

TITLE OF REPORT : CHANGES TO THE COLLECTION ARRANGEMENTS FOR NON-HAZARDOUS (NON-CLINICAL) HEALTHCARE WASTE

REPORT OF THE HEAD OF LEISURE AND ENVIRONMENTAL SERVICES
EXECUTIVE MEMBER: COUNCILLOR PETER BURT

1. SUMMARY

- 1.1 Some wastes from healthcare (also called clinical waste) may prove hazardous to those that come into contact with them and are subject to stringent controls.
- 1.2 The Environmental Protection Act 1990 as amended by the Controlled Waste Regulations (England and Wales) 2012 places a statutory duty on waste collection authorities to collect household waste including healthcare waste. Where healthcare waste is considered hazardous and therefore defined as clinical waste, for example needles or infectious waste, this must go for expensive specialist disposal and be collected separately. Some household healthcare waste is not considered hazardous and can be disposed of with normal household waste collections.
- 1.3 Collections of hazardous and non-hazardous (non-clinical) healthcare waste have not been reviewed since the collection contract began in 2002 and there is a need to ensure waste collected by NHDC is being disposed of appropriately and not unnecessarily increasing costs to the council tax payer.
- 1.4 During 2014/15 the Hertfordshire Waste Partnership has undertaken a review of healthcare waste collection to inform the partnership of best practice and suitable disposal and collection options. The review has identified NHDC as a higher producer of non-clinical healthcare waste than many of the other districts and has recommended that all districts remove non-clinical healthcare waste from their clinical waste collection stream.
- 1.5 Making these changes will ensure services across Hertfordshire become more aligned with best practice.
- 1.6 The following report outlines the proposals for implementing this change.

2. RECOMMENDATIONS

- 2.1 To agree the collection of non-clinical healthcare waste from households be included in standard collection services (purple bin).
- 2.2 To agree to a two phased approach to service change as proposed, being Implemented by 1st April 2016.

3. REASONS FOR RECOMMENDATIONS

- 3.1 Research has been undertaken by Hertfordshire County Council and a consultant appointed on behalf of the Hertfordshire Waste Partnership. This research has identified best practice for the collection of non-clinical healthcare waste produced in the home.
- 3.2 Changes will provide a saving to the council tax payer through savings in disposal costs.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Hertfordshire County Council as the disposal authority can direct where district Councils shall dispose of their collected household waste. Options for disposal were considered by Hertfordshire County Council in consultation with the district and borough councils. The most cost effective disposal option being considered best practice and therefore the most appropriate.

5. CONSULTATION WITH EXTERNAL ORGANISATIONS AND WARD MEMBERS

- 5.1 Consultation has been undertaken with Hertfordshire County Council and members of the Hertfordshire Waste Partnership.

6. FORWARD PLAN

- 6.1 This is a key decision and was first notified to the forward plan on 23rd June 2015

7. BACKGROUND

7.1 Current Collection Service

- 7.1.1 New customers requesting a collection of healthcare related waste are already directed to use their purple bin where their waste is not clinical waste. They can receive a larger bin if required under the Extra Waste Capacity Policy (Appendix 1)
- 7.1.2 However historically hazardous clinical waste and non-clinical health care waste has been collected on a separate collection round from approximately 480 households in North Hertfordshire. This collection round has continued in order to continue collecting clinical waste separately. Non-clinical healthcare waste collections have not been offered to new non-clinical waste customers since February 2015.
- 7.1.3 Our last audit of healthcare waste undertaken in 2013 identified that, at the time, the only clinical waste collected by NHDC was sharps (needles) waste which is approximately 40 collections per week, collected in specialist yellow plastic containers. The remaining healthcare waste collected is non-clinical and is collected in specialist yellow and black bags (Tiger bags). This waste is either collected on a call and collect service, collected fortnightly on a separate day to normal waste collections or collected weekly on a separate day to normal waste collections.

7.2 Disposal Routes

- 7.2.1 Hypodermic needles and other hazardous healthcare wastes should never be disposed of in the domestic waste stream.

- 7.2.2 If patients are treated in their home by a healthcare professional or a member of NHS staff any waste produced as a result is considered to be the healthcare professional's waste and they have a duty to ensure it is managed correctly.
- 7.2.3 If the waste is non-clinical, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with sanitary towels, nappies and incontinence pads (known collectively as sanpro waste) which are not considered to be hazardous when they originate from a healthy person.
- 7.2.4 If the waste is classified as hazardous (clinical), the healthcare professional can remove that waste and transport it in approved containers (i.e. rigid, leak proof, sealed, secured etc.) and take it back to the trust base for appropriate disposal; however this is not always common practice amongst healthcare professionals.
- 7.2.5 If patients treat themselves in their own home, any waste produced as a result is considered to be their own. Only where a particular risk has been identified (based on medical diagnosis) does such waste need to be treated as hazardous clinical waste. Local authorities have a duty to collect all household waste including healthcare waste from domestic properties. Under the Controlled Waste (England and Wales) Regulations 2012, the authority may charge for the collection and disposal of specific waste streams, including clinical waste. It is not proposed to consider charging options at this time.
- 7.2.6 Hertfordshire County Council will be procuring a new disposal contract for clinical waste over the next few months, the new contract will commence from 1st April 2016 and it will no longer be appropriate for non-clinical healthcare waste to be disposed of via this route, this waste shall be disposed of in normal household collection stream. It is anticipated that removing this non-clinical waste stream from the contract will make savings of up to £500,000 for Hertfordshire over the life of the contract.

7.3 Proposed Changes

- 7.3.1 That collection of non-clinical healthcare waste in sacks from the kerbside cease from 1st April 2016.
- 7.3.2 That a healthcare professional confirms the likely waste generation needs of existing customers and confirms if the waste is hazardous in nature and therefore specialist clinical collections are required.
- 7.3.3 That non-clinical healthcare waste produced by customers currently receiving a separate collection service be placed in the purple residual bin and a larger bin be provided to the resident if required. This is already accounted for in our policy and is the provision for new customers.

7.4 Approach

- 7.4.1 The changes will be in two phases. Existing service users will receive a letter and form requesting information regarding their waste that will need to come from a healthcare provider. This enables us to ensure the correct waste remains in the hazardous stream and we only target non-clinical healthcare waste. We have a duty to ensure waste is disposed of correctly and this audit will facilitate this requirement. It is likely that some hazardous waste other than sharps (needles) will be identified and we can therefore satisfy our duty by ensuring this waste transfers to a specialist disposal route.

- 7.4.2 The initial phase in July/August 2015 will be in line with our policy for the provision of extra waste capacity. Residents will be offered a larger purple bin where their healthcare waste is confirmed as non-clinical and there is a need for additional capacity. This will be on a voluntary basis, with telephone and face to face support if required.
- 7.4.3 It is anticipated that a proportion of residents will choose this option as they will no longer need to place the yellow and black Tiger bags out for collection and the bin provides a more discrete method of disposal.
- 7.4.4 Phase two will be implemented in January 2016 for completion prior to 1st April 2016. Those residents whose waste was identified in the audit as non-clinical; who did not change over to a larger bin, will be informed of our need to change our service by letter. Any concerns raised will be considered on a needs basis and we can offer both telephone and face to face advice.
- 7.4.5 Appendix 2 shows details of the proposed process.

8. ISSUES

- 8.1 The Hertfordshire Waste Partnership has agreed that the disposal of non-clinical healthcare waste through a specialist disposal route should stop as it can be more appropriately treated as residual waste. HCC have therefore requested that this waste should be diverted to the residual waste stream. It will therefore no longer be appropriate to collect non-clinical healthcare waste in Tiger bags and dispose of them through HCC healthcare waste contracts. We will continue to collect this waste but the collection method for this waste type must change.
- 8.2 Hazardous healthcare (clinical) waste collections will remain unchanged; we hope this can improve the efficiency of the service by streamlining collection days. The service will be brought in line with best practice and should ensure additional costs are not incurred when procuring the new waste contract.
- 8.3 Due to the sensitive nature of these collections some residents will have concerns over the changes however all staff will be briefed and have access to comprehensive FAQ's to answer any concerns which are raised.

9. LEGAL IMPLICATIONS

- 9.1 Statutory duties for the collection of household waste are outlined in the Environmental Protection Act 1990 and the Controlled Waste (England and Wales) Regulations 2012.
- 9.2 The government and NHS have produced guidance on the disposal of healthcare waste. In the form of the Health Technical Memorandum 07-01: Safe management of healthcare waste.
- 9.3 Proposed changes align services more closely with East Hertfordshire District Council and therefore do not negatively impact on the ongoing discussions regarding the potential for shared services.

10. FINANCIAL IMPLICATIONS

- 10.1 The financial implications are not yet fully determined; however the impact on the General Fund is considered unlikely to be significant and will be managed within existing budgets.

- 10.2 The majority of any savings made by HCC as a result of these changes to the disposal route of non-clinical waste, as identified in 7.2.6, will be passed back to the district authorities through the AFM.

11. RISK IMPLICATIONS

- 11.1 Waste collectors must satisfy themselves and the Environment Agency that they are accurately describing the waste that they collect and carry. Implementing more robust auditing and requiring input from healthcare professionals will ensure any collected waste is managed appropriately and disposed of via the correct safe disposal route. Limiting sack collections further reduces risks to contractor staff from manual handling related injury.
- 11.2 There is a risk that the amount of clinical waste will increase as healthcare professionals become risk adverse and prescribe the majority of waste as clinical. However this can be mitigated by the proposed auditing process and savings produced as a result of reducing non-clinical waste should outweigh any increase in clinical waste.
- 11.3 To avoid contamination of recyclable material, residents currently using the kerbside clinical waste collection will be given clear directions as to the appropriate bin to use for non-clinical waste when the collection arrangements change.
- 11.4 The introduction of this change supports the Draft Waste Collection, Trade Waste and Street Cleansing Policies referred to Cabinet in conjunction with the Strategic Outline Caste for waste and street cleansing services for North and East Hertfordshire. By having jointly agreed policies this helps to mitigate the risks arising from the Shared Procurement Opportunity Cabinet Top Risk.

12. EQUALITIES IMPLICATIONS

- 12.1 The Equality Act 2010 came into force on the 1st October 2010, a major piece of legislation. The Act also created a new Public Sector Equality Duty, which came into force on the 5th April 2011. There is a General duty, described in 12.2, that public bodies must meet, underpinned by more specific duties which are designed to help meet them.
- 12.2 In line with the Public Sector Equality Duty, public bodies must, in the exercise of its functions, give due regard to the need to eliminate discrimination, harassment, victimisation, to advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not.
- 12.3 The services will be provided to all residents which require it. Both clinical and non-clinical healthcare waste collections are sensitive services often provided to vulnerable residents. Individuals will be helped and supported with the transition to the new collection arrangements by whatever means are necessary to ensure that the change is understood and that residents are reassured. Services will become more consistent with other services provided in other parts of Hertfordshire.

13. SOCIAL VALUE IMPLICATIONS

- 13.1 As the recommendations made in this report do not constitute a public service contract, the measurement of 'social value' as required by the Public Services (Social Value) Act

2012 need not be applied, although equalities implications and opportunities are identified in the relevant section at Paragraph 12.

14. HUMAN RESOURCE IMPLICATIONS

14.1 Auditing work will be undertaken within existing resources.

15. APPENDICES

Appendix 1 - Policy on the provision of Extra Waste Capacity.

Appendix 2 - Process for implementation – Phase 1.

16. CONTACT OFFICERS

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17. BACKGROUND PAPERS

Health Technical Memorandum 07-01: Safe management of healthcare waste
<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>

The Controlled Waste (England and Wales) Regulations 2012
http://www.legislation.gov.uk/uksi/2012/811/pdfs/uksi_20120811_en.pdf