

## **PRE-ACCEPTANCE HEALTHCARE WASTE SELF-AUDIT TOOL**

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.

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.

### **How do I do it?**

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

- Check each room of your opticians 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.

Please note that

- the legal responsibility to classify and describe the waste produced on waste consignment or transfer notes rests solely with the opticians. If your waste contractor enters this information on the documentation for you, you must ensure that it is consistent with the waste classification and description information in page 11 of this audit.
- From 2011 producers should take all reasonable measures to apply the waste hierarchy in their waste management. A declaration relating to this is now included in waste consignment/transfer notes. The waste hierarchy gives the following order precedence:
  - (i) Revising your procedures to avoid producing waste, reduce the amount produced, and using less hazardous products;
  - (ii) Reuse : checking, cleaning and repairing items rather than discarding them.
  - (iii) Recycling : for example paper, card, plastics, glass, metal, batteries etc.
  - (iv) Other recovery : for example anaerobic digestion or municipal waste incineration with high levels of energy recovery,
  - (v) Disposal other than landfill: for example municipal/clinical waste incineration (with either limited or no energy recovery)
  - (vi) Disposal to landfill

## Opticians Details

Opticians Owner Name		
Premises Address		
Postcode		
Waste Disposal Contractor		
Date last waste collection made <sup>1</sup>		
Date Audit carried out		
Person carrying out audit and their qualifications and competencies [e.g. optician manager]. Note, the person would need to know enough, technically about the waste, and be competent to carry out the audit of the waste on the premises.		
Procedures employed during audit	Visit to each area of the opticians, including dispensary, consultation areas and the storage area (tick boxes below)	
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	observation of contents of in use waste containers	
	observation of and questioning of staff to determine practices	
	examination of raw, materials, stores and stock to identify what waste may be produced	
Process from which waste derives	Opticians services	
A list of the functional areas included within the audit (which should encompass the entire opticians)		

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<sup>1</sup> The date of the last waste collection will also indicate the maximum length of time the waste present during the audit has been present in the optician. Waste must not be stored on the premises for more than 6 months.

<p>The estimated quantity of each waste stream produced on the premises.  <i>[per collection / insert frequency]</i></p>	<p><b>Hazardous (amend or add to as necessary)</b></p> <p>(i) Medicine containers  hazardous medicines containers (purple lid)</p> <p><b>(ii) Clinical waste bags</b>  orange bags</p> <p><b>Non-hazardous</b></p> <p>(i) Medicine containers  non-cytotoxic and cytostatic medicines containers</p> <p>(ii) Non clinical bagged wastes  offensive waste containers  municipal waste (black) bags</p>
<p>How often is each waste stream collected (i.e. what is the maximum age a waste might be on collection)</p> <p>Has any waste been 'preserved' in any way (for example frozen or chemically preserved)</p>	<p><i>[Insert dates or date range]</i>  <i>[e.g. stored in waste area]</i></p>

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
Medicine Bins	Blue lid- non-hazardous medication, no sharps				
	Purple lid- Cytotoxic				
	Other (please specify)				
Bags	Clinical waste – orange infectious waste				
	Domestic -Black bags				
	Other (please specify)				
Confidential paper					
Other	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 opticians, these can be combined onto a single **summary sheet**.

<p><b>1: Cytotoxic and Cytostatic Medicines</b></p> <p>It is likely that all pharmacies use or stock a number of cytotoxic and cytostatic medicines.</p> <p>Does your Optician have any of the medicines in appendix A (Yes/No)</p>	<p>[Yes/No]</p>	<p><b>Note:</b> 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>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? (i.e. do you discard them with the medicines)?</p>		<p>(a and b) Classification: 18 01 08*</p> <p>Description: Cytotoxic and cytostatic medicines</p> <p>(c) Classification: 15 01 01</p> <p>Description: cardboard packaging</p>

<p><b>2: Medicines (non-cytotoxic and cytostatic)</b> Other than those identified in Question 1</p> <p>a) What container(s) do you dispose of solid waste medicines in?</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>(a and b) Classification: 18 01 09</p> <p>Description: Medicines (not cytotoxic or cytostatic)</p> <p>(c) Classification: 15 01 01</p> <p>Description: Cardboard packaging</p> <p><b>Note:</b> 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><b>3: Municipal wastes, office and packaging wastes</b></p> <p>Which container(s) are each of the following discarded in?</p> <p>a) Newspapers/magazines etc.</p> <p>b) Cardboard packaging (e.g. 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:</p> <p>Classification: 20 03 01</p> <p>Description: Mixed municipal waste</p> <p>Note: the waste hierarchy now places a legal obligation of producers to consider recycling and recovery options.</p>
<p><b>4: Offensive Wastes - Municipal</b></p> <p>a) Do you have a feminine hygiene waste / nappies in the facility toilets?</p> <p>b) What container(s) is used for this waste?</p>	<p>[Y/N]</p>	<p>Classification: 20 01 99</p> <p>Description: Municipal offensive hygiene waste</p>

<p><b>5: Other Clinical and Offensive Wastes</b></p> <p>What type of container(s) do you dispose of each of the following in?</p> <p>a) Personal Protective Equipment (PPE), e.g. gloves, gowns, facemasks etc contaminated with potentially infectious body fluids (e.g. blood/saliva)</p> <p>b) Swabs or tissues or other soft items contaminated with potentially infectious body fluids</p> <p>c) Other non-sharp blood contaminated items (please specify)</p>		<p>(a, b, c)Classification: 18 01 03*</p> <p>Description: clinical waste, infectious</p>
<p><b>5.1</b> Do you segregate offensive healthcare waste (other than those wastes identified in question 5) from clinical waste</p> <p>What type of container(s) do you dispose of each of the following in?</p> <p>a) PPE (gloves, gowns, facemasks etc) <b>NOT</b> contaminated with potentially infectious body fluids (e.g. blood)</p> <p>b) Swabs, tissues, resin moulds, or other soft items <b>NOT</b> contaminated with potentially infectious body fluids.</p> <p>c) Unused medical items (not sharps) e.g. an unused swab dropped on the floor</p>	<p>[Y/N]</p>	<p>Classification: 18 01 04*</p> <p>Description: offensive hygiene waste from healthcare</p>
<p><b>6: Chemicals</b></p> <p>Do you use or produce any of the following, and if so what containers do you dispose of them in?</p> <p>a) Diagnostic kits including chemical reagents (Including test strips)</p> <p>b) Chemical disinfectants (including permatabs)</p> <p>c) Hand gels</p> <p>d) Resins, adhesives, etc.(other than moulds or casts)</p> <p>e) Other chemicals,</p>	<p>[Y/N]</p>	<p>If containers are rinsed and cleaned before disposal:</p> <p>Classification: 15 01 02 (plastic) 15 01 07 (glass)</p> <p>Description: plastic /glass packaging</p> <p>If containers are discarded without rinsing:</p> <p>Classification: 18 01 06* or 18 01 07 (depends on chemical – 18 01 06* if hazardous)</p> <p>Description: healthcare chemicals</p>

<p><b>7: Waste Storage</b></p> <p>Are your waste streams (e.g. medicines bins, sharps boxes etc) segregated from each other in your storage area.</p> <p>Note :Different waste streams should not be placed in the same bulk container, for example sharps boxes, medicine bins, and infectious waste bags should not be placed together in the same wheeled cart.</p>	<p>[Y/N]</p>
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Audit Report Sheet - Waste classification and composition - [complete a new sheet for each area]				
For this section please go room by room and visually check the contents of the waste containers in use across the location. Do not endanger yourself while doing so.				
Record each different waste container per room and include the information requested from the tables below.				
Depending on how many rooms and containers please copy this table and increase the document length as necessary.				
Container Type	Example : Purple lidded unit			
Coding and description elements from Questions	1(a and b) Classification: 18 01 08* Description: Cytotoxic and cytostatic medicines (c) Classification:15 01 01 Description: cardboard packaging			
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 : Purple lidded unit			
Coding and description elements from Questions	(a and b) Classification: 18 01 08* Description: Cytotoxic and cytostatic medicines (c) Classification:15 01 01 Description: cardboard packaging			
Any other constituents identified during audit	none			
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: Orange bag	18 01 03*	Clinical waste, infectious		Alternative Treatment
Example: Purple lidded rigid container	18 01 08*	Cytotoxic and Cytostatic medicines		High temperature Incineration

**Explanatory notes**

**Clinical waste alternative treatment:** suitable for clinical wastes that do not contain offensive wastes, medicines, chemicals, municipal wastes etc. From an opticians 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 community opticians. 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.

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

<b>Table 1: Chemical risk phrases and their descriptions related to the definition of Cytotoxic and Cytostatic</b>		
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	
R40	Limited evidence of carcinogenic effect	H7 Carcinogenic
R45	May cause cancer	
R49	May cause cancer by inhalation	
R60	May impair fertility	H10 Toxic for reproduction
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	

### Example list of cytotoxic and cytostatic drugs

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Some of these are dangerous goods and may need further restrictions for transportation.

This list is not exhaustive and may not include all very new, unlicensed or trial medicines.

#### Product approved name

Anastrozole	Chloramphenicol – classified as a category 2A carcinogen and as such will include eye drops with a concentration of 0.1% (the legal threshold in waste legislation)	Ciclosporin
Azathioprine		Cidofovir
Bicalutamide		Coal tar containing products
		Colchicine

Danazol	Ribavarin
Diethylstilbestrol	Sirolimus
Dinoprostone	Streptozocin
Dithranol containing products	Tacrolimus
Dutasteride	Tamoxifen
Estradiol	Testosterone
Exemestane	Thalidomide
Finasteride	Toremifene
Flutamide	Trifluridine
Ganciclovir	Triptorelin
Gonadotrophin, chorionic	Valganciclovir
Goserelin	Zidovudine
Interferon containing products (including peginterferon)	
Leflunomide	
Letrozole	
Leuprorelin acetate	
Medroxyprogesterone	
Megestrol	
Menotropins	
Mifepristone	
Mycophenolate mofetil	
Nafarelin	
Oestrogen containing products	
Oxytocin (including syntocinon and syntometrine)	
Podophyllin	
Progesterone containing products	
Raloxifene	