non-fluid waste includes: soiled surgical dressings, human tissue, used swabs and mediwipes, and used gloves. Anatomical waste, includes blood bags, blood preserves and body parts or other recognisable anatomical items.
 - Appropriate PPE must be worn when handling this waste. Waste of this type will be placed into orange clinical waste bags sealed with a bag tie, labelled, weighed and recorded. The WCO is responsible for weighing, recording and disposal. The HFR Waste Disposal form must be completed and taken along with the waste sacks (in a plastic box) to Fleet Medical Centre for disposal by incineration. Materials for dealing with spillages should be available.
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- **Sharps Clinical Waste**
 - Sharps Clinical Waste includes: syringe needles (found discarded or in association with patients), contaminated broken glass (including shards taken from wounds), diabetic blood testing sticks, adrenaline pens, venflons and other needles used to administer fluids, other disposable sharp instruments or items, and other sharp debris found in wounds.
 - If at all possible, waste of this type will be passed to the Healthcare professional /patient for them to dispose of.
 - Used Epipen® devices present a needle stick/infection risk. These need to be disposed of safely as a sharp into a yellow lidded sharps bin.
 - Used blood glucose testing strips need to be disposed of safely as a sharp into a yellow lidded sharps bin
 - If not possible, it will be handled using disposable forceps and placed into yellow sharps box UN 3291. The WCO is responsible for weighing, recording and disposal. The HFR Waste Disposal form must be completed and taken along with the sharps box to Fleet Medical Centre for disposal by incineration. Materials for dealing with spillages should be available.
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- **Offensive Clinical Waste**
 - Non-infectious bodily fluids are now classified as “Offensive waste” and include: faeces, nasal, sputum, tears, urine, vomit – unless contaminated with visible blood or a known infection. Examples include: incontinence and other waste produced from human hygiene, sanitary waste, gowns, and plaster casts.
 - Waste of this type will be placed into yellow clinical waste bags UN 3291 and labelled with an "Offensive Waste" sticker, sealed with a bag tie, labelled, weighed and recorded. The WCO is responsible for weighing, recording and disposal. HFR Waste Disposal form must be completed and taken along with the waste sacks (in a plastic box) to Fleet Medical Centre for disposal by incineration. Materials for dealing with spillages should be available.



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- **Domestic Waste**

- Domestic waste includes: paper towels, boxes and containers, newspapers, packaging from bandages, mediwipe wrappers etc that has not come into direct contact with any clinical contamination (e.g. blood), non-confidential paper waste, and Biohazard wipes used to clean surfaces on which patients have rested (unless the surface was contaminated). It does not include any used gloves, or wipes that have been in contact with a patient or body fluids. It does not include unused gloves or aprons.
- If at all possible, aluminium cans and plastic bottles should be stored separately for recycling. Waste of this type will be placed into a black waste sack or recyclable plastic carrier bag, sealed by tying and deposited in the wheeled domestic waste or recycle bin, for collection by Hart District Council.

- **Confidential Waste**

Confidential paper waste will be disposed of in accordance with HFR's Data Protection and Confidentiality Policies. This includes waste material comprising the following:

- Patient healthcare records
- Volunteer records
- Event sheets
- Financial information that is considered sensitive
- Confidential contractual documents
- Management and board reports that are considered sensitive
- Any material containing personal information such as name, telephone number, address.

- **Pharmaceutical Waste**

- When almost outdated stocks are identified these are removed from the ambulance/store and passed to the WCO for disposal. All out of date stocks will be given to the local pharmacy for appropriate disposal. The WCO is responsible for weighing, recording and disposal. The HFR Waste Disposal form must be completed.
- To avoid chemical reaction which may be dangerous all pharmaceutical waste must as far as possible be disposed of in their original primary packaging (excluding cardboard packaging). Liquids must NOT be decanted and tablets must not be taken out of their bottle/primary blister pack. Loose tablets/capsules should be placed in a suitable container before disposal.
- Under no circumstances should pharmaceuticals be disposed of via the sewerage system.

- **Electrical and Electronic Equipment Waste (WEEE)**

Under no circumstances should any items of WEEE be placed into the domestic waste stream or into skips.

Equipment upgrades:

- If HFR bought equipment before 13 August 2005, and are replacing it with new equipment fulfilling the same function, then the producer of the new equipment is responsible for the collection, treatment and recycling of the old equipment, regardless of whether they were the original manufacturer.
- If HFR bought the equipment before 13 August 2005 and do not replace it, then HFR are responsible for financing and arranging treatment in accordance with the WEEE Regulations and existing waste management legislation, including the Duty of Care and the Hazardous Waste Regulations.



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- If HFR bought electrical equipment after 13 August 2005, then the producer of that equipment is responsible for its collection, treatment and recycling when HFR dispose of it.
- If HFR lease or rent equipment, the producer is usually responsible for its disposal.

7. EWC Codes (European Waste Catalogue)

EWC Code	Description	Examples	Packaging	Disposal
20 03 01	Domestic Waste	Clean packaging, food wrappers, paper	Black bin bag	Hart District Council Refuse
18 01 03	Infectious clinical waste	Swabs dressings (with NO medicine contamination)	Orange bag	Fleet Medical Centre
18 01 04	Offensive waste	Nappies, tissues	Tiger bag (Yellow and black stripes)	Fleet Medical Centre
18 01 03/09	Infectious sharps contaminated with NON-cytotoxic medicines	Syringes, needles, ampoules	Yellow bin	Fleet Medical Centre
18 01 09	Medicines (NON-cytotoxic)			Lloyds Pharmacy
20 01 21	Fluorescent tubes	Vehicle internal lighting		Hart District Council Recycling
20 01 01	Paper and cardboard– separately collected	Packaging		Hart District Council Recycling
20 01 02	Glass– separately collected	Bottles and jars		Hart District Council Recycling
20 01 39	Plastics– separately collected	Plastic bottles, containers		Hart District Council Recycling
20 01 40	Metals – separately collected	Steel or aluminium food/drink cans		Hart District Council Recycling
16 06 01	Lead acid batteries	Vehicle battery		Hart District Council Recycling
16 06 04	Alkaline batteries	Used in: Clock, Pulse Ox, Sphygmameters, Torches, Thermometers		Hart District Council Recycling
16 06 05	Ni-MH batteries and Lithium primary batteries	Used in: Radios, Suction Units, AEDs		Hart District Council Recycling
20 01 35	Discarded electrical and electronic equipment	TV, laptop, Projector,		As per Section 6.9

8. Volunteer training and support

On induction HFR volunteers will receive training on infection control, will include updates and information on waste disposal. All HFR volunteers will be offered annual mandatory training on infection control, which will include updates and information on waste disposal. HFR volunteers



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will be made aware of this updated policy by members of the HFR Executive as appropriate. All HFR volunteers are assigned mentors (members of the HFR Exec) to whom they are encouraged to approach as a first point of contact in the event of a concern.

9. Policy Consultation

This policy has been circulated to the HFR Executive and Medical Director for consultation. The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

10. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

11. Monitoring of Compliance and Effectiveness

Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive. Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

12. Implementation

The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

13. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

14. Related Policies and procedures

- Infection prevention and control

15. Bibliography

- Environment & sustainability. Health Technical Memorandum 07-01: Safe management of healthcare waste, 2006
- Standards for Better Health - Inspection guide 4e Healthcare Commission (May 2006)
- JRCALC 2006
- Proposals on the removal of waste products Lynn Young RCN Comments (May 2005)
- Hazardous Waste (England and Wales) Regulations (2005)
- The Carriage of Dangerous Goods and use of Transportable Pressure Equipment (CDGTPE) Amendment Regulations 2005 (ADR 2005)
- The List of Waste (England) Regulations (2005)
- The Control of Substances Hazardous to Health Regulations (COSHH 2002)
- The Landfill (England and Wales) Regulations (2002)
- Safe disposal of clinical waste. Health Service Advisory Commission (1999)
- HTM 2065, 'Healthcare Waste Management,' NHS Estates 1997
- Waste Management Licensing Regulations (1994)
- The Environmental Protection Act (1990)



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- The Health and Safety at Work Act 1974
- Waste Electrical and Electronic Equipment Directive (WEEE Directive) January 2007
- Waste Electrical and Electronic Equipment (Amendment) Regulations 2009
- British Standard 'BS 8470 Confidential Waste'



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Appendix 1: Waste Charts

Infectious Clinical Waste		
Description	Blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic. Soiled surgical dressings, human tissue, used swabs and mediwipes, and used gloves. Body parts or other recognisable anatomical items Products from airway suction	
Containers/ Receptacles Required	Orange waste sacks conforming to UN 3291. Bag ties Spillage granules/gelling agent	
Risks arising From clinical Waste	Cross infection Spillage Incidents or near misses, where adequate and appropriate measures have not been taken to dispose of waste, thereby putting others at risk of injury, should be regarded as critical incidents and reported appropriately to the Exec. Com	
Task	Action	Person(s) responsible
Handling precautions	Wear gloves and apron when handling such waste. Decontaminate hands after removing protective clothing. Handle yellow sacks by the neck – wear appropriate protective clothing including gloves, apron/overalls For suction or other fluid products spillage granules / gelling agent must be used for each sack. Materials for dealing with spillages should be available.	All HFR members handling clinical waste Executive Committee
Storage	Place directly into a yellow clinical waste sack conforming to UN 3291. Remove sack daily (or more frequently when $\frac{3}{4}$ full). Seal with a plastic tag. Place in the labelled waste box which must be kept secure.	All HFR members handling clinical waste Executive Committee Waste Control Officer
Labelling	All sacks must have an attached label detailing date and ID number. All sacks must be accompanied by a completed HFR Waste Disposal form. All yellow sacks (UN 3291) will be treated as infectious waste unless labelled otherwise.	Waste Control Officer
Treatment	Heat treatment and landfill/incineration	Waste contractor via Fleet Medical Centre
Disposal	Transport the Clinical waste box to Fleet Medical Centre reception once a week or less as required.	Waste Control Officer



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Sharps Clinical Waste		
Description	Sharps Clinical Waste: syringe needles (found discarded or in association with patients), contaminated broken glass (including shards taken from wounds), diabetic blood testing sticks, adrenaline pens, venflons and other needles used to administer fluids, other disposable sharp instruments or items, other sharp debris found in wounds.	
Containers/ Receptacles required	Yellow sharps bin conforming with UN3291. Disposable forceps	
Risks arising from clinical waste	Cross infection Spillage Inoculation injury Incidents or near misses, where adequate and appropriate measures have not been taken to dispose of waste, thereby putting others at risk of injury, should be regarded as critical incidents and reported appropriately to the Exec. Com	
Task	Action	Person(s) responsible
Handling precautions	Handle with care - using disposable forceps. Do not pick up using fingers. Drop into the sharps bin using a single handed technique. DO not hold or get anyone else to hold the sharps bin. Ensure an appropriate sharps bin is nearby. It is advisable that a sharps bin be at the point of use. Do not re-sheath. Avoid disassembling needles and syringes. Do not place sharp debris removed from wound onto hand for inspection	All HFR members handling clinical waste Executive Committee
Storage	The waste is to be disposed of into the container at the point of use. Faulty containers must not be used and any faults should be reported to the Executive Committee. Close and seal the sharps container after use	All HFR members handling clinical waste Executive Committee
Disposal	Pass the sealed container to the Healthcare professional /patient for them to dispose of. If not possible, transport the Clinical waste box to Fleet Medical Centre reception once a week or less as required.	All HFR members handling clinical waste Executive Committee



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Offensive Clinical Waste		
Description	Faeces, nasal, sputum, tears, urine, vomit incontinence and other waste produced from human hygiene, sanitary waste, gowns, Resusci-annie lungs and plaster casts.	
Containers/ Receptacles required	Yellow waste sacks conforming to UN 3291 with "Offensive Waste" sticker – until tiger bags become available. Bag ties	
Risks arising from clinical waste	Cross infection Spillage Incidents or near misses, where adequate and appropriate measures have not been taken to dispose of waste, thereby putting others at risk of injury, should be regarded as critical incidents and reported appropriately to the Exec. Com	
Task	Action	Person(s) responsible
Handling precautions	Wear gloves and apron when handling such waste. Decontaminate hands after removing protective clothing. Handle yellow sacks by the neck – wear appropriate protective clothing including gloves, apron/overalls Materials for dealing with spillages should be available.	All HFR members handling clinical waste Executive Committee
Storage	Place directly into a yellow clinical waste sack conforming to UN 3291. Remove sack daily (or more frequently when $\frac{3}{4}$ full). Seal with a plastic tag and label with "Offensive Waste" sticker. Place in the labelled waste box which must be kept secure.	All HFR members handling clinical waste Executive Committee Waste Control Officer
Labelling	All sacks must have an attached label detailing date and ID number. All sacks must be accompanied by a completed HFR Waste Disposal form.	Waste Control Officer
Treatment	Heat treatment and landfill/incineration	Waste contractor via Fleet Medical Centre
Disposal	Transport the Clinical waste box to Fleet Medical Centre reception once a week or less as required.	Waste Control Officer



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Domestic Waste		
Description	paper towels boxes and containers newspapers packaging - from bandages, mediwipe wrappers etc that has not come into direct contact with any clinical contamination (e.g. blood) non-confidential paper waste Biohazard wipes used to clean surfaces on which patients have rested (unless the surface was contaminated)	
Containers/ Receptacles required	Bin Black waste sack or re-cycled plastic carrier bag.	
Risks arising from clinical waste	dirt unsightly environment pests Incidents or near misses, where adequate and appropriate measures have not been taken to dispose of waste, thereby putting others at risk of injury, should be regarded as critical incidents and reported appropriately to the Exec. Com	
Task	Action	Person(s) responsible
Handling precautions	none	none
Storage	Place domestic waste in a black waste sack or re-cycled plastic carrier bag. Remove sack daily (or more frequently when $\frac{3}{4}$ filled) and seal by tying Place in the wheeled domestic waste bin.	All HFR members Executive Committee Waste Control Officer
Labelling	none	none
Treatment	Compacted	Hart District Council
Disposal	Transport the wheeled domestic waste Bin for rubbish removal as directed by HDC	Hart District Council Waste Collection



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Appendix 2: HFR Waste Transfer Note – example from database

HFR Waste Transfer Note			
Waste number	Container type	Weight (g)	Transfer Date
1		29	30/08/2006
Collection Date	Collection Event		
27/08/2006	Mini Moto Race Martinique Parade Ground		
Waste Type			
Infectious Clinical Waste EWC 18 01 03			
Waste description			
Wound cleaning: mediwipes and gloves			
Disposed by HFR member (on behalf of Dr Hester Wain, registered waste carrier). Print name / signature			
Hester Wain			
Hart First Response (HFR) Registered Charity 1092333. 66 Church Road, Fleet, Hampshire, GU51 4LY, (01252) 629132 Email: admin@hartfirstresponse.org.uk www.hartfirstresponse.org.uk. 'Providing voluntary first aid _ambulance cover in the local community'. Producer of clinical waste from community events. HFR is an Environment Agency Registered collector/transporter/dealer of controlled waste. Registration ID: PCD/GN5413ZB			
This waste has been accepted to be rendered safe by: Fleet Medical Centre, Church Road, Fleet, GU51 4PE. Tel: 01252 613327. Agreed in 2006 with Chris Allum, Practice Administrator.			
Print name / Signature			
Fleet Medical Centre			
Waste transfer notes should be kept for two years.			



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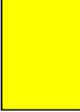
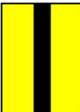
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Appendix

Waste disposal, colour coding and packaging

HTM 07-01 Safe Management of Healthcare Waste introduced a new national colour coding system for waste packaging, which is based on the disposal route of the waste stream. The table below summarises the key requirements.

YELLOW		Waste which requires disposal by incineration Indicative treatment/disposal is incineration in a suitably permitted or licensed facility
ORANGE		Waste which may be "treated" Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facilities, usually alternative treatment plans. However this waste may also be disposed of by incineration
PURPLE		Cytotoxic and cytostatic waste Indicative treatment/disposal required is incineration in a suitably permitted or licensed facility.
YELLOW/ BLACK - TIGER		Offensive/hygiene waste Indicative treatment/disposal required is landfill in a suitably permitted or licensed site. This waste should not be compacted in unlicensed/permitted facilities.
BLACK		Domestic (municipal) waste Minimum treatment/disposal required is landfill in a suitably permitted or licensed site. Recyclable components should be removed through segregation. Clear/opaque receptacles may also be used for domestic waste.
WHITE		Amalgam waste For recovery.



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Appendix 3: Clinical Waste Disposal Summary for HFR Volunteers use

Description	Type	Container	Cautions
Alcohol swabs used for equipment cleaning	Offensive Clinical Waste	Yellow bag + offensive waste sticker	
Contaminated clothing/goggles	Offensive Clinical Waste	Yellow bag + offensive waste sticker	
Faeces and urine	Offensive Clinical Waste	Yellow bag + offensive waste sticker	Add absorbent granules
Peak flow mouth pieces	Offensive Clinical Waste	Yellow bag + offensive waste sticker	
Saline and gauze from eye irrigation	Offensive Clinical Waste	Yellow bag + offensive waste sticker	Add absorbent granules
Thermometer ear cover	Offensive Clinical Waste	Yellow bag + offensive waste sticker	
Used oxygen mask / entonox mouth piece	Offensive Clinical Waste	Yellow bag + offensive waste sticker	
Vomit	Offensive Clinical Waste	Yellow bag + offensive waste sticker	Add absorbent granules
Blood	Infectious Clinical Waste	Orange bag	
Fluid from airway suction	Infectious Clinical Waste	Orange bag	Add absorbent granules
Human tissue	Infectious Clinical Waste	Orange bag	
Ice packs - contaminated with blood	Infectious Clinical Waste	Orange bag	
Soiled dressings	Infectious Clinical Waste	Orange bag	
Used apron - uncontaminated	Infectious Clinical Waste	Orange bag	
Used biohaz wipes - contaminated with blood	Infectious Clinical Waste	Orange bag	
Used burns dressings	Infectious Clinical Waste	Orange bag	
Used gloves	Infectious Clinical Waste	Orange bag	
Used mediwipes	Infectious Clinical Waste	Orange bag	
Used plastic forceps	Infectious Clinical Waste	Sharps bin	
Adrenaline pens	Sharps Clinical Waste	Sharps bin	use forceps
Any other sharps	Sharps Clinical Waste	Sharps bin	use forceps
Contaminated glass	Sharps Clinical Waste	Sharps bin	use forceps
Diabetic blood testing sticks	Sharps Clinical Waste	Sharps bin	use forceps
Needles	Sharps Clinical Waste	Sharps bin	use forceps
Sharp debris removed from wound	Sharps Clinical Waste	Sharps bin	use forceps
Venflons from IV	Sharps Clinical Waste	Sharps bin	use forceps
Ice packs - uncontaminated	Domestic Waste	Black bag	
Packaging and wrappers - uncontaminated	Domestic Waste	Black bag	
Paper towels / tissues used to clean patients	Domestic Waste	Black bag	
Used biohaz wipes - for cleaning surfaces	Domestic Waste	Black bag	



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Appendix 4: Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect these mentioned groups differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect these mentioned groups differently.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.