HSE NATIONAL GUIDELINE FOR THE PREPARATION FOR TRANSPORT OF UN 3291 CLINICAL WASTE UNSPECIFIED, N.O.S.

Policy ☐ Procedure ☐ Protocol ☐ Guideline ☒ Clinical Guideline ☐

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PUBLICATION INFORMATION
Title:
HSE National Guideline for the Preparation for Transport of UN 3291 Clinical Waste Unspecified, N.O.S.
Topic:
Requirements for the consigning and carriage of UN 3291 clinical waste by road and sea.
National Group:
HSE National Clinical Waste Guideline Development Group.
Short summary:
This Guideline covers the preparation for transport of waste from HSE facilities, where the waste is deemed to pose an infection risk and is assigned to UN 3291 CLINICAL WASTE UNSPECIFIED, N.O.S. under the Dangerous Goods transport regulations. The Guideline applies to all personnel involved in the preparation and consigning of clinical waste for transport.
Description:
The purpose of this Guideline is to provide guidance to address the requirements for the consigning and carriage of UN 3291 clinical waste by road and sea.

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1. Planning

1.1 Introduction

1.1.1 It is the policy of the Health Service Executive (HSE) to reduce, so far as is reasonably practicable, the risks associated with the consigning and carriage of UN 3291 clinical waste unspecified, N.O.S. (not otherwise specified) by road and sea. In this regard the HSE as consignor and packer of clinical waste is committed to segregate, package, mark and label, and present for collection clinical waste in line with dangerous goods regulations.

1.1.2 This Guideline documents a system for disposal of clinical waste routinely generated in HSE healthcare facilities that complies with the Transport of Dangerous Goods Regulations.

1.2 Purpose

The purpose of the Guideline is to provide guidance to address the requirements for the consigning and carriage of UN 3291 clinical waste unspecified, N.O.S.by road and sea.

The Guideline must be used to develop written local procedures detailing the specific practices for a particular activity or facility.

1.3 Scope

1.3.1 This Guideline covers the preparation for transport of waste from HSE facilities, where the waste is deemed to pose an infection risk and is assigned to UN 3291 CLINICAL WASTE UNSPECIFIED, N.O.S. (i.e. Category B infectious waste) under the Dangerous Goods transport regulations.

This Guideline applies to all personnel involved in the preparation and consigning of UN 3291 clinical waste for transport.

Section 38 and Section 39 agencies are required to adopt or develop a guideline which is consistent with this Guideline.

1.3.2 Out of Scope

This Guideline does not address;

- The more stringent requirements that apply to packaging of Category A infectious waste from patients[1] which would be assigned to UN 3549. For further information refer to Infection Prevention and Control Guidance for the management of suspected/ confirmed High Consequence Infectious

[1] Waste generated from the care of patients suffering from any of the following infectious diseases Crimean-Congo haemorrhagic fever virus, Ebola virus, Flexal virus, Guanarito virus, Hantaan virus, Hantavirus causing haemorrhagic fever with renal syndrome, Hendra virus, Junin virus, Kyasanur Forest disease virus , Lassa virus, Machupo virus , Marburg virus , Nipah virus, Omsk haemorrhagic fever virus, Sabia virus, Variola virus

Diseases (HCIDs) in Acute Healthcare Settings.

- Specific operational requirements to comply with waste regulations. For further information in relation to waste management refer to Healthcare risk waste - HSE.ie.

1.4 Objective

1.4.1 To ensure that all clinical waste prepared and shipped by HSE personnel is transported in compliance with the applicable provisions of the relevant dangerous goods transport regulations.

1.4.2 To ensure a standardised approach across the HSE and reduce variation in practice.

1.4.3 To outline clear roles and responsibilities.

1.5 Outcome

This Guideline enables managers to be fully compliant with the applicable provisions of the relevant dangerous goods transport regulations.

1.6 Disclosure of interest

Conflict of Interest Declaration Forms are retained on file by the National Health and Safety Function (NHSF), Policy Team in line with GDPR requirements.

1.7 Alignment with HSE national priorities

1.7.1 The Guideline is aligned to key requirements of:

- Safety, Health and Welfare at Work Act, 2005.
- HSE Health Services People Strategy 2019-2024.
- Sláintecare Reform Programme.

1.8 Supporting evidence

The following legislation is pertinent and was referred to during the development of this Guideline:

- ADR: Agreement Concerning the International Carriage of Dangerous Goods by Road
- European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations, (current version) – apply the ADR regulations to national and international road transport within Ireland
- IMDG Code: International Maritime Dangerous Goods Code
- Commission Regulation (EU) No 1357/2014 on the properties of waste which render it hazardous
- Commission Decision 2000/532/EC on the list of waste (LoW)

- Regulation (EC) No 1013/2006 on the international movement of waste
- The Waste Management Act 1996 and subsequent amendments
- S.I. No. 324 of 2011 European Communities (Shipments of hazardous waste exclusively within Ireland) Regulations 2011
- Safety, Health and Welfare at Work Act, 2005

1.8.1 Related HSE Policies and Guidelines

- HSE Corporate Safety Statement
- HSE Incident Management Framework
- Overview of the Carriage of Dangerous Goods Regulations as they apply to the HSE.
- HSE National Guidelines for the Preparation for Transport of Patient Specimens and other Biological Materials.
- Guidelines for the Segregation, Packaging and Removal of Waste Medicines from HSE Pharmacy Departments and Aseptic Units.
- HSE Policy on Statutory Occupational Safety and Health Training.
- HSE Policy on the Management of Health and Safety in Contract Work: Cooperation and Coordination with Contractors and Others
- DOHC HSE: Healthcare Risk Waste Management Segregation Packaging and Storage Guidelines for Healthcare Risk Waste, 2010
- HSE Waste Management Awareness Handbook 2014

1.8.2 Relevant Regulators

- Health and Safety Authority (HSA)

2. Methodology

2.1 Key questions this National Guideline addresses

The Guideline is based on the requirements set out in the ADR Regulations and other pertinent legislation as detailed in Section 1.8.

2.2 Copyright

3. Procedure

3.1 Roles and Responsibilities

3.1.1 Chief Executive Officer (CEO)

The CEO has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by the HSE activities by:

3.1.1.1 Ensuring compliance with this Guideline.

3.1.1.2 Delegating operational responsibility for the day-to-day discharge of statutory duties under the ADR Regulations (i.e. duties of consignor and packer)[2], the Waste Regulations and the Safety, Health and Welfare at Work Act, 2005 to the HSE (National) Senior Leadership Team, Senior Managers, Local Senior Managers and Line Managers for all matters within their control.

With specific reference to the HSE National Guideline for the Preparation for Transport of UN 3291 Clinical Waste Unspecified, N.O.S the following responsibilities apply;

3.1.2 Senior Managers

3.1.2.1 Ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and audit of this Guideline throughout their respective areas of responsibility.

3.1.2.2 Ensuring necessary resources are allocated and are available for the implementation of this Guideline.

3.1.2.3 In accordance with the ADR Agreement concerning the International Carriage of Dangerous Goods by Road Regulations, ensure access is provided to competent dangerous goods advice.

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[2] As **Consignor** the HSE must ensure that:

- the dangerous goods are correctly classified and authorised for carriage.
- a transport document is provided to the carrier, where applicable.
- packagings are approved and suitable for the goods concerned.
- the requirements on the means of dispatch are complied with ,e.g. only handing over dangerous goods to ADR certified drivers where such are required.

As **Packer** the HSE must ensure that:

- the goods are packed in accordance with the conditions specified in the packing instructions and the specific packaging use instructions.
- the packages are correctly marked and labelled.

3.1.3 Local Senior Managers

3.1.3.1 Ensure this Guideline is brought to the attention of, and implemented by all relevant employees and others as appropriate.

3.1.3.2 Ensure that all hazards and risks associated with the preparation and shipping of all clinical waste are identified and assessed, and appropriate measures put in place to eliminate or minimise the risk by responsible persons.

3.1.3.3 Identify for your area of responsibility, those responsible as consignor and packer of clinical waste.

3.1.3.4 On large campuses, where waste is transferred to a central waste compound via a road network with public access, pending collection from the Hazardous Waste Contractor, identify for your area of responsibility, those who act as Loader, Carrier and Unloader of clinical waste.

3.1.3.5 Ensure any written protocols for the preparation and shipping of all clinical waste are developed in line with this Guideline.

3.1.3.6 Ensure employees, contractors and agency personnel are trained commensurate with their delegated roles and responsibilities (Refer to section 3.10).

3.1.3.7 Ensure training records are maintained and are easily accessible.

3.1.3.8 Ensure systems are in place for the reporting and management of all incidents in line with the HSE Incident Management Framework.

3.1.3.9 Ensure accidents, incidents and near misses as defined in the following legislation, are notified to the locally appointed DGSA and managed in accordance with the following where appropriate:

- Notification of occurrences involving dangerous goods as per the provisions of ADR1.8.5.(Refer to pg. 57 Health and Safety Authority Guide on the Carriage of dangerous goods by road
- Safety, Health and Welfare at Work (General Application) Regulations 2007 to 2020

3.1.3.10 Engage with the relevant external contractor(s) to ensure compliance with this Guideline document as appropriate.

3.1.3.11 Monitor, audit and review the implementation of this Guideline.

3.1.4 Line Managers

Commensurate with your role:

3.1.4.1 Ensure this Guideline and any local written protocols are brought to the attention of, and implemented by all employees and others as appropriate.

3.1.4.2 Ensure all clinical waste prepared and shipped by HSE personnel is transported in line with the requirements of this Guideline.

3.1.4.3 Ensure employees and agency personnel are trained commensurate with their delegated roles and responsibilities and training records are maintained.

3.1.4.4 Ensure all incidents are reported and managed in accordance with the HSE Incident Management Framework.

3.1.4.5 Monitor and review implementation of the Guideline and local protocol to ensure all measures are effective and continue to meet the requirements of the Guideline.

3.1.5 Employees

3.1.5.1 Take reasonable care of their own safety, health and welfare and that of others.

3.1.5.2 Adhere to this Guideline, associated risk assessments and any local protocols.

3.1.5.3 Co-operate in the regular review of risk assessments and control measures to ensure that they are valid and are being effectively implemented and/or updated as required.

3.1.5.4 Attend relevant training as appropriate.

3.1.5.5 Report incidents in line with the HSE Incident Management Framework.

3.1.6 Healthcare Risk Waste Contractor

Responsibilities of the Healthcare Risk Waste Contractor are outlined in the contract of carriage[3], and in the context of clinical waste include the following:

3.1.6.1 Act as Carrier and Loader as defined in the current ADR regulations as per ADR 1.4.2.2 and 1.4.3.1.

3.1.6.2 Supply and complete the necessary paperwork (i.e. the ADR transport document ,the Waste Transfer Form (WTF) and Trans Frontier Shipment (TFS) for international/cross border movement) to comply with all current Irish dangerous goods road regulations, as per ADR, chapter 5.4, and the hazardous waste regulations.

3.1.6.3 Provide suitably labelled compliant packaging (i.e. yellow wheeled bins)

3.1.6.4 Sign the relevant documentation on behalf of the HSE when there is no available HSE person on site to do so.

[3] Contract Book & User Guide Provision of Hazardous Healthcare Risk Waste Services to the Health Services Executive for the Acute Hospitals, Non Acute Locations. HSE Ref: HSE 2661

3.2 Overview of the management and treatment of clinical waste generated at healthcare facilities

UN 3291 clinical waste is currently managed and dispatched from HSE healthcare facilities for appropriate treatment at licensed facilities in line with Appendix 1.

Appendix 2 summarises the types of packaging, typical contents guidance and colour coding that is used to segregate clinical waste into two streams, i.e. waste that is heat treated in Ireland ("regular") and waste that must be exported for incineration ("special"). Appendix 2 has been adapted from DOHC Segregation Packaging and Storage Guidelines for Healthcare Risk Waste, 2010 to reflect the specific requirements for clinical waste.

3.3 Packaging requirements for clinical waste as specified in the Dangerous Goods Transport Regulations

3.3.1 UN certified packaging

Clinical waste must be packaged in UN-certified packaging for transport (refer to Appendix 1 for examples of types of UN certified packaging). UN-certified packaging can be identified by the presence of the UN approval symbol (un) and an associated UN packaging code, either printed, embossed or applied as a label to the packaging as shown in Figure 1.

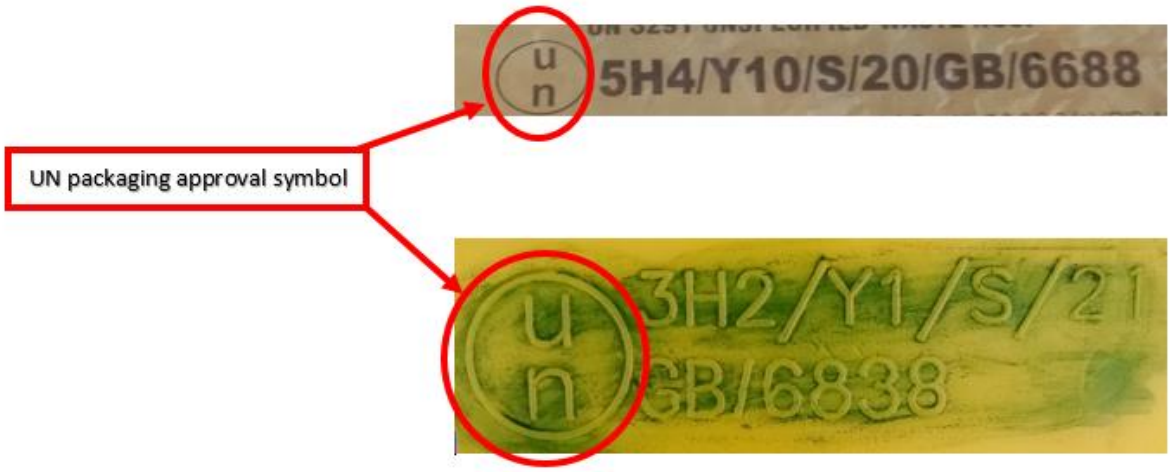


Figure 1– Examples of UN packaging approval symbol and UN certified packaging code

The packaging code must include the letters "X" or "Y". Packaging with a "Y" designation is used as standard.

The packaging commonly available for infectious waste is approved for solids as denoted by an "S" in the packaging code.

Note: Liquids are permitted once there is sufficient absorbent provided within the packaging to absorb all the liquid present.

The number between the “Y” and the “S” in the packaging denotes the maximum gross weight in kg that the particular packaging can hold, as shown in Figure 2.

e.g. Ⓤn 3H2/Y1/S/21/GB/6838. This limit (1 kg in the example) must not be exceeded.

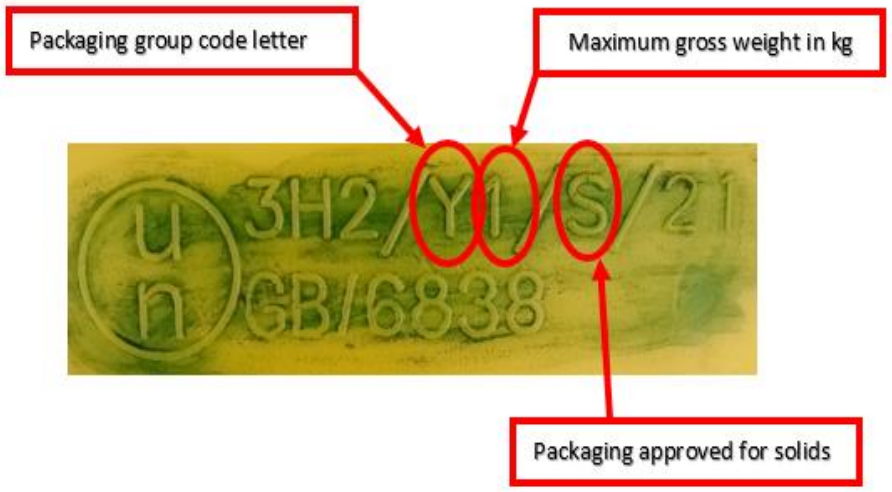


Figure 2– Examples of UN certified packaging code

3.3.2 Soft Clinical Waste

Soft infectious waste (e.g. blood stained or contaminated items including dressings, swabs, gowns ,gloves, aprons, suction catheters, tubing and incontinence waste from known or suspected enteric infections) is collected in yellow plastic film clinical waste bags. As packaged waste, these bags must be placed in UN approved rigid outer containers to be shipped i.e. wheeled bins to satisfy the requirements for packaged clinical waste under the transport regulations.

3.3.3 Sharps Waste

Sharps waste must be placed in puncture-resistant rigid packaging. A range of single-use sharps bins and rigid containers are available which are certified to ISO 23907 international standard for single-use sharps containers. Reusable 7.5 and 30.2 L sharps containers are also available as an option from the healthcare risk waste contractor.

3.3.4 Rigid Non-Sharps Waste

Rigid non-sharps waste should be collected in rigid containers, particularly where such waste would present a risk of damaging a clinical waste bag if placed in one.

3.3.5 Liquid Waste

If significant quantities of a liquid infectious waste stream (e.g. from an immunochemistry analyser) needs to be removed for off-site treatment, then packaging approved for liquids must be used. However, it is usually possible to deploy chemical disinfection methods so that the liquid can be disposed of on site.

3.4 Correct use and closure of packaging

The transport regulations require that the packaging is used and closed in accordance with instructions that must be provided by the manufacturer/supplier of the packaging. Such information may be found on the packaging itself in the form of assembly instructions (where relevant), capacity/fill line limitations or final closure instructions that may be printed or embossed on the packaging, as shown in Table 1.

<table>
<tr><th colspan="3">Examples of manufacturer instructions on correct use and closure of packaging</th></tr>
<tr><td colspan="2">Assembly Instructions</td><td> 
</td></tr>
<tr><td colspan="2">Capacity/fill line limitations</td><td> 

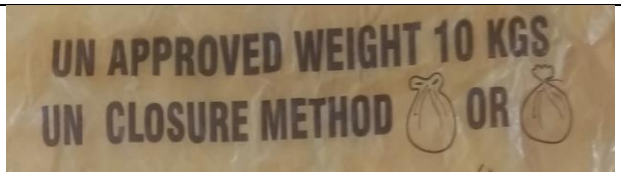
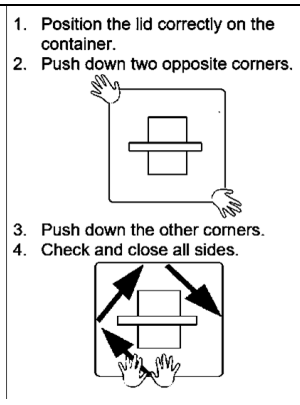

</td></tr>
<tr><td rowspan="2">Closure Instructions</td><td>Clinical waste bag</td><td> 
</td></tr>
<tr><td>Rigid container</td><td> 
</td></tr>
</table>

Table 1 – Examples of manufacturer instructions on correct use and closure of packaging

Note: Sharps bins and rigid containers intended for clinical waste are provided with locking devices for permanent closure as a security measure to prevent reopening of the containers. These must be fully engaged at final closure. As an aid, some sharps bins are provided with an indicator that confirms that the permanent closure has been engaged. Similarly, confirmation that the lids on rigid containers have been correctly closed can be evidenced by checking that all the locking lugs on the lids pop out and engage with the base of the container.

3.4.1 Prohibition of dangerous goods residues on the outside of packaging

The transport regulations require that residues of dangerous goods (infectious waste) must not remain on the outside of the packaging. Thus, any contamination of the outside of primary packaging should be wiped off with a suitable disinfectant. For further information on decontamination refer to Department of Health NCEC National Clinical Guideline No. 30 Infection Prevention and Control.

3.5 Use of UN approved Wheeled Bins ("eurocart" type)

Wheeled bins with faulty locks, physical damage or that are not marked and labelled appropriately as outlined in Table 2, must not be used.
The waste must be contained in inner packaging (i.e. clinical waste bag, single-use sharps bin, or rigid container) before placing in a wheeled bin. The correct closure of the inner packaging should be verified before placing in a wheeled bin.
Clinical waste bags and rigid containers may be placed in the same wheeled bin as waste will not be manually handled again, but due care should be taken to avoid bags being torn by the rigid containers.
Rigid containers with black or purple lids or reusable sharps containers must not be placed in wheeled bins. If any prohibited or unpackaged waste ends up in a bin it should be removed.
The wheeled bin should be filled to the top before closing and locking/securing the lid for the final time. When closing the lid ensure that no parts of clinical waste bags remain protruding from the bin. The waste should not be compacted and waste must never be compressed by hand.

Note: Wheeled bins containing waste must be locked when:

- they are full
- stored in any location which is not under direct supervision
- they are accessible to the public.

Mark /Label	360 L / 440 L Bin	770 L Bin
UN packaging approval code	Present (UN 4H….)	Present (UN 50H….)
UN number	Present	Present on two opposite sides
Class 6.2 hazard label 	Present	Present on two opposite sides

Table 2 – Marking and Labelling of Wheeled Bins

3.6 Reusable Sharps Bins

Where re-usable sharps bin systems are deployed, dedicated carts are provided for their movement on/off site. The bins should be placed on the carts with the labels facing outwards and the locking bar engaged to secure them in position.

3.7 Rigid Containers for Export

Rigid containers with black or purple lids intended for export must be placed in cages for collection. They should be positioned in the cages with the labels facing outwards to achieve the regulatory requirement that labels representative of all dangerous goods in the cages are clearly visible.

Note: Limited Quantity packages of pharmacy waste may also be placed in these cages. Flammables Bins from pharmacy must be placed in separate special waste cages, with the labels facing outwards.

3.8 Marking and Labelling of Completed Packages

In order to identify the contents, the ADR transport regulations require that completed packages (i.e. wheeled bins, purple or black lid rigid bins, purple sharps bins, reusable sharps bins) are marked with the UN number, UN 3291 and labelled with the Class 6.2 infectious diamond, shown in Figure 3.

Figure 3 – Class 6.2 Infectious

When packages are intended to be shipped by sea under the IMDG regulations they must also display the proper shipping name i.e. CLINICAL WASTE UNSPECIFIED, N.O.S.

Packaging comes pre-labelled with the correct marks and labels applied.

In the case of 770L wheeled bins only, this information must be displayed on two opposite sides. However, with repeated use the marks and labels on wheeled bins may become damaged and should not be used.

An overview of the packaging requirements for clinical waste as specified by the Dangerous Goods Transport Regulations is provided in **Appendix 3**.

This is adapted from DOHC Segregation Packaging and Storage Guidelines for Healthcare Risk Waste, 2010 to reflect changes to ADR packaging specifications and practice, additional specifications for rigid containers and the use of reusable sharps containers.

Requirements of the transport regulations that apply to both ADR road transport and IMDG sea transport are highlighted in yellow, while requirements that apply to IMDG sea transport only are highlighted in green.

3.9 Transport Documentation

Shipment of the clinical waste must be accompanied by an ADR transport document showing the consignor's and consignee's names and addresses, the identity of the waste by UN number, proper shipping name, and class i.e. UN 3291, CLINICAL WASTE UNSPECIFIED, N.O.S., 6.2, the number and description of the packages and an estimate of the total quantity in the consignment.

Note: As the weight is only measured when it arrives at the treatment/transfer facility, the nominal volumetric capacity of the packaging is normally used as the basis of estimated quantification on the transport document.

Under a service level agreement and contract of carriage, the waste contractor generates the transport document (refer to Appendix 4) on behalf of the HSE as consignor. A copy of the ADR transport document must be retained by the consignor for a minimum of 3 months.

The waste contractor also provides the WTF as required under the waste regulations.

3.10 Information, Instruction, Training and Supervision

The transport regulations under Chapter 1.3 require that staff receive dangerous goods general awareness training, safety training, and function specific training commensurate with their duties in relation to dangerous goods. Refer to Overview of the Carriage of Dangerous Goods Regulations as they apply to the HSE.

Managers must ensure they complete a training needs assessment (TNA) which is informed by the factors outlined in Section 2, subsection 2.1 of the HSE Policy on Statutory Occupational Safety and Health Training**.**

3.11 Incident Management

All incidents, must be reported, and managed in accordance with the HSE Incident Management Framework. Reporting of incidents should be done using the appropriate National Incident Report Form (NIRF). See also Section 5 Accident and Incident Reporting, Overview of the Carriage of Dangerous Goods Regulations as they apply to the HSE.

4. Consultation

4.1 Stakeholder involvement

The Guideline was developed in consultation with the National Dangerous Goods Advisor.

5. Implementation

5.1 Resource implications

Managers are responsible for implementation of this National Guideline to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility

Refer to Appendix 5 National Implementation Plan.

5.2 Resources to support local implementation of the National Guideline

Resources to support implementation can be found at HSE Staff - Dangerous goods and the Health and Safety helpdesk.

6. Governance and approval

Formal governance for this Guideline is provided by the Chief People Officer. Membership of the Approval Governance Group are documented in Appendix 9.

7. Communication and dissemination plan

The Guideline will be disseminated by the Chief People Officer for implementation by relevant services. The National Health and Safety Function will ensure widespread awareness of the Guideline using existing communications channels and will be electronically available via Dangerous goods - HSE Staff.

8. Sustainability

8.1 Monitoring, Audit and Evaluation

8.1.1 Local Senior Managers are required to monitor and audit the implementation of this Guideline annually within their area of responsibility (refer section 3.1) using the audit checklist in Appendix 6 and maintain evidence of same.

8.1.2 Implementation of this Guideline shall be audited periodically at national level and by the National Health and Safety Function.

9. Review/update

In line with HSE guidance this Guideline shall be reviewed at national level every three years or earlier if circumstances dictate.

10. References

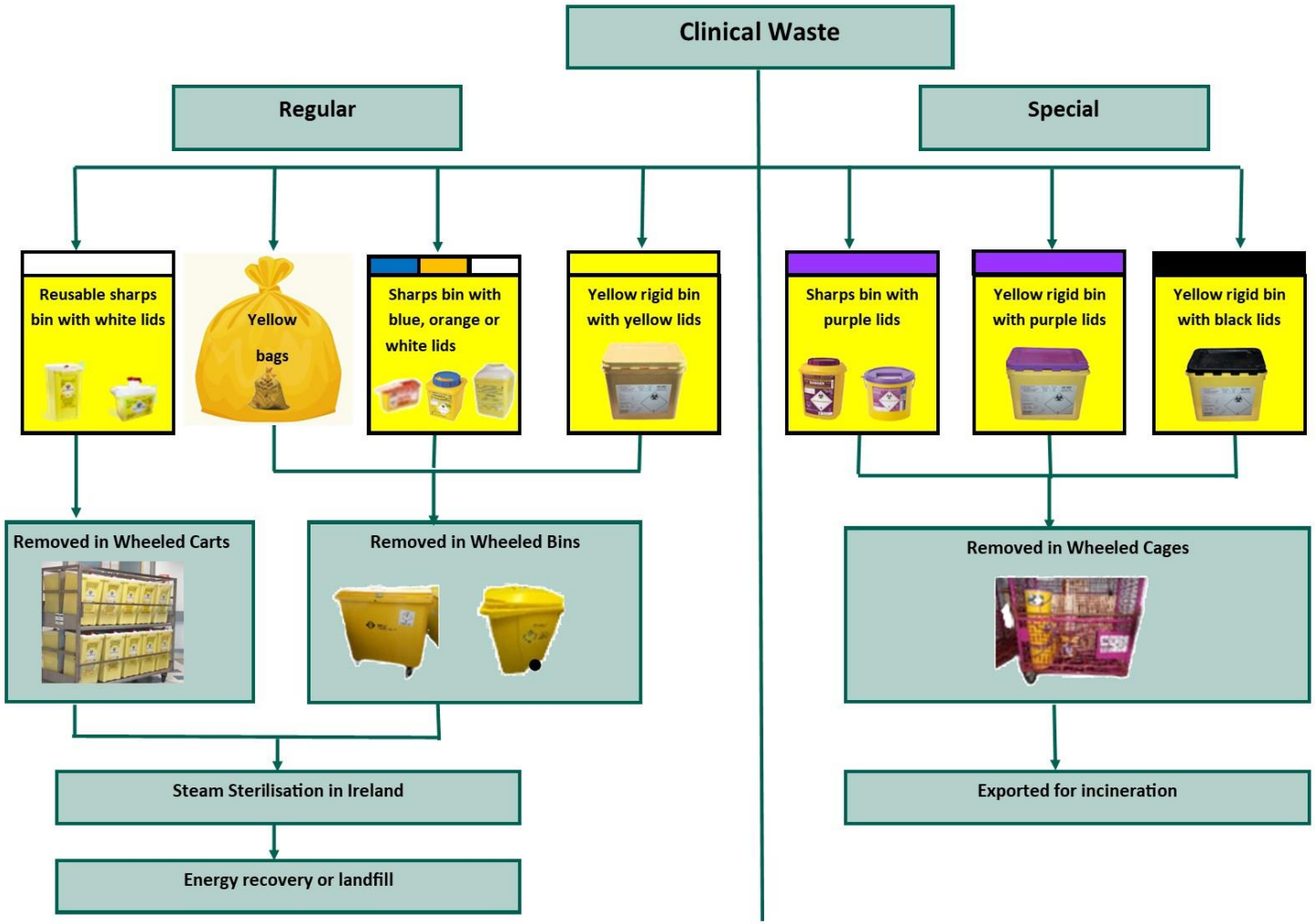
Health and Safety Authority Guide on the Carriage of dangerous goods by road (2021)

11. Glossary of Terms/Abbreviations/Definitions

Refer to Appendix 7 of this Guideline.

12. Appendices

Appendix 1 Management of Clinical Waste



Appendix 2 Segregation of Clinical Waste (typical contents)

YELLOW BAG

- ALL BLOOD-STAINED OR CONTAMINATED ITEMS INCLUDING:- DRESSINGS, SWABS, BANDAGES, PERSONAL PROTECTIVE EQUIPMENT (GOWNS, APRONS, GLOVES)
- SUCTION CATHETERS, TUBING AND WOUND DRAINS
- INCONTINENCE WASTE FROM KNOWN OR SUSPECTED ENTERIC INFECTIONS

NB. BAGS MUST NOT BE USED FOR SHARP ITEMS, BREAKABLE ITEMS OR LIQUIDS

DO NOT OVERFILL.

BAG MUST BE SECURELY CLOSED WITH CABLE TIE OR TAPE WHEN 2/3 FULL MAXIMUM

YELLOW RIGID BIN OR BOX WITH YELLOW LID

- BLOOD AND BLOOD ADMINISTRATION SETS
- BODY FLUIDS (not in bulk) *SEE NOTE RE LIQUIDS BELOW*
- DISPOSABLE SUCTION LINERS
- REDIVAC DRAINS
- BIOLOGICAL HISTOLOGY WASTE
- NON-CULTURED LAB WASTE & AUTOCLAVED MICROBIOLOGICAL CULTURES
- SPUTUM CONTAINERS FROM KNOWN OR SUSPECTED TB CASES

DO NOT OVERFILL.

BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE

YELLOW SHARPS BIN OR BOX

(with blue, orange or white top)

USED SHARP MATERIALS SUCH AS:

- NEEDLES
- SYRINGES
- SCALPELS
- SHARP TIPS OF I.V. SETS
- CONTAMINATED SLIDES
- BLOOD-STAINED OR CONTAMINATED GLASS
- STITCH CUTTERS
- GUIDE WIRES/TROCHARS
- RAZORS

DO NOT OVERFILL

NOT FOR LIQUIDS

BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE

YELLOW RIGID BIN OR BOX WITH PURPLE LID

- NON-SHARPS HEALTHCARE WASTE CONTAMINATED WITH CYTOTOXIC/CYTOSTATIC MEDICINES OR OTHER TOXIC PHARMACEUTICAL PRODUCTS

SEE NOTE REGARDING LIQUIDS BELOW

DO NOT OVERFILL

BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE

YELLOW SHARPS BIN OR BOX WITH PURPLE LID

- **NEEDLES, SYRINGES, SHARP INSTRUMENTS AND BROKEN GLASS** CONTAMINATED WITH CYTOTOXIC/CYTOSTATIC MEDICINES OR OTHER TOXIC PHARMACEUTICAL PRODUCTS

DO NOT OVERFILL

NOT FOR LIQUIDS

BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE

YELLOW RIGID BIN OR BOX WITH BLACK LID

- PLACENTAS (SEE NOTE BELOW RE ABSORBENT MATERIAL)
- LARGE ANATOMICAL BODY PARTS
- WASTE CONTAINING BSE/TSE RELATED BLOOD OR TISSUE
- CONTAMINATED LARGE METAL OBJECTS

DO NOT OVERFILL

BOX MUST BE SECURELY CLOSED WHEN AT MAXIMUM 3/4 FULL OR, AT MANUFACTURER'S FILL LINE

Notes: (1) All bags and containers must have an individual tracing tag or label.

(2) Containers, marking and labels for infectious waste must conform to ADR requirements.

LIQUIDS: **Dangerous Goods Regulations require the use of absorbent material or gelling agent to prevent any spillages from UN packaging containing infectious waste involving free liquids unless the container is specifically approved for liquids. All significant quantities of liquid must be in "leak-proof" certified containers**

Appendix 3 Overview of the packaging requirements for clinical waste as specified by the Dangerous Goods Transport Regulations

Container	1.Yellow Bags	2. Yellow Rigid Bins or Boxes with Yellow Lids	3. Yellow Sharps Bins or Boxes
Container type and Colour	Yellow, non-halogenated plastic, +400 gauge minimum, conforming to UN mark 5H4.	Yellow rigid box/bin with yellow sealable lids. Conforming to UN approved box/bin, type 1H2, 3H2 or 4H2 and marked accordingly.	Yellow rigid puncture-resistant box/bin. Conforming to UN approved box/bin, type 1H2, 3H2 or 4H2 and marked accordingly.
Usage	Single use. Suspended in a rigid holder, while filling, or as an inner liner to a rigid box. Suitable on its own only for low-risk dry soft waste. When so used, transportation must be in conjunction with UN approved wheeled bin.	Single use. For solids and, where small quantities of liquids are contained in the waste, absorbent material must be added sufficient to fully absorb the liquid. Liquid waste to be contained in leak-proof containers.	Single use and Reusable.
Filling and Closure	Bags to be securely closed when, at maximum, 2/3 full using proprietary cable tie or tape. ***Do not overfill.***	Securable yellow lid - ¾ filled maximum or to manufacturer's fill line, if one is present. ***Do not overfill.***	Securable lid - ¾ filled maximum or to manufacturer's fill line, if one is present. ***Do not overfill.***
Labelling	UN number (UN3291), diamond shaped risk label with class number "6"and biohazard symbol. Additional labelling should read: "HEALTHCARE RISK WASTE - FOR CONTROLLED DISPOSAL"	UN number (UN3291), diamond shaped risk label with class number "6" and biohazard symbol. Additional labelling should read: "HEALTHCARE RISK WASTE - FOR CONTROLLED DISPOSAL"	UN number (UN3291), diamond shaped risk label with class number "6" and biohazard symbol. Additional labelling should read: "HEALTHCARE RISK WASTE - FOR CONTROLLED DISPOSAL"
Proper Shipping Name	Clinical waste unspecified, N.O.S.	Clinical waste unspecified, N.O.S.	Clinical waste unspecified, N.O.S.
ADR Packing Instructions	P621 **N.B.** Yellow bags must be contained within UN approved wheeled bins when transported off-site.	P621.	P621.
Trace	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.
Typical Contents - categories	Blood-stained or contaminated items including dressings, swabs, bandages, gowns, gloves, tissues, soft disposables etc.	Material containing **small volumes of free liquids**, laboratory wastes, bagged blood, plasma, or histology waste, Risk Group III isolation facilities waste (subject to further containment), covered protected sharps etc. **Note:** Laboratory waste containing Category A organisms or in which Category B organisms have multiplied should be autoclaved at surce prior to disposal.	Used sharps including all needles and syringes, blood-stained or contaminated glass etc.
Excluded Items	Free liquids, any sharp items capable of puncturing the bag walls, cytotoxic waste, large anatomical waste, chemicals/pharmaceuticals, blood and blood components, large metallic objects such as prosthetic joints etc.	Cytotoxic waste, large anatomical waste, chemicals/ pharmaceuticals, blood or blood components assessed as likely to contain TSE agents, large metallic objects such as prosthetic joints etc. Free liquids.	Cytotoxic waste, free liquids, large anatomical waste, chemicals/pharmaceuticals, blood or blood components assessed as likely to contain TSE agents, large metallic objects such as prosthetic joints etc.
Disposal	Alternative Technology	Alternative Technology	Alternative Technology

Note 1: Laboratory waste which has been autoclaved should be streamed for final disposal in yellow bags, rigid boxes or sharps container, as appropriate.

Note 2: This table must be read in conjunction with the Guideline text.

Container	4.Yellow Rigid Bins or Boxes with Purple Lids	5.Yellow Sharps Bins or Boxes with Purple Lids	6. Yellow Rigid Bins or Boxes with Black Lids	7. Wheeled Bin
Container type and Colour	Yellow rigid spill-proof box with purple sealable lids. Conforming to UN approved box/bin, type 1H2, 3H2 or 4H2 and marked accordingly.	Yellow rigid puncture-resistant bin/box. Conforming to UN approved box/bin, type 1H2, 3H2 or 4H2 and marked accordingly.	Yellow rigid leak-proof box with black sealable lid. Conforming to UN approved box/bin, type 1H2, 3H2 or 4H2 and marked accordingly.	Yellow UN approved "eurocart" type wheeled bins
Usage	Single use. For solids and, where small quantities of liquids are contained in the waste, absorbent material must be added sufficient to fully absorb the liquid. Liquid waste to be contained in leak-proof containers.	Single use.	Single use. For solids and, where small quantities of liquids are contained in the waste, absorbent material must be added sufficient to fully absorb the liquid. Liquid waste to be contained in leak-proof containers.	Reusable. For holding and transporting closed yellow bags and containers. ***N.B. Lid to be locked during storage and transportation. Clean bins to be kept separate from filled bins.***
Filling and Closure	Securable purple lid - ¾ filled maximum or to manufacturer's fill line, if one is present. ***Do not overfill.***	Securable purple lid - ¾ filled maximum or to manufacturer's fill line, if one is present. ***Do not overfill.***	Securable black lid - ¾ filled maximum or to manufacturer's fill line, if one is present. ***Do not overfill.***	Lockable yellow lid. ***Do not overfill.***
Labelling	UN number (UN3291, diamond shaped risk label with class number "6"and biohazard symbol. Additional labelling should read: "CYTOTOXIC/HEALTHCARE RISK WASTE - FOR DISPOSAL BY INCINERATION ONLY"	UN number (UN3291), diamond shaped risk label with class number "6"and biohazard symbol. Additional labelling should read: "CYTOTOXIC/HEALTHCARE RISK WASTE - FOR DISPOSAL BY INCINERATION ONLY"	UN number (UN3291), diamond shaped risk label with class number "6"and biohazard symbol. Additional labelling should read: "CYTOTOXIC/HEALTHCARE RISK WASTE - FOR DISPOSAL BY INCINERATION ONLY"	UN number (UN3291), diamond shaped risk label with class number "6" and biohazard symbol on 2 opposite sides. Additional labelling should read: "HEALTHCARE RISK WASTE "
PSN	Clinical waste unspecified, N.O.S.	Clinical waste unspecified, N.O.S.	Clinical waste unspecified, N.O.S.	Clinical waste unspecified, N.O.S.
Packing Instruction	P621	P621	P621	IBC620 or LP621
Trace	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.	Cable tie, bar code or other marking tag to enable identification of hospital, ward/centre, and date of filling.	Unique identification number and bar code.
Typical Contents - categories	Non-sharps (including cover protected sharps or sharps tips) cytotoxic contaminated healthcare waste. Also infectious waste contaminated with pharmaceutical preparations or medicines.	Needles, Syringes, Sharp Instruments, Cartridges and Broken Glass which have been used for the administration of Cytotoxic Drugs/medicines.	Recognisable anatomical waste or body parts, blood, blood components or tissue suspected of being contaminated with CJD, non-autoclaved Category B laboratory cultures and associated waste and contaminated large metal objects.	
Excluded Items	Sharps, pharmaceuticals or medicines loose or in original packets. Free liquids.	Free liquids	Free liquids.	
Disposal	Incineration.	Incineration.	By arrangement with contractor but, generally, by incineration.	N.B. must be cleaned and disinfected after use.

Appendix 4 Example of ADR Transport Documents

SRCL
Protecting People. Reducing Risk.

ADR ROAD TRANSPORT DOCUMENT

Consignor	**Waste Transfer Form:**
	Date:
Consignee	
SRCL Ltd 430 Beech Rd Western Industrial Estate Naas Road Dublin 12	SRCL Ltd Unit 1A Allied Industrial Estate Kylemore Road Dublin 10

Description of Goods	**Quantity**
UN 3291, CLINICAL WASTE UNSPECIFIED N.O.S, 6.2	
770 Litre Plastic Wheeled Bin X	
440 Litre Plastic Wheeled Bin X	
360 Litre Plastic Wheeled Bin X	
Bio System Carts X	
7.5 Litre Bio Systems Bin X	
30.2 Litre Bio Systems Bin X	
Special Waste Cages X	
UN 3175, SOLIDS CONTAINING FLAMMABLE LIQUIDS N.O.S. (contains Isopropanol), 4.1, PG II	
60 Litre Plastic Boxes (Rigid Bin) X	
Total Quantity	

Responsible Person:
Emergencies Only – Lee Kavanagh – 0871630342

Signature of Consignor	**Signature of Carrier**
PRINT NAME:	

POTENTIAL BIOHAZARD - UNQUANTIFIED

DANGEROUS GOODS - HANDLE IN ACCORDANCE WITH DRIVERS INSTRUCTION CARD

WASTE TRANSFER FORM ADDENDUM - SHIPMENTS OF HAZARDOUS WASTE EXCLUSIVELY WITHIN IRELAND REGULATIONS 2011

ADR-RTD

SRCL
For Customer Service please call 1800 937 628

ADR TRANSPORT DOCUMENT

WTF. No:	CONSIGNOR:	VEHICLE REG.
WTF Supplied By Customer ☐ YES ☐ NO	ADDRESS:	DRIVER: ACCOUNT NO.

PSN	CLASS		LoW			UN Number Total
UN 3291, CLINICAL WASTE UNSPECIFIED N.O.S.	6.2		180103* 180202*	TOTALS		

Container Size & Quantity

WHEELIE BINS: (770 Ltr Bin x), (440 Ltr Bin x), (360 Ltr Bin x)

BIN TAG NUMBER:

BULK CONTAINERS (Yellow Lids): (60 Ltr x), (30 Ltr x)

SHARPS CONTAINERS : (0.6 Ltr x), (1.8 Ltr x), (3 Ltr x), (5 Ltr x), (10 Ltr x), (22 Ltr x)

YELLOW BAGS:

I the consignor, certify that the information given above is complete and correct to the best of my knowledge

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

CONSIGNEE: SRCL, 430 BEECH ROAD, WESTERN INDUSTRIAL ESTATE, DUBLIN 12

POTENTIAL BIOHAZARD - UNQUANTIFIED
DANGEROUS GOODS - HANDLE IN ACCORDANCE WITH DRIVERS INSTRUCTIONS CARD

EMERGENCIES ONLY: Lee Kavanagh 087 1630342

W.T.F. ADDENDUM - SHIPMENTS OF HAZARDOUS WASTE EXCLUSIVELY WITHIN IRELAND REGULATIONS 2011

Delivery ONLY?

☐ YES

☐ NO

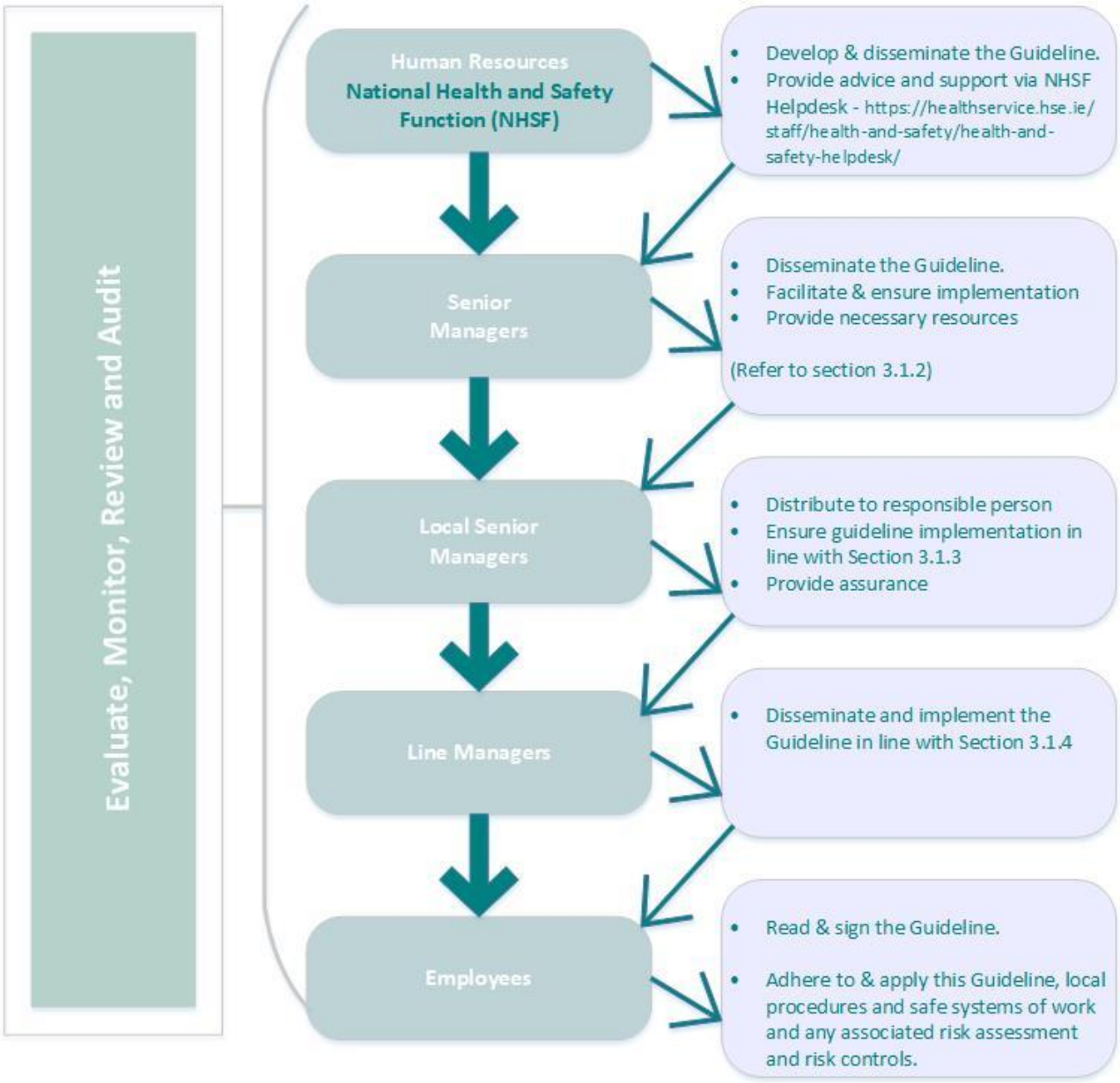
DELIVERIES & COMMENTS

SRCL Protecting People. Reducing Risk.

For customer service please call (01) 465 9136

Appendix 5 National Implementation Plan

Implementation of this Guideline forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps:



Appendix 6 Audit Checklist for the implementation of the HSE National Guideline for the Preparation for Transport of UN 3291 Clinical Waste Unspecified, N.O.S

	Audit on the Implementation of the HSE National Guideline for the Preparation for Transport of UN 3291 Clinical Waste Unspecified, N.O.S	**Guideline Clause**	**Yes**	**No**	**NA**	**Action Required**	**Action Owner**	**Timeframe**
1	Is there a system in place for the appropriate circulation/communication of this Guideline to all relevant employees?	3.1.2 3.1.3 3.1.4						
2	Have local protocols been developed in line with this Guideline and control measures identified through the risk assessment process?	3.1.3.2						
3	Is there a system in place for the appropriate circulation/communication of local protocols to all relevant employees?	3.1.2 3.1.3 3.1.4						
4	Is there a mechanism in place to ensure all clinical waste packed and shipped by HSE personnel is in line with the requirements of section 3.3/3.4/3.5/3.6/3.7/3.8/3.9 of this Guideline?	3.3-3.9 3.1.3.2 3.1.4.2						
5	To support implementation of this Guideline, has appropriate information, instruction, supervision and training been provided?	3.1.4.3 3.10						
6	Are training records maintained and readily accessible?	3.1.4.3 3.10						
7	Is there a mechanism in place to monitor and review implementation of the Guideline and local protocols to ensure all measures are effective?	3.1.3.11 3.1.4.5 8						
8	Is there a procedure in place for reporting, managing and reviewing all incidents?	3.1.3.6 3.1.4.4 3.11						

Appendix 7 Glossary of Terms/Abbreviations/Definitions

ADR	Agreement concerning the International Transport of Dangerous Goods by Road.
Clinical Waste	Clinical wastes are wastes derived from the medical treatment of humans that are known or are reasonably expected to contain pathogens. Reference: Adapted from the ADR Dangerous Goods Regulations.
Category A infectious substance	An infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans.
Category B infectious substance	An infectious substance which does not meet the criteria for inclusion in Category A.
Consignor	Any person, organisation or government which prepares a consignment for transport.
Consignee	Any person, organisation or government which is entitled to take delivery of a consignment.
Dangerous goods	Those substances and articles that are capable of posing a hazard to health, safety, property or the environment and the carriage of which is prohibited or only authorised under the conditions prescribed in dangerous goods transport regulations.
Healthcare Risk Waste Contractor	Refers to the HSE approved contractors for the off-site collection and disposal of hazardous waste.
IMDG	International Maritime Dangerous Goods Code, which governs the transport of dangerous goods by sea.
Infectious substances	Substances which are known or are reasonably expected to contain pathogens. Pathogens are defined as microorganisms (including bacteria, viruses, parasites, fungi) and other agents such as prions, which can cause disease in humans or animals. Reference: ADR Dangerous Goods Regulations.
N.O.S.	Not Otherwise Specified, as encountered in some proper shipping names.
Package	The complete product of the packing operation, consisting of the packaging or large packaging or IBC and its contents prepared for dispatch.

Packaging	One or more receptacles and any other components or materials necessary for the receptacles to perform their containment and other safety functions.
Packer	Any enterprise which puts dangerous goods into packaging, including large packaging and intermediate bulk containers (IBCs) and, where necessary, prepares packages for carriage.
UN Number	UN number means the four-digit identification number of a substance or article which is used to identify it during transport.
Waste	Any substance or object which the holder discards or intends or is required to discard. Reference: Directive 2008/98/EC on waste & Waste Management Act 1996.

Abbreviations

CEO	Chief Executive Officer
DGSA	Dangerous Goods Safety Advisor
DOHC	Department of Health and Children
EC	European Commission
EU	European Union
GDPR	General Data Protection Regulation
HSA	Health and Safety Authority
HSE	Health Service Executive
LoW	List of Waste
NHSF	National Health and Safety Function
NIRF	National Incident Report Form
TNA	Training Needs Assessment
WTF	Waste Transfer Form

Appendix 8 Membership of Guideline Development Group

Membership of HSE National Guideline for the Preparation for Transport of UN3291 Clinical Waste Development Group	
Name	**Role and Position**
Dr. JJ Tobin	ChemHaz Solutions (HSE National Dangerous Goods Adviser)
Michael Joyce	C/O ChemHaz Solutions (HSE National Dangerous Goods Adviser)
Bríd Cooney	National Health & Safety Advisor (Policy Team)
Laura Regan	National Health & Safety Advisor (Policy Team)
Patrice Cahill	National Health & Safety Advisor (Policy Team)
Margo Leddy (Chair)	National Health & Safety Manager (Policy Team)

Appendix 9 Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	**Role and position**
Anne Marie Hoey	Chief People Officer
Katrina Dempsey	Head of National Health and Safety Function

Sign-off by Chair of Approval Governance Group

Name:	Anne Marie Hoey
Title:	Chief People Officer
Signature:	

Appendix 10 Signature Sheet

I have read, understand and agree to adhere to this Guideline.

HSE National Guideline for the Preparation for Transport of UN 3291 Clinical Waste Unspecified, N.O.S.

Print Name	Signature	Area of Work	Date