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## Healthcare Waste Audit

Comprehensive healthcare waste audits are offered to establish conformance with environmental regulatory requirements.

Assessment of compliance with environmental regulatory requirements alone, though the common approach adopted by most if not all audit providers, makes for a poor audit outcome. Wider health and safety issues including in particular sharps safety and prevention or management of blood and body fluid exposures and spill management, waste container hygiene and availability, space and location for waste containers, and their supplementary labelling to encourage and support effective source segregation will all be considered.

This is achieved, not least with a 40+ year experience in the NHS, but also as a CQC Specialist Adviser, Chartered Waste Manager, and microbiologist with a particular interest in infection prevention and control (IPC) and biosafety.

### The Audit Process - Extended

Audits are performed firstly, to include a standard top-down assessment of waste segregation. However, with a greater understanding of clinical activity and care delivery, this process can identify additional options for, for example, streamlining of product and procedure pack contents, to eliminate costly expansion of procedure pack ranges and the diversity of available dressing packs that inflate care costs.

The overall condition and hygiene/cleanliness of waste containers and of the areas in which they stand will be examined. Staff awareness of waste management standards and performance will be evaluated through informal discussions with junior and senior staff members in every ward and clinical department. This will seek to identify training gaps and the rationalisation of waste classification and segregation requirements, particularly in those areas where the space available to accommodate an array of waste containers is limited. Moreover, sharing with staff their opinions and concerns, and taking the opportunity to identify innovation and best practice, provides the opportunity to engage staff at all levels in a common responsibility (or chore) and promote improvements wherever possible.

### Adding value

This unique approach to healthcare waste audit ensures that any recommendation or advice will coincide with and compliment, rather than conflict with, clinical activities and existing, and sometimes inflexible, contracts for outsourced services such as cleaning and support services as well as contracts for waste disposal services.

Clinical departments including Pathology departments and Mortuary services, Pharmacy, Imaging (Radiology) and Physiotherapy etc are not omitted, with additional assessment of their particular waste management requirements. This includes the perpetually thorny issues of disposal of used couch roll, ward-level drug waste, IV lines, and mattresses among others.

Audit will usually be extended to include also [disposal-related] matters of sharps safety; glove use and personal hygiene for support staff; related environment and equipment hygiene and cleaning; spill management; logistics and security; and training requirements. Thus, audit seeks to identify achievable cost savings and sustainable improvement in waste management activities. Audit reports will also



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- 2 -

include an assessment of related overlapping IPC matters, ensuring that any proposed changes to healthcare waste management activities do not conflict with, and where possible compliment and support, IPC activities.

All healthcare establishments including Hospital and Ambulance Trusts and PCTs are obliged to undertake, at least annually, a comprehensive audit of their healthcare waste management activities. It is the responsibility of senior managers to establish and maintain effective waste management arrangements, which must be properly monitored and subject to regular audit. The existence of any policy, no matter how comprehensive that policy may be, is not of itself indicative of good practice and a robust independent audit is essential for monitoring of performance.

Audit may be undertaken in-house. Although often convenient, in-house audit rarely provides the best financial option, is prone to error and omission, and will usually be compromised by lack of independence. Properly performed, audit provides the information necessary to develop or refine a structured waste management plan, and provides the necessary assessment of the composition of waste streams and success of waste segregation and of waste minimisation schemes.<sup>1</sup> This proves invaluable to identify accurately the location, type, and quantity of waste produced, to identify where options exist to re-use or recycle, and to identify practical opportunities for waste minimisation. Crucially, audit plays a vital role in demonstrating compliance with regulatory standards and, in line with the Duty of Care, to ensure that waste is effectively segregated, safely and securely handled prior of removal from site, and treated and disposed of appropriately. Performed appropriately, audit will additionally identify any opportunities for cost saving, improved logistics, and improvement in sharps and more general safety and hygiene matters.

With expertise extending from bedside generation to final treatment of waste streams, **Blenkarn Environmental** can assist in or manage the entire process of healthcare waste audit. This can integrate a review of waste segregation at source, sharps safety and healthcare hygiene and wider infection prevention and control measures as well as logistics and storage of wastes, occupational safety, and hygiene for ancillary and support staff, waste packaging and tracking, and selection of disposal options.



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The healthcare waste audit service comprises a 1 day “snap shot”, or more extensive 3 or 5 day audit. This will depend on the size of the estate, and the depth of audit required. In either case, it will be appropriate to meet and discuss with representatives of the healthcare team at each ward or department

<sup>1</sup> Comprehensive waste composition studies necessitate an extensive time commitment to ensure that the results accurately reflect typical waste composition. This generally requires multiple, and fully randomised, waste sampling over a prolonged period. Please call to discuss.



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- 3 -

including the senior nurse or department head, and more junior staff including also representatives of the housekeeping team and their managers. It is appropriate to visit each diagnostic and clinical department, and to meet there with senior staff, and to meet representatives of the Infection Prevention and Control (IPC) Team.

The 1-day snapshot will normally comprise:

- Prior review of site waste policy documentation, relevant sections of corresponding Safety Policy and Code of Practice documentation, Standard Operating Procedures for waste management, incident policy
- Interview with key staff
  - Estates management, Waste Manager
  - Nursing managers, ward staff, A&E, HDU, ITU etc
  - Safety Officer, Risk Manager, Security Manager
  - Support services, including subcontracted services (catering, hygiene, ancillary support)
  - Infection Control
  - Pathology and other diagnostic/investigative services managers, Pharmacy
  - Purchasing, supply & distribution manager(s)
- Walk-around of representative wards and clinical departments to assess overall healthcare waste management standards
- Performance spot checks
  - Waste producers - disposal, segregation, waste composition
  - Hygiene services
  - Portering & waste management staff
- Observation and review of compliance with disposal and segregation policy
- Containers for clinical and related wastes
  - Suitability of location
  - Clear and appropriate marking
  - Security, accessibility
  - Container hygiene
  - Closure, source marking and handling of primary waste containers
  - Consumables supply
- Internal collection and transport of wastes
- Storage areas for wastes
- Satellite storage areas
- PPE, safety standards, site hygiene, spill kits, incident policy
- Waste minimisation, recycling, packaging wastes
- Domestic wastes from clinical areas
- Confidential paper waste



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- 4 -

- Laboratory and post-mortem wastes
- Contractor services – waste collections, reporting

Please note that this “snap shot” audit will inevitably be constrained by time; some items may be omitted but the format and extent of audit will be agreed in advance. Most effective is a 3- or 5-day audit, additionally including assessment of all clinical areas and related support activities across the Trust estate.

This more extensive audit can include a more comprehensive assessment of healthcare waste management policy and performance, which is critical to the development of best practice:

- Interface between Trust and its contractors, service providers etc
  - Catering contractors (if requested)
  - Hygiene and ancillary support contractors
  - Waste disposal contractors
- Training and update training including training for contract staff, student nurses etc
- Training and update materials, notices and marking of containers etc
- Incident and accident reporting structures, with particular reference to contract staff
- Vehicle standards



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Follow-up audit and more detailed management assistance can be provided as required, following review of an initial report.

The audit service includes a comprehensive written review of the findings, promoting and supporting best practice, identifying targets for improvement or development, and identifying deficiencies where these may exist. This report provides a guide for subsequent and more frequent in-house audit, and as a comparator for annual performance review.

Full client confidentiality is assured at all times.

### **Matters of Practicality and Training**

The audit process can, and preferably will be undertaken with at least one member of the Trust staff present at all times. This can facilitate effective time management, acting as guide and chaperone, enabling access and making introductions etc. The Trust's Environment or Waste Manager or deputy might fulfil this role, perhaps together with a member of the IPC team also. The Trust will benefit from training of one or more staff members in the process of healthcare waste audit, extended to integrate health and safety, security, cost management and related IPC matters also.

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- 5 -

As an adjunct to a full site- or Trust-wide audit and if requested, we will endeavour to support one or perhaps two motivated persons in subsequent academic study such as work-related or relevant professional projects etc. This might support professional development of key staff, and ensure a conduit for effective and ongoing support for a period of 1 year from the date of audit.

### Telephone/Email Support

Unless specifically excluded by prior agreement, all healthcare waste audits include a period of limited telephone/email support. Contact will ideally be via only one or at most two Trust employees, to avoid overlap and repetition/duplication and thus confusion. For a 1 day audit, support will extend for a period of 6 weeks while for more extensive audits telephone/email support is offered for 1 year.

Telephone/email support will usually overlap with academic support for nominated staff career development and mentoring.



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Note that a 1 day “snap shot” audit may be undertaken on a single day only or, as activity varies with time of day, over 2 half days timed to coincide with periods of greater activity. This might additionally facilitate meeting with key staff, and is the format that we recommend.

Comprehensive 3 or 5 day audits, or yet more extensive audits that include a detailed composition analysis of waste composition, require much advance planning as do multi-site audits involving larger hospital Trusts.

*Please call to discuss.*

***Blenkarn Environmental*** has particular expertise in the assessment and management of waste outputs in small hospital units including those serving remote or island communities where all other sources of healthcare and related waste production must be assessed to evaluate and revise or refine existing community-wide waste management strategies.

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