

# Response ID ANON-39Q4-X8EA-7

Submitted to Guidance for the storage and treatment of healthcare waste  
Submitted on 2022-04-29 13:01:16

## About you

1 What is your name? (optional)

Name:  
SRMA (Scotland) Ltd, trading as Resource Management Association Scotland (RMAS)

2 What is your email address? (optional)

Email:  
info@rmascotland.co.uk

3 What is your interest in this consultation?

Waste industry body

Other/organisation:

## 1. Introduction

4 Do you agree with the introduction of a guidance document which will supersede, and where relevant replace, existing guidance documents and regulatory position statements, and, in general align regulation of the healthcare waste sector in Scotland to the rest of the UK?

Yes

Share the reasons for your answer with us below:

RMAS notes that a standalone concise reference document which all operators can refer and relate to, would be beneficial.

### 1.4 The appropriate measures that apply to different types of facilities

5 Do you agree with SEPA's intention to apply appropriate measures, to activities carried out under a Paragraph 28 exemption, where relevant (as detailed in sections 1.4 (classification and segregation), 4. (waste storage, segregation and handling), 5. (waste treatment), 6. (emission control) and 7. (emission monitoring and limits) of Healthcare Waste: AMSG 1.0)?

Yes

Share the reasons for your answer with us below:

Clarification is required on how this requirement is to be verified if only a simple exemption is required. Clarification is needed for the following:

- Is the application form to be amended to require information on these sections?
- If the application is insufficient in some areas is there a method of rejecting the exemption?

6 Do you agree with SEPA's intention to apply appropriate measures, to activities carried out under a Paragraph 39 exemption, where relevant (as detailed in sections 1.4 (classification and segregation), 3. (Waste pre-acceptance and tracking), 4. (waste storage, segregation and handling) and 6. (emission control) of Healthcare Waste: AMSG 1.0)?

Yes

Share the reasons for your answer with us below:

Clarification is required on how this requirement is to be verified if only a simple exemption is required. Clarification is needed for the following:

- Is the application form to be amended to require information on these sections?
- If the application is insufficient in some areas is there a method of rejecting the exemption?

### 1.5 Implementing appropriate measures at new and existing facilities

7 Do you agree with SEPA's intention to review existing permits and licences, and where appropriate, amend to reflect the regulatory approach of this guidance document?

Yes

Share your reasons for your response with us below:

RMAS is supportive of this approach. It is noted that our members' experiences of healthcare facilities is that there is considerable divergence in the individual permits/licences and they should therefore be aligned to ensure a level playing field.

8 Do you agree with SEPA's intention to have a more visible regulatory presence on your premises?

Yes

Share the reasons for your answer with us below:

RMAS would like to see improved resources and training in healthcare waste provided to SEPA staff to enable them to have the tools to conduct regulatory visits at healthcare sites and understand the risks, hazards and repercussions for the regulations they enforce.

Given the higher risk nature of the waste, a concerted focus on improving the handling, storage, management and, where possible, recovery of many of these wastes is pertinent to all.

9 SEPA wants to create a level playing field for all involved in the production and management of healthcare waste. In addition to our guidance, is there anything that would help improve the production, handling, transport, storage and treatment of healthcare waste?

Yes

Share the reasons for your answer with us below:

RMAS notes there is wide diversity in the waste management permits and licences, and the creation of a level playing field would benefit the industry, and allow for any new entrants to fully understand what is expected of them from the outset, rather than second guessing the diverse regulations.

Other support which could help improve the production, handling, transport, storage and treatment of healthcare waste are:

- More 'hands-on' training for all those involved with healthcare waste specifically in the management of clinical waste at the production site, receiving site and regulatory staff, to allow for the waste to be classified correctly.
- More thought needs to be given to how many times the waste is collected, (especially from hospitals) and sufficient resources allocated to manage correctly but not increase risk and minimise cost. We all pay for the healthcare we primarily receive and the cost burden on the management of these waste is not insignificant and pragmatic regulation to reduce cost is advocated strongly.

It is noted, in the long-term it is hoped that HTI treatment facilities can be provided within Scotland to reduce the carbon footprint of the number of miles this waste has to travel to ultimate disposal and SEPA should be pragmatic in assisting the promotion of this, which will help decrease the amount of carbon emitted as well as decreasing the overall budget for waste disposal.

In addition, it is also identified that issues with treatment capacities both in Scotland and England have a significant knock-on effect up the supply chain with increased storage times and transport issues all causing problems at producer sites and waste transfer facilities and the options for extending that supply chain are limited. Waste producers and transport companies do not have control of when the waste will be treated and often are left with limited options for waste treatment due to the lack of treatment capacity and timeframes that do not assist in the management of waste streams.

## 1.7 Treatment and disposal of healthcare waste - general

10 Do you agree with this proposal to align the regulation of the treatment of orange lidded sharps with the rest of the UK?

Yes

Share the reasons for your answer with us below:

Currently most healthcare waste from Scotland is sent to treatment plants in England where the regulatory regime is different (under the EA). Therefore, any proposal to align regulations with other UK nations is to be welcomed, however the colour and coding systems should either be identical or aligned to avoid confusion and delay at any receiving site. This will put significant additional stress on the disposal routes which cannot treat the waste, and begs the question – if the PAAs are correct that no medicinal content is present – why is not possible for them to be treated? Better use of the appropriate blue lidded sharps box is required.

## 3.1 Waste pre-acceptance

11 How best can SEPA support the introduction of pre-acceptance audits?

Inclusion of example 'pre-acceptance audit' in guidance, Supplemental 'pre-acceptance audit' guidance, Training

Include other options below:

Pre-acceptance audits for sites in Scotland have been ongoing and undertaken by many operators and Health Boards to allow their wastes to be accepted in England and Wales, as the permit conditions apply to the transfer, treatment and disposal sites ultimately used by the contractor. The guidance should be introduced in a one stage process and should not be staggered – this will provide a level playing field for all producers of healthcare waste to comply with a lead in time sufficient to allow these often complicated audits to be performed.

The undertaking of pre-acceptance audits is onerous for all facilities – both in the community, transfer stations and at healthcare sites. An example of a pre-acceptance audit with the guidance would be useful but this needs to take into account the resources available within the waste producer facilities to

undertake these audits on a regular basis, the training required and the level of detail demanded. A consistent, agreed simple PAA format would be welcome.

Clear guidance on recycling of healthcare waste would also be useful.

#### 4.1 Waste storage, segregation and handling

12 Do you think the standard storage times proposed for Transfer Stations, in Section 4 of the guidance, summarised in Table 5(a) below, are appropriate and achievable during normal operating?

Share your reasons for your response with us below:

The storage times mentioned are considered very tight and often unachievable leading to non-compliance, yet the waste remains intact, secure and without any increased risk. It also does not promote the Best Practicable Environmental Option. If you have variable routes with variable volumes collected from point of production, rather than bulking until a vehicle is "full" making best use of that vehicle; smaller part loads would need to be dispatched more often taking up vehicle resource, specialist driver resource, and "slots" in the disposal facilities – these slots can be for 1 tonne or 10 tonne and the number of slots are limited given the complexities of booking and the travel distances involved in it is considered a wasteful way to manage this waste stream. Infection risk often decreases with storage age, not increases.

Based on our members experience, whilst considered an improvement over some existing Permits (3 days), for most sites and some Island sites, remote sites, we would like to see a contingency period adopted for infectious waste to allow for instances when it won't be able to be moved within the 5-day period due to unforeseen circumstances, inclement weather, ferry interruptions and similar circumstance, which although foreseeable are extremely difficult to overcome. Separate licences are required for the movement of waste on boats, planes and road vehicles and not all contractors possess all these permits nor are they immediately available. We would propose 10 working days for 'off-island' movements as a fairer compromise.

13 Do you think the standard storage times proposed for Alternative Treatment Facilities, in Section 4 of the guidance, summarised in Table 5(b) below, are appropriate and achievable during normal operating?

Not Answered

Share the reasons for your response with us below:

Table 5 (b) is unclear as it suggests that waste can be stored "outside" pending treatment for 5 days and then remain inside for a further 9 days before being treated. Wherein lies the benefit and risk balance for that duration versus the bulking at a transfer station? – they should either be equal or aligned.

#### 5 Waste treatment appropriate measures

14 We plan to continue the application of iStAATT criteria, do you think this is appropriate and achievable?

Yes

Share the reasons for your answer with us below:

This is an internationally recognised standard and is the measure of the effectiveness of treatment and should be maintained until any other standard is enshrined.

RMAS notes the following additional comments which should be considered in the consultation:

- There is a considerable barrier to new entrants for developing capacity in Scotland and there is a need for this capacity in both the short and longer term to make Scotland self-sufficient in the management of its healthcare wastes.

- Much of the latter part of the consultation focuses on how operators will comply, but fails to focus on the producer of the waste and appropriate segregation, labelling and management; as this is often the primary reason for failing in the compliance at the receiving sites/contractors facilities.

- Section 6 is considered particularly problematic for compliance for existing incumbents when Permits are reviewed and site selection for new entrants.

- Issues which will be problematic are odour generation and control - and if qualifying as a PPC site, it will be difficult to retrofit many of the required control measures to existing sites modified for this end use.

- Improved controls are omitted – given the propensity for shredding of the waste to render it safe, there is no management on the dispersal of floc residues and/or preventing them entering the watercourses or sewer network, where they will undoubtedly lead to plastic in the wider environment, especially from bin washing operations and floc transfer operations.