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# Briefing Note: Clinical and Sanpro Waste Priority Waste Stream Project

**Purpose of this note:** to provide an overview of the two reports produced for the project.

**Who this research is intended for:** regulators, those with responsibilities for clinical and sanpro waste

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## Background

The research was undertaken in two key phases:

### *Phase I*

Data collection and baseline review for priority waste streams for clinical and sanpro wastes in Scotland and Northern Ireland for the year 2003 with the aim of:

- Identification of the size and source of the clinical waste stream, current waste management practice and new and emerging technologies. Where possible, data relating to sanpro waste and the special waste fraction of clinical waste was identified and reported separately;
- Evaluating the recovery / disposal capacity for clinical waste.

### *Phase II*

Development of best practice guidance for the management of sanpro waste, primarily focusing on the waste produced from the healthcare sector, with the aim of:

- Improving the understanding of the scale of sanpro waste arisings;
- Production of guidance to significant producers on improved methodologies for classifying and managing this waste stream;
- Assessment of available options for the management of this waste, taking account of the economic, social and environmental considerations for Scotland and Northern Ireland.

## Key Findings – Phase I

### Packaging

- Clinical waste is classed as a dangerous good and in accordance with Carriage Regulations must be transported in UN approved packaging, bearing the appropriate mark stating the type and quantity of material.
- Sanpro waste is not considered a dangerous good for purpose of Carriage Regulations therefore the type and standard of packaging used is not regulated. However, high gauge plastic sacks are usually used.

## Waste Transfer

- Clinical waste may be collected and transported directly from a producer's site to a treatment/disposal facility.
- Scotland - Each time the waste enters a facility it is logged as entering the site and records of the waste movement are reported to SEPA on a quarterly basis.
- Northern Ireland - recently transferred from Local Authority regulation to EHS and as such most waste management facilities are not yet required to make quarterly data returns.

## Treatment and Disposal

- Clinical and sanpro waste may only be treated or disposed of at facilities licensed to accept them. The only identified disposal route for Sanpro waste in the UK is landfill.
- However, these wastes have been recovered and reused in other parts of the world using innovative technologies.
- Clinical wastes must be treated prior to landfill disposal, or else incinerated.

## Key Findings – Phase II

The guidance document has been designed to provide assistance to those managing hygiene waste produced as a direct result of healthcare activities and non-healthcare activities.

The guidance should help producers identify if they should segregate hygiene waste from other wastes produced on site, and when and who should undertake risk assessments. The importance of risk assessment in environments where both clinical and hygiene waste are produced is emphasised.

There are financial and environmental incentives to the segregation of hygiene waste from clinical waste. The cost of clinical waste disposal is, in general, approximately four times that of hygiene waste disposal. Correct identification and segregation of hygiene waste at the point of production allows the waste to be managed in the most appropriate way at a local level.

Irrespective of the amount or type of hygiene waste produced, or the type of producer organisation, best practice is to seek advice and enter into dialogue with waste contractors to find out the most appropriate way to manage hygiene waste on a site by site basis

The waste hierarchy principles should be applied when choosing a treatment and disposal method for hygiene waste. Information is provided in the guidance about re-usable hygiene products and the forthcoming WRAP real nappy laundering standard (PAS 106).

It is acknowledged that at present, waste management options for this waste stream are limited with landfill being the predominant disposal route. Waste producers should periodically review segregation, packaging, treatment and disposal options for the hygiene waste stream. Practices may change over time as new and emerging technologies enter the UK market.

## Further Information

Copies of the research outputs are available for free download from [www.sniffer.org.uk](http://www.sniffer.org.uk) (search on 'Project Code' UKW01)

## Partners

Scottish Environment Protection Agency  
Environment and Heritage Service Northern Ireland  
National Health Service Grampian

This note is produced as part of SNIFFER's knowledge transfer role

## Date and Author

Gina Martin, Programme Coordinator  
SNIFFER  
E-mail: [info@sniffer.org.uk](mailto:info@sniffer.org.uk)  
Phone: 0131 524 9748

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