

Definitions and rationale

1. Healthcare waste is waste arising from any healthcare activity, within the NHS and the community as defined by chapter 18 of the European Waste Catalogue.¹ It does not cover wastes not arising from immediate healthcare. Principal sources of healthcare wastes include hospitals, nursing homes, health centres, veterinary surgeries, dental surgeries, GP surgeries, blood transfusion centres, teaching and research establishments and public health laboratories. Examples of healthcare waste include: infectious waste, laboratory cultures, anatomical waste, used sharps, medicinal waste, laboratory chemicals and offensive/hygiene waste from hospital wards or other healthcare environments.

2. Implementation of the Hazardous Waste Directive through the Hazardous Waste Regulations 2005 means that any waste that is infectious and/or potentially harmful is now classified as hazardous waste, and is subject to the controls under the 2005 Regulations. Therefore, as detailed in the European Waste Catalogue, healthcare waste has both hazardous and non-hazardous categories.

3. The term healthcare waste replaces clinical waste. Until the Hazardous Waste Regulations came into force in July 2005 almost all waste arising in healthcare environments could be classed as clinical waste and considered as harmful until rendered safe. This often included 'household-type' wastes arising in hospital wards such as flowers and newspapers that were not separated from clinical waste.²

4. As a result, clinical waste was largely sent to clinical waste incinerators. The relatively low cost of incineration created no incentive to segregate out the non-harmful wastes from the mix. Tighter regulation of air emissions³ led to the closure of the majority of hospital incinerators and increased the cost, refocusing the effort on segregation of 'clinical' from 'domestic-type' arisings.

5. The EU Landfill Directive banned the landfilling of infectious clinical waste in 2001 and this still applies to infectious healthcare waste. This infectious, and therefore hazardous waste, must be consigned to a facility which meets the hazardous waste controls in the Waste Incineration Directive, or to an appropriately licensed alternative treatment plant. The additional cost of disposal of infectious healthcare wastes now provides an important incentive to segregate out the bulk of non-infectious wastes.

6. The new hazardous waste regime has also changed the definition of hazardous medicines from one where all prescription-only medicines (POMs) were hazardous to one where only cytotoxic and cytostatic medicines⁴ are hazardous. However, the impact of this is not significant in terms of cost to producers.

Arisings, trends and projections

7. Approximately 200,000 tonnes of healthcare waste is produced annually in the UK with 26,450 tonnes of this requiring high-temperature treatment and 173,600 tonnes of waste suitable for alternative technology treatment.⁵

¹ See pp. 23-24 of the Catalogue at http://www.netregs.gov.uk/commondata/acrobat/ewc.pdf?lang=_e for further information.

² See Audit Commission report '*Getting Sorted: the safe and economic management of hospital waste*' (February 1997) which focused on segregation of hospital waste and associated cost savings.

³ Emissions are regulated through the Local Authority Air Pollution Control system established by Part 1 of the Environmental Protection Act 1990

⁴ Cytotoxic drugs are generally used to prevent cell division and are often used in cancer treatments. Cytostatic drugs suppress cell growth and multiplication and are also used in cancer treatments.

⁵ See http://www.competition-commission.org.uk/inquiries/ref2006/stericycle/pdf/notice_of_provisional_findings.pdf for further information.

8. The greater proportion of healthcare waste produced by the NHS in England is being consigned as hazardous waste but the proportion which is actually hazardous should fall, and is already falling in the community sector. The proportion is expected to fall further in all sectors – particularly hospitals – driven by cost savings.

Management routes

9. Management routes for healthcare waste are as follows:

- high temperature incineration for all pharmaceuticals;
- high temperature incineration or pre-treatment and alternative disposal for hazardous infectious waste;
- high temperature incineration for hazardous and non-hazardous sharps; and
- landfill or recovery for non-hazardous healthcare waste.

10. Special facilities are usually required to deal with radioactive waste. However, low-level radioactive waste (LLW) can sometimes be disposed of safely to conventional landfills or incinerators. Much of the LLW suitable for disposal to these kinds of facility is generated by conventional (that is, non-nuclear) industries, a major producer being the healthcare sector.

Policies and targets

11. Hazardous healthcare wastes are subject to the requirements of the Hazardous Waste Regulations which means that their movement is accompanied by a consignment note and tracked from the point of production until they arrive at a licensed hazardous waste disposal or recovery site.

12. Defra is working with the Department of Health to improve the return of pharmaceuticals and sharps from the community through pharmacies, health practices and local authority collection services.

13. The Government and relevant stakeholders have developed comprehensive guidance on the safe management of healthcare waste and would encourage the healthcare sector to adopt their recommendations.⁶

Implementation and timescales

14. Data on arisings of hazardous healthcare wastes under the new data collection provisions of the Hazardous Waste Regulations 2005 should give a baseline of arisings from which targets could be derived from 2008. This is consistent with targets for the reduction of hazardous waste more generally

⁶ See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274 for further information.

Roles and responsibilities

Table C15.1: Roles and responsibilities

Organisation/sector	Roles and responsibilities
Healthcare sector	Improve segregation of hazardous wastes from non-hazardous stream
Waste management industry	Maintain sufficient disposal and recovery capacity for all categories of healthcare waste
Environment Agency	Monitor and regulate healthcare waste producers and recovery and disposal operations
Defra and DoH	Liaise with all of above

Infrastructure and capacity needs

15. The proportion of healthcare waste subject to hazardous waste incineration is currently high. Sufficient alternative treatment plant for hazardous healthcare waste does not exist, so reducing the amount of such wastes sent to hazardous waste incineration plant is dependent on improving their audit and segregation at source.

16. The best available evidence is that much healthcare waste is non-hazardous and can go to landfill or recovery at non-hazardous facilities. The amount of healthcare waste that would be diverted to these facilities is not significant in terms of their overall capacity.

References and other information

Department of Health guidance on the safe management of healthcare waste:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274

