





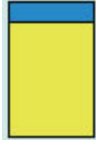
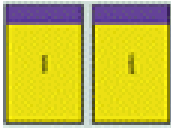
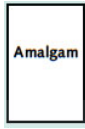







Waste Overview

- As a healthcare waste producer, dental practice owners have a legal Duty of Care to ensure waste is managed and disposed of responsibly
- A dental practice is legally responsible for the safe disposal of its waste until final destination
- Waste must be described accurately and fully on the accompanying documents when removed and transferred to an authorised person for transport to an authorised waste site
- You must have a hazardous waste consignment note for each collection and a quarterly consignee return for all hazardous waste collections. It is possible to have an annual duty of care waste transfer note for non-hazardous waste
- It is likely your waste company sends waste to a Clinical Waste Alternative Treatment Plant or clinical waste incinerator. In England and Wales these sites are required to obtain a pre-acceptance audit from producers of the healthcare waste—for Scotland and Northern Ireland, this is considered best practice. Therefore, you may be asked to complete a pre-acceptance audit (M 269A) by your waste company. If you are required to do an audit, this should be reviewed every 2 years
- All waste must be clearly identified, segregated, stored safely and securely on the premises and disposed of using appropriate containers
- The practice is responsible for ensuring that carriers of waste hold a valid Certificate of Registration
- If a practice uses or removes amalgam, separators must be fitted to collect waste either chairside or centrally
- The mixing of cytotoxic and cytostatic medicines (e.g. Botox, and Dermal fillers) with other medicines is prohibited. In Scotland and Northern Ireland, this is permitted as long as the waste contains a correctly labelled consignment note

Waste classification and segregation

Type	Description	Container		Classification	In Scotland
Clinical waste	Body fluid contaminated dressings, gloves, swabs and any material that could present a risk of infection. No medically contaminated waste, or amalgam	Orange bag		Hazardous	Orange stream
Offensive waste	Gloves, gowns, x-ray film and other items from dental care but no contamination with amalgam, chemicals or medicines	Tiger bag		Non-hazardous	Yellow stream
Municipal offensive	Hygiene waste from toilets	Tiger bag		Non-hazardous	Yellow stream
Sharps	Hypodermic needles, syringes, used medicine vials, used local anaesthetic cartridges, sharp instruments, suture needles, teeth not containing amalgam	Sharps bin – yellow lid		Hazardous	Yellow stream
Cytotoxic and cytostatic Sharps	Sharps contaminated with cytotoxic and cytostatic medicines (e.g. Botox, Dermal fillers etc.)	Purple-lidded, yellow sharps box		Hazardous	Yellow stream
Cytotoxic and cytostatic contaminated waste	Other infectious waste contaminated with cytotoxic and cytostatic medicines	Purple-lidded, rigid yellow container and sack		Hazardous	Yellow stream

Type	Description	Container		Classification	In Scotland
Medicines	Non-cytotoxic and cytostatic medicines, including Midazolam, which has been deactivated e.g. by pouring onto cotton wool	Medicines leak proof rigid container - blue lid		Non-hazardous	Yellow stream
Cytotoxic and cytostatic medicines	Cytotoxic and cytostatic medicines (either in or not in original packaging)	Purple-lidded, rigid yellow containers (one for liquid, one for solid)		Hazardous	Yellow Stream
Amalgam waste	Waste dental amalgam, capsules, extracted teeth with amalgam	Separate white amalgam containers		Hazardous	Red stream
Gypsum waste	Study models, casts	Separate white gypsum waste containers		Non-hazardous (except when mixed with bio-degradable waste)	Red stream
X-ray lead foils	Lead foils from x-ray film	Lead foil container		Non-hazardous	Red stream
X-ray developer	Waste photographic developer, kept separate from fixer	Waste developer bottle		Hazardous	Red stream
X-ray fixer	Waste photographic fixer	Waste fixer bottle		Hazardous	Red stream
Municipal waste	Domestic/ office type, non-recyclable waste	Black bags		Non-hazardous	Black stream

Implement practice procedures to store and dispose of the various types of waste.

Train staff to segregate, store and dispose of the waste correctly. Waste must be packaged in such a way as to prevent escape or leakage whilst on site, in transit or in storage and it should be correctly labelled. There are special containers for clinical waste, sharps, waste amalgam, waste amalgam capsules, gypsum, x-ray fixer, x-ray developer, x-ray lead foil, outdated drugs/LA cartridges.

Clinical waste is any item that has been contaminated with the patient's blood, saliva or other body fluids and can cause harm to anyone coming into contact with it. Clinical waste includes masks, gloves, disposable bibs, mouthwash cups, tray liners, disposable film, tissues etc. Do not put hands into the clinical waste bin. Appropriate clinical waste sacks should be fastened securely when three-quarters full. Thick rubber gloves and apron etc. must be worn when handling clinical waste. All sacks should be stored in a special container, labelled with the date and the place of origin.

Cytotoxic and cytostatic contaminated waste is waste contaminated with, cytotoxic and/or cytostatic products (e.g. Botox and Dermal fillers etc.). Practices that produce this waste need to ensure that suitable purple/yellow receptacles are available for this waste stream, including rigid receptacles for medicinal waste and/or infectious waste bags for infectious waste.

Sharps include used syringe needles, scalpels, suture needles, fully discharged LA cartridges and used matrix bands. They should be segregated from the rest of the clinical waste and stored in a sharps bin, which is not filled more than 2/3 of its capacity. Sharps bins must be labelled with the date and the place of origin before disposal. If a sharps bin is seldom used it should be collected after a maximum of 3 months, regardless of the filled capacity. It is advisable to keep the sharps bin safely in a cupboard to prevent access by children or others.

Sharps contaminated with cytotoxic and cytostatic medicines must be disposed of in a purple-lidded, rigid yellow sharps container. Consistent with other sharps bins, cytotoxic and cytostatic should be collected when filled to the fill line and should never more than 2/3 of its capacity. If the sharps container is seldom used, it should be collected after a maximum of three months, regardless of the filled capacity. It is advisable to keep the sharps bin safely in a cupboard to prevent access by children or others.

Prescription medicines

Whilst prescription medicines were classified as 'special waste', only those that are cytotoxic or cytostatic are now considered as hazardous. However, all prescription medicines must still be separated from other waste and disposed of by incineration via a registered carrier.

Cytotoxic and cytostatic medicines

Cytotoxic and cytostatic medicines that are no longer required, have expired, spilt, or been contaminated should be disposed of separately in purple-lidded rigid containers. Practices using these medicines should have a purple-lidded, rigid yellow container for each type they use (solid, liquid or both).

Chemicals

Practices use a range of chemicals such as disinfectants, hand gels, resins and diagnostic kits. While there are clear guidelines on safe disposal of x-ray developer and fixer (classed as hazardous waste), safe disposal of other chemicals should to be checked with the waste management contractor.

When segregating waste packaging from chemicals consider the following:

- Empty containers from hazardous chemical wastes may contain enough residue to remain hazardous unless they are rinsed and the water is discharged to the foul sewer via the sink. You should contact your local water company to check if a trade effluent consent is required
- Alcohol hand gel bottles can be rinsed and the packaging recycled or placed into domestic waste stream

Ordinary waste, including all office waste is to be collected by a business waste carrier.

Electronic and electrical wastes

Freezers, fridges, cathode ray screens, fluorescent tubes, computer flat screen monitors, certain batteries (lead acid or nickel cadmium) and other equipment are hazardous wastes and must be consigned from the dental practice. If you are replacing equipment, the supplier may be able to dispose of the old



equipment or you may be able to take it to a local civic tip. But you must obtain a consignment note. If using a local tip, check that they can provide you with a consignment note.

Containers and collections

Arrange a contract with a waste management company e.g. Initial who can collect your clinical waste, sharps and other types of hazardous waste. Make sure that the chosen collection agency holds a valid waste carrier's certificate.

Documentation

There must be a hazardous waste consignment note for each hazardous waste collection (special waste in Scotland) and waste transfer notes for non-hazardous waste.

Consignment notes

A consignment note is used for tracking the movement and ensure the safe disposal of hazardous waste. A new form must be completed for each collection. Consignment notes should be kept for two years.

If a driver collects more than one consignment of waste from different premises, a Multiple Collection Consignment note may be used. Multiple Collections consignment notes should be kept for three years.

Every quarter the waste collection company (consignee) must provide the practice with a consignee return.

These should be sent to the practice within one month of the end of the quarter during which the waste was accepted. Without consignee returns your records are incomplete. If the waste contractor did not provide them, you have to request them in writing.

For practices in England and Wales, the mixing of cytotoxic and cytostatic medicines with other medicines is prohibited.

Waste transfer notes

These are used for collection of non-hazardous waste. The dental practice completes a waste transfer note provided by the waste company. Legal responsibility for describing the waste rests with the dental practice. If a contractor collects the same waste at regular intervals over a period no longer than 12 months, a season ticket can be used for this purpose. Waste transfer notes must be kept for 2 years.

Storage

In the table above, yellow bags are not mentioned but are used for 'infectious and other waste for incineration including anatomical waste and diagnostic specimens'. Some waste carriers only use yellow bags for all clinical waste, but yours may provide either or both. See the table in the Waste Audit in (M 269A) for further details about waste storage and disposal.

Clinical and domestic waste must be segregated and stored within separate designated areas, clearly identified, where waste bins can be stored securely prior to collection. This area should have an easily cleaned surface should any waste leak. All receptacles used for the storage and transportation of waste must be compliant with the required UN Approved packaging standard.

Waste storage must be sited away from food preparation areas, general storage areas and public access routes and must be secured when unattended. They must be enclosed and display appropriate hazard signs. The provision of a hose point is desirable for wash down purposes. Care must be taken to ensure there is no potential for cross contamination of any adjacent surface water drainage systems.

Clinical and non-clinical waste within the waste compound must be clearly segregated and all bin lids must be kept closed and locked to prevent any cross contamination or access by rodents and vermin.

Access to waste compounds should be by trained authorised personnel only.



Waste audits

Under environmental legislation waste producers have a responsibility for the control, management, transport and disposal of their waste. As a waste producer you should undertake a waste audit trail every 2 years. You can use (M 269A).

Amalgam separators

From 1 January 2019, dental practitioners must ensure that their amalgam waste (including amalgam residues, particles and fillings, and teeth etc.) contaminated by dental amalgam is handled and collected by an authorised waste management company.

If a practice uses or removes amalgam, separators that meet ISO standard 11143:2008 must be fitted to collect the waste either chairside or centrally. If waste procedures are in place and followed it is not strictly necessary to fit separators to either manual cleaning sinks or washer disinfectors.

By 1 January 2021, all separators must retain at least 95% of amalgam particles; this requirement applies to any new separators installed from January 2018 onwards.

Further guidance and details are available from:

[Safe management of Healthcare Waste](#)

[Health Technical Memorandum 01-05: Decontamination in primary care dental practices](#)

[Waste classification and technical guidance Scotland](#)

[The Controls on hazardous waste and how they affect you – Northern Ireland](#)

[The Hazardous Waste Regulations \(England and Wales\) 2005](#)

[The Hazardous Waste Regulations \(Northern Ireland\) 2005](#)

[Duty of Care Regulations 1991](#)

[Controlled Waste Regulations 1992](#)

[Control of Substances Hazardous to Health, 2002](#)

[Special Waste Regulations 1996 \[Waste Disposal\]](#)

[Special Waste \(Amendment\) \(England and Wales\) Regulations 2001](#)

[Safe Disposal of Clinical Waste – Health Services Advisory Committee, HSE, 1999](#)

[Hazardous Waste Incineration Directive \(HWID\), 2000](#)

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