

Clinical Waste Pre-acceptance Producer Update – October 2010

This note replaces and updates the information contained in our November 2009 briefing note.

Who does this briefing note apply to ?

This note is aimed at producers of healthcare and related wastes whose waste is accepted at:

- clinical waste incinerators,
- any form of non-incineration treatment,
- IPPC transfer,
- any other waste facility for onward transfer to one of the above.

This includes waste from any of the following producers:

- Hospitals,
- Veterinary practices,
- Dental practices,
- General practices and health centres,
- Community pharmacies,
- Ambulance Trusts,
- Care Homes that provide medical or nursing care,
- Research laboratories that produce clinical waste,
- Any other medical practices,
- Pharmaceutical manufacture and supply.

This does **not** apply to similar wastes from:

- domestic premises (including both healthcare and non-healthcare wastes),
- care homes that do not provide medical or nursing care, and,
- non-medical producers of clinical waste (for example tattooists, body piercing, minor first aid and wastes arising from substance abuse (drug litter) and other minor non-medical procedures in the hair and beauty industry).

What is waste pre-acceptance ?

Facilities authorised to incinerate or treat clinical wastes are required to assess and have operational access to additional detailed information on the composition of a waste from the producer before they receive it. This information forms part of their 'pre-acceptance' checks. This requirement is not unique to the healthcare sector and is designed to ensure that the waste is properly treated without harm to human health or the environment.

This was previously implemented for clinical waste treatment plants under our S5.06 Appendix 6 guidance issued in 2007. This will be replaced by our new guidance (EPR 5.07) due for re-issue shortly. This new guidance will apply to pre-acceptance checks at;

- clinical waste incinerators and IPPC transfer stations (under existing permit conditions), and
- extend such checks to non-IPPC treatment plants (in some cases the permits may need to be varied to include this).

What is required ?

For clinical waste, data including details of the process producing the waste; quantity of waste produced; individual constituents of the waste stream; and, hazards associated with the waste are required for each part of the producer premises. The provision of this information will need to be repeated periodically so you should consider how you will maintain these checks in the medium term. These types of pre-acceptance checks are regarded as current best practice.

Further information on the detailed requirements can be obtained from the environment Agency website or by contacting your waste contractor.

Timescales for pre-acceptance compliance

Hospitals, Research Laboratories and Dental and Veterinary Practices

Operators of alternative treatment facilities must have already implemented pre-acceptance for these producers. Many of the permits were issued as early as 2006 with conditions which required improvement in the way operators deal with pre-acceptance of waste. For wastes from hospitals and research laboratories this was required by October 2009; For dentists and vets, by April 2010. These dates have now passed so pre-acceptance is expected at such sites. We are currently reviewing compliance of sites against these conditions.

Timescales for implementation at clinical waste incinerators, and IPPC transfer stations to align with the subsequent checks for alternative treatment are set out in Table 1.

Non-IPPC clinical waste treatment plants, were not previously required to undertake pre-acceptance, should implement pre-acceptance by the dates set out in Table 1.

Other producers

We had originally proposed undertaking compliance checks at alternative treatment sites for other producers from 1st October 2010. However the implementation of pre-acceptance to incinerators has resulted in a review of the dates to enable consistent implementation.

All clinical waste incinerators alternative treatment facilities and IPPC transfer stations should implement pre-acceptance by the new timetable as set out in Table 1 to this document.

Do we have to do it ?

If your waste is sent to an alternative treatment plant or clinical waste incinerator for disposal (even if via a Waste Transfer Station) you must provide your waste contractor with pre-acceptance information.

In addition, as producers of waste, you have a legal 'Duty of Care' to take all reasonable steps to keep waste safe. The Duty of Care applies to everyone involved in handling the waste, from the person who produces it, to the person who finally disposes of it, or recovers it. If you give waste to someone else, you must be sure they are authorised to take it. i.e. a registered waste carrier or a permitted site, and can transport, recycle or dispose of it safely. Under the Duty of Care you must provide the person who takes your waste with information that includes, the quantity of waste, EWC code, how it is packed, and the substances in the waste.

Therefore, providing the information required to the waste contractor as part of the pre-acceptance checks will enable them to decide whether the plant can safely dispose of the waste and will help you to meet your Duty of Care obligations. We therefore recommend that you provide this information when requested by your waste contractor.

What happens if I don't do it ?

If you do not provide the information and therefore breach the Duty of Care, we could take enforcement action against you. In addition, the operator of the clinical waste alternative treatment plant, clinical waste incinerator or IPPC transfer stations may no longer be able to accept your waste into their site and your waste contractor may be unable to collect your waste.

Who can undertake the collection of the pre-acceptance data (the pre-acceptance audit) ?

There are a number of options.

- You may undertake the audit and collect the data yourself, however you need to ensure that you understand what is required before doing so and that it will be sufficient to enable a decision to be made whether waste can be accepted at a site in accordance its environmental permit.
- You may employ a third party to collect the data on your behalf, or
- Your waste contractor may offer this as a service, or assist you with guidance or audit tools for which they may charge. They are not obliged to provide this service.

What should I do if I need further advice ?

If you need further advice on the information requested by the clinical waste treatment site or incinerator, or you believe that you may struggle to provide this information in the timescales indicated in Table 1, you should contact the waste contractor who has requested the information.

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October 2010**

Table1: Timetable for the implement pre-acceptance procedures

Waste Producer	Audit Date	Subsequent Audits
Large Producers (> 5 tonnes of clinical waste per annum)		
All healthcare waste producers ⁽²⁾	1 st November 2011 ⁽¹⁾	An audit must be completed and submitted every 12 months to the waste contractor
Higher Risk Producers (< 5 tonnes of clinical waste per annum) other than those above		
Dentists ⁽²⁾	1 st March 2012 ⁽¹⁾	An audit must be completed and submitted every 2 years to the waste contractor
Vets		
Research Laboratories ⁽²⁾		
Lower Risk Producers (< 5 tonnes of clinical waste per annum) other than those above		
Other medical practices, including general practices, engaged in medical consultation and treatment in the field of general and specialised medicine by general practitioners and medical specialists and surgeons. (SIC 2003 85.12) ⁽²⁾	1 July 2011	An audit must be completed and submitted every 5 years to the waste contractor
Other healthcare premises, not involving hospitals or practising medical doctors, involving para-medical practitioners legally recognised to treat patients (SIC 2003 85.14) ^(2,3)	1 July 2012	
Community Pharmacies	1 July 2013	
Care Homes providing nursing or medical care	1 July 2013	
Any healthcare waste producers not wholly or partially encompassed by the above. (see exclusions)	1 July 2013	
Exclusions from pre-acceptance		
The following are excluded from pre-acceptance (i) Healthcare waste from domestic premises (ii) Clinical waste from non-healthcare related activities correctly classified under chapter 20 of the EWC in that it is waste from commercial, industrial or institutional sources that is similar to household waste.		
Explanatory Notes		
<ol style="list-style-type: none"> Alternative technology sites subject to pre-acceptance under S5.06 Appendix 6 were required to complete pre-acceptance checks for these producers prior to these dates. These dates therefore represent the dates for the first audits for clinical waste incinerators and IPPC transfer stations, and for the second audits for alternative treatment plants. Subsequent audits should be repeated and resubmitted at the frequency indicated in the table Where a premises is occupied by more than one producer or practice either; <ul style="list-style-type: none"> - The appropriate dates/intervals for each individual producer/practice type can be used, or - The highest category (large, higher risk, lower risk) interval for any of the individual producers/practices can be applied to all, or - If all the occupiers are classed as lower risk, and one practice/producer manages the waste for another (as consignor) then the the date/interval for the consignor can be used. This may include a range of premises whose activities are not wholly or partially captured by other categories, for example ambulance stations, physiotherapy, optometry, hydrotherapy, medical massage, occupational therapy, speech therapy, chiropody, homeopathy, chiropractic, acupuncture and the like. This SIC code would not normally include these producers where their principle activity is retail sales (and which then become subject to the 1 July 2013 date). 		