Summary of responses to the consultation on joint-agency guidance “Safe management of healthcare waste”

Gateway no. 6537

Introduction
This paper sets out the responses to the main questions evoked in the document and the key messages that arose from those who responded to the consultation document "Safe management of healthcare waste" published by the Department in November 2005. The consultation was on the basis of a joint-agency guidance document to advise waste producers, primarily in the healthcare sector, on the management of waste.

Overview
The response to the consultation process was encouraging with nearly 200 responses from organisations, professional bodies and individuals concerned with waste management.

Issues raised:
There was a clear consensus of support for a joint-agency document of this type. Overarching issues centred on:

- clarification regarding the definitions of clinical waste; hazardous infectious waste; offensive waste; and particularly cytostatic and cytotoxic waste lists;
- concerns regarding segregation given the control of infection standards and aligning with "universal precautions".

Overall, the guidance was considered to be rather too complex and needed a much more simplified approach to assist waste producers.

Questions posed:
Q1: Do you agree with the recommendation that clinical waste is redefined as hazardous infectious waste? If not please give explanations
While over half of those who responded to this question (83 out of 154 or 54%) were in agreement with the need to redefine clinical waste as hazardous infectious waste, nevertheless, it came across quite clearly that terminology of "hazardous infectious waste" and "hazardous waste" would lead to confusion and problems of segregation.

The Steering Group agreed that this might lead to all healthcare waste becoming hazardous waste. As this was not the intention – but rather to ensure compliance with legislation, in particular the Hazardous Waste Regulations 2005, and to ensure better, more appropriate segregation – the Group agreed to reconsider retaining the definition of "clinical waste". This remains in compliance with the Controlled Waste Regulations.

Q2: Do you agree with the methodology proposed of identifying and classifying infectious and medicinal waste? If not, identify what alternative approach or methodology would be more acceptable?
There was a significant body of response concerned about the definition of "infectious". The healthcare sector has adopted an approach based on "universal precautions" i.e. in the absence of testing, waste from any person requiring care is deemed to pose a potential risk of infection and their waste treated prior to ultimate disposal – hence the benefit of a clinical waste stream which demonstrates a "duty of care" approach to safeguard the public and the environment.

The Steering Group agreed to establish a working group to identify what assistance can be offered to waste producers as a risk-assessment process to avoid the universal precautionary approach. The working group will in due course submit its findings to the Steering Group for consideration.

With regard to medicinal waste, again it was clear from the responses that more guidance is needed to give clarity and understanding of cytotoxic and cytostatic medicines as identified in the Hazardous Waste Regulations 2005. There was much discussion within the Steering Group about the information given in Chapter 8 of the British National Formulary, and the list of medicines defined by the National Institute for Occupational Safety and Health (NIOSH) and the World Health Organization (WHO).

The NHSScotland Property and Environment Forum is currently working with the Scottish Environment Protection Agency (SEPA) to produce a shortlist of medications that do not require treatment, such as saline solutions and glucose. Defra and the Environment Agency will work on this and the outcome will be passed to the Department's pharmacy branch for consideration.

There is a body of opinion that states that manufacturers of cyto-medications should be responsible for clearly identifying their products. This will be pursued with manufacturers to seek their commitment to giving such assistance.

Q3: Do you agree with the benefits of introducing an "offensive waste" stream?
Although a slight balance in favour of introducing an offensive waste stream, there was much comment about the appropriateness of this course of action given that it could potentially increase the amount of waste diverted to landfill, which is contrary to the intention of the Government's Waste Strategy; neither would there be benefits in terms of the environment.

The Steering Group agreed to retain the opportunity for waste producers to introduce an offensive waste stream for sanpro-type waste (i.e. nappies, incontinence pads) not subject to infection that can be sent to landfill without the need for prior treatment. This approach is based on the potential to save costs for the NHS by diverting waste away from treatment at four times the expense (i.e. landfill £80 per tonne compared with clinical waste £450 per tonne – on average). Offensive-type waste is heavy and bulky, and diverting this waste stream could create significant financial savings for the NHS. Clearly, the issue overall is to improve segregation such that waste can be diverted from landfill for recovery, reuse, recycling. The Steering Group agreed that this is a decision for each trust to make and is not a mandatory or central requirement.

Q4: Do you agree with the benefits of a nationally based system of colour-coded packaging? If not, please suggest any recommendations for an alternative approach?
This issue was given unanimous support with many calls for the approach to be made mandatory to guarantee success. However, there were also many comments made about the approach being complex and that the guidance needed to be clear and straightforward.

The Steering Group agreed that, while there was a need to make the guidance as simple as possible, there were a significant number of waste streams produced as a

normal consequence of healthcare activities that had to be covered. It was agreed to emphasise within the document that trusts would be unlikely to need all the different types and categories of waste container in all areas. Further, it was suggested that as part of a waste procedure, the waste manager and staff would identify which sizes and types of waste container were appropriate for each location or activity as suitable for their needs and circumstances.

While there were other reasoned approaches to include advice about recycling etc, the Steering Group had to take a stance that recycling/recovery and reuse was too significant an issue to be dealt with appropriately within this type of document.

Q5: Views are sought on the practicality of segregating sharps waste contaminated with cytotoxic/cytostatic medicinal products and sharps boxes not contaminated with cyto-medications. Suggestions are sought as to how waste products can demonstrate effective waste segregation.
It was clearly the view that segregation of cyto-medications from other non-hazardous medications was impractical and could lead to confusion, as many cyto-medications are not easily identifiable. While it was felt that manufacturers of medications could assist with clearer labelling or marking, segregation at this level would mean an additional sharps box, which for a doctor or nurse on a ward round would be unrealistic and impractical.

The Steering Group agreed that it was not the intention to cause problems and concerns for the waste producers. Although current legislation does not prohibit cyto-medications and other medications from being placed in the same waste bin, the drawback from non-segregation of medications would mean that all medications would then need to be consigned and disposed of as hazardous waste. The guidance would need to make it explicit that waste producers could make their own decisions based on the implications and cost premium perceived at local level.

It was further agreed that more information was needed within the guidance about disposal of medication from home care and self-medication and how this would affect local authorities, local pharmacies or local doctors under take-back or needle exchange schemes.

Q6: Do you have any general comments you would like to make?
There was general support and acceptance of a need for national guidance of this type. Some responses felt that there ought to be more within the guidance by way of explaining the need for change and identifying the benefits to the environment and to the NHS. Many of the processes described in the guidance were perceived to be complex, onerous and therefore costly without showing how these extra demands are justified. The absence of the Sector Guides, particularly the Community Care Guide, was noted but served to affirm the need to provide more guidance in this regard.

The Steering Group agreed to re-look at significant parts of the guidance in order to try to make the advice more simple and straightforward, as described above. However, the Group acknowledges that waste management is in itself complex, being addressed by various legislation and regulations from Defra, the Dept for Transport, the Environment Agency and the Health and Safety Executive, as well as the specific requirements of the devolved administrations. There was little point in over-

simplification if it did not clearly show the procedures and expectations that waste producers are obliged to abide by. The Group acknowledged that more work needed to be done on the sector guides, and this was being taken forward by small working parties to expedite progress.

In conclusion, the Steering Group wished to thank all those who responded, recognising that the larger organisations and associations played a very helpful role in coordinating members' views and that all responders put forward much appreciated constructive comment, including some representative bodies that submitted sector guides with regard to their specific professional requirements.

The Steering Group has a significant job of work in now revisiting the guidance document and redrafting sections of it in line with comments received. Once this process has been completed, the document will be circulated for peer review by the end of June 2006. If no new issues are identified, the document would then be submitted for Gateway clearance during July 2006 with editorial review by the end of August and anticipated printing and publication by September/October 2006.

This response is provided in accordance with the access to information regimes. These are primarily the Freedom of Information Act 2000, the Data Protection Act 1998, and the Environmental Information Regulations 2004; and in accordance with the Guidance on the Code of Practice Consultation.

If there are any queries with regard to this consultation response, please contact Lorraine Brayford at lorraine.brayford@dh.gsi.gov.uk