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7 February 2006

Dear Mr Prendergast

**Re: Consultation on draft guidance document – “Safe Management of Healthcare Waste”**

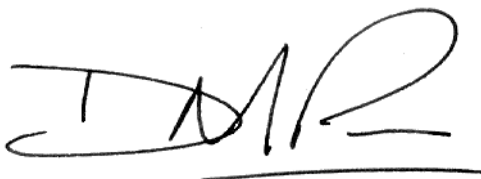
The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

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The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

I write to respond on behalf of the Royal Pharmaceutical Society of Great Britain to the public consultation on the above draft guidance. This response may be made freely available.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Pruce', with a horizontal line underneath.

David Pruce  
Director of Practice and Quality Improvement

# Safe management of healthcare waste: a public consultation

## Response Form

### PERSONAL DETAILS

<b>Title</b>	Mr / Mrs / Ms / Dr / Professor / Other
<b>First Name(s)</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>E-mail Address</b>	

### IF YOU ARE REPLYING ON BEHALF OF A GROUP OR ORGANISATION

<b>Name of Organisation</b>	Royal Pharmaceutical Society of Great Britain (PLEASE SEE ATTACHED SHEET)
<b>Address (if different from above)</b>	1 Lambeth High Street London
<b>Post Code</b>	SE1 7JN
<b>E-mail Address</b>	david.pruce@rpsgb.org

Please insert 'X' if you want us to keep your response confidential

***Do you agree with the recommendation that clinical waste is redefined as hazardous infectious waste? If not, please give explanations? (Section 4.15)***

**Comments**

No, Pharmaceuticals are stated elsewhere as Clinical Waste but may not be infectious.

***Q: Do you agree with the methodology proposed of identifying and classifying infectious and medicinal waste? If not, identify what alternative approach or methodology would be more acceptable? (Section 5.0)***

**Comments**

The diagram should be changed. The use of equal signs is incorrect.

In column 1. Add Paraphernalia associated with Drug Users.

Change the definition to specify items listed in Chapter 8 of the BNF and to confirm that the word 'Hazardous' is used in terms of the regulations.

Threshold concentrations of medicines should be specified.

***Do you agree with the benefits of introducing an “offensive waste” stream? (Section 5.3)***

**Comments**

N/A

***Do you agree with the benefits of a nationally based system of colour-coded packaging? If not, please suggest any recommendations for an alternative approach? (Section 7.1)***

**Comments**

Yes.

The yellow box for High Temperature Incineration should say Clinical Waste as it may include Pharmaceuticals.

The Purple Box should specify Medicines listed in Chapter 8 of the BNF. For High Temperature Incineration.

The White box is later used for other items e.g. Pharmaceutical waste, so should not specify Amalgam Waste only.

Residual medicines NOT in pack, are mentioned, those in e.g. blister packs are not mentioned.

***Views are sought on the practicality of segregating sharps waste contaminated with cytotoxic/cytostatic medicinal products and sharps boxes not contaminated with cyto-medications. Suggestions are sought as to how waste products can demonstrate effective waste segregation. (Section 7.2)***

**Comments**

Residual medicines NOT in pack, are mentioned, those in e.g. blister packs are not mentioned.

Segregation of sharps may lead to costs in terms of time and money, and may lead to error and injury.

One sharps box (yellow with purple lid) should be used for all.

Pharmacy Waste in White bags but should be yellow or purple.

Either need more UN Compliant packs or use of BS containers.

Use of non-UN packs seems risky and confusing and could encourage use of bottles only.

Broken Ampoules should be Sharps.

Daily collection should apply to Infectious Clinical Waste.

***Do you have any other general comments you would like to make?***

**Comments**

p.7. Duty of Care Regulations 1991 (sect 34)  
Control of Pollution Regulations 1992.  
Not mentioned.

p.9. Section 1.5.  
NHS Premises should be described as Premises providing NHS Services.

p.12. Section 2  
The list of waste should be clarified to include genetically modified material,  
And products such as Botox, BCG etc.  
There should be emphasis on denaturing and decontamination.

2.23 This should also include handling of genetically modified Product.

2.3.1 Sharps bins currently used are not UN Compliant, and this may  
Present problems for bins used by drug addicts.

2.4 The requirement for UN containers may result in a monopoly Situation. This should be changed throughout to a BS Standard.

3.0 Recommend that PCO's, including Care Homes and Hospices, Should have access to the expertise of a Waste Manager.

p.22. 18.01.01. It will be very difficult to segregate 01.01 and 01.09 unless the needles are unused. They should be considered as one item.

p.23 At present, medicines are hazardous if they are H6, H7, H10 and H11. This list will be difficult to update, and should instead consist of all items in Chapter 8 of the BNF. This is updated six-monthly by a team of Pharmacist and Medical experts. The BNF is distributed to all Doctors and Pharmacists.

It is also recommended that all other medicines should be considered not hazardous unless in the reasonable opinion of a Health Care professional, they are not safe taking H codes into account.

This risk assessment would be analagous to a COSHH Assessment and would apply only to licensed pharmaceuticals.

p.25. Re-define 18.01.08 as those listed in Chapter 8 of the BNF.

4.22 It is possible to segregate UN3248, but UN1851 and 3249 can be separated but cannot always be segregated.

4.41 Some devices are handled which were previously medicines e.g. Test Strips. They should be treated as medicines for the purpose of regulations.

4.42 Emphasise that Radiological Protection requirements of Radiopharmaceuticals take precedence.

4.43 Urine samples for pregnancy and blood sugar tests need not be Infectious.

6.40 An X should be added to Detailed Examination of Waste for Waste Medicines. They should be examined, but only as far as Duty of Care to staff allows.

p.43 Manual sorting may be dangerous and the Health and Safety issues should be emphasised.

7.0 Two Sharps bins may be difficult to control. There should be one bin related to the worst case, and sent for High Temperature Incineration.

p.63. 10.2. Dedicated transport will make it difficult for pharmacists to help remove waste from homes. Dedicated vehicles or vehicles fitted with appropriate containers should be required.

p.65. High Temperature Incineration only for pharmaceutical waste.

p.68. 11.11 High Temperature Incineration should exclude large volumes of inert solutions and should not include unused inert liquids e.g. Nebules, Polyfusors, Haemodialysis solutions.

11.52 Change description to items listed in Chapter 8 of BNF. Redefine the section as Anti-neoplastic Agents.

11.52. Should be subject to High Temperature Incineration.

p.77 & 78. Tables are out of date and are not in agreement.

p.82. The transfer note should have confirmation that transfer has occurred and include proof of incineration.

13.1 Only Companies who provide an audit trail (paper or electronic) Should be considered.

p.84. 13.3. Seems an odd section in which to specify amount.

13.3 Should be Notification of Premises.

13.31 Notification, then number 31 as 32 and 32 as 33.

p.86. Clarify that this includes Pharmacists bringing back patients waste.

16.1. Add, Pharmacists and Hospital QA staff.

p.109-104 Define Cytotoxic and Cyrostatic as = Anti-neoplastic and list to include BNF Chapter 8. Delete items listed.

p.114-116 Sharps to be only in bin with purple top.

Unused I.V. fluids to be flushed down sink and then put in black bags.

p.118. To include other Professionals e.g. Opticians, Physiotherapists, Chiropodists who may produce pharmaceutical waste.

Please return (to arrive no later than 7 February 2006) by post, fax or e-mail to:

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