FICHTNER
Consulting Engineers Limited

JERSEY TTS

LA COLLETTE CLINICAL WASTE TREATMENT PROJECT

WASTE ACCEPTANCE CRITERIA

Fichtner Consulting Engineers Limited
Kingsgate (Floor 3), Wellington Road North,
Stockport, Cheshire, SK4 1LW, United Kingdom
t: +44 (0)161 476 0032 f: +44 (0)161 474 0618 www.fichtner.co.uk

JERSEY TTS
LA COLLETTE CLINICAL WASTE TREATMENT PROJECT
WASTE ACCEPTANCE CRITERIA

Document Production & Approval Record				
ISSUE NO. 1	**NAME**	**SIGNATURE**	**POSITION**	**DATE**
Prepared by:	Kevin Byrne		Project Engineer	20/05/2014
Checked by:	James Sturman		Consultant	30/05/2014

Document Revision Record				
ISSUE NO.	**DATE**	**DETAILS OF REVISIONS**	**PREPARED BY**	**CHECKED BY**
1	20/05/14	Draft issued for Client comment	KMB	JA
2	30/05/14	Internal review	KMB	JRS
3	05/06/14	Client comment	KMB	JRS
4	06/06/14	Client comment	KMB	JRS
5	24/06/14	Client comment	KMB	JA
6	01/07/14	Client comment	CM	SS
7				

TABLE OF CONTENTS

1 INTRODUCTION

1.1 Background

Jersey Transport and Technical Services ("the Operator") shall provide waste management and treatment services to the clinical waste producer ("the Producer"). The Producer's clinical waste arising's shall be received, stored and disposed of safely by the Operator at the TTS Clinical Waste Facility located at the La Collette energy-from-waste plant.

Clinical waste received by the Operator at the TTS Clinical Waste Facility is subject to Waste Acceptance Criteria, to establish that it is as expected and has been appropriately segregated at the point of disposal by the Producer.

The waste acceptance process may be found summarised in Figure 1 for information.

1.2 Definitions

The terms and definitions used throughout this document are elaborated upon in Table 1.

Table 1, Terms and Definitions

Term	Description
The Operator	The party charged with disposing of accepted clinical waste safely
The Producer	The source of clinical waste arising's and the party responsible for its correct segregation and transport
The Carrier	An approved waste transport entity appointed by the Producer to forward waste the Operators facility

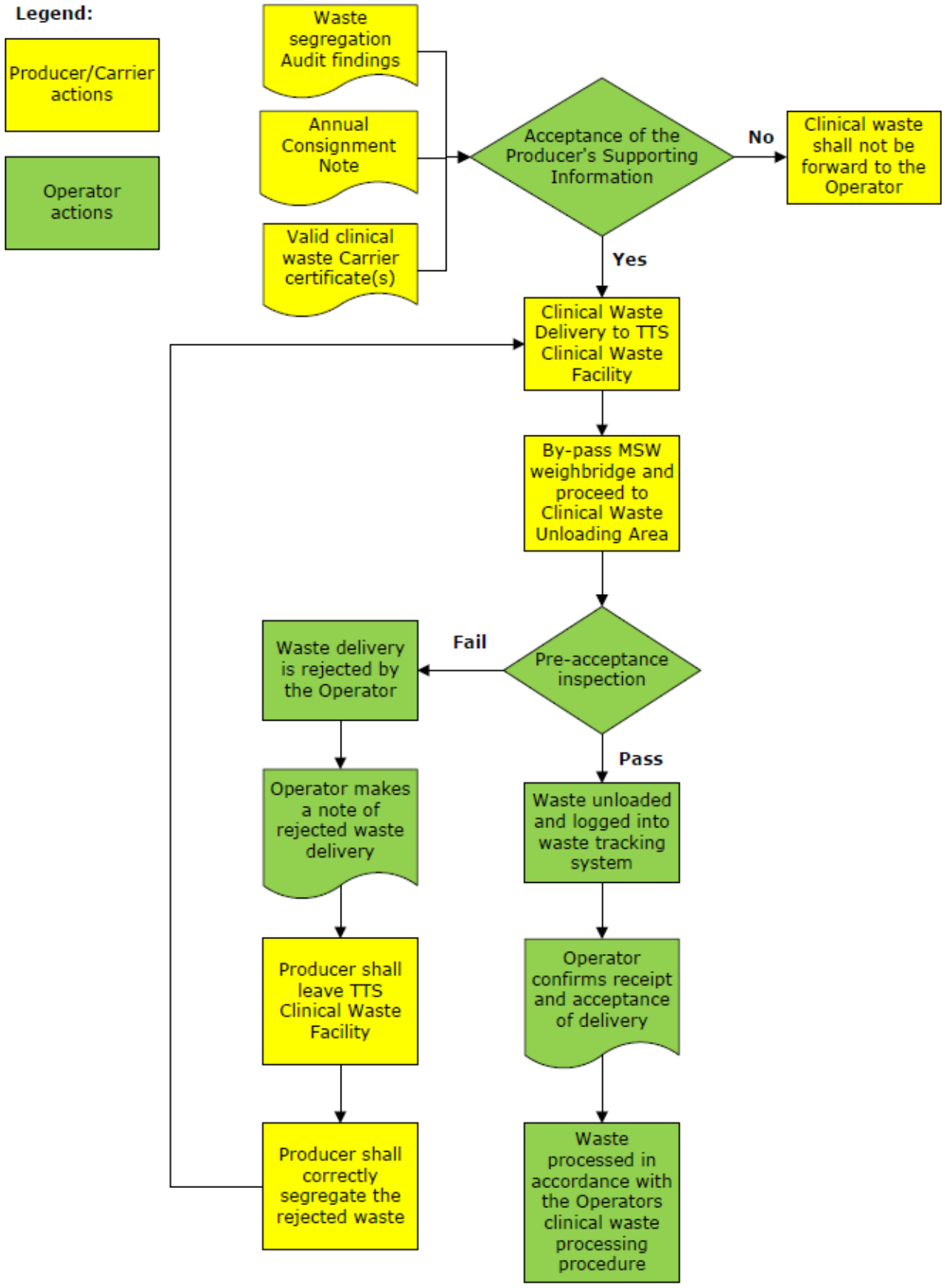


Figure 1, Waste Acceptance Process Flow

2 WASTE PRE-ACCEPTANCE (PRODUCER OBLIGATIONS)

2.1 Waste Pre-acceptance Requirements

The TTS Clinical Waste Facility incorporates waste handling equipment designed to receive and process the types of clinical waste outlined in Table 2, which will be segregated at source by the Producer in accordance with the methodology outlined in section 2.4.

Table 2, List of Waste Types

EWC Code	Definition
18 01	**Waste from natal care, diagnosis, treatment or prevention of disease in humans**
18 01 01*	Sharps except 18 01 03
18 01 02*	Body parts and organs including blood bags and blood preserves (except 18 01 03)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04*	Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of or containing dangerous substances
18 01 07*	Chemicals other than those listed in 18 01 06
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09*	Medicines other than those mentioned in 18 01 08
18 02	**Waste from research, diagnosis, treatment or prevention of disease involving animals**
18 02 01*	Sharps except 18 02 02
18 02 02*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 02 03*	Waste whose collection and disposal is not subject to special requirements in order to prevent infection
18 02 05*	Chemicals consisting of or containing dangerous substances
18 02 06*	Chemicals other than those listed in 18 02 05
18 02 07*	Cytotoxic and cytostatic medicines
18 02 08*	Medicines other than those mentioned in 18 02 07
20 01	**Municipal wastes – Separately collected fractions**
20 01 31*	Cytotoxic and cytostatic medicines
20 01 32*	Medicines other than those mentioned in 20 01 31
20 03	**Other municipal wastes**
20 03 99	Evidence, counterfeit goods, seized items and drugs presented for witnessed disposal by the Police and/or Customs
* denotes waste classified as hazardous	

On receipt of the clinical waste, the Operator shall conduct the following waste acceptance checks before accepting the delivery:

(1) the waste has been delivered in the Operator's approved bins (small practices such as dentists and GP's may deliver waste in smaller rigid containers);

(2) the bins/containers do not exhibit signs of damage which may contribute to leakage or contamination of the delivery and storage areas;

(3) the bins/containers have not been overloaded and the lids are fully closed; and

(4) the bins/containers clearly display the appropriate waste designation labelling.

The Producer shall ensure, so far as is reasonably practicable, that only waste compliant with the requirements of this document is delivered to the TTS Clinical Waste Facility for processing.

2.2 Rejected Wastes

Waste deliveries which do not comply with the waste pre-acceptance requirements outlined in section 2.1 shall be rejected by the Operator and shall be removed from the TTS Clinical Waste Facility and returned to the Producer by the Carrier. The Producer shall take the steps necessary (such as re-bagging or correct segregation of waste) to ensure that the waste is made compliant before forwarding it again to the Operator for disposal.

2.3 Prohibited Wastes

The Producer shall under no circumstances forward radiologic waste to the Operator's facility. Radiologic waste may include, but is not limited to, the following;

(1) unused liquids from radiotherapy or laboratory research;
(2) contaminated glassware;
(3) packages of absorbent paper;
(4) urine or excreta from patients treated or tested with unsealed radio nuclides; and
(5) sealed sources.

The Producer shall dispose of these wastes in accordance with the requirements of its license to handle radiologic sources as agreed with the Health and Safety Inspectorate.

2.4 Waste Segregation

Clinical waste shall be segregated at source by the Producer in accordance with the Health Technical Memorandum 07-01 and Royal College of Nursing clinical waste handling guidance notes appended (see Appendix A and Appendix B respectively). The segregation requirements of these guidance notes have been summarised in Table 3 for information.

Where applicable, all segregated waste shall be stored in the bins provided by the Operator. Clear labelling on the bins provided shall indicate which categories of waste are permitted to be stored in each bin.

Small practices that do not generate enough waste to justify having an Operator supplied bin (such as dentists and GP's) shall present waste to the Operator in appropriately labelled sealed rigid containers.

Domestic and offensive/hygiene waste shall be managed and transported under the Producers arrangements for municipal solid waste ("MSW") and shall not be forwarded to the TTS Clinical Waste Facility for disposal. Mixed deliveries, those transporting both domestic and offensive/hygiene waste and hazardous clinical waste, shall be rejected by the Operator and returned to the Producer by the Carrier.

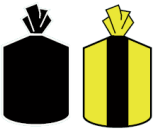
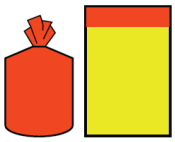
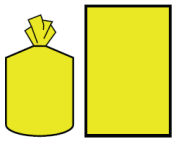
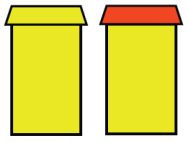
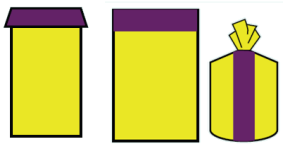
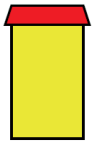
Table 3, Waste Segregation			
Category		**Description**	**Container Colour**
Domestic and offensive/ hygiene waste		(1) food wastes, packaging, plastic bottles, wrappers, paper products, flowers, general cleaning waste (such as rags, mops, and paper towels); (2) human and animal waste (faeces), incontinence pads, catheter and stoma bags, nappies, sanitary waste, nasal secretions, sputum, condoms, urine, vomit and soiled human bedding from a non-infectious source; (3) medical/veterinary items of disposable equipment such as gowns, plaster casts etc.; (4) plasters (minor first aid or self-care) generated by personal use; (5) animal hygiene wastes (animal bedding, dog faeces etc.); and (6) wastes from non-healthcare activities, for example wastes from body piercing or application of tattoos.	
Hazardous Clinical Waste	Infectious waste (treatable)	(1) any non-metal item contaminated with blood, blood products or other infectious substance; (2) dressings, swabs, plasters, bandages, plastic apparatus, small unrecognisable portions of human tissue and teeth all being contaminated with blood or other infectious substances; (3) suction canisters with or without gelling agent and other liquid clinical waste stored in non-metal rigid or semi-rigid containers; (4) catheter and stoma bags; and (5) feeding and drain tubes.	
	Infectious waste (contaminated with chemicals)	Infectious waste which has been contaminated with chemicals such as laboratory waste and used diagnostics kits.	
	Sharps	Used syringes and hypodermic needles. All sharps will be in identifiable rigid sharps containers.	
	Cytostatic and cytotoxic wastes	Cytostatic and cytotoxic wastes are controlled substances and will be identifiable by their yellow and purple packaging.	
	Medicines	Waste medicines other than cytostatic and cytotoxic medicines.	

Table 3, Waste Segregation			
Category		**Description**	**Container Colour**
	Body parts	Human and animal body parts and organs including blood bags and blood preserves.	

2.5 Segregation Auditing

The correct segregation of clinical waste at source by the Producer is vital to ensuring that the waste can be processed safely and efficiently by the Operator. The Producer shall audit segregation practices at source and shall provide evidence of this audit to the Operator on an annual basis as part of its Supporting Information.

The Producer shall audit its waste arising's every 48 months if it produces less than five (5) tonnes of clinical waste per year, or every 12 months if it produces five (5) tonnes or more of clinical waste per year in accordance with the EPR 5.07 guidelines.

2.6 Supporting Documents

The Producer shall present the following supporting documents to the Operator for approval on an annual basis:

(1) consignment note, completed in accordance with Guidance Notes on the Movement of Hazardous Waste and Healthcare Waste in Jersey (JWL018);

(2) evidence that the nominated Carrier is registered to transport clinical waste (copy of the waste carriers licence or notice of exemption); and

(3) segregation at point of disposal audit reports as set out in HTM 07-01: Safe management of healthcare Waste.

2.7 Information Issued with Waste Consignments

The supporting documents outlined in section 2.6 shall be submitted by the Producer for Operator approval on an annual basis.

On review and acceptance of this supporting information, the Producer is not required to provide information with each waste consignment.

2.8 Waste Delivery

Where applicable; clinical waste shall only be delivered to the TTS Clinical Waste Facility in the approved bins provided by the Operator. Producers permitted to deliver waste in small rigid containers shall ensure that the container has the appropriate colour coding defined in Table 3 above and appropriate labelling for waste identification.

The TTS Clinical Waste Facility may operate continuously however general opening hours for the reception of hazardous waste are as outlined in Table 4.

Table 4, Operating Hours	
Day	**Opening hours**
Monday to Friday	08:00 – 16:00
Saturday and Sunday	Closed
Public holidays	Closed

3 WASTE ACCEPTANCE (OPERATOR OBLIGATIONS)

3.1 Consignment Arrival and Departure

On arrival and departure of the Producers approved Carrier, the delivery vehicle shall use the bypass lane and not the automated weighbridge. This is because the difference between the arrival and departure weights of the Carriers vehicle may not be an accurate reflection of the weight of the waste delivered as the number of bins issued to it for recirculation by the Operator may be greater or less than the number of bins delivered.

Mixed deliveries, those transporting both domestic and offensive/hygiene waste and hazardous clinical waste shall be rejected by the Operator and returned to the Producer by the Carrier. Domestic and offensive/hygiene waste shall be managed and transported under the Producers arrangements for MSW and shall not be forwarded to the TTS Clinical Waste Facility.

Weighing and tracking of clinical waste shall instead take place in the clinical waste unloading area where an accurate record of the waste types, source and weights will be entered into the clinical waste tracking system.

3.2 Inspection and Tracking

Following the arrival and unloading of a waste delivery into the clinical waste unloading area, the Operator shall complete a pre-acceptance visual inspection of the waste prior to weighting or rejecting it which shall assess the following:

(1) waste has been delivered in the approved bins/containers;

(2) bins/containers do not exhibit signs of damage which may contribute to leakage or contamination of the delivery and storage areas;

(3) bins/containers have not been overloaded and lid closes fully; and

(4) bins/containers clearly display the waste designation labelling.

If the Operator accepts the waste delivery, as a minimum the following data will be recorded on a computerised clinical waste tracking system for each delivery:

(1) time and date of delivery

(2) the waste Producer;

(3) the weight of the bin/container;

(4) the type of clinical waste enclosed (denoted by the affixed labelling); and

(5) time and date of disposal

Each bin and container will have a unique barcode to which the recorded data will be assigned for reference. The Operator shall then issue the Carrier with a receipt proving that the delivered waste has been accepted for the Producers records.

The clinical waste tracking system shall be used to maintain a record of clinical waste deliveries, disposal, generate reports and provide information for Producer billing by the Operator.

3.3 Waste Auditing and Handling

It is the Producers responsibility to ensure that the waste is correctly segregated and that every effort has been made to ensure that the waste deliveries made to the Operator comply with its Supporting Information.

Under normal circumstances clinical waste shall not be manually removed from the bins or containers and sampled or handled by the Operator to verify the Producers segregation practices. The Operator may however audit a waste delivery from a Producer suspected of non-compliance with the requirements outlined in Section 2.

The Operator may also consolidate and/or decant clinical waste between partially filled bins and containers storage or shipping purposes.

3.4 Waste Rejection

Waste that on visual inspection, does not comply with the requirements of Section 2 shall be rejected by the Operator. The Carrier shall remove the waste delivery from the TTS Clinical Waste Facility and return it to the Producer for correct segregation or re-bagging as required at its facility.

The Operator shall note the waste rejection in its daily log.

3.5 Waste Storage

All clinical waste delivered to TTS Clinical Waste Facility shall be stored and handled in the containers they have been delivered in and their contents shall not normally be handled by the Operator.

Accepted clinical wastes are stored in a refrigerated store prior to processing.

3.6 Waste Processing

The Operator shall process the waste in the appropriate stream as outlined in Figure 2 and in accordance with the operating instructions of the associated equipment.

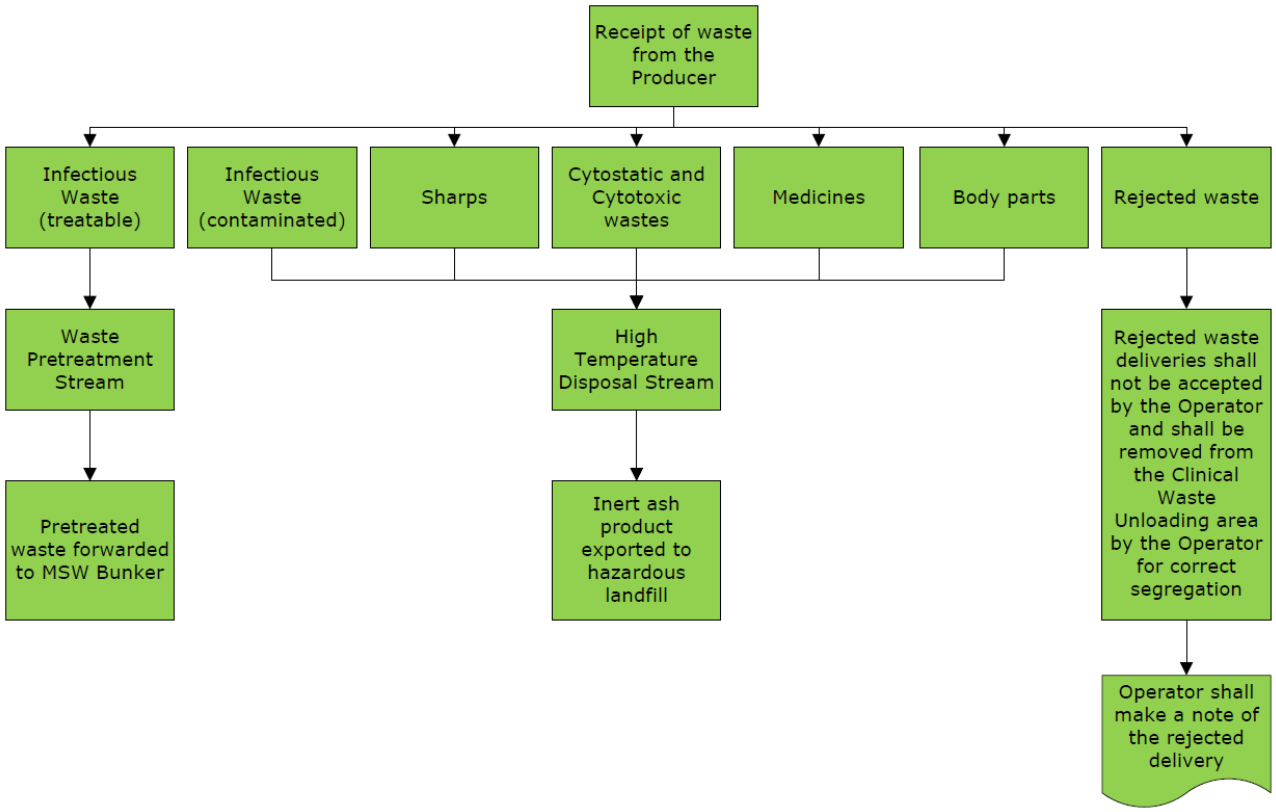


Figure 2, Waste processing

3.7 Records

The clinical waste tracking system shall hold all of the information generated during pre-acceptance, acceptance, storage, treatment and/or removal from site, which shall include, but not be limited to the following:

(1) the findings of the pre-acceptance checks outlined in section 3.2;
(2) the Producers details;
(3) the intended disposal route of each delivery;
(4) a unique reference number for each delivery[1];
(5) package type and size;
(6) where the waste is in the designated treatment process; and
(7) a unique identifier for each of the Operators staff charged with accepting clinical waste deliveries.

All records relating to Producer pre-acceptance (i.e. consignment note and audit findings) shall be maintained and kept readily available by the Operator for cross-reference and verification at the waste acceptance stage. Records shall be held for a minimum of two years after the waste has been treated or removed off-site.

[1] The bins have a unique number which is reused. The bin number is date stamped for delivery on the system & cannot be reused until it has been disposed of.

Appendix A - Health Technical Memorandum 07-01

Appendix B – RCN Guidance

FICHTNER

Consulting Engineers Limited

Fichtner Consulting Engineers Limited
Kingsgate (Floor 3), Wellington Road North, Stockport, Cheshire, SK4 1LW, United Kingdom
t: +44 (0)161 476 0032 f: +44 (0)161 474 0618 www.fichtner.co.uk