

Healthcare waste management

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The Legislative Requirements

As healthcare waste producers, dentists have a duty of care to ensure all healthcare waste is managed and disposed of properly. This practical guidance is tailored to general dental practice and ensures that dental healthcare waste is managed in accordance with the current waste regulations. It is based on the contents of 'HTM 01-05 Appendix 1 – Waste Disposal' which was produced by the Department of Health in conjunction with the Environment Agency.

Where dental practice activities take place in a hospital or community setting, local arrangements for the management of healthcare waste should be followed.

The Hazardous Waste (England and Wales) Regulations 2005 and **List of Wastes Regulations 2005** introduced a number of changes in how healthcare waste should be managed.

The key changes outlined in this document include:

- The introduction of a healthcare waste policy
- The definition and classification of infectious and offensive waste
- The classification of dental amalgam as a hazardous waste
- The need for an amalgam separator if dental amalgams are placed or removed
- The removal of prescription only medicines (POMs) as a hazardous waste
- The inclusion of European waste catalogue (EWC) codes on waste documentation
- A revised colour-coding system
- Revised documentation for hazardous waste, including applicable fees
- Registration with the Environment Agency where hazardous waste production exceeds 500 kg per annum.

Healthcare Waste Policy

Each dental practice should have in place a healthcare waste policy which identifies who is responsible for healthcare waste and how it should be managed. The policy should identify how the waste is classified, segregated, stored and handled along with the practice arrangements for collection and record keeping.

Definitions and Classification of Dental Waste (See final table for overview)

The following definitions and descriptions should be used to classify and manage dental healthcare waste.

Clinical waste

Following discussions with the Environment Agency ALL clinical waste produced from the treatment of patients should now be considered hazardous waste.

The previous option of carrying out clinical assessment of the source patient based on examination and medical histories to classify the waste as offensive is no longer appropriate in the dental setting. Soft clinical waste should be disposed of in orange sacks/bags.

Sharps waste

Sharps are items that could cause cuts or puncture wounds, including needles, syringes with needles attached, broken glass ampoules, scalpels and other blades.

Sharps waste should be collected in yellow lidded receptacles that require disposal by incineration

Cytotoxic and cytostatic medicines

These are deemed hazardous wastes but are not used in routine dentistry. If sharps become contaminated with cytotoxic or cytostatic medicines they will have to be disposed of using yellow sharps boxes with purple lids (to indicate hazardous waste).

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Extracted teeth

Extracted teeth containing amalgam are hazardous waste and the presence of amalgam means that these teeth cannot be incinerated, so they must not be put into the sharps box. Instead, they should be collected and disposed of separately in a suitable container provided by the waste collection company. Extracted teeth without amalgam should be disposed of via the dental sharps box.

Dental amalgam

Dental amalgam is classified as hazardous waste and includes amalgam in any form and materials contaminated with amalgam. Amalgam waste should be collected by suitable licensed or permitted waste management facilities where the waste undergoes a mercury recovery process prior to final disposal. Amalgam capsules are also classified as a hazardous waste.

Dental practices which place or remove amalgam fillings must install amalgam separators and ensure the amalgam collected is disposed of as hazardous waste. Separators should meet the British Standard Dental equipment – amalgam separators (BS ISO EN 11143:2000). Existing simple filters and gauze material do not comply with the new legislation. Further information on the installation of amalgam separators in dental practices is available from DEFRA and the BDA.

Radiographic fixer and developer solutions

Waste radiographic fixer and developer solutions are classified as hazardous and should be collected by a suitably licensed company or waste facility for material recovery. If recovery is not appropriate, fixer and developer solution should be incinerated at suitably licensed or permitted facilities.

Gypsum waste

Most dental study models will contain gypsum which, when land-filled, can produce hydrogen sulphide gas. As such they can no longer be disposed of in normal commercial/trade waste (or as clinical waste). Local authority waste departments should be able to identify appropriate local facilities where this waste can be taken to be either recycled or appropriately disposed of. Waste companies may also be able to offer an appropriate collection service.

Storage and Collection

The collection of healthcare waste should occur at regular intervals to reduce its build up in the premises. If soft clinical waste is stored outside the practice for collection, it must be secure and not accessible to outside interference.

If patients are treated in their home, any waste produced as a result is considered to be the waste of the dental professional. If hazardous, the waste should be taken back to the practice for appropriate disposal.

Following advice from the Environment Agency the movement of healthcare waste between dental practices should not take place.

The storage of developer and fixer solutions, dental amalgam waste and other dental healthcare wastes should be carried out in accordance with the practice health and safety COSHH assessment and be detailed in the healthcare waste policy.

Radiographic developer and fixer solutions, dental amalgam and waste containing cytostatic and cytotoxic drugs will have collection containers supplied by the licensed waste collection companies. White rigid containers with a mercury suppressant are preferred for dental amalgam. Waste radiographic developer and fixer solution should be stored in leak proof containers.

Electrical wastes

Many electrical wastes including refrigerators, freezers, fluorescent tubes, televisions, cathode-ray tube (CRT) and TFT (flat screen) computer monitors, and certain batteries (lead acid or nickel-cadmium) are hazardous and must therefore be 'consigned' from the dental practice. The local civic amenity site is unlikely to be authorised to accept commercial electronic waste but if it is, ensure a consignment note is used.

New regulations on the disposal of waste electrical and electronic equipment (WEEE) mean that when new equipment is purchased there is an opportunity to make arrangements with the supplier to remove the old one. The supplier may not mention this and the practice may need to be proactive.

Where electrical equipment for disposal was placed on the market before 13 August 2005 and is not being replaced by new equipment serving an equivalent function, responsibility for its disposal (including treatment, where necessary) lies with the practice.

For all other waste electrical equipment from the practice, it may be possible to call upon an equipment producer who is a member of a responsible producer compliance scheme (PCS) to take-back and treat the old equipment. [The Environment Agency](#) gives details of PCS membership.

Documentation

Hazardous waste consignment notes

Before the waste is removed from premises on the collection route, the practice (as producers) must complete the notification details and the description of the waste and then sign the note. Whilst it is the practice's responsibility to fill in these sections, the carrier may obtain these details from you and complete them on your behalf. This will enable the carrier to take appropriate measures to ensure wastes are packaged, labelled and handled correctly, and that the consignee (the person who receives the waste for final disposal) is able to take it. In each case the practice must ensure that the carrier has completed the note correctly (notification and waste details) and that the carrier is registered to collect waste.

The practice is also declaring that the waste is packaged and labelled correctly. If you are aware of any particular handling issues with the waste you should inform the carrier about them.

Usually the carrier will be collecting more than one consignment of waste in a journey from different premises. If this is the case then a Multiple Collection consignment note will be used. After the carrier has signed the annex he needs to give the practice a copy of the annex and a copy of the Multiple Collection consignment note for them to keep for three years.

An example of a Multiple Collection consignment note (producers copy) can be downloaded below.

Remember: Hazardous waste collection companies are entitled to pass on a consignment note fee each time hazardous waste is collected.

Returns

The waste collection company is also required to send the practice a return each quarter. This return is a record of what has happened to your waste and must be placed with your other waste records.

The return may be provided in two ways:

- A form of the type reproduced below or
- A copy of the consignee's copy of each consignment note, together with a description (or confirmation) of the method of disposal or recovery applied to the waste.

These returns contain the information on the quantity, nature, origin, destination, frequency of collection, mode of transport, waste carrier and the disposal or recovery operation applied, to the waste received, that are required by the Regulations.

Example Hazardous waste producer returns form:

1. Consignee details									
Name of consignee	Postcode	Consignee hazardous waste i.d. code			Date (a)				
2. Waste return									
Consignment note number	Date received	Mode of transport	Freq of collection(b)	EWC code(c)	Hazards(d)	Physical form(e)	Quantity (kg)	Mode of disposal /recovery	

(a) Date of submission of the return by the consignee
 (b) Where relevant
 (c) There may be more than one waste stream for each consignment note. All relevant EWC codes must be recorded
 (d) Hazard: each individual EWC code may have more than one hazard. Each appropriate hazard for a particular EWC code must be entered. Choose all of the appropriate hazards for the particular waste
 (e) Physical form (Gas, Liquid, Mixed, Powder, Sludge or Solid)

Return forms or copies of consignment notes should be sent to the practice within one month of the end of the quarter during which the waste was accepted, i.e.:

Quarter waste was accepted	Received by:
1 st January to 31 st March	30 th April
1 st April to 30 th June	31 st July
1 st July to 30 th September	31 st October
1 st October to 31 st December	31 st January

If the practice does not have these returns your records will be incomplete. Where your waste contractor has not provided you with returns you should;

- request them in writing from the waste contractor (see below).
- If this is unsuccessful you should consider making alternative arrangements for your waste until your waste contractor complies with the law, and pass their details to the Environment Agency.

Missing a Consignee Return?

A producer can write to a consignee who has not provided a consignee return and indicate (for example)

"As a consignee you are required by regulation 54 of the Hazardous Waste (England & Wales) Regulations 2005 to send me (the producer) a return that consists of either a form corresponding to that set out in the schedule 8 of those regulations, or a copy of the consignment note taken together with a description of the method of disposal or recovery undertaken

You have not provided this return. As the producer I am requesting this information as provided for by regulation 52. This information must be supplied to me by dd/mm/yyyy"

EWC Codes

European Waste Catalogue (EWC) codes must be included on the waste transfer note and the hazardous waste consignment note. The codes relevant to dental waste are shown below.

Code	Description (*denotes a hazardous waste)
09 01 03*	Solvent-based developer solutions
09 01 04*	Fixer solutions
15 01 04	Lead foils (non-hazardous)
18 01 01	Sharps (except 18 01 03)
18 01 03*	Clinical waste
18 01 04	Offensive waste
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08
18 01 10*	Dental amalgam waste

SIC Codes

Hazardous Waste Consignment Notes also require the addition of a SIC (Standard Industrial Classification) code. For dental practices the SIC code is: 85.13 (dental practice activities)

Registration with the Environment Agency

Dental practices are exempt from notifying the agency as long as the total amount of hazardous waste produced in any twelve-month period is less than 500kg. There is no limit on the number of consignments that can be made from the premises under the registration exemption. Where a practice owner initially considers that less than 500kg of hazardous waste (such as developer and fixer solution, dental amalgam, etc) will be produced from the practice but later anticipates that this limit will be exceeded, the practice owner must notified the Agency before the limit is exceeded. Registration can be made through the [Environment Agency Website](#).

Note: Non-healthcare related hazardous waste also needs to be taken into consideration when deciding if the 500kg weight threshold is exceeded. Non healthcare hazardous waste includes, but is not limited to, televisions, computer monitors and fluorescent tubes.

Health and Safety Provisions

Arrangements for managing healthcare waste needs to be part of the overall health and safety management system for the practice. This is largely based on the assessment of risks and the information below should be considered alongside the practice risk assessment.

COSHH

The COSHH Regulations provide a framework of actions specifically designed to control the risk from a range of hazardous substances, including biological agents, and is therefore applicable to dental healthcare waste. To comply with the regulations

practitioners must, among other things:

- assess the risks to employees and others
- from healthcare waste
- make arrangements for renewing the
- assessment as and when necessary
- aim to eliminate or prevent these risks, if this is not possible to adequately control the risks
- provide suitable and sufficient information, instruction and training for employees about the identified risk and controls
- offer immunisation where appropriate.

Training

All staff who work with dental waste need to be adequately trained. Training procedures and information should reflect the outcomes of the COSHH assessment and should:

- be written in a way which can be understood by those who need to follow them, including those who may not have a good command of English
- take account of different levels of training, knowledge and experience
- be up to date
- be available to all staff including part time, shift, temporary, agency and contract staff.

Training needs vary depending on the job and on the individual. All dental staff involved in handling healthcare waste need training, information and instruction in:

- the risks associated with healthcare waste, its segregation, handling, storage and collection
- personal hygiene
- any procedures which apply to their particular type of work
- procedures for dealing with spillages and accidents
- emergency procedures
- the appropriate use of protective clothing.

Managers must ensure that procedures are followed by all staff. All staff who generate the waste need to understand that they are personally responsible for complying with agreed local procedures.

Personal Protective Equipment (PPE)

Protective clothing (gloves, aprons) should be used for the handling and movement of clinical and hazardous waste when deemed necessary by the practice COSHH assessment and if spillages occur.

Mercury

Employers who use mercury should carry out a risk assessment for dealing with mercury spillages and produce written procedures. A spillage kit including disposable plastic gloves, paper towels, a bulb aspirator for the collection of large drops of mercury, a vapour mask, a suitable container fitted with a seal and mercury absorbent paste (equal parts of calcium hydroxide, flowers of sulphur and water) must be available. In no circumstances should a vacuum cleaner or aspiration unit be used, as this will vent mercury vapour into the atmosphere.

Immunisation

Employees handling clinical waste who are not vaccinated against hepatitis B should be offered immunisation without charge. Staff must be informed of the benefits (e.g. protection against serious illness, protection against spreading illness) and drawbacks (e.g. reactions to the vaccine) of vaccination. Employers need to establish arrangements for dealing with staff who decline to accept the immunisation offered and those who do not sero-convert.

Further Information

Further information on the legislation affecting waste management can be obtained from the Environment Agency (England and Wales) or the regionally devolved regulatory agencies. The Department of Health document can be viewed in full at: www.dh.gov.uk

Downloads

 [Definitions and Classification of Dental Waste table \(97.85 KB\)](#)

 [Hazardous Waste Consignment notes \(109.12 KB\)](#)

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