

PRE-ACCEPTANCE HEALTHCARE WASTE SELF-AUDIT TOOL

This self-audit tool has been produced by the General Practitioners Committee (GPC) of the British Medical Association, with the support of the Environment Agency, and is designed to assist general medical practices in completing the pre-acceptance requirements for waste disposal. It is not intended for use by specialist units or units in hospitals that provide more complex medical care.

Many legally authorised clinical waste disposal facilities, including both incinerators and treatment plants, are now required to obtain this information from their customers before they can accept your waste. You should complete this form to assist your waste contractor in disposing of your waste. Disposal sites are required to obtain this information from general practices, including those that form part of health centres, before July 2011.

The tool asks a number of questions to help determine the most appropriate way to dispose of your waste. These are not intended to be trick questions so you should answer the questions honestly. Some questions are supported by brief explanatory notes, which in certain cases may assist you in identifying potential problems.

This tool is not designed to accommodate the much wider range of activities performed by some larger health centres. However, where employees of other organisations (eg NHS trusts engaged in acute or primary care) deliver services in your practice you should include them in the audit if their waste is collected together with yours.

How do I do it?

The most effective way is to do **all** of the following:

- Check each room of your practice and see what waste containers are present;
- Look in each in use waste container to see what is actually in them (this should be done visually, without putting your hands inside the containers);
- Question your staff about how they would dispose of different items (understanding and practice can vary);
- It is also worthwhile checking your storerooms and cupboards to see if there are any pieces of equipment or reagents that you may not have considered.

You should send the completed audit to your waste contractor. They will assess the information and use this information to advise you on completion of waste documentation, ensure that your waste is disposed of appropriately, and provide additional advice on some aspects of your waste practices if necessary.

What happens to me if the audit shows that I am doing something wrong?

The main purpose of this tool is to enable you and your waste contractor to identify the appropriate way to manage your waste. If you are doing something seriously wrong either:

- This audit tool will identify it, or
- Your waste contractor may contact you with advice.

Appropriate waste segregation has been a legal requirement since 2005. However, no waste segregation system operates perfectly all the time. Regularly auditing your procedures enables you to identify and address issues. The fact that you have undertaken this audit and subsequently address any issues identified is very positive.

Once completed, future audits will only need to take place every 5 years or if you subsequently amend your segregation practices.

Audit findings – <i>[Insert Practice Name]</i> Information	
Date and description of audit and the procedures employed.	<i>[Insert date]</i> Visit to each surgery area and the storage area – and observation and discussion with staff
Details of person conducting the audit and their qualifications and competencies.	<i>[Insert details, eg practice manager]</i>
Details of the medical waste producer.	<i>[GP practice, 1 High Street, New Town, The Shire W2P 4XZ]</i>
Process from which waste derives	Medical
A list of the functional areas included within the audit (which should encompass the entire practice).	<i>[treatment and support rooms examined]</i>
The estimated quantity of each waste stream produced on the premises. <i>[per collection / insert frequency]</i>	Hazardous (amend or add to as necessary) sharps boxes <input checked="" type="checkbox"/> yellow lid <input checked="" type="checkbox"/> orange lid <input checked="" type="checkbox"/> purple lid <input checked="" type="checkbox"/> orange bags Non-hazardous <input checked="" type="checkbox"/> medicines containers <input checked="" type="checkbox"/> offensive waste containers <input checked="" type="checkbox"/> municipal waste (black) bags
Date of production of the waste and waste storage and preservation techniques used before collection	<i>[Insert dates]</i> <i>[For example, stored in cool outhouse area]</i>

Audit Findings – Waste Containers

Please indicate waste container types in use (and complete on report and summary sheets)

Type	Colour(s)	In Use (Y/N)?	Size(s)	Label details	Number and location
Sharps Boxes	Yellow – purple lid				
	Yellow – yellow lid				
	Yellow – orange lid				
	Other (please specify)				
Medicine Bins	Yellow – blue lid				
	Yellow – green lid				
	Other (please specify)				
Waste Bags	Clinical waste – yellow				
	Clinical waste – orange				
	Offensive waste 'Tiger bag' –				
	Domestic -Black bags				
	Other (please specify)				
Confidential paper					
Other (eg batteries, chemicals, placenta bins, etc)	Other (please specify)				

Audit Findings - Composition Questions

The following section contains a number of questions. It serves two purposes:

- Firstly to help you identify current segregation practices by asking relevant questions, and
- Secondly as a result to assist you in classifying and describing your waste.

You should answer each element of the questions and write the European Waste Catalogue (EWC) **classification** code(s) and **descriptions** elements provided on the **report sheet** for the relevant container and room. Once the report sheets have been completed for each area of the practice, these can be combined onto a single **summary sheet**.

<p>1: Cytotoxic and Cytostatic Medicines It is likely that some general practices use or stock a small number of cytotoxic and cytostatic medicines.</p> <p>Does your practice have any of the medicines in appendix A (Yes/No)</p> <p>If yes,</p> <p>a) Into which container do you dispose of solid waste medicines?</p> <p>b) What container(s) do you dispose of liquid waste medicines in?</p> <p>c) What container(s) do you dispose of outer cardboard packaging from these medicines in? (ie do you discard them with the medicines)?</p> <p>If any of these cytotoxic and cytostatic medicines are administered by injection, Into which waste containers(s) do you place the contaminated items arising?</p> <p>d) Needles or syringes</p> <p>e) Syringe bodies (if separated)</p> <p>f) Cartridges or other medicine vials/ampoules or bottles used to charge the syringe</p> <p>(Note that this includes any syringes that are fully discharged).</p>	<p>Yes/No</p>	<p>(a and b) Classification: 18 01 08*</p> <p>Description: Cytotoxic and cytostatic medicines</p> <p>(c) Classification: 20 01 01</p> <p>Description: cardboard packaging</p> <p>(d and e) Classification: 18 01 03* and 18 01 08*</p> <p>Description: Cytotoxic and cytostatic contaminated sharps</p> <p>(f) Classification: 18 01 08*</p> <p>Description: Cytotoxic and cytostatic medicines</p>
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<p>2 : Other Medicinally Contaminated Sharps Into which waste containers(s) do you place the medicinally contaminated items arising from injections of medicines? a) Needles or syringes b) Syringe bodies (if separated) c) Cartridges or other medicine vials/ampoules or bottles used to charge the syringe (Note that this includes any syringes that are fully discharged).</p>	<p>..... </p>	<p>(a and b) Classification: 18 01 03* and 18 01 09 Description: Medicinally contaminated sharps (not cytotoxic and cytostatic) (c) Classification: 18 01 09 Description: Medicines (not cytotoxic or cytostatic)</p>
<p>3: Non- medicinally contaminated sharps Do you produce any waste needles, syringes, or other sharp instruments that are not used in the administration of medicines? a) Into which container do you place them?</p>	<p>Yes/No </p>	<p>Classification: 18 01 03* Description: Non-medicinally contaminated sharps</p>
<p>4: Anatomical and related wastes It is possible that some general practices may produce or receive anatomical wastes (for example placentas from home births, discarded specimens) Do you produce or receive anatomical waste ? a) Into which container do you place them? Note: 'Anatomical' waste would not normally include very small pieces of tissue (skin, moles, toenails, hair etc) unless regarded as specimens.</p>	<p>Yes/No </p>	<p>Classification: 18 01 03* or 18 01 02, (plus 18 01 06* if chemically preserved) Description: Anatomical waste (note: 18 01 03* should be used if the waste is clinical waste due to a risk of infection).</p>
<p>5: Medicines (non cytotoxic and cytostatic) Other than those identified in Question 1 a) What container(s) do you dispose of solid waste medicines in?</p>	<p>.....</p>	<p>(a and b) Classification: 18 01 09 Description: Medicines (not cytotoxic or cytostatic)</p>

<p>b) What container(s) do you dispose of liquid waste medicines in?</p> <p>c) What container(s) do you dispose of outer cardboard packaging from these medicines in? (I.e. do you discard them with the medicines)?</p> <p>d) Do you prescribe and supply medicines, for example antibiotics or painkillers, to patients to take at home? Y / N</p> <p>e) Do you accept returned medicines from patients? Y / N</p> <p>f) If yes to 5(e), what container(s) do you dispose of these returned waste medicines in?</p> <p>Note: waste medicines may possess hazardous properties (e.g. flammable) that may affect their handling and disposal. You should make your waste contractor aware of such properties.</p>		<p>(c)Classification: 20 01 01 Description: Cardboard packaging</p> <p>(f) Classification : 20 01 32 Description: patient returned medicines</p>
<p>6: Municipal wastes, office and packaging wastes Which container(s) are each of the following discarded in?</p> <p>a) Newspapers/magazines etc</p> <p>b) Cardboard packaging (eg glove boxes)</p> <p>c) Drink or food packaging, cartons or cans</p> <p>d) Sterile packaging from medical items/equipment</p> <p>e) Patient records or other documents (including or restricted to confidential)</p>		<p>Unless segregated and recycled use: Classification: 20 03 01 Description: Mixed municipal waste</p>
<p>7: Offensive Wastes - Municipal</p> <p>a) Do you have a feminine hygiene and/or nappy bin in the practice toilets? Y/N</p> <p>b) What container(s) is used for this waste?</p>		<p>Classification: 20 01 99 Description: Municipal offensive hygiene waste</p>

<p>10: Do you use or produce any plastercasts or other medical plaster</p> <p>(a) if so what containers do you dispose of them in?</p>	<p>.....</p>	<p>Classification 18 01 04 (unless the individual item is assessed to be infectious, when 18 01 03* may be appropriate)</p> <p>Description: Plaster waste</p>
<p>11: Waste Storage</p> <p>Are your waste containers, and particularly your clinical waste containers, segregated by container type in your waste store? (i.e. are you putting sharps boxes, medicines bins, and clinical waste bags in the same wheeled cart?)</p>		<p>Y / N</p>

Audit Report Sheet - Waste classification and composition - Treatment Room 1 (complete a new sheet for each area)

Container Type	Example : Yellow lidded sharps box			
Coding and description elements from Questions	<p>2(a and b) 18 01 03 and 18 01 09 Medicinally contaminated sharps (not cytotoxic or cytostatic).</p> <p>2(c) 18 01 09 Medicines (not cytotoxic and cytostatic) .</p> <p>3(a) 18 01 03* Non-medicinally contaminated sharps.</p>			
Any other constituents identified during audit	none			
Container Type				
Coding and description elements from Questions				
Any other constituents identified during audit				

Audit Summary Sheet - (composite of report sheets for each area)

Container Type	Example :			
Coding and description elements from Questions				
Any other constituents identified during audit				
Container Type				
Coding and description elements from Questions				
Any other constituents identified during audit				

The waste classification, description and disposal options for the contents of each waste stream (derived from summary report)

Waste Stream	Classification	Description	Hazards	Disposal Options
Example: Yellow lidded sharps box	18 01 03* and 18 01 09	Clinical waste, mixed medicinally contaminated sharps and medicines (non-cytotoxic and cytostatic)	Infectious (H9)	Incineration only
Example: Orange bag	18 01 03*	Clinical waste, infectious		Alternative Treatment
Example: Purple lidded rigid container	18 01 08*	Cytotoxic and Cytostatic medicines		Incineration

Explanatory notes

Clinical waste alternative treatment: suitable for clinical wastes that **do not** contain offensive wastes, medicines, chemicals, municipal wastes etc. From a medical practice only those wastes classified as 18 01 03* alone should be disposed in this way (orange bags).

Clinical waste incineration: usually suitable for all types of clinical waste and offensive wastes from general medical practices. It is normally the only means to dispose of clinical wastes contaminated with medicines / chemicals or containing anatomical wastes.

Recycling or Recovery: paper, cardboard may be recycled (seek advice from your waste collection company).

Appendix A : Cytotoxic and cytostatic medicines – ‘Ready Reckoner’.

The definition of cytotoxic and cytostatic medicines is wide, and is based on chemical properties rather than usage. Any medicine that is carcinogenic, mutagenic, toxic for reproduction, or toxic is classified as a ‘cytotoxic and cytostatic’ medicine. As a result this classification will include many hormonal preparations, oncology drugs, immunosuppressants, a vaccine, and a number of antivirals/antibiotics.

Examples in community care might include, for example, chloramphenicol, BCG vaccine, Methotrexate, and Methoxyprogesterone (Depo provera), Oxytocin (Syntometrine, Syntocinon).

The chemical properties of a medicine can normally be determined by consulting its material safety data sheet and looking for the following chemical risk phrases or their descriptions

Table 1: Chemical risk phrases and their descriptions related to the definition of Cytotoxic and Cytostatic		
Risk Phrase	Description	Related Hazardous Property
R23	Toxic by inhalation	H6 Toxic
R24	Toxic by contact with skin	
R25	Toxic if swallowed	
R26	Very toxic by inhalation	
R27	Very toxic by contact with skin	
R28	Very toxic if swallowed	H7 Carcinogenic
R40	Limited evidence of carcinogenic effect	
R45	May cause cancer	
R49	May cause cancer by inhalation	H10 Toxic for reproduction
R60	May impair fertility	
R61	May cause harm to the unborn child	
R62	Possible risk of impaired fertility	
R63	Possible risk of harm to the unborn child	
R46	May cause heritable genetic damage	H11 Mutagenic
Muta.Cat 3 with R68	Possible risk of irreversible effects	