Clinical Waste Pre-Acceptance

GR-C01

Overview

The control of clinical wastes and the prevention of unsuitable wastes being bought and accepted on site is a key management requirement to ensure quality control of the processes at the Graphite Resources site. The uncontrolled acceptance of unsuitable or contaminated clinical wastes can lead to adverse reactions or uncontrolled emissions resulting from their treatment.

This procedure defines the upstream screening of all incoming clinical waste prior to its arrival on site and involves the provision of relevant information and representative samples of the waste. This is to ensure that Graphite Resources determine the suitability of the clinical waste for the process, before arrangements are in place to accept the waste.

1. Pre-acceptance process

1.1 Initial Order/Enquiry

Prior to the delivery of any loads, the operator shall obtain and agree a written supply agreement for the clinical waste with each clinical waste producer. The written agreement shall provide the following;

- The details of the waste producer (medical practice) including address and contact details;
- The specific process from which the clinical waste derives (e.g. veterinary, primary care, dental, acute, laboratory etc.);
- An indication of clinical waste streams produced, their quantity, physical form, composition, properties, classification and description;
- European Waste Catalogue (EWC) code; and
- Recent audit analysis of the waste undertaken at the medical practice producing the waste.

Such information shall be obtained by issuing a Producer Declaration Form (provided at the back of this procedure). This process should occur for all new clinical waste streams introduced to site.

Under the conditions of the site Environmental Permit (EPR/KB3939RR) the operator is only allowed to receive specific wastes. A list detailing permitted waste codes at the site is detailed in Table 1.1 overleaf.

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

1.2 Long Term Supply Agreements

In the case of long-term supply arrangements with clinical waste producers, the above details are only required to be obtained once for each medical practice (excepting quantity of waste which must be recorded in the Site Diary per individual load and the relevant Duty of Care documentation (Waste Transfer Notes)) and then at the following minimum frequencies:

- Annually for each medical practice producing greater than 5 tonnes of clinical waste per annum;
- Every two years for each veterinary practice, dental practice and laboratory that produces less than 5 tonnes of clinical waste per annum; and
- Every five years for other healthcare producers of clinical waste.

The Producer Declaration Form, upon receipt, is signed by the Operations Manager (and / or their delegate).

No materials will be authorised for processing without sufficient / representative audit data.

1.3 Audit

The auditing process is typically undertaken by the clinical waste producer themselves and is crucial to provide an understanding of the composition of the waste to be accepted at the site.

As a minimum the information provided by the audit must include:

- Identification of the different wards/departments or functional areas within the premises;
- Dates of commencement and completion of the audit, details of auditors etc;
- For each area, the identification of waste streams produced, type (including colour in accordance with HTM 07 01), size and labelling of containers, segregation practices, contents of a representative number of each type of container and therefore waste composition; EWC codes, physical form, written description;
- The hazardous properties of the waste;
- Specific storage requirements;
- Examination of the segregation of bulk waste containers;
- Discussions with staff to establish validity of segregation and storage standards;
- A comparison of the practice with the requirements to HTM 07-01 and WM3 (e.g. does the medical practice have an acceptable and working definition of cytotoxic / cytostatic waste or an offensive waste stream);
- Any changes made as a result of previous audits;
- Information on waste policies, staff training, internal audit regimes and environmental management systems;
- Estimated quantity of each waste expected to be delivered per year and in a typical load;
- Confirmation that waste does not contain a radioactive source / is not radioactive; and
- Safety data sheets for any chemicals, pharmaceuticals and laboratory chemicals.

The audit report must be assessed by suitably trained and competent staff with a clear understanding of clinical waste, its composition, classification, packaging and transport and a record of this assessment kept onsite.

The audit report will no longer be valid for pre-acceptance purposes:

- Once the time interval detailed above have been exceeded;
- If the waste producer makes significant changes to onsite practices;
- If the waste changes; or
- If significant non-conformances to the pre-acceptance information is identified in the received wastes.

1.4 Inadequate Information

In the event of the receipt of a Producer Declaration Form and/or audit report with insufficient information (e.g. compositional details etc), the missing information will be requested and assessed. Until adequate information has been provided all associated clinical waste materials will not be accepted by Graphite Resources under the site clinical waste rejection procedure (GR-C03 – Clinical Waste Rejection).

Each individual clinical waste producer must be allocated an individual reference number which can be re-used in future transactions.

This will allow for the technically competent person(s) to adequately prepare for acceptance / rejection of the clinical waste (see Procedure GR-C02 – Clinical Waste Acceptance) as each reference number refers to a specific waste whose characteristics (composition, individual concentrations etc) must remain the same.

The information relating to each clinical waste producer shall be filed under its individual reference number on the producer declaration form, detailing the information above and stored in the Operations Office and Weighbridge.

2. Documentation and Records

All records relating to the pre-acceptance for each approved clinical waste producer and stream should be retained by the company secretary for a minimum of three years, or indefinitely for ongoing supply arrangements.

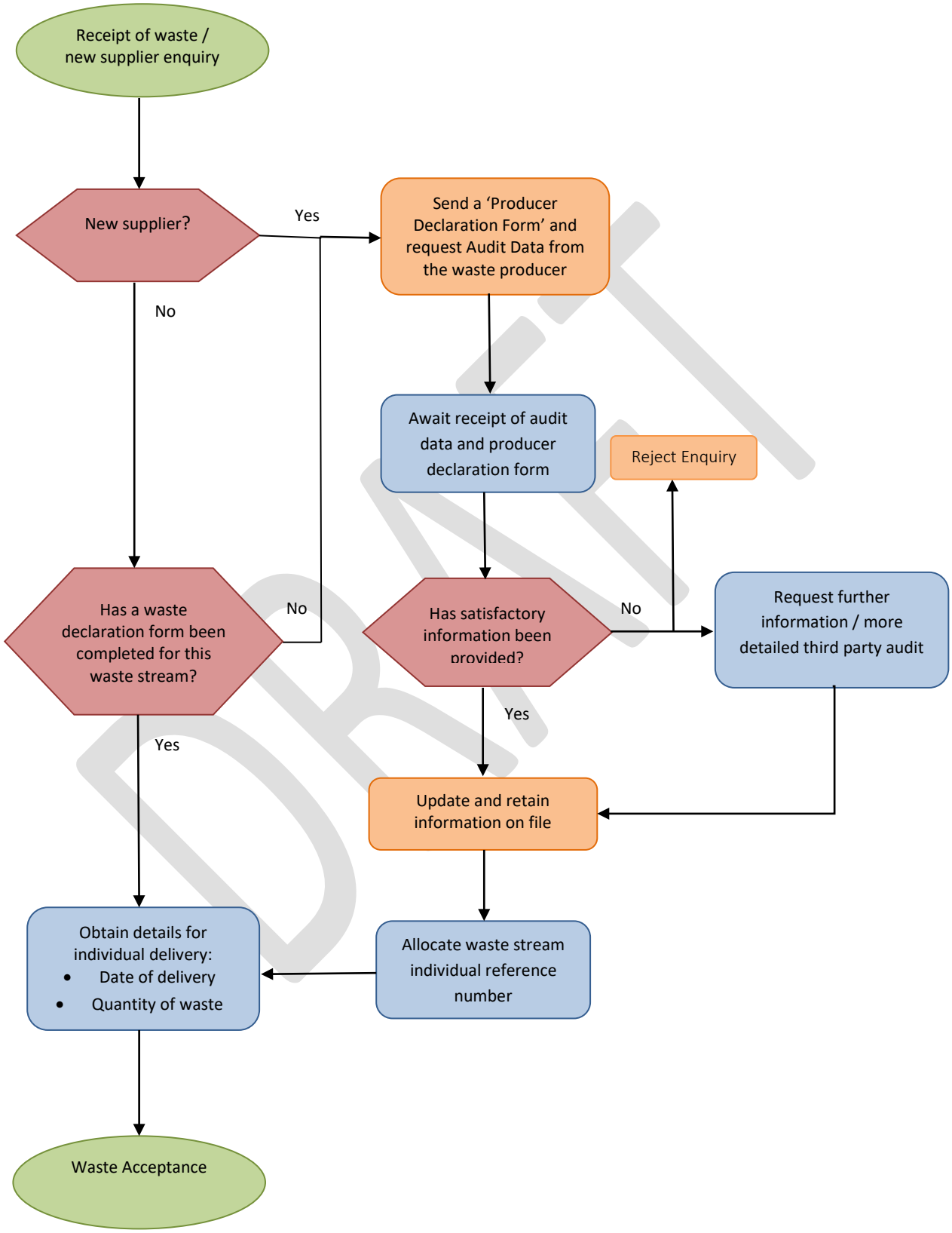
Hardcopies of the transferred waste will be kept in the Operations Office and Weighbridge as well as electronic files on the company computer system and will be available for inspection on request.

Each approved clinical waste stream shall be documented under its individual reference number with the information detailed in Section 3.1.

Table 2.1; Internal record retention

Record	Retained by	Location	Hardcopy (✓/✗)	Electronic (✓/✗)	Retention Period
Form GR-C01_F1	Operations Manager	Operations Office and Weighbridge	✓	✓	3 years
Correspondence with EA/Consignors	Operations Manager	Operations Office and Weighbridge	✓	✓	3 years
Hazardous Waste Consignment Notes	Operations Manager	Operations Office and Weighbridge	✓	✓	5 years

3. Process flow chart: GR-C01 Pre-Acceptance



4. Training Record

The below signatories have received training and understand all aspects of procedure GR-C01.

Table 4.1: Training

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

Producer Declaration Form Section 1 (to be completed by supplier)	
Name of Supplier:	
Address of Supplier:	
Supplier Number (if allocated):	
Description of Waste:	
Waste Code: (shown in Appendix 1)	
Hazard Code:	
Waste Audit Compositional Assessment: (if not available an audit MUST be requested)	
Quantity: (per batch)	
Quantity: (per annum)	
Description of Odour Characteristics:	Odour Intensity Scale:

Intensity	Tick Relevant Intensity
1 – No Odour	
2 – Faint Odour	
3 – Moderate Odour	
4 – Strong Odour	
5 – Very Strong Odour	

	Hedonic Tone Scale:
Signed:	
Date:	

Perceived Hedonic Scale	Tick Relevant Hedonic Tone
+4 – Very Pleasant	
+3 – Pleasant	
+2 – Moderately Pleasant	
+1 – Mildly Pleasant	
0 – Neutral Odour / No Odour	
-1 – Mildly Unpleasant	
-2 – Moderately Unpleasant	
-3 – Unpleasant	
-4 – Very Unpleasant	