

Clinical Waste Rejection

GR-C03

Overview

This procedure outlines the clinical waste rejection process for all non-conforming wastes that cannot be processed on site.

Acceptance of non-conforming clinical wastes is a direct breach of the permitted conditions of the sites Environmental Permit.

1. Rejection at the Weighbridge

Any clinical waste entering the site that does not meet the EWC code description below or pre-acceptance conditions or have the correct paperwork (including a fully complete consignment note) **MUST BE REFUSED ENTRY** to the site. The site can only accept materials that conform to the EWC Waste Codes provided in Table 1.1 overleaf.

If any clinical waste arriving at site is observed to contain any of the following **IT MUST BE REFUSED ENTRY TO THE SITE.**

- Unexpected waste materials;
- Waste that the facility is not authorised to accept;
- Waste not recorded on the waste documentation;
- Wastes are poorly packaged (i.e. split bags, broken bins etc).

Any clinical waste that is rejected or may be subject to rejection should be brought to the attention of the Operations Manager.

The consignor of the clinical waste must be contacted by the Operations Manager and be made aware that the clinical waste has been rejected and a report made to the regulator.

The Operations Manager holds the responsibility for the acceptance / rejection of all clinical wastes onto site.

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

If a non-conforming clinical waste has not entered the site i.e. identified upon arrival, the haulier is refused entry into the site and a Waste Rejection Form (provided at the back of this procedure) is completed.

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All Waste Rejections shall be recorded in the Site Register.

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	sharpes (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. Rejection During Unloading

All clinical waste will undergo a visual inspection during offloading. All clinical wastes will be inspected visually to ensure the following:

- Waste meets the HTM 7.01 colour coded specification;
- Waste is recorded in waste documentation;
- Wastes are labelled correctly; and
- Wastes are not poorly packaged (i.e. split bags etc).

Any materials that do not meet the above requirements shall be rejected from site.

Any clinical waste that is rejected or may be subject to rejection should be brought to the attention of the Operations Manager.

The consignor of the clinical waste must be contacted by the Operations Manager and be made aware that the clinical waste has been rejected. The carrier identity, producer identity, vehicle details,

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deficiency identified and measures taken to avoid repeat occurrence will be recorded and reported to the EA within seven days.

The Operations Manager holds the responsibility for the acceptance / rejection of all clinical wastes onto site.

Trained site staff will check each load visually via CCTV to ensure that it does not contain any unacceptable clinical waste(s). Colour sensitive cameras are fitted to the feed hoppers on the bin lift, should these detect any bags of a colour not specified as an acceptable waste, the bin lift will automatically stop, reverse and sound an alarm. A trained operative, wearing the appropriate PPE, will remove the items and place in a bin for quarantine. The clinical waste may be quarantined within secure lidded bins in the dedicated segregated quarantine area, whilst investigations take place.

Any major non-conformance in the load will result in the load being rejected.

If the load is rejected, it will be transferred into bins and into the quarantine area and photographed. Photographs will be emailed or faxed to the supplier and details given of the problem.

Rejected loads will then be returned to the producer.

Records of communications and photographs are kept on file for a minimum of three years in line with current Duty of Care legislation.

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

If the non-conforming clinical waste has entered the site, and is subsequently rejected, a waste rejection form, (GR-C03_F1) is completed.

3. Rejection During Processing

As the wastes arrive onsite double bagged and wastes are not released from these bags until the shredding stage, there is the potential for non-conforming wastes to be present within the sealed bags. The likelihood of this should be minimal due to the stringent Waste Pre-acceptance Procedures and waste audits in place (GR-C01), however, in the unlikely event that a non-conforming waste causes the blockage of a medical shredder (such as a large metal item) the shredder will automatically stop, reverse slightly and raise an alarm.

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A trained site operative, with the appropriate PPE will then access the feed hopper to remove the items which will be sealed into a bag and placed in sealed bin for storage within the quarantine area prior to rejection.

All Clinical Waste Rejections shall be recorded in the Site Register which will be located within the Operations Office and the Weighbridge.

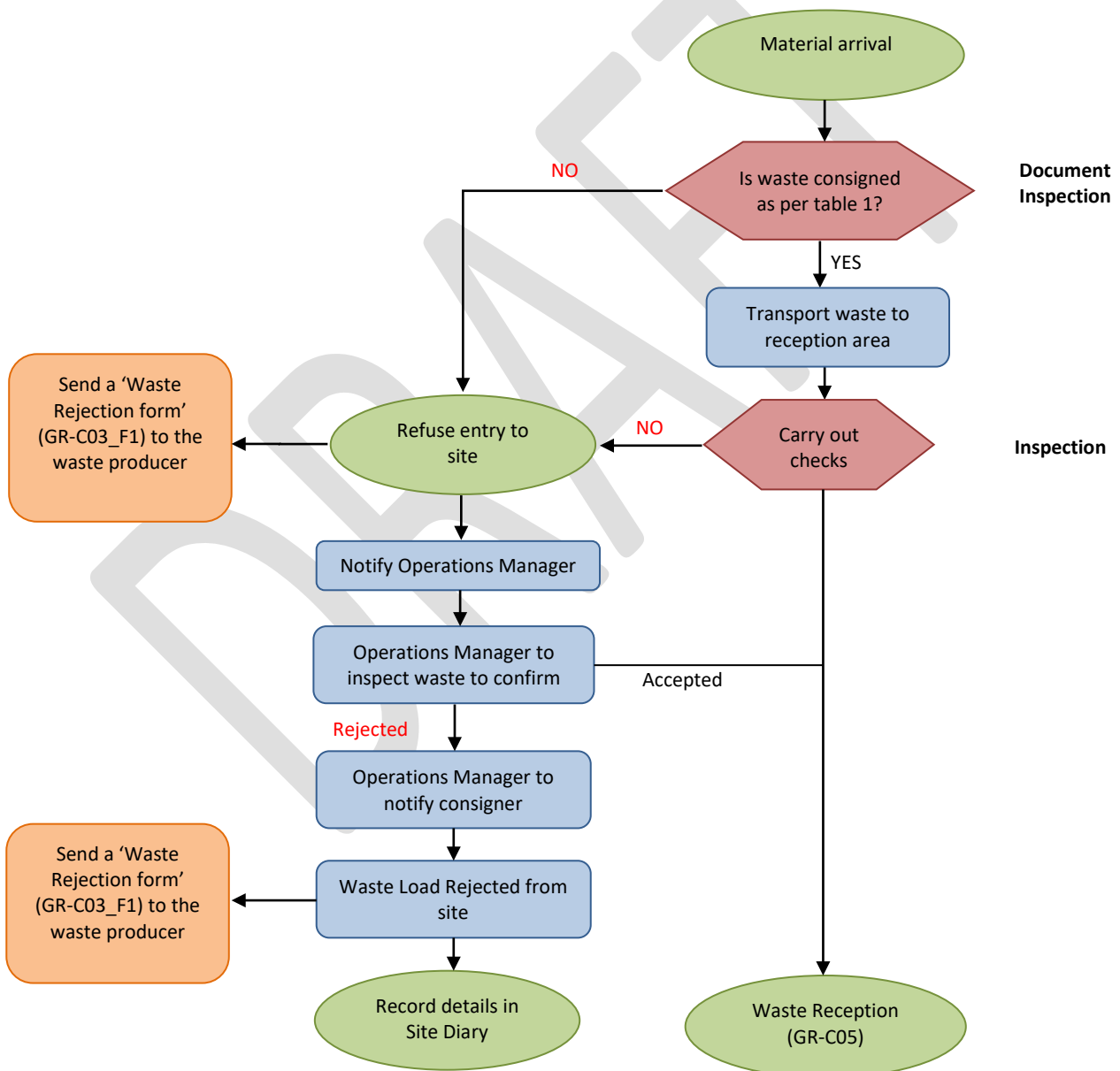
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3. FLOW CHART: GR-C03 CLINICAL WASTE REJECTION

*No loose wastes;
 No split packages;
 No unexpected waste materials;
 No waste that the facility is not authorised to accept; or
 No waste that is not recorded on the waste documentation
 No waste with incomplete paperwork including consignment notes*

Table 1: Visual Checks



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Waste Rejection Form



Waste Rejection Form

Delivered On:

Delivered By:

Consignment
Batch Identity /
Waste Transfer
Note Number:

Reason for
Rejection /
Quarantine:

Date to be
Removed from
Site:

Arranged by:

Contact Details:

Further Action:

Author / Function or Department:

Process Owner / Department:
Operations Manager