



National Performance Advisory Group

Waste Management

Best Value Group

www.npag.org.uk

To: wastetreatment@environment-agency.gov.uk

3 July 2019

Dear Sir / Madam

NPAG Waste Management Group Response to EA draft version of EPR 5.07 Consultation

NPAG (National Performance Advisory Group) is a national NHS organisation operating to provide support to NHS and other public sector managers in the continuous improvement of their services. NPAG first established benchmarking clubs in the mid-90s, to facilitate networking and benchmarking activities. These clubs have developed into National Networking Groups and Best Value Groups enabling members to share experiences, identify good practice, innovation and information to assist individual managers to develop their own service improvement action plans and seek continuous improvement in terms of quality, fitness-for-purpose, performance and value for money.

The Waste Management BVG is a unique group of more than 50 current members representing acute, community and ambulance Trusts enabling NHS waste managers to meet and share new ideas, evaluate tenders, discuss common problems, measure service providers performance, provide cost effective solutions, be creative and innovative in service design and generally network with others involved in the complex area of waste management. The group has been running for a number of years and has consequently developed a rich membership which is continuously evolving.

As Chair, on behalf of the membership of the NPAG Waste Management Group I would like to submit some comments submitted by members on the consultation draft (May 2019) of the document "Appropriate measures for permitted facilities that take healthcare waste" that is due to replace the existing guidance "EPR 5.07 Clinical Waste".

Chair NPAG Waste Management BVG

Page 25, paragraph 14

14. You must store wastes according to waste type and destination. You must store the following wastes types in separate storage areas or containers:

- clinical waste bags for incineration
- clinical waste bags for alternative treatment
- offensive hygiene waste
- cytotoxic and cytostatic medicines
- other waste medicines
- other medicinally contaminated sharps
- non-medicinally contaminated sharps
- dental amalgam
- x-ray photographic fixer
- x-ray photographic developer

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- other photographic waste (for example, films)
- anatomical waste and animal carcasses
- chemicals, which you must segregate from each other following HSG 71 Chemical warehousing: The storage of packaged dangerous substances

Comment: One frequently generated waste stream - “cytotoxic/cytostatic contaminated sharps”- is missing from the list.

Page 29, paragraph 14

14. You must not accept the following wastes for alternative treatment unless you have provided additional justification to the Environment Agency and received their approval:

- offensive/non-infectious wastes – coded as 18 01 04, 18 02 03, 20 01 99 in the LoW
- sharps or syringes contaminated with non-hazardous medicines - coded as 18 01 03* (with or without 18 01 09) and 18 02 02* (with or without 18 02 06 or 18 02 08 wastes) in the LoW

Justification for the alternative treatment of these wastes must assess the impact on emissions to air and water from the facility and demonstrate that the treatment:

- is effective (including validation of worst case scenario conditions)
- is an efficient use of energy and raw materials
- enhances the recovery or recycling of the waste
- does not impede the treatment of any other wastes

Comment: Why is there a requirement for additional justification to be provided to send offensive waste to Alternative Treatment? Clinical infectious waste can be sent to Alternative treatment, why does offensive waste need a special permit to go?
There is reference that is connected with emissions control. Is it possible to have a better explanation on that please?

Page 15, paragraph 2

2. You must have contingency procedures in place to make sure that, as far as possible, you know in advance about any planned shutdowns at waste management facilities where you send waste.

Comment: It would be a good opportunity to encourage plants to plan shutdowns when other sites are still available. We recently had several off line at the same time for maintenance that resulted in serious pressure on waste producers?

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Figure 1 Example of a non-conforming waste - yellow bag in cart of orange-lidded containers and containers not upright

Comment: Figure 1 actually shows red-lidded anatomical waste bins, not orange-lidded bins. (Note: they are Daniel’s bins and Daniels do not produce a solid orange lid for clinical wastes, their orange has an aperture).
With regard to the statement that the bins are not stacked upright – the bins are each UN approved containers for solids. These containers do not require orientation arrows and therefore do not need to be stacked in a particular orientation. The stacking of the

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rigid bins within the bulk bin (acting as an overpack for transport) may not be necessary if the certificate of conformity does not require it.

Page9, Table 2

Type of waste	LoW Code(s)	Appropriate waste management activity	Colour coding of packaging
Non-infectious sharps, not contaminated with chemicals or medicines - human healthcare	18 01 01	Storage and clinical waste incineration (CWI)	YELLOW

Comment: Table 2 provides a packaging requirement for “non-infectious sharps, not contaminated with chemicals / medicines” – stating that they should go into the yellow waste stream. There is currently no yellow packaging available on the market that would be suitable as all are labelled with a biohazard diamond.

Page 18, paragraph 12

12. The report must also include:

- the findings made for each waste stream, and where applicable the changes made as a result of this or previous audits
- information on waste policies, staff training, internal audit regimes, and environmental management systems
- the estimated quantity of each waste expected to be delivered to the operator from the medical practice per year and in a typical load
- confirmation that any waste does not contain a radioactive source or, when there is a risk of radioactive contamination, confirmation that the waste is not radioactive
- safety data sheets for single stream product chemicals, pharmaceuticals or laboratory chemicals

Comment: This statement concerning supporting evidence for the pre-acceptance audit requires the provision of safety data sheets for pharmaceuticals.

Pharmaceuticals are exempt from the requirement of a MSDS under EU legislation: https://ec.europa.eu/health/sites/health/files/files/eudralex/vol-1/dir_2001_83_consol_2012/dir_2001_83_cons_2012_en.pdf

Page22, paragraph 22

22. Waste packages must be in sound condition. All containers (boxes and bins) must have well-fitting lids. You must deal immediately with any non-conforming packages or place them into a bulk container. You must put non-conforming packages into quarantine to be dealt with appropriately. You must record all non-conformances.

Comment: Not all rigid boxes have a ‘lid’ – for example, packaging such as the Econix BioBin. Better reference would be to a “secure closure mechanism”.

Page 31, paragraph 10

10. You must use Bacillus atrophaeus (BA) or Geobacillus stearothermophilus (GS) for iSTAATT tests. You should use BA to test chemical treatment processes and those involving dry heat technologies.

Comment: The convention within scientific papers is to utilise italics for the Genus and species names, for example, *Bacillus atropheus* and *Geobacillus stearothermophilus*.

Page 31, paragraph 11

11. When using spore strips or suspensions:

- you must use spore strips or suspensions from the same batch number in the tests
- if you use spore strips, they must be certified as containing $\geq 1 \times 10^6$ spores
- if you use spore suspensions, you must add sufficient suspension to each load to make sure that $\geq 1 \times 10^6$ spores are present per gram mass of the total load

Comment: The numbers should read 1×10^6 not 1×10^6 .

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Comment: The final section containing suggestions relating to the auditing of a hospital ward makes no mention of staff training, whereas the impression within the Group was that the Environment Agency would be pressing for waste training mandatory to be made mandatory. It is difficult to elevate waste management training to the “mandatory” level within NHS Trusts. The inclusion of a statement in a document such as EPR5.07 requiring staff to complete a waste training module would make the argument stronger.

Chair NPAG Waste Management BVG