

The Flow Chart overleaf is based on guidance in

- 'Safe Management of Healthcare Waste HTM07-01' (Department of Health, 2013)
- 'Guidance on the classification and assessment of waste' ('WM3') – Environment Agency/SEPA/NIEA, NRW
- These documents are available to download at www.cannonhygiene.com, and Cannon Guidance relating to cytotoxic/cytostatic waste is also available separately
- They can also be forwarded on request by e-mail from hazardous@cannonhygiene.com

ASSESSMENT OF SEPERATELY COLLECTED CLINICAL AND/OR OFFENSIVE WASTE

- The Flow Chart details how waste can be assessed, and how that determines whether or not it is hazardous waste under The Hazardous Waste (England and Wales) Regulations 2005.
- Due to the way the European Waste Catalogue (EWC) and hence The Regulations define hazardous waste, it is necessary to consider whether waste is from a healthcare activity or non-healthcare activity.
- The above documents give Guidance on the assessment of the infectious hazard (Hazard HP9 in The Regulations) and how that links with the definition of clinical waste in other UK Regulations

Healthcare activities (Chapter 18 of the European Waste Catalogue)

Healthcare waste is defined as waste from natal care, diagnosis, treatment or prevention of disease in humans or animals. For example, carried out at hospitals, clinics, medical centres, nursing homes, dentists, veterinary practices & similar premises, or in the Community by medical practitioners/individuals who are self-medicating

- If either
 - no specific assessment is carried out and all waste is treated as potentially infectious ('the precautionary principle')
 - assessment is carried by a Medical Practitioner & waste which is infectious is segregated

it is classed as hazardous clinical waste, and should be placed in a clinical bag/clinical unit, hard clinical waste unit or sharps container as needing special requirements for disposal. As it is always hazardous clinical waste Consignment Notes are required.

- where waste remains after infectious waste has been segregated or no infectious waste is generated, but the waste consists of or is contaminated with blood, body fluids or similar materials then it could be treated as offensive waste, as indicated in the Flow Chart. This does not include clinical sharps waste which are always hazardous waste from healthcare

Non-healthcare activities (Chapter 20 of The European Waste Catalogue)

- **Waste which is similar to healthcare waste, but is a seperately collected fraction of commercial, industrial and similar institutional wastes.** For example, those carried out elsewhere which generate similar waste, such as first aid (in industrial/commercial premises, schools, Health Centres etc), tattooists, body piercing, beauty treatment, sharps/drug related litter, funeral parlours and similar activities.

- In those cases where
 - no specific assessment is carried out and all waste is treated as clinical waste as potentially infectious
 - waste is clinically assessed as potentially infectious & that waste is segregated as clinical waste
- **it is not hazardous waste and Consignment Notes are not required although it is classed as infectious clinical waste,** & should be placed in a clinical bag/clinical unit, hard clinical waste unit or sharps container as needing special requirements for disposal

DENTAL/X-RAY & PHOTOGRAPHIC WASTE and CYTOTOXIC/CYTOSTATIC MEDICINAL WASTE

- Dental amalgam, x-ray/photographic waste &, cytotoxic/cytostatic medicinal waste is always hazardous waste, whether from healthcare or non-healthcare activities as the relevant European Waste Catalogue (EWC) codes for these wastes under both Healthcare Waste (Chapter 18) & Seperately Collected Fractions of Commercial, Industrial and Similar Institutional Wastes (Chapter 20) state that all such waste is always hazardous waste and hence requires Consignment Notes. Cannon Cyto Guidance (June 2010) is available separately