

Focus on Clinical Waste Audits

March 2011

This note has been produced by the General Practitioners Committee (GPC), a branch of practice committee of the British Medical Association (BMA), to explain to GP practices what their responsibilities are relating to the disposal of clinical waste.

Clinical waste is that which could be hazardous, such as used dressings and needles and anything that might contain human tissue, blood or drugs. It is defined in the Controlled Waste Regulations 1992 as:

“(a) any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

(b) any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it”

Clinical waste collections

Either the GP practice itself or the PCO will have a contract with a waste management company, who will make regular collections of any clinical waste from the practice. Where the practice holds the contract, there are provisions under paragraph 46 of the Premises Costs Directions for practices to apply to their PCO to reimburse the cost of these collections¹. The PCO has discretion as to whether or not to reimburse the cost but it must consider a practice's application and accept in appropriate cases.

'Pre-acceptance checks' and audits of clinical waste

A waste management contractor will dispose of a practice's clinical waste either through incineration or at an alternative treatment plant. Following the introduction of the Environment Agency (EA) guidance for waste management companies in 2007 and 2011, both of these types of disposal facilities are required to obtain detailed information on the composition of the waste before they accept it. This information forms part of their 'pre-acceptance checks', which are a condition of their operating permits².

Permits for waste disposal facilities were first issued from 2006, but the EA has phased in full compliance. To allow for disposal facility operators to complete their pre-acceptance checks, waste collection companies will now be asking GP practices to provide certain information about the types of clinical waste that they produce. As a result, all producers of clinical waste, including GP practices, must provide audits of their waste to their waste management contractors if they are to continue to have their waste accepted for incineration or treatment. This audit is an Environmental Agency legal requirement and failure to provide an audit report by 1 July 2011 could result in the EA prohibiting waste collecting companies from collecting the waste from GP practices.

¹ [The NHS \(GMS - Premises Costs\) \(England\) Directions 2004 are available online.](#)

² The EA guidance for waste disposal facilities (EPR5.07), which includes information on what must be included in the pre-acceptance checks, [is available on the EA website.](#)

The practice can either collect the data itself or employ a third party to do so. Alternatively, the waste management contractor may offer to complete the audit for the practice but may charge for this service. GPC has produced a self-audit tool to aid practices in collecting the data. [It is available on the BMA website.](#) Below are frequently asked questions about completing the self-audit.

We are aware that many practices may not routinely separate their waste using the methods described in the self-audit tool and might not use all of the different types of waste bin. GPC is seeking a meeting with the Environment Agency to discuss the requirements of the audit and how practices' compliance will be monitored. This guide will be updated once we have clarification of these issues.

Clinical waste self-audit – FAQs

How often must the audit be completed?

GP practices are classified as 'low risk' and must complete the audit every 5 years. Higher risk producers must undertake more regular audits.

The company who collects my clinical waste has asked me to complete their own audit template. They are charging for this - do I have to pay?

The practice has a responsibility to provide the appropriate information. However, it does not have to do this by completing the waste contractor's template.

What will happen if a practice does not complete the audit when requested by the waste collection company?

If a practice does not provide the audit report, its waste contractor may no longer be able to collect clinical waste from the practice premises. Furthermore, although the legal duty for the pre-acceptance checks lies with the waste disposal facility operator, under the Environmental Protection Act 1990, all producers have a 'duty of care' when dealing with clinical waste. This duty of care does not just apply when a GP practice is handling the waste on its premises; it remains responsible for ensuring that disposal is safe. For both of these reasons, it is advisable that practices complete the audit when requested by their clinical waste collection company.

What are the practice's responsibilities regarding pre-sealed clinical waste disposal bags/boxes received from patients?

Local arrangements for the disposal of patients' clinical waste will vary. Where clinical waste is produced by a patient treating themselves in their own home, the local authority is obliged to arrange collection of that waste if the patient requests it. They can charge for this service. However, in many areas, the recommended method of disposal for some types of clinical waste, especially prescribed sharps boxes, is by return to the GP practice or pharmacy.

When a practice accepts sealed clinical waste disposal boxes/bags from patients and transfers the waste to their waste contractor they have a legal duty to describe and classify the waste correctly to ensure it is managed appropriately.

In most instances the practice should have sufficient understanding of the treatment their own patients are undergoing to enable them to do this.

What are the colour codes for sharps boxes referred to on page 3? Are these mandatory?

The colour coding was introduced by Health Technical Memorandum 07-01, which outlines best practice on the safe management of healthcare waste. This includes an explanation of what each of the colours mean. [It is available on the Department of Health website.](#)

Although the colour coding itself is not mandatory, it is used to help producers identify and segregate their waste, which is mandatory. So you must segregate your waste and provide your waste contractor with the necessary information to ensure they can manage it appropriately.

What are European waste catalogue codes?

The European waste catalogue is an EU-standard method of classifying waste. Along with a written description of the waste, you must let your waste contractor know the relevant codes for each the different types of the waste of which you are disposing. If you are using GPC's self audit toolkit, you will see that the codes of each type of waste are already given in the right hand column.

As an example, a sharps box containing used (non-cytotoxic and cytostatic) medicinally contaminated syringes and the vials/ampoules used to charge them might be described and classified as follows:

Codes: 18 01 03* **and** 18 01 09

Description: Clinical waste mixed medicinally contaminated sharps and medicines (non-cytotoxic and cytostatic) for incineration only.

More detailed information on the coding and classification of healthcare waste from general practices will be contained in a sector guide in the forthcoming revision of HTM 07 01.

If you require further clarification regarding the audit you should contact your waste management contractor. For further support, members can contact the BMA on 0300 123 123 3.