

Clinical Waste

Any waste consisting 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, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.

Any waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practices, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

Some hazardous clinical waste (materials / consumable / sharps) may contain chemical contaminants or cytotoxic / cytostatic compounds. Larger items may also be considered clinical waste when contaminated with infectious material (e.g. HEPA filters, cages). HEPA filter disposals have separate and distinct arrangements, for information visit <http://www.hsd.qmul.ac.uk/az/hazardous-waste/>

Arrangements

QMUL has a Service Agreement with PHS Waste Management for the uplift and disposal of hazardous clinical waste from the 3 main campuses. This uplift occurs 3 times per week from 5 locations at Mile End Campus, 2 locations at the Whitechapel Campus and 2 locations at the Charterhouse Campus. There are bi-monthly deliveries of clinical waste consumable items to designated points on the 3 campuses. The contract also covers *ad hoc* deliveries of consumable items and the quarterly cleaning of the Eurolock bulk bins / other wheelie bins. There is an annual contract review conducted by HSD with PHS.

PHS responsibilities

1. PHS will uplift all correctly packaged (in the PHS provided yellow bags or sharp bins) and labelled hazardous clinical and clinical-related waste that are deposited in the designated yellow Eurolock bulk bins or yellow wheelie bin and then transport the waste for final high temperature incineration disposal.
2. PHS will supply consumables (yellow clinical waste bags, cable ties and various sized sharp bins) to package hazardous clinical waste to designated points on each campus.
3. PHS will prepare the Hazardous Waste Consignment notes
4. PHS will send all invoices to the HSD Administrator and completed Hazardous Waste Consignment notes to HSD Clinical Waste Lead.
5. PHS will provide waste destruction certification by means of quarterly reports to the HSD Clinical Waste Lead.

QMUL staff responsibilities

1. Hazardous clinical waste must be correctly segregated and packaged in the appropriate (PHS supplied) coded/labelled yellow clinical waste bag / sharp bin according to the type of waste and appropriate waste disposal route.
2. Where the appropriate European Waste Codes (EWC) are not pre-printed on the bag / container,

these must be correctly annotated.

3. Non-PHS supplied bags and sharp bins (which may be incorrectly coded / labelled) must **NOT** be used.
4. To reduce manual handling risks to the PHS pick-up driver, yellow clinical waste bags must **NOT** be filled with more than 5 kg (approx.) weight.
5. Correctly packaged hazardous waste bags (tied with the designated coloured cable tie identifying the originating department) and sharp bins (tied with the appropriate coloured cable tie for identification) must be transported safely to the designated yellow clinical waste wheelie bin, awaiting uplift.
6. Where sharp bins are generated a dedicated yellow clinical waste wheelie bin or if significant, a Eurolock bulk bin must be designated for sharp bins. Sharp bins must **not** be placed with clinical waste bags.
7. Sharp bins must **NOT** be wrapped within yellow clinical waste bags or other bags.
8. Eurolock bulk bins and yellow wheelie bins must be kept locked and annotated (e.g. attach a laminated sheet with information onto the bin) with the PHS servicing account number, Dept / School / Institute name, local contact and QMUL telephone number. The wheelie bins should have the infectious transport label attached (if not, contact HSD Clinical Waste Lead for a label).
9. Any PHS invoices or Hazardous Waste Consignment notes received locally should be immediately forwarded to HSD Admin.
10. Any deficiencies to the service or defects to facilities (e.g. to bins) should be immediately noted to HSD Clinical Waste Lead.

HSD responsibilities

1. HSD will manage the corporate contract with PHS, report deficiencies and defects in clinical waste facilities and arrangements to PHS and/or School / Institute / Department as appropriate.
2. HSD will periodically inspect / survey clinical waste facilities and arrangements and make recommendations to PHS and/or School / Institute / Department for improvements.
3. HSD will pay all QMUL hazardous clinical waste invoices received from PHS and retain all completed Hazardous Waste Consignment notes for 2 years.
4. From 2016 onwards, there is no longer a requirement to obtain premises permits from the Environment Agency for the generation and holding of clinical waste. If this changes in the future, HSD will obtain and maintain those permits for QMUL.
5. HSD also maintain the offensive waste contract with PHS Washrooms for soiled nappy waste from the QMUL Nursery. Separate arrangements apply.
6. HSD currently do not maintain any other hazardous or offensive waste contracts with PHS.

Hazardous Clinical Waste Disposal Routes

Solid waste (trace liquids only) and non-sharps

Yellow Clinical Waste Bag.




<p>Without pre-treatment</p>	<ul style="list-style-type: none"> • Negligible / low risk biological / clinical material waste and disposable consumables contaminated by materials equivalent to ACDP Hazard Group 1. • ACDP Hazard Group 1 organism waste. • GM Class 1 waste. <p>E.g. tissue / blood sample solid residues that are known to be of negligible/low infectious risk, cell lines with safe history of use, negligible/low infectious risk patient care waste, negligible/low infectious risk animal bedding waste, soil samples of negligible/low infectious risk that need incineration for final disposal, negligible / low risk animal by-products.</p> <ul style="list-style-type: none"> • Above waste contaminated or impregnated with trace hazardous chemicals (excluding any explosive or very highly toxic, highly corrosive substances). <p>Note – soiled nappies / sanitary product waste where there is negligible risk of infectious agents present is not hazardous clinical waste and is classified as ‘offensive waste’.</p>
<p>After validated pre-treatment for inactivation e.g. by autoclaving and/or prior inactivation with an effective disinfectant.</p>	<ul style="list-style-type: none"> • Pathogen waste - ACDP HG 2 and 3; SAPO Class 2 and 3 • GM Class 2 and 3 waste • Medium – high risk biological / clinical material waste (e.g. unscreened / infectious tissue / blood sample solid residues, cell lines of unknown history / provenance, unscreened primary cell lines, infectious animal bedding waste, higher risk animal by-products, higher risk patient care waste). • Soil samples of unknown provenance which may contain infectious materials. • Plant, soil samples that contains GM material. • Above waste contaminated or impregnated with trace hazardous chemicals (excluding any explosive or very highly toxic, highly corrosive substances). Any contaminating hazardous chemicals must not release any noxious gas or vapour or by product during the pre-treatment process or waste collection and transport.

All sharps - tips, serological pipettes, scalpels, needle sticks and syringes, microscope slides, glass pasteur pipettes, small glass vials / ampoules (empty or trace liquid contamination).

Sharp Bins Route, for solid waste (trace / small amounts of liquids only)

1. Yellow lidded sharp bins - for non-blood containing infectious material
2. Orange lidded sharp bins - for blood / phlebotomy related



<p>sharps (where blood contact is > 5% w/w).</p> <p>3. Purple lidded sharp bins -for significant (> 5% w/w) cytostatic / cytotoxic contaminated sharps</p>	
<p>Without pre-treatment</p>	<ul style="list-style-type: none"> • Negligible to low risk infectious biological / clinical material contaminated sharps waste, equivalent to ACDP Hazard Group (HG) 1 (as noted above for yellow clinical bag route). • ACDP Hazard Group 1 organism waste. • GM Class 1 waste. • Above waste contaminated or impregnated with trace hazardous chemicals (excluding any explosive or very highly toxic, highly corrosive substances).
<p>After validated pre-treatment for inactivation e.g. autoclaving, prior inactivation with disinfectant</p>	<ul style="list-style-type: none"> • Sharps contaminated with medium to high risk infectious biological / clinical materials (as noted above for yellow clinical bag route). <p>Above waste contaminated or impregnated with trace hazardous chemicals (excluding any explosive or very highly toxic, highly corrosive substances). Any contaminating hazardous chemicals must not release any noxious gas or vapour or by product during the pre-treatment process or waste collection and transport.</p>

Note: human tissue from deceased donors may be subject to additional requirements under the Human Tissue Act (HTA). Contact the [QMUL Responsible Person for HTA matters](#) for disposal requirements under the HTA.

QMUL HSD Contacts

- For any queries on the management and disposal of hazardous clinical waste please contact Suzanne Mason s.t.mason@qmul.ac.uk.
- Where hazardous clinical wastes are also contaminated with radioactive or significantly dangerous chemicals or higher risk please contact Dr Mark Ariyanayagam m.r.ariyanayagam@qmul.ac.uk.
- For any queries on the management and disposal of hazardous chemical and solvent waste please contact Irida Gaikwad i.gaikwad@qmul.ac.uk
- HSD Admin (invoices) hs-helpdesk@qmul.ac.uk
- Laboratory Hazardous Waste – HSD Topic Page <http://www.hsd.qmul.ac.uk/a-z/hazardous-waste/>