

HPSS	Controls Assurance Standard	Waste Management
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## WASTE MANAGEMENT

### Standard

The 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 environment.

### Overview

This standard is principally concerned with the safe segregation, handling, transport and disposal of waste. Unless properly managed, waste can present significant risks to the health and safety of staff, patients, the public and the environment, and hence can pose potentially significant risks to the organisation.

A substance or object that the organisation is intending or is required to discard is defined as waste if it is listed in the European Waste Catalogue. Waste is defined as an object or substance that is discarded when it is no longer part of the normal commercial cycle or chain of utility. All waste arising from *Healthcare Organisations* is broadly defined under The Waste Collection and Disposal Regulations (NI) 1992, The Waste and Contaminated Land (NI) Order 1997, The Controlled Waste Regulations (NI) 2002 and the Radioactive Substances Act 1993. Hazardous Waste Regulations (Northern Ireland) 2005; and List of Wastes (Amendment) Regulations (Northern Ireland) SR 2005/462

The key guidance addressed within the standard are the 'Safe Management of Healthcare Waste', Hazardous Waste, Technical Guidance WM2 (Second Edition HTM 2065 'Healthcare Waste Management' (Use for general waste guidance only),.

The key principles of waste management taken from these guidance documents can be summarised under the following topics:

- Clear lines of accountability
- Waste management policy and strategy development
- Categorisation and segregation of waste
- Safe handling, transportation and disposal of waste
- Appropriately resourced and skilled workforce
- Risk management
- Review and improvement

Section 5 of the Waste and Contaminated Land Order 1997 imposes a duty of care on persons concerned with control of waste (as defined above). The duty applies to any person who produces, imports, carries, keeps, treats or

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disposes of controlled waste, or as a broker has control of such waste. It places a duty on anyone who in any way has a responsibility for control of waste to ensure that it is managed properly and recovered or disposed of safely. Those subject to the duty must try to achieve the following:

- To prevent any other person committing the offences of depositing, disposing of or recovering controlled waste without a waste management licence; contrary to the conditions of the licence; or in a manner likely to cause environmental pollution or harm to health.
- To prevent the escape of waste, i.e., to contain it.
- To ensure that on the transfer of waste it is only to an authorised person or to a person for “authorised transport purposes”.
- When waste is transferred to ensure that a written description of the waste, to enable each person receiving it to avoid committing a contravention of Section 5 of the Waste and Contaminated Land Order 1997.

Under the Controlled Waste (Duty of Care) Regulations 2002 (Northern Ireland) as amended 2004, those subject to the duty must make records of waste they receive and consign. Each party to any transfer must keep a copy of the description of the waste transferred and must complete, sign and keep a transfer note containing information about the waste and about the parties to the transfer. Both records (which may consist of a single document) must be kept for at least two years and made available to the Environment Agency (EHS, NI). Where a series of transfers of waste of the same description are being made between the same parties, provision is made for the parties to agree a “season ticket”, i.e., one agreement covering a series of transfers.

### Assessment Guidance

HPSS organisations vary significantly in size and in the nature of the services they deliver. It follows that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

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Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HPSS organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

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## KEY REFERENCES

Department of Health (2001) *Guidance: First Principles* 2001.

*The Carriage of Dangerous Goods (Amendment) Regulations (NI) 2002*. No34 The Stationery Office, Belfast.

*Carriage of Dangerous Goods (Classification, Packing and Labelling) and use of Transportable Pressure Receptacles (NI) 1997* (No 247) The Stationery Office, Belfast. *Health & Safety Executive Guide L88*

*The Controlled Waste (Regulation of carriers and seizure of vehicles) Regulations (NI) 1999*. The Stationery Office, Belfast.

*The Controlled Waste Regulations (Northern Ireland) 2002, and amendment Regulations 2003*. The Stationery Office, Belfast.

*Control of Substances Hazardous to Health Regulations (NI) 2003 and Amendment Regulations 2005* The Stationery Office, Belfast.

*The Health and Safety at Work (Northern Ireland) Order 1978*, The Stationery Office, Belfast.

*The Controlled Waste (Duty of Care) Regulations (Northern Ireland) 2002* The Stationery Office, Belfast. .

Great Britain (2000) *The Ionising Radiation Act 2000* The Stationery Office, London

*Management of Health and Safety at Work Regulations (NI) 2000* No388. The Stationery Office, Belfast.

*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (NI) 1997* No.455 The Stationery Office, Belfast.

*Hazardous Waste Regulations (Northern Ireland) 2005* The Stationery Office, Belfast.

*List of Wastes Regulations (Northern Ireland) 2005* The Stationery Office, Belfast

*The Waste and Contaminated Land (1997 Order) (Commencement No 6) Order (Northern Ireland) 2002*.

Great Britain (1999) *Transport of Dangerous Goods (safety advisors regulations) 1999* The Stationery Office, London

*Waste Management – The Duty of Care – Code of Practice 2002*  
The Stationery Office, Belfast.

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*The Waste Management Licensing Regulations (Northern Ireland) 2003 The Stationery Office, Belfast, Great Britain The Environment Agency Special Waste Explanatory Notes*

NHS Estates Health Technical Memorandum HTM 2065 Healthcare waste management-segregation of waste streams in clinical areas, (Professional Estates Letters Refers):

PEL (99)9 'Clinical Waste Disposal – Policy for the Segregation, Primary Packaging, Secondary Packaging and Storage of clinical Waste'

PEL (99)18 'Clinical Waste Disposal – Training Package – Management of Clinical Waste'

PEL (01)11 'The Management of Clinical Waste in the delivery of Health and Social Care in the Community'

PEL (02)10 'Guidance on the Handling and Disposal of Pharmaceutical Clinical Waste'

NHS Estates (2002) *New Environmental Strategy for the National Health Service*. NHS Estates, Leeds

NHS Estates (2002) *NHS Environmental Assessment Tool (NEAT)*. NHS Estates, Leeds.

HSS (PPM) 10/2002 Governance in the HPSS: *Clinical and Social Care Governance – Guidelines on Implementation*. Northern Ireland

HSC 1999/123. 1999

HSS (PPM) 3/2002 – Corporate Governance: *Statement on Internal Control*. Northern Ireland

DAO (DFP) 5/2001 - Corporate Governance: *Statement on Internal Control*. Northern Ireland

DAO (DFP) 25/2003 - *Statement of Internal Control*

HSS (PPM) 4/2005 – AS/NZS 4360:2004 – Risk Management.

HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.

HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.

HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland

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HSS (PPM) 8/04 Governance in the HPSS: Controls Assurance Standards – Update

NHS Executive (1995) *NHS Internal Audit Manual 1995*. NHS Executive, London.

Standards Australia (2004) *Risk Management AS / NZS 4360:2004*. Standards Association of Australia. Strathfield NSW.

Hazardous Waste, Technical Guidance WM2 (second edition). [www.environment-agency.gov.uk](http://www.environment-agency.gov.uk)

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## INDEX OF WASTE MANAGEMENT CRITERIA

### Criterion 1 (Accountability)

Board level responsibility for waste management is clearly defined and there are clear lines of accountability throughout the organisation, leading to the Board.

### Criteria 2 to 11 inclusive (Processes)

The organisation has a Board approved waste management policy and strategy.

All waste is categorised in accordance with HTM 2065 or equivalent and Safe Management of Healthcare Waste.

All waste is segregated in accordance with the current guidance.

All waste containers conform to legislative requirements.

Prior to final disposal by the organisation, all healthcare waste requiring storage is kept in accordance with legislative requirements requirements.

Staff who handle waste take all necessary safety precautions.

Transport of waste on-site or off-site is done in accordance with legislative requirements.

Any licensed on-site treatment of healthcare waste complies with legislative requirements..

Waste hazards and incidents are dealt with in accordance with the processes contained in the Risk Management standard..

The risk management process contained within the Risk Management standard may be applied where appropriate to the management of waste.

### Criteria 12 & 13 (Capability)

There is access to up-to-date waste management legislation and guidance.

All employees involved in handling waste receive appropriate information, instruction and training.

### Criterion 14 (Outcomes)

Key indicators capable of showing improvements in waste management and the management of associated risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

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**Criterion 15 (Monitoring and review)**

The system in place for waste management, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

**Criterion 16 (Internal Audit)**

The Board seeks independent assurance that an appropriate and effective system of managing waste is in place and that the necessary level of controls and monitoring are being implemented.

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## CRITERION 1

**Board level responsibility for waste management is clearly defined and there are clear lines of accountability throughout the organisation, leading to the board.**

### Source

- *The Health and Safety at Work (Northern Ireland) Order 1978, The Stationery Office, Belfast*
- Waste and Contaminated Land Order 1997 The Controlled Waste Regulations (NI) 2002
- *The Controlled Waste (Duty of Care) Regulations (Northern Ireland) 2002* The Stationery Office, Belfast.
- The 'Safe Management of Healthcare Waste'. (2006)
- HSS (PPM) 10/2002 Governance in the HPSS: *Clinical and Social Care Governance – Guidelines on Implementation*. Northern Ireland
- HSS (PPM) 3/2002 – Corporate Governance: *Statement on Internal Control*. Northern Ireland
- DAO (DFP) 5/2001 - Corporate Governance: Statement on Internal Control Northern Ireland
- DAO (DFP) 25/2003 - Statement of Internal Control
- Standards Australia (2004) *Risk Management AS / NZS 4360:2004*. Standards Association of Australia. Strathfield NSW

### Guidance

The Chief Executive of the organisation has the ultimate accountability for waste management. He/she has the responsibility for setting waste management policies, and for ensuring that, where possible, the production of waste is minimised and that risks associated with handling transporting and disposing of waste are assessed and eliminated or reduced.

Clear lines of accountability should be established throughout the organisation, defining relationships between the Board, relevant committees such as infection control, and other responsible staff such as risk managers, health and safety advisors, estates managers and/or waste management co-ordinator. These lines of accountability should be documented in a Waste Management Policy.

Appropriate mechanisms should be in place to ensure the Board is kept fully informed of significant waste management risks and any associated significant developments of issues.

### Examples of Verification

- Accountability arrangements chart
- Waste Management Policy that details accountability arrangements.
- Board Minutes

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### **Links with other standards**

All standards (generic criterion)

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## CRITERION 2

**The organisation has a Board approved waste management policy and strategy.**

### Source

- NHS Estates Health Technical Memorandum HTM 2065 *Healthcare waste management-segregation of waste streams in clinical areas*
- NHS Estates (2002) *New Environmental Strategy for the National Health Service*. NHS Estates, Leeds
- NHS Estates (2002) *NHS Environmental Assessment Tool (NEAT)*. NHS Estates, Leeds
- 'The Safe Management of Healthcare Waste', (2006),

### Guidance

The development of a policy on waste is a management responsibility. The policy should include all aspects of managing waste such as waste minimisation, re-cycling, waste handling, transfer, segregation, storage and disposal.

The policy document should clearly identify the lines of responsibility for its effective implementation, remain up to date, and meet both current external and internal requirements.

The Risk Management Committee (or similar Board subcommittee) should take the lead in setting the overall framework for effective waste management through a waste management strategy.

The strategy needs to be approved by the Risk Management Committee and senior managers and backed through clear lines of accountability. To be effective, the strategy should have the following components:

- Arrangements on waste reduction, re-use of equipment and recycling, waste handling and transfer, and on segregation;
- Arrangements on waste handling and transfer that includes sufficient investment in suitable equipment;
- Appropriate arrangements for the disposal of waste which are both cost effective and flexible enough to adjust, so far as is possible, to future changes in regulations and demand and
- Appropriate arrangements for storage and transport facilities.

The strategy needs to be fully costed, setting out savings from better segregation of healthcare waste and increased recycling, and identifying investments needed in appropriate equipment.

### Examples of Verification

- Waste Management Policy
- Waste Management Strategy

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- Committee Minutes for Risk Management

**Links with other standards**

Environmental Management  
Management of Purchasing and Supply

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### CRITERION 3

**All waste is categorised in accordance with current Legislation.**

#### Source

- Hazardous Waste Regulation (Northern Ireland) 2005
- List of Wastes Regulations (Northern Ireland) 2005
- NHS Estates Health Technical Memorandum HTM 2065 *Healthcare waste management-segregation of waste streams in clinical areas*

#### Guidance

Waste is required to be categorised in order to minimise the risk of:

- Infection
- Injury to individuals
- Damage to the environment

The typical waste streams produced in most wards/healthcare areas according to HTM 2065 are:

- Clinical/Healthcare
- Non-Clinical/healthcare
- 
- Confidential

Any site-specific baseline data on the composition of various healthcare waste streams will be useful in the identification of categories of healthcare waste.

The identification of categories of healthcare waste will help to determine strategies for waste management, including the method of final disposal.

Holders of waste must comply with The Controlled Waste (Duty of Care) Regulations (NI) 2002

It is important that:

- A full description of the waste is provided to the next holder.
- Where waste is destined for landfill, holders must establish whether or not it is hazardous.
- The description shall include the relevant European Waste Catalogue (EWC) code(s).
- The EWC Codes shall be used when completing a waste transfer note.

#### Examples of Verification

- Documented procedures for categorising waste
- Waste Management policy

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- Signage of Waste

**Links with other standards**

Environmental Management

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#### CRITERION 4

**All waste is segregated in accordance with the guidance contained in HTM 2065 , Technical Guidance WM2 (second edition) and other current guidance**

#### Source

- Hazardous Waste Regulation (Northern Ireland) 2005
- List of Wastes Regulations (Northern Ireland) 2005
- NHS Estates Health Technical Memorandum HTM 2065 *Healthcare waste management-segregation of waste streams in clinical areas*
- Radioactive Substances Act (1993)

#### Guidance

Proper segregation of different types of waste is critical for safe management as well as to help control disposal costs.

Segregation needs to be undertaken at point of origin so that appropriate routes can be identified for treatment and/or disposal.

**Whilst the physical infrastructure is in place to correctly segregate waste, organisations should be able to demonstrate that staff have been given information on how to correctly segregate the various waste streams.**

#### Examples of Verification

- Segregation of waste
- Waste management policy
- Arrangements for segregation of waste
- Staff training records

#### Links with other standards

None

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## CRITERION 5

**All waste containers conform to legislative requirements.**

### Source

- The Carriage of Dangerous Goods (Amendment) Regulations (NI) 2002. No34 The Stationery Office, Belfast.
- Carriage of Dangerous Goods (Classification, Packing and Labelling) and use of Transportable Pressure Receptacles (NI) 1997 (No 247) The Stationery Office, Belfast
- The 'Safe Management of Healthcare Waste',(2006)
- 'European Agreement – The International Carriage of Dangerous Goods by Road (ADR) 2001 edition'
- Carriage of Dangerous Goods by Road (ADR) 2001, the Stationery Office, Belfast.

### Guidance

In addition to segregating different types of waste, there are standards with which containers are required to comply, depending on the type of waste, transportation requirements and methods of final disposal.

The containment of healthcare waste should be in accordance with 'Safe management of Healthcare Waste' guidance and where it is transported off site then packaging and receptacles of waste classified as dangerous must comply with the requirements of CDGCPL2.

Essentially, these requirements are:

- Untreated infectious waste (other than sharps) should be contained in healthcare waste sacks that are design type-tested and certified (or UN approved).
- Non-domestic containers need to conform to the standards in the Carriage of Dangerous Goods Regulations and meet the requirements of Health & Safety Executive L88.
- Unsterilised waste must be contained in receptacles according to L88

When waste does not require UN-type approved containers, precautions should be considered to ensure the safety of people handling the waste. If there is any risk of confusion between wastes for off-site or for on-site disposal, then it is good practice to use only approved containers.

### Examples of Verification

- Arrangements for waste segregation
- Containment used for waste.
- Procurement strategy

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**Links with other standards**

Management of Purchasing and Supply

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## CRITERION 6

**Prior to final disposal by the organisation, all healthcare waste requiring storage is kept in accordance with current legislation.**

### Source

- The 'Safe Management of Healthcare Waste', (2006),

### Guidance

Healthcare waste containers may need to be stored before transport for disposal.

Size, location and layout of storage will depend upon the type and quantity of waste produced and frequency of collections. Waste should not be allowed to accumulate in corridors, wards or other places accessible to members of the public.

The main features of an appropriate store for healthcare waste are that it is:

- Reserved for healthcare waste only
- Well lit and ventilated
- Sited away from food preparation and general storage areas and from routes used by the public
- Totally enclosed and secure with authorised access only
- Clearly marked with warning signs
- Provided with access to first aid and washing facilities

The final storage areas are likely to require additional features, such as sited on well-drained impervious, hard standing suitably constructed to provide containment, and which allow 'washing down'.

### Examples of Verification

- Waste Management Policy
- Waste Management Strategy
- Documented procedures for storage of waste
- Evidence that all staff are aware of methods of disposal & storage
- Physical verification of waste disposal & storage

### Links with other standards

None

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## CRITERION 7

**Staff who handle waste take all necessary safety precautions.**

### Source

- *The Health and Safety at Work (Northern Ireland) Order 1978*, The Stationery Office, Belfast.
- The 'Safe Management of Healthcare Waste', (2006)
- NHS Estates Health Technical Memorandum HTM 2065 *Healthcare waste management-segregation of waste streams in clinical areas*
- PEL (99)18 – Clinical Waste Disposal – Training Package – Management of Clinical Waste

### Guidance

- There are a number of precautions that can be taken to minimise risks associated with the handling of healthcare waste and these are best identified through undertaking a risk assessment.

In addition, all staff that handles waste should be adequately trained, provided with appropriate personal protective equipment (PPE) and offered immunisation. Additional precautions may be required for ambulance workers and community workers and these should be identified through the risk assessment process.

You should be able to demonstrate through monitoring records that staff who handle waste take all necessary safety precautions as identified in the organisation's policy.

### Examples of Verification

- Risk/COSHH assessment
- Incident reporting
- Arrangements in place for handling of waste
- Training Records
- Evidence of offer of immunisation
- Evidence of provision of PPE
- Waste Management Policy

### Links with other standards

Health and Safety

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## CRITERION 8

**Transport of waste on-site or off-site is done in accordance with legislative requirements.**

### Source

- Carriage of Dangerous Goods (Classification, Packaging & labelling) and Use of Transportable Pressure Receptacles Regulations (NI) 1997
- Waste Management Licensing Regulations (NI) 2003. The Stationery Office, Belfast.
- The 'Safe Management of Healthcare Waste', (2006)
- The Controlled Waste (regulation of carriers and seizure of vehicles) Regulations (NI) 1999. The Stationery Office, Belfast.
- The Controlled Waste (Duty of Care) Regulations (Northern Ireland) 2002. The Stationery Office, Belfast.
- The Carriage of Dangerous Goods (Amendment) Regulations (Northern Ireland) 2002
- 'Radioactive Substances (Carriage by Road) Regulations NI 1983 and amendments 1986'

### Guidance

Waste being transported on site should use dedicated trucks, trolleys or wheeled containers. In order to prevent contamination they should not be used for any other purpose. They need to be designed and constructed according to current guidance and cleaned at regular intervals and/or after spillages or leakages.

Consignors must ensure the operator receives information about the load to be transported, including designation, classification, UN Number, as well as the number and capacities of the packages and the name and address of the consignor. This is commonly referred to as a waste transfer note. All parties are required to keep the transfer note for a period of two years.

Waste may be handed on only to authorised persons or to persons for authorised transport purposes. Authorised persons include:

- Any authority which is a waste collection authority for the purposes of the Waste & Contaminated Land Order (1997) (Commencement No 6) Order (Northern Ireland) 2002
- Any person who is the holder of a waste management licence under Section 35 of the EPA 1990.
- Any person who is registered as a carrier of controlled waste.

Health Service bodies transferring waste to a carrier should ensure that the carrier is registered with the DOE to carry the waste (or exempt where applicable) by asking to see, and checking the details of, the carrier's

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certificate, and before using the carrier for the first time, by validating the certificate with the DOE.

A waste manager is anyone who stores waste or who processes it in some intermediate way short of final disposal; who carries out a waste recovery operation; or who carries out a waste disposal operation. Before choosing a waste manager as the next person to take the waste, Health Service bodies should check that the manager has a licence and establish that the licence permits the manager to take the type and quantity of waste involved.

Checks should be made to ensure that any licences and certificates are current.

It is the organisation's responsibility to verify that the contractor has a valid certificate and/or licence for the disposal of waste, prior to waste being removed from site. Health Service organisations take ownership of their waste, from generation through to transport and ultimate disposal.

### **Examples of Verification**

- Transfer/Consignment notes
- Certificate of Registration from Waste Carrier
- Integrated Pollution Control (IPC) Certificate
- Integrated Pollution Prevention Control (IPPC) Certificate
- File copy of Waste Management Licence for ultimate disposal site

### **Links with other standards**

Environmental Management  
 Health and Safety  
 Management of Purchasing and Supply

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## CRITERION 9

**Any licensed on-site treatment of healthcare waste complies with legislative requirements.**

### Source

- Waste and Contaminated Land (NI) Order 1997
- *Waste Management Licensing Regulations 2003* (NI), The Stationery Office Belfast.
- The 'Safe Management of Healthcare Waste', (2006),

### Guidance

Healthcare waste may be treated in a number of different ways before disposal. These include heat and chemical treatment, discharge to sewer, incineration and landfill.

The treatment of healthcare waste prior to disposal reduces the risk of infection during handling and transport and may alter the state of the waste so that it is no longer classified as hazardous.

### Examples of Verification

- Waste management policy
- Arrangements for treatment of wastes
- Authorisation Certificates
- Waste Management Licence

### Links with other standards

Health and Safety  
Environmental Management

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## CRITERION 10

**Waste hazards and incidents are dealt with in accordance with the processes contained in the Risk Management standard..**

### Source

- The 'Safe Management of Healthcare Waste', (2006),

### Guidance

The organisation should have a system in place for the recording, reporting and investigation of injuries, ill health and near misses associated with waste production, handling, storage and disposal.

Employers at all points in the waste chain need written procedures for dealing with waste related incidents.

In the case of sharps injuries, procedures also need to cover arrangements for suitable medical advice and counseling.

In addition, the organisation needs clear documented procedures for dealing with spillages. These include:

- Proper, timely reporting and investigation procedures
- Use of a safe system of work for cleaning up the healthcare waste
- Appropriate requirements for decontamination
- Protective clothing

Spillage kits should also be made available.

Certain incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations NI 1997). A duty is placed on the employer as 'the responsible person' to notify, report and record the events (deaths, injuries and dangerous occurrences) that are covered by regulations 3 and 4 and the cases of disease covered by regulation 5.

### Examples of Verification

- Completed incident report forms
- Copies of RIDDOR report forms
- Incident reporting procedure
- Incident management procedure (incl. spillage)
- Incident software

### Links with other standards

Risk Management  
Health and Safety

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## CRITERION 11

**The risk management process contained within the risk management standard is applied to the management of waste.**

### Source

- Standards Australia (2004) *Risk Management AS / NZS 4360:2004*. Standards Association of Australia. Strathfield NSW.

### Guidance

All waste risks are systematically identified, assessed, controlled and reviewed on a continuous basis. Risks associated with handling, storing and disposing of wastes can be systematically identified using a number of approaches including:

- Review of inspection/audit reports
- Workshops with staff
- Use of compliance checklists
- Risk assessments

The following risk management elements should be in place:

- All identified risks should be documented as part of a 'risk register' and should be systematically analysed and prioritised for action.
- Risk treatment plans should be developed and implemented (in order of priority and alongside other risk treatments which are necessary to deal with wider risks faced by the organisation, where appropriate) in order to minimise risk.
- Risks and the effectiveness of implemented risk treatments should be monitored and reviewed on a continuous basis.
- Senior management and the Board should be informed of any significant risks and associated risk treatment plans.
- All relevant staff, including those on fixed term contracts, and other relevant stakeholders should receive information on systems in place to minimise waste management risks.
- Where appropriate, staff training should be undertaken to reduce knowledge gaps.

### Examples of Verification

- Risk Register
- Risk treatment plans
- Staff training/information log
- Correspondence with stakeholders

### Links to other standards

Risk Management  
Management of Purchasing and Supply

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## CRITERION 12

**There is access to up-to-date waste management legislation and guidance.**

### Source

- The Stationery Office, Belfast,
- HSS (PPM) 3/2002 Corporate Governance: Statement on Internal Control
- HSS (PPM) 4/2005 AS/NZS 4360: 2004 – Risk Management
- HSS (PPM) 8/2002 Risk Management in the Health and Personal Social Services

### Guidance

Access to legislation and guidance is essential for the organisation to carry out the statutory duties imposed upon it by law and mandatory duties imposed by the Department of Health, Social Services and Public Safety.

As a minimum the organisation should have access to the key references listed on the front page of this standard.

There are many sources of information on legislation and waste management guidance, including books and, through subscriptions to specialist information providers of CD-ROMs containing the full text. .

Her Majesty's Stationery Office web site contains up to date information on all Northern Ireland legislation ([www.hmsso.gov.uk](http://www.hmsso.gov.uk))

As does the Environment and Heritage Service ([www.ehsni.gov.uk](http://www.ehsni.gov.uk))

### Examples of Verification

- Library
- CD-ROMs
- Internet access

### Links with other standards

Management of Purchasing and Supply

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### CRITERION 13

**All employees involved in handling waste receive appropriate information, instruction and training.**

#### Source

- *Management of Health and Safety at Work Regulations (NI) 2000* The Stationery Office, Belfast.
- *Control of Substances Hazardous to Health Regulations (NI) 2003 and (Amendment Regulations)(NI) 2005* The Stationery Office Belfast.
- *The Health and Safety at Work NI Order 1978.*
- The 'Safe Management of Healthcare Waste', (2006),
- The Carriage of Dangerous Goods by Road (Driver Training) Regulations (Northern Ireland) 1997
- The Ionising Radiation (Medical Exposure) Regulations (NI) 2000. The Stationery Office Belfast

#### Guidance

Under the Health and Safety at Work Order, COSHH and Management of Health and Safety at Work Regulations, organisations are responsible for ensuring that staff receive information on:

- Risks to their health and safety at their workplace
- Precautions to minimise risk
- Results of any monitoring undertaken
- Collective results of any relevant health surveillance

Staff involved in handling healthcare waste should have training on the following elements:

- Risks associated with healthcare waste, its segregation, handling, storage and collection.
- Personal hygiene
- Procedures which are specific to a particular element of waste management
- Dealing with spillages and accidents
- Emergency procedures
- The use of protective clothing / equipment

For employees who collect, transfer, transport or handle quantities of waste, training should also cover:

- Effective sealing of storage containers before and after handling
- Labelling requirements
- Safe handling of sacks and containers
- Correct disposal of sharps
- Procedures in case of accidental spillage
- Reporting of waste incidents

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- Safe cleaning and disinfecting procedures

In addition, specific groups of staff are required to receive particular information relating to their job. This includes training for, drivers, procurement staff, and community and laboratory staff.

On site contractors involved in the production, handling or management of waste should be aware of the organisation's policies and procedures for waste management.

### **Examples of Verification**

- Arrangements for Training
- Training Records
- Waste Management Policy
- Waste Management Strategy
- Procurement Strategy

### **Links with other standards**

Management of Purchasing and Supply

HPSS	Controls Assurance Standard	Waste Management
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## CRITERION 14

**Key indicators capable of showing improvements in waste management and the management of associated risk are used at all levels of the organisation, including the board, and the efficacy and usefulness of the indicators is reviewed regularly.**

### Source

- NHS Estates Health Technical Memorandum HTM 2065 *Healthcare waste management-segregation of waste streams in healthcare areas*

### Guidance

The organisation should develop indicators, which demonstrate that the waste management process is being properly managed and risks are minimised.

One indicator is degree of compliance with this standard. Others are outlined in HTM 2065- Section 8, such as weight of healthcare waste (tonnes) per bed per annum and 'Four Counties' performance indicator, which relates the amount of healthcare waste to healthcare throughput via the use of a healthcare measure known as "in patient activity".

Ideally the indicators should be designed to demonstrate improvement in the risks associated with waste management services over time.

The number of indicators devised should be sufficient to monitor both the waste management process and the risk management process.

It is not necessarily the case that the Board will use all the indicators. The Board should select those which are useful for ensuring that the internal controls are working satisfactorily and waste management services are meeting their objectives.

### Examples of Verification

- Waste management indicators
- Evidence of usage of indicators at all levels

### Links with other standards

All standards (generic criterion)

HPSS	Controls Assurance Standard	Waste Management
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## CRITERION 15

**The system in place for waste management, including risk management arrangements, is monitored and reviewed by management and the board in order to make improvements to the system.**

### Source

- *Management of Health and Safety at Work Regulations (NI) 2000* the Stationery Office, Belfast.
- The 'Safe Management of Healthcare Waste', (2006),

### Guidance

It is the responsibility of management and the Board to monitor and review all aspects of the waste management system, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Outcomes
- Internal audit findings

The review should be carried out by individuals with the relevant waste management knowledge and expertise and should include review of any adverse incidents.

The Infection Control and Health and Safety Committees should review aspects of waste management. The Risk Management Committee will play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to, and dealt with by the Board. The Audit Committee should review internal audit findings.

### Examples of Verification

- Specialist waste management reports
- Internal audit report(s)
- Audit Committee minutes
- Health and Safety Committee minutes
- Infection Control Committee minutes
- Risk Management Committee minutes
- Clinical Governance Committee minutes

### Links to other standards

All standards (generic criterion)

HPSS	Controls Assurance Standard	Waste Management
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## CRITERION 16

**The Board seeks independent assurance that an appropriate and effective system of managing waste is in place and that the necessary level of controls and monitoring are being implemented.**

### Source

- NHS Executive (1999) *Guidelines for Implementing Controls Assurance in the NHS: Guidance for Directors*. NHS Executive, London
- HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.
- HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland
- *NHS Executive (1995) NHS Internal Audit Manual 1995. NHS Executive, London.*

### Guidance

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission.

The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the Board.

Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as healthcare audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical. The Health Service is given external assurance by such bodies as:

- External auditors, as appointed by the NI Audit Office
- Health & Personal Social Services Regulation and Improvement Authority (HPSSRIA) (from 2005)

More specific assurance for this standard may be gained from visits by:

- Health and Safety Executive
- The Department of the Environment, Environment and Heritage Service (EHS)

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### **Examples of Verification**

- Schedule of planned reviews
- Copy of reports
- Committee minutes
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff involved in the review.

### **Links with other standards**

All standards (generic criterion)