

**New Clinical/ Other Waste Classification Form**

*This form should be completed with the help of a care worker or healthcare professional to help us assess the services you require. Some healthcare waste requires specialist disposal however some can be disposed of in your purple bin collection.*

*This form is to ensure we are undertaking our duty to audit waste types and ensure healthcare waste is classified correctly, either where residents treat themselves or are treated at home. Please note we will not collect drugs/ tablets or medicines, these should be returned to a pharmacy for safe disposal.*

**Resident’s Details:-**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred method of contact: Tel Email Post**

**Healthcare Professional Details: -** *This can be a care worker, community nurse or doctor.*

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred method of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **For how long do you anticipate you will require healthcare waste collections? (*please tick*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Up to 6 weeks** | **Up to 3 months** | **Up to 6 months** | **Over 6 months** |
|  |  |  |  |

1. **What items of non-infectious waste do you need to dispose of? (*please tick*)**

|  |  |
| --- | --- |
| Swabs and dressings |  |
| Sanitary waste |  |
| Plastic / cardboard packaging |  |
| Incontinence pads / nappy waste |  |
| Stomach feeding / ‘peg feeding’ equipment |  |
| Disposable instruments |  |
| Human tissue |  |

1. **What quantity of this waste is produced per week? (*a large sack is equivalent to a bin bag, please tick*)**

|  |  |
| --- | --- |
| Up to 1 small carrier bag |  |
| Up to 1 large sack/ bag |  |
| 2 to 3 large sacks/ bags |  |
| More than 3 large sacks/bags |  |

1. **Some waste must be disposed of by a specialist process. Do you need to dispose of any of the following? (*please tick*)**

|  |  |
| --- | --- |
| Hypodermic needles or any other sharps |  |
| Infectious incontinence pads / nappy waste |  |
| Cytotoxic or cytostatic drugs or waste |  |
| Infectious swabs or dressings |  |

1. **What quantity of waste requiring specialist disposal is produced per week? (*please tick*)**

|  |  |
| --- | --- |
| 1 small carrier bag |  |
| Up to 1 large sack/ bag |  |
| 2 to 3 large sacks/ bags |  |
| More than 3 large sacks/ bags |  |
| Up to 1 small sharps box |  |
| Up to 1 large sharps box |  |

1. **Would a call and collect service\* be appropriate for any of the waste created in Q4/5 only i.e. if the volume produced is small in quantity or infrequent?**

**Yes**  **No**

1. **Do you need to dispose of any other waste, not identified above, which may be classified as hazardous healthcare waste and therefore require a specialist hazardous/ clinical waste collection? (*please describe, your health care provider can advise*)**
2. **Any other comments?**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm the waste described is an accurate description of the needs of the resident, to ensure waste is disposed of correctly in accordance with the waste ‘duty of care’

Healthcare professional signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you. This information will be shared with our collection contractor to provide requested services and securely destroyed when services are no longer required. This data will be dealt with in accordance with the Data Protection Act 1998 and will be used for the purposes of compliance with NHDC policy and for service delivery.

**\***Call and collect service: resident contacts us to arrange collections on an ad hoc basis.

*Please return this form in the envelope provided to North Hertfordshire District Council, C/o Veolia, Works Road, Letchworth Garden City, SG6 1LP.*

If you require further information or help completing this form please contact us on 0800 328 6023