

Clinical Waste Acceptance

GR-C02

Overview

The control and acceptance of clinical wastes when they arrive at site is a key process in avoiding potential contribution to system inefficiency through introduction of unsuitable clinical waste streams and potential breaches of the sites environment permit

This procedure outlines the onsite controls and considerations that need to be applied when clinical waste materials arrive on site for processing.

1. Waste Acceptance

All vehicles delivering clinical waste to site will report to the weighbridge where it will be weighed and recorded on the necessary forms. A check shall be made that the waste type and source has been Pre-Accepted in accordance with procedure GR-C01 – Clinical Waste Pre-Acceptance and the load has been packaged and transported in accordance with the carriage of dangerous goods.

Where a clinical waste has not been Pre-Accepted or has been poorly packaged the Operations Manager shall be contacted and the waste assessed on specification. The decision of whether the clinical waste can be accepted lies with the Operations Manager.

Waste will not be accepted on site unless sufficient storage capacity exists and the site is adequately manned to receive the waste.

The following details will be recorded for each individual load accepted on site:-

- Date and time of delivery of the load;
- Details and description of the vehicle delivering the waste, the driver's name, the operator of the vehicle;
- A copy of the carriers certificate;
- Hazardous waste consignment note; and
- A description of the waste including type, quantity, EWC codes, composition, form hazard codes and SIC code.

Part E of the consignment notes of hazardous waste will be completed by the operations manager with one copy returned to the carrier and on copy kept on record for 5 years.

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Clinical wastes will only be accepted on site that conform to the following EWC Waste Codes detailed in Table 1.1 below.

Clinical wastes will be delivered to site bagged and either in bulk form or within bins.

When delivered in bins, these will be unloaded, individually weighed and either directed to temporary storage within one of the holding areas or transferred directly into the bin loading system for immediate treatment.

When delivered in bulk form, clinical wastes will be manually unloaded directly into bins. Each bulk load will have its own unique reference number which was given at the pre-acceptance stage and which will be used to track the clinical waste through the process.

There will be an internal bin monitoring and tracking system in place for all clinical wastes which is within bins which will be cross-referenced to the unique reference number which was given to the clinical waste at the pre-acceptance stage or as part of its bulk load. The tracking system will include all information generated during pre-acceptance, acceptance, storage and treatment and will be kept up to date on an ongoing basis.

Each bin will be marked with a unique bar code which will contain information on the source, weight and characteristics of the waste. Upon unloading at the site, the bar code will be scanned and the information loaded into the 'stored waste database'. Upon processing, the bin is again scanned, and details transferred to the daily processing log and 'processed waste database'. The bin then re-enters the system to receive the next waste load with updated bar code.

Any wastes that do not meet with the above description and requirements should be refused entry to the site in accordance with procedure GR-C03 – Clinical Waste Rejection.

Rejected wastes shall be recorded in the site diary.

It is the responsibility of the site personnel to inform the operations manager of any wastes that do not or potentially do not meet the above specification.

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Table 1.1 Permitted EWC Codes

Waste Code	Description
18	HEALTHCARE WASTE
18 01	Natal care, diagnosis, treatment or prevention of disease in humans
18 01 01	sharps (except 18 01 03*)
18 01 02	body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	wastes whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, diapers)
18 01 06*	chemicals consisting of or containing hazardous substances
18 01 07	chemicals other than those mentioned in 18 01 06*
18 01 08*	cytotoxic and cytostatic medicines
18 01 09	medicines other than those mentioned in 18 01 08*
18 01 10*	amalgam waste from dental care
18 02	wastes from research, diagnosis, treatment or prevention of disease involving animals
18 02 02*	wastes whose collection and disposal is subject to special requirements in order to prevent infection
18 02 03	wastes whose collection and disposal is not subject to special requirements in order to prevent infection
19 12	wastes from the mechanical treatment of waste (for example sorting, crushing, compacting, pelletising) not otherwise specified
19 12 10	combustible waste (refuse derived fuel)
19 12 12	other wastes (including mixtures of materials) from mechanical treatment of wastes other than those mentioned in 19 12 11

2. Waste Reception

The weighbridge personnel shall inform the operations manager and respective staff of the vehicle arrival.

All vehicles are weighed and recorded at the weighbridge upon entrance to site. Vehicles are then directed into the segregated clinical waste reception area where they deposit their load.

Bins will be unloaded into either one of the holding areas (shown on Figure 1 below) for temporary storage or placed onto the bin loading system for immediate processing.

Bulk loads will be directly manually unloaded from the HGV into bins for either temporary storage within the holding areas or transfer onto the bin loading system for immediate processing.

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All wastes will be visually inspected. For bulk deliveries this will be during offloading. For bin deliveries, a CCTV camera system is installed on each bin lifting system. Visual inspection of the waste will occur prior to tipping into the feed hopper of the shredder.

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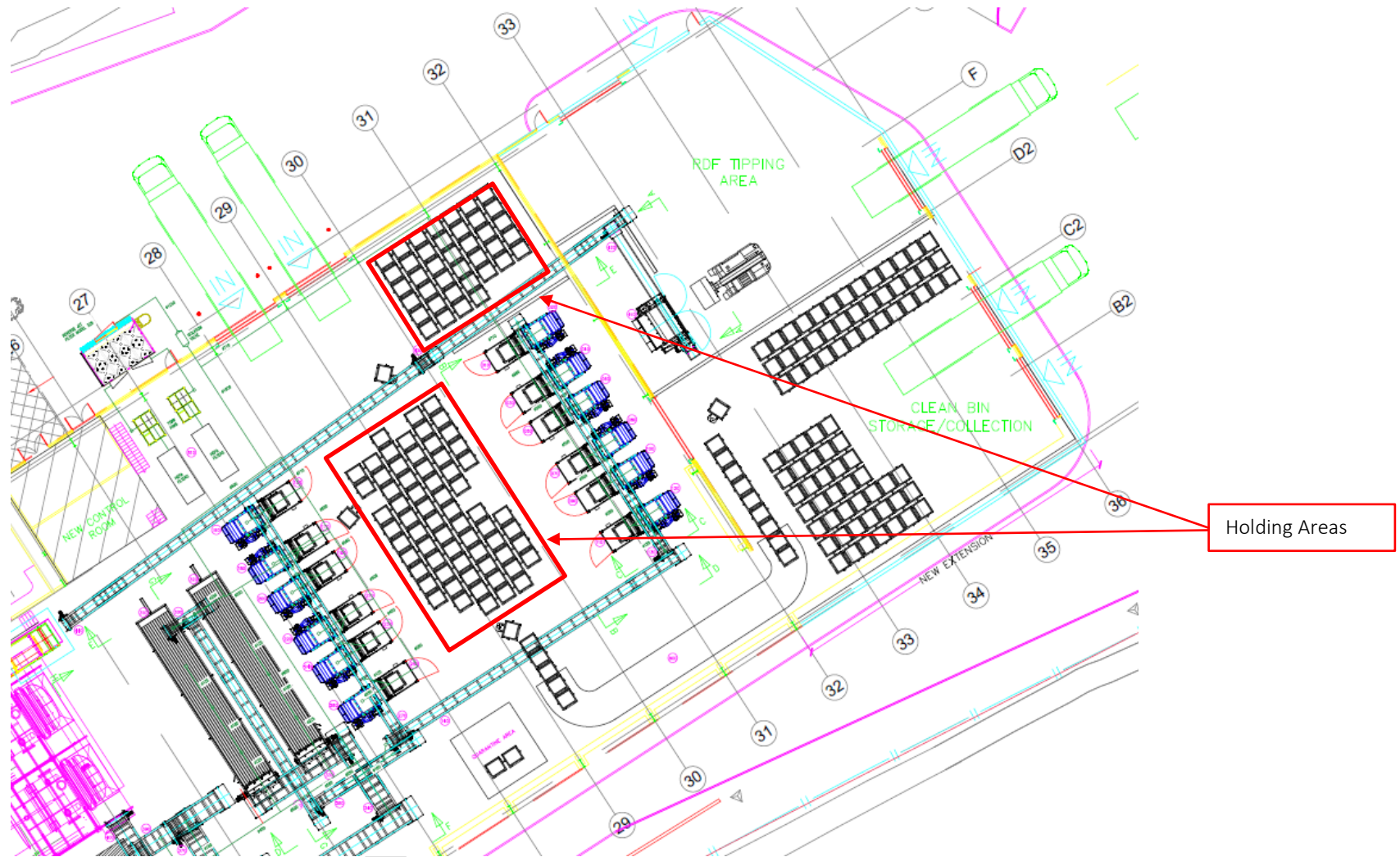


Figure 1: Holding Areas

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The visual inspection identifies any non-conforming clinical waste streams and ensures that no poorly packaged wastes are accepted onto site without the appropriate measures in place to mitigate the risk of spillage or emissions. Should poorly packaged waste be identified, the carrier identity, producer identity, vehicle details, deficiency identified and measures taken to avoid repeat occurrence will be recorded.

Any non-compliant waste identified during the visual check (e.g. loose waste or unexpected waste streams) will be segregated and disposed of in accordance with Procedure GR-C03 – Clinical Waste Rejection. No clinical waste bags or packaging will be opened at any time.

Upon unloading the bin will be weighed at the weigh plate and the bar code will be scanned with all details entered into the bin monitoring system.

Visual inspection will be undertaken for every bin and bulk load.

Non-conforming clinical wastes will be quarantined pending suitable offsite disposal at the earliest opportunity. The quarantine area is located within the Reception Hall and wastes will be stored within appropriately labelled bins pending offsite disposal. No quarantined clinical wastes will be held onsite for longer than five working days.

Clinical waste will typically only be stored on site for approximately 12 hours in line with industry best practice, however, may be stored for up to 7 days maximum.

Vehicle weights are recorded at the site weighbridges upon entrance and exit. In addition, bins are individually weighed at the weigh plate within the reception area and details entered into the bin tracking system.

2.1 Load Inspection

As mentioned above, all clinical waste will undergo a visual inspection. All wastes will be visually inspected (bags will not be opened) to ensure the following:

- Waste meets the EWC Code definition;
- Waste is recorded in waste documentation;
- Wastes are of the expected colour code;
- Wastes are labelled correctly; and
- Wastes are not poorly packaged (i.e. split bags etc).

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Any major non-conformance in the load i.e. black refuse bags, loose waste or broken bags, will result in the load being rejected off site in accordance with GR-C03 – Clinical Waste Rejection.

The Operations Manager will ensure that the waste delivered to the site is accompanied by a written description of the waste which will describe the following:

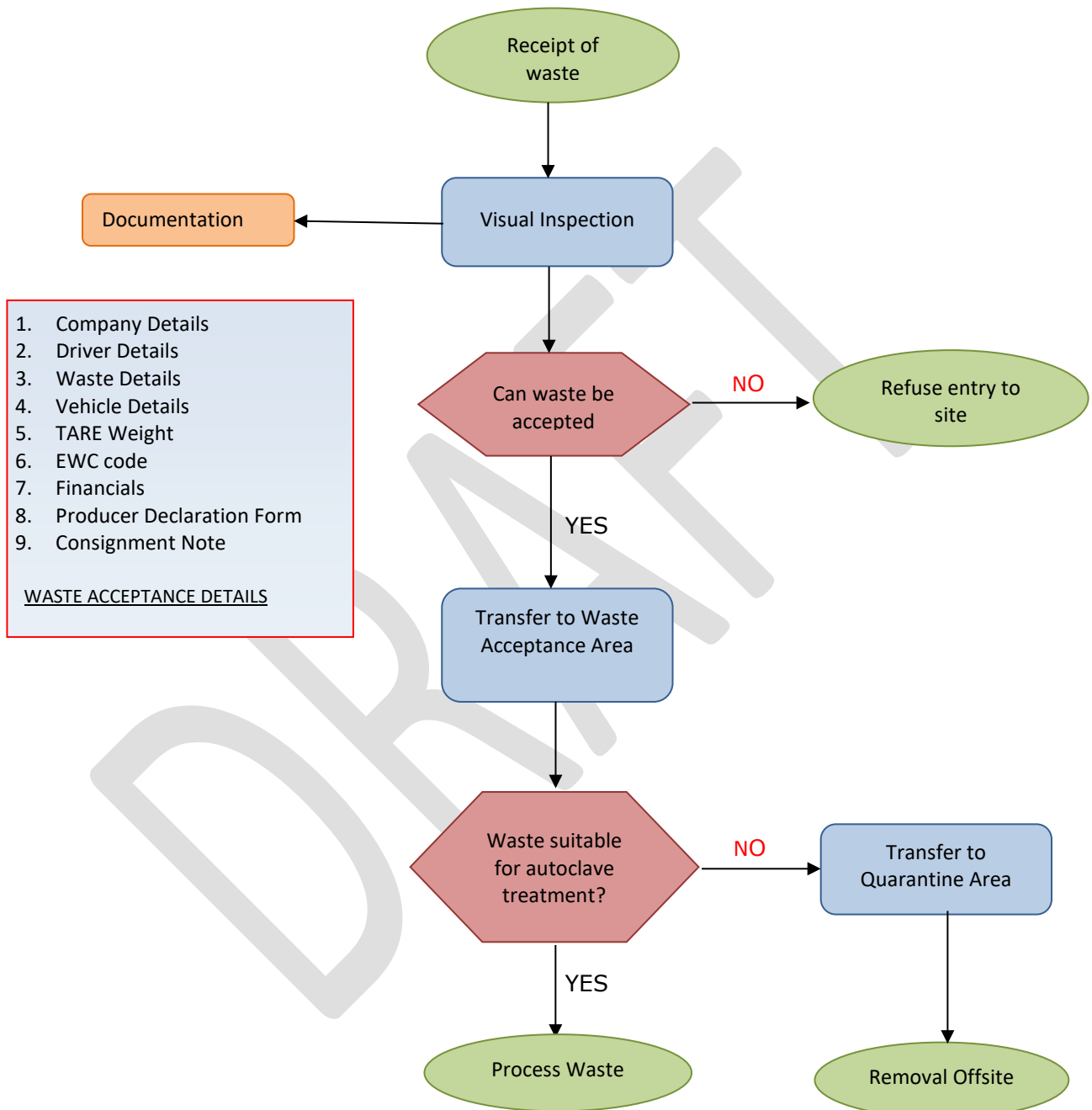
- The composition of the waste;
- Hazard characteristics and handling procedures;
- Compatibility issues; and
- Information specifying the original waste producer and process.

In the instances of hazardous waste, this information should be included within the hazardous waste consignment note accompanying the waste.

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3. Process flow chart: GR-C02 Clinical Waste Acceptance



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4. Training Record

The below signatories have received training and understand all aspects of procedure GR-C02.

Table 4.1: Training

PRINT EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE	MANAGER INITIALS	UN-CONTROLLED COPY ISSUED (✓)

Author / Function or Department:

Process Owner / Department:
Operations Manager