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COVID-19 waste management standard operating procedure

18 January 2021, Version 4

Updates from Version 3, published on 23 September 2020, are highlighted in yellow.

This document sets out the waste management approach for all healthcare facilities including primary care facilities and testing facilities in England.

A simple and pragmatic approach will be implemented to ensure that waste is managed in a safe manner and critical waste disposal resources are not exhausted during the COVID-19 emergency response.

We need to work together across organisations to collectively deliver waste management services during this period of expanded demand.

What does this mean for healthcare staff?

You must apply the HTM 07-01 across your facilities when re-opening services for non COVID-19 patients. The COVID-19 procedure below needs to be applied for COVID-19 areas.

The Advisory Committee on Dangerous Pathogens designates waste arising from COVID-19 patients as infectious clinical waste (EWC code 18-01-03*). It must be packaged in UN-approved orange bags in accordance with the safe management of healthcare waste (HTM07-01). The transport categorisation for this waste is Category B. Sharps and pharmaceutically contaminated items should continue to be segregated into appropriate containers sent for incineration; these should not enter the orange bag stream.

In response, **all healthcare settings** should ensure that:

- All outer **packaging** must be removed and recycled before an item is taken onto any ward or clinical area. **If this is taken into an isolation or higher risk area, then it is likely to become contaminated and therefore must be disposed as infectious clinical waste.**
- All **confidential waste** must be put into confidential bins.
- All **sharps and anatomical** waste must be put into the relevant receptacle with an appropriately coloured lid as per HTM07-01, and these do not need to be put into an orange bag (https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste
- In summary, infectious clinical waste should be treated like any other infectious clinical waste – that is, as it would be for TB, hepatitis, etc, following national regulations. Healthcare waste is suitable for non-incineration technologies.

Hospitals in addition should ensure that:

- All **food waste** must be disposed of in black bags/compostable bags.
- **Soiled linen** must be put into alginate bags and then into relevant outer bags (usually white according to local policy).
- Non-ambulatory patients – **urine and faeces** to be put down the sluice/toilet. Where no sluice/toilet is available, excreta may be gelled and disposed of in an orange bag. If bed bound, urine from catheter taken to sluice/toilet. The use of these granules must be strictly controlled as described in this NHS National Patient Safety Alert; https://www.england.nhs.uk/publication/patient-safety-alert-superabsorbent-polymer-gel-granules/. Ambulatory patients can go to the toilet as normal where safe and feasible to do so.
- Where **medicines** are prepared in a clean area, pharmaceutical waste must be separated into the following receptacles:
  - Blue – non-hazardous healthcare medicines for incineration
  - Purple – waste contaminated with cytotoxic and cytostatic medicines for incineration.
- Waste should be bagged in the appropriate colour bag. Where clinical waste carts are used, the bagged waste must be put into carts awaiting collection and disposal. Please ensure that all bins are full before releasing them from site.
- Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment and transported as category B, unless the waste has other properties that require it to be incinerated.

- No domestic waste is to be sent directly to landfill from acute hospital settings.
- Confidential waste generated on all wards (including isolation wards) must be disposed of via the existing confidential waste route. Confidential waste bins from areas with positive COVID-19 patients should be left for 72 hours before their contents is shredded.

Primary care services

- Waste generated in general practice or primary care dental settings from a person who has been confirmed or is suspected to have COVID-19 must be disposed of as Category B waste. The transport of Category B waste is described in Health Technical Memorandum 07-01: Safe management of healthcare waste.
- PPE waste generated in community pharmacy and primary care optical settings from a face-to-face consultation and/or interaction with a person who has been confirmed or is suspected to have COVID-19 should be double bagged, tied securely and kept separate from other waste for at least 72 hours before being disposed of as normal domestic residual waste. All other waste should be managed as described in Health Technical Memorandum 07-01: Safe management of healthcare waste.
- Medicines returned to a community pharmacy by a patient should be segregated as per usual requirements, double bagged and placed directly in the appropriate waste medicines container. Unwanted controlled drugs (CDs) should be double bagged and placed in the CD cabinet for three days before denaturing as per the usual pharmacy process.

Community patients/clinical staff working in people's homes

- Where clinical staff are providing services in the home of a patient who has (or is suspected to have) COVID-19, then PPE can be left behind in a bag. This will be stored for 72 hours before being put into the person's domestic waste stream. See RPS C5: *PPE waste from home healthcare workers treating patients with COVID-19* for more information.
- Community teams advising relatives caring for patients in their own homes are advised to follow the same guidelines. Waste generated by the patient/relative will be stored for 72 hours before being put into the domestic waste stream in a standard black bag.
- The only waste from non-healthcare premises that should be double bagged is waste from an individual known or suspected to have COVID-19. This waste should be stored for 72 hours before disposal. Guidance can be found at https://www.gov.uk/guidance/coronavirus-covid-19-disposing-of-waste

NHS ambulance trusts

- The above principles should be applied across the ambulance sector.
- Patient transport service (PTS) crews should dispose of their food and packaging waste in general domestic waste bins.
- To minimise the risk of infection, staff and volunteers supporting the transport of patients with a confirmed or suspected diagnosis of COVID-19 should implement current guidance for the NHS on appropriate and proportionate use of PPE and decontamination of vehicles. The latest guidance for the conveyance of suspected or confirmed COVID-19 patients can be found at: https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts.

Key point for non-COVID-19 areas

You must apply the HTM 07-01 and the correct segregation with infectious and non-infectious protocols.

Segregation of waste

The simple guides below – which should be used across your facilities – will help staff correctly segregate waste in COVID-19 and non COVID-19 areas, staff offices, public areas, and entrances and exits.

Segregation guidance is provided for staff areas, public areas and health care setting entrances and exits to deal with the specific issues arising from the new requirement for all staff (clinical and non-clinical); patients and visitors are to wear masks or face coverings throughout NHS hospitals, or advised to wear face masks/face coverings in primary care.

- Where areas are COVID-19 secure, eg offices and food preparation areas, masks and face coverings can be discarded in the domestic waste stream if no longer required.
- Masks and face coverings worn by patients, visitors and non-clinical staff who have entered a clinical area should be discarded in the offensive waste stream if no longer required. Bins for these should be located at the entrances and exits where masks are given to those who do not have them.
- Clinical staff should dispose of surgical face masks in the offensive or infectious waste streams, depending on the procedures they undertook while wearing the mask.

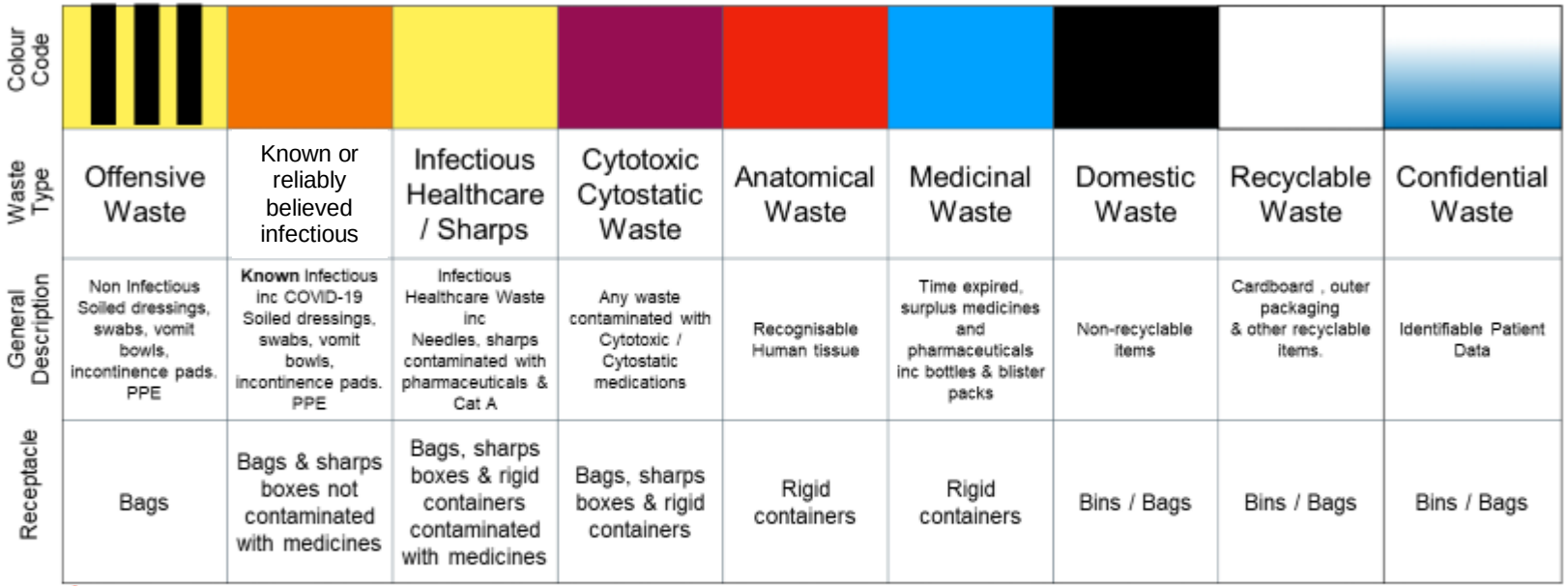
COVID-19 waste segregation

Colour Code									
Waste Type	Offensive Waste	Known infectious Waste	Infectious Healthcare / Sharps	Cytotoxic Cytostatic Waste	Anatomical Waste	Medicinal Waste	Domestic Waste	Recyclable Waste	Confidential Waste
General Description	Non Infectious Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	**Known** Infectious inc COVID-19 Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	Infectious Healthcare Waste inc Needles, sharps contaminated with pharmaceuticals & Cat A	Any waste contaminated with Cytotoxic / Cytostatic medications	Recognisable Human tissue	Time expired, surplus medicines and pharmaceuticals inc bottles & blister packs	Non-Recyclable items	Cardboard , outer packaging & other recyclable items.	Identifiable Patient Data
Receptacle	Not used	Bags & sharps boxes not contaminated with medicines	Bags, sharps boxes & rigid containers contaminated with medicines	Bags, sharps boxes & rigid containers	Rigid containers	Rigid containers	Bins / Bags	Bins / Bags	Bins / Bags

* All sharps to be placed in tested / approved sharps bins

** No PPE to be placed in Domestic / Recycle Bins

Non COVID-19 waste segregation

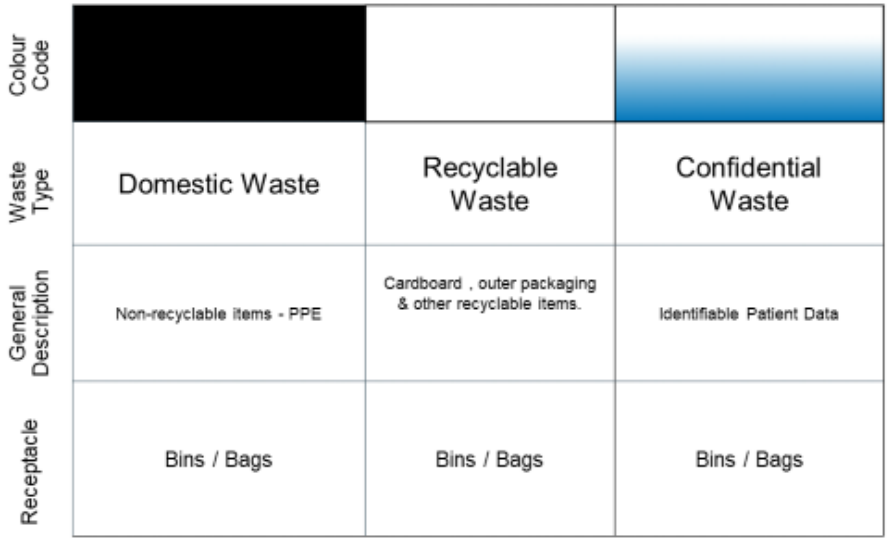


Colour Code									
Waste Type	Offensive Waste	Known or reliably believed infectious	Infectious Healthcare / Sharps	Cytotoxic Cytostatic Waste	Anatomical Waste	Medicinal Waste	Domestic Waste	Recyclable Waste	Confidential Waste
General Description	Non Infectious Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	**Known** Infectious inc COVID-19 Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	Infectious Healthcare Waste inc Needles, sharps contaminated with pharmaceuticals & Cat A	Any waste contaminated with Cytotoxic / Cytostatic medications	Recognisable Human tissue	Time expired, surplus medicines and pharmaceuticals inc bottles & blister packs	Non-recyclable items	Cardboard , outer packaging & other recyclable items.	Identifiable Patient Data
Receptacle	Bags	Bags & sharps boxes not contaminated with medicines	Bags, sharps boxes & rigid containers contaminated with medicines	Bags, sharps boxes & rigid containers	Rigid containers	Rigid containers	Bins / Bags	Bins / Bags	Bins / Bags

* All sharps to be placed in tested / approved sharps bins.

** No PPE to be placed in domestic/recycle bins in clinical areas, wards or departments.

Non-clinical/staff-only areas waste segregation



Colour Code			
Waste Type	Domestic Waste	Recyclable Waste	Confidential Waste
General Description	Non-recyclable items - PPE	Cardboard , outer packaging & other recyclable items.	Identifiable Patient Data
Receptacle	Bins / Bags	Bins / Bags	Bins / Bags

Non-clinical public area waste segregation



Colour Code		
Waste Type	Domestic Waste	Recyclable Waste
General Description	Non-recyclable items –	Cardboard , outer packaging & other recyclable items.
Receptacle	Bins / Bags	Bins / Bags

Entrances and exits waste segregation



Colour Code	
Waste Type	Offensive Waste
General Description	PPE / Face Coverings
Receptacle	Bag

Vaccination programmes

Classification

Vaccination waste is classified according to where the vaccination is delivered:

1. Vaccinations delivered in **hospitals or GP surgeries**: 18-01-03*/18-01-09
2. Vaccinations delivered in **vaccination centres, in the community and in care homes**: 18-01-01/18-01-09.

Note: this is **non-hazardous waste** and can be moved with a Duty of Care Note but **without** a consignment note.

While sharps waste is non-hazardous it must still be disposed of at a hazardous waste/clinical waste incinerator or other suitably permitted facility.

Theft of outer packaging poses a **significant security risk** and it must therefore be destroyed through the confidential waste stream:

1. **Hospitals and GP surgeries**: this should be done via your existing confidential waste streams. Note: the packaging can be flattened easily.
2. **Vaccination centres**: packaging must be stored in a secure container(s) and shredded on-site.

All PPE must be consigned as offensive waste no matter the site of vaccination delivery.

Please refer to the charts below for the different waste classifications at vaccination and testing sites.

Vaccination sites – provided by the healthcare professional

Colour Code						
Waste Type	Offensive Waste	Infectious Healthcare Sharps	Medicinal Waste	Domestic Waste	Recyclable Waste	Confidential Waste
General Description	Non-Infectious swabs, vomit bowls, PPE	Infectious healthcare waste incl needles and sharps contaminated with pharmaceuticals	Vaccines vials contaminated with pharmaceuticals	Non-recyclable items	Cardboard, outer packaging & other recyclable items.	Identifiable Patient Data
Receptacle	Bags	Sharps boxes (Reusable or rigid containers)	Rigid/ Reusable/ Cardboard Containers	Bins / Bags	Bins / Bags	Bins / Bags

* All sharps to be placed in tested / approved sharps bins

Sites conducting lateral flow testing (LFT)

Categorisation to be referred to for:

- mass community testing
- universities, schools, industry
- social care homes (adults – residential care), including visitor, staff and resident testing.

Colour Code				
Waste Type	Offensive Waste	Chemical Waste	Domestic Waste	Recyclable Waste
General Description	Personal Protection Equipment	Swabs / Cartridge	Non-recyclable items	Cardboard, outer packaging & other recyclable items.
Receptacle	Tiger Stripe Bags	Unmarked yellow Bags,	Bins / Bags	Bins / Bags

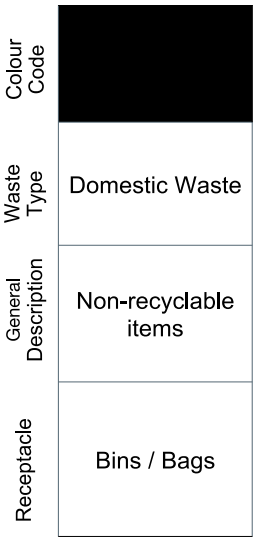
Categorisation to be referred to for:

- social care homes with nursing (adults)
- regional testing sites (RTU)
- local testing sites (LTS)
- mobile testing units (MTU)
- satellite testing.

Colour Code			
Waste Type	Offensive Waste	Domestic Waste	Recyclable Waste
General Description	Personal Protection Equipment, dropped swab replaced into a tube	Non-recyclable items	Cardboard, outer packaging & other recyclable items
Receptacle	Tiger Stripe Bags	Bins / Bags	Bins / Bags

Private residence testing

The following applies to the disposal of waste generated by individuals who are undergoing testing in their own home; for example, halls of residence, assisted living, children social care homes, private dwellings, homeless accommodation.



Symptomatic individual (Subject)	Waste placed into a waste bag and tie, placed this into another waste bag and tie. Stored for 72 hrs in a secure place before placing the waste bag into the normal house-hold waste stream
Asymptomatic individual (Subject)	Waste placed into a waste bag and placed directly into the normal household waste stream
Waste generated by visiting Healthcare Professional	Classed as healthcare waste, therefore should be taken back to base by the Healthcare Professional under NWFD3

Healthcare professional testing

PCR and LFT undertaken by healthcare professionals in testing locations such as:

- acute and community hospitals
- general practitioner surgery
- outpatient clinics
- hospices
- social care (adult nursing care).

Healthcare professionals must follow their healthcare establishment's waste management policy. Each establishment must ensure that their policy complies with the requirements for segregation of waste as set out in this SOP.

Working across government agencies

NHS England and NHS Improvement are working closely with the Environment Agency (EA) and Natural Resources Wales (NRW) to ensure clinical waste is processed in line with legislative requirements. We will continue to work with the EA, NRW and other critical agencies, such as the Department for Transport (DfT), to ensure waste flows from healthcare premises to the relevant treatment facilities. Updates on Regulatory Position Statements (RPS) and/or relevant transport authorisations will be posted on the collaboration hub.

General advice from the Environment Agency EA

The EA is working closely with NHS England and NHS Improvement and PHE to review options as the incident progresses. Its strategy (alongside managing other wastes) relies on you meeting all the above NHS requirements. It will continue to provide support via its local officers and/or centrally via the National Performance Advisory Group Best Value Group, and link with the below central waste co-ordination function.

- **Pre-acceptance audits:** when waste is swapped between contractors there will be no requirement to produce a new pre-acceptance audit during contingency arrangements.
- **Expiring pre-acceptance audits:** previously, where a pre-acceptance audit was due to expire, the EA allowed the existing audit to be extended to the end of July 2020. The EA has now stated that it expects expired audits to be planned and undertaken between July and September, and submitted to the trust's waste operator no later than 31 October 2020. Desktop audits for COVID-19 areas will be accepted to demonstrate compliance.

Central waste co-ordination function for NHS trusts

To support organisations during this time we have established a central waste co-ordination function. This will:

1. Co-ordinate daily operational activity across the supplier base. Supported by the Cabinet Office, we are working with all suppliers to ensure healthcare facilities are serviced no matter who the contract holder is.
2. Co-ordinate weekly cross-government communication, including from DHSC, Cabinet Office and DEFRA, and link in with the devolved nations, the SMDSA and key regulatory authorities, to discuss matters of escalation and resolution.
3. Be a point of escalation for healthcare organisations needing assistance.

The central waste co-ordination function key duties are:

- be central point for direct reporting across government, ensuring **business continuity plans** are delivered.
- manage the **national waste co-ordination function**
- co-ordinate operational requirements from health care facilities with the suppliers and planning collections
- support the NHS in ensuring the **standard operating procedure** is being applied. Communication of all waste matters to the NHS and back to the logistics teams for divert support for waste collections.

The team can be contacted at england.wastemanagement@nhs.net

Primary care services should continue to contact their local commissioner in the first instance.

Useful links

Hospitals and healthcare facilities:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/

https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/

Householders who are self-isolating with suspected COVID-19:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Community nursing:

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

Primary care:

https://www.england.nhs.uk/coronavirus/primary-care/

Admission and care of people in care homes

https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes

Advice to local authorities on prioritising waste collections:

https://www.gov.uk/government/publications/coronavirus-covid-19-advice-to-local-authorities-on-prioritising-waste-collections

Contracting

NHS organisations will not be expected to amend their contract with their existing supplier. A reconciliation process is currently being agreed for England across the supplier base. A process will be defined alongside the Cabinet Office, the NHS England and NHS Improvement Commercial team and Deloitte. This will be offered to NHS Wales also. Further guidance will follow.

Government has produced two guidance notes in respect of payments to suppliers and retendering and extensions of contracts:

- https://www.gov.uk/government/publications/procurement-policy-note-0120-responding-to-covid-19
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874178/PPN_02_20_Supplier_Relief_due_to_Covid19.pdf

NHS organisations should consider this guidance in respect of waste contracts and, as far as possible, use the flexibilities in line with this guidance.

NHS organisations are advised that there is unlikely to be a stable market to retender contracts during the COVID-19 emergency response and therefore they should carefully consider grounds for extension of existing contracts where these are due to expire imminently. NHS organisations should work with suppliers and, if appropriate, provide relief against current contractual terms (eg KPIs and service credits) to maintain business and service continuity. Please let us know immediately if you are experiencing any issues.

If you have any queries or questions, then please contact our logistics cell's dedicated waste management team at: england.wastemanagement@nhs.net.

Queries relating to primary care services may be directed to: england.wastepc@nhs.net.