



Briefing 20-87

November 2020

APSE Briefing: Waste management and disposal issues on rapid testing sites

To all APSE Contacts in England, and for information to Northern Ireland, Scotland & Wales

1. Introduction

As the Government in England rolls out rapid testing sites to numerous local authority sites a number of issues have arisen regarding waste disposal matters, highlighted by Liverpool as the initial pilot area with the Army operated sites in that location. Regardless of whether sites are operated by the Army, public health / care services or by private contractors there is a value in having a simplified, cost effective and efficient way of dealing with the waste generated.

In light of these issues APSE convened a short task and finish working group to explore these issues from a local authority perspective however this briefing may be a useful point of reference for Schools, FE and Universities as well as other community settings.

2. Waste produced from rapid testing sites

Waste produced from Testing sites include: -

1. Takeaway Food packaging - (generated by soldiers/staff on site)
2. Packaging – (cardboard boxes, plastic bags, information leaflets)
3. One-use PPE – (face masks, face shields, gloves and plastic aprons)
4. Testing kits (testing swabs and packaging/cassettes, pipette and small (6ml) testing bottles with solution, testing strip and packaging including silicon sacks)

[Waste from rapid testing sites is NOT clinical waste](#) Whilst the testing sites are regarded as health care settings it is important that the waste is not over-classified as clinical waste. This is unnecessary and the UK is currently facing a severe shortage of clinical waste disposal capacity so over-classification of health care waste as 'clinical waste' will exacerbate the capacity issues. Disposal of clinical waste is also more costly and complex to collect, transport and store and more resource intensive on labour and vehicles, as well as requiring pre-treatment prior to disposal. Nevertheless, the safety of those operating testing sites and the waste management of those sites remain of the highest importance, so it is critical that waste management is properly considered when operating sites.

3. What about recycling?

Whilst all waste producers have a duty to segregate waste and recycle materials, where possible, the speed with which these sites have come into operation means it may not be possible or practical to segregate recycling from general waste. It should also be recognised that these sites are for a specific purpose with operators whose main role is to advance rapid testing; therefore, reducing the volume of waste streams to be collected may assist in the overall safe collection and disposal arrangements from the sites and may assist the organisations facilitating testing, which may include the Army, health care organisations, third sector providers (such as St. Johns Ambulance).

4. Waste streams by category

The following table provides the waste streams by category including the classifications for each stream and likely management route.

Table 1

Item	Waste categorisation	EWCs	Likely Management Route / Waste Hierarchy	HTM 07.01 Packaging
General waste	Domestic/recycling	20 03 01	Materials Recycling Facility > Energy From Waste plant > Landfill	Use existing municipal route
All packaging	Packaging	15 01 01, 15 01 02, 15 01 05, 15 01 06	Materials Recycling Facility > Energy From Waste plant > Landfill	Use existing municipal route
Swabs	Chemical	18 01 07 + 18 01 04	Energy From Waste plant > Clinical Waste Incinerator	Unmarked yellow neutral container > white / clear > last resort tiger - Do not use hazardous waste packaging
Cartridges/ Devices	Chemical	18 01 07 + 18 01 04	Energy From Waste plant > Clinical Waste Incinerator	Do not use hazardous waste packaging
PPE	Offensive	18 01 04	Energy From Waste plant or last resort Landfill	Yellow bag with black stripe = Tiger bag

However, it should be noted that the above potentially creates a need for three waste streams to be collected and three different disposal arrangements. Whilst PPE could go to landfill (leaving greater capacity for other waste to go to incineration through Energy from Waste plants) this option relies upon those operating the sites to segregate PPE from the other health care waste such as swabs, cartridges, devices etc. An alternative arrangement would therefore be as follows: -

Table 2

Item	Waste categorisation	EWCs	Likely Management Route / Waste Hierarchy	HTM 07.01 Packaging
General waste	Domestic/recycling	20 03 01	Materials Recycling Facility > Energy From Waste plant > Landfill	Use existing municipal route
All packaging	Packaging	15 01 01, 15 01 02, 15 01 05, 15 01 06	Materials Recycling Facility > Energy From Waste plant > Landfill	Use existing municipal route
Swabs	Chemical	18 01 07 + 18 01 04	Energy From Waste plant > Clinical Waste Incinerator	Unmarked yellow neutral container > white / clear or Tiger Bags
Cartridges/Devices	Chemical	18 01 07 + 18 01 04	Do not use landfill if PPE is mixed with other waste streams as this is not permissible for waste classified as 18.01.07	Do not use hazardous waste packaging
PPE	Offensive	18 01 04		

The option in Table 2 above – to collect PPE, swabs and cartridges means that whilst spent tests and swabs have properties that require incineration they do **not** need to be consigned as hazardous infectious clinical waste as the infection hazard on the swab has been nullified by the reagent (chemicals used during testing). Whilst PPE disposed of separately could go to landfill if the materials are all collected together, with the spent tests, this will require incineration. **Do not send spent tests to landfill**, this is not permissible, most especially as they contain fluids. Again, it is important to note that the waste should not be marked or treated as hazardous waste.

Appendix 1 provides an easy to follow flow-chart of waste by type and where this can be disposed off

5. Waste segregation and collection issues on and from testing sites

The roll out of testing sites may involve organisations new to providing services classed as ‘health care’ and the testing service providers may be new to waste management issues. Accordingly ensuring waste receptacles on site are clearly identifiable and fit for purpose, including end disposal arrangements, will be helpful if such matters are identified and clarified at the earliest possible point to the site becoming operational. These issues may be influenced by: -

- Space available on site
- The potential need to supply additional bins (e.g. 1100L may carry around 20 sacks) to safely transfer bagged waste to collection vehicles and on to disposal points
- Local issues as to the delivery methods acceptable, particularly for the purposes of incineration, for waste identified as 18.01.07 where the operators may require waste to be delivered in bins for disposal as opposed to bagged waste from an RCV

Where the local authority, or for that matter any waste contractor, is involved in the collection of waste from testing sites the end method of disposal should ideally be identified in advance of the site being set up. This will help to ensure that a plan is in place for the transfer of the waste for end disposal in the safest and most effective manner.

6. Incinerator Capacity and options to dispose of waste through EFW / Municipal Waste Incinerators using the Environment Agency Regulatory Position Statement

During the first pilot site for mass testing in Liverpool, on Army operated sites, LSSL Liverpool (the wholly owned City Council operator) experienced difficulties in locating suitable disposal facilities due to permit limits on incinerators, restricting waste to that classified as **18.01.04** as opposed to **18.01.07**, which is the classification for the swabs /cartridges / devices on the rapid tests. This matter was raised with the Environment Agency and subsequently included within a Regulatory Position Statement (C23) (RPS) when it was issued. [This is a link to the RPS](#)

As the environmental permits held by operators states the waste types and quantities which they are permitted to accept, the operators would normally breach permit conditions if they were to accept waste types, or quantities, beyond those stated in their permits. However, this RPS, which applies to operators of municipal waste incinerators, will allow, if the conditions set out in the statement are followed, those sites to accept and incinerate coronavirus (COVID-19) testing waste at a municipal waste incinerator without varying the environmental permit. **However, it should be noted that written agreement from the Environment Agency is required before relying upon the COVID-19 RPS.** This is not ideal since the local authority will need to seek the agreement of the sites to accept the waste and the site operators will in turn need to seek the written agreement of the Environment Agency. A request has been made to the

Environmental Services Association to post to their website the relevant site contacts for different providers, for these requests, to speed up the way in which this issue is dealt with. Therefore, in dealing with waste classified as 18.01.07 from testing sites it may be helpful to consider the following: -

1. What EFW / Municipal Incinerators are available in your location to accept 18.01.07 waste or if there is availability outside of location how will the waste be transported?
2. Where there is no availability for 18.01.07 and reliance on the RPS may be required contact the sites to confirm that they will accept the waste and in what form
3. Where the site is willing to accept the waste ensure the site is aware that they will need to seek the permission of the local EA inspector for their area and demonstrate that they are able to meet the conditions set out in the RPS, so it may be expedient to involve your local EA Team
4. Once permissions are in place arrange for the disposal

7. Covid Testing Site Waste is not regarded as hazardous waste for the purpose of ADR

Where an authority or contractor is faced with transferring Covid testing site waste it has been confirmed to APSE that these wastes fall fully outside the scope of ADR, and the Carriage of Dangerous Goods Regulations, for both road and rail, as well as sea if using ferry routes. Therefore, an ADR driver would not be required.

8. Supply issues for appropriate bags, containers etc for testing sites and differences with symptomatic patients and treatment of household Covid waste.

As sites gear up to the rollout of the mass testing programme some concerns have arisen as to the testing sites procuring sufficient supplies of the right healthcare disposal bags and boxes or utilising incorrect bags or boxes. Essentially the healthcare waste bags, or boxes, need to be clear or white without biohazard markings, or when purchasing yellow bags or boxes to ensure that there are no markings (incorrect markings would include identifying the waste as hazardous or infectious). Local authorities may wish to offer sites an option to procure these materials as well, as dealing with the trade waste side, to provide a more holistic approach, and ensuring the materials are collected in the right way both for on-site waste management and onward waste disposal. There are numerous powers permitting local authorities to offer this option. At the time of writing it is understood that the DHSC may be looking to procure waste contracts to assist in this issue but APSE's view is that this is an area where inevitably the expertise of local authority waste professionals will be called upon.

We are also aware that some draft guidance has been issued to Universities by DHSC which referenced the use of orange clinical waste bags for use on University sites (as opposed to the lesser categorisation of the waste using general waste, yellow or tiger sacks). It is understood that work is ongoing to rectify this advice, particularly as the over-classification of waste will exacerbate disposal issues. It would appear this advice relates to materials from symptomatic patients not the test sites.

It is also worth noting that advice on double bagging covid waste in black bags and allowing a 72 hour holding period, before placing the items in general waste, applies to household produced waste and is not a fit-for-purpose approach to mass testing sites. This matter, outlined in [WISH Info Note 13](#) is still appropriate for household waste collections.

Local authorities may need to consider using organisations such as YPO as intermediary organisations with suppliers of the healthcare bags and sacks. Going to the general market (the google option) is likely to increase the costs of the products.

9. Army run sites derogations and exemptions

For the avoidance of confusion on Army operated sites in terms of waste management, the following disapplications, exemptions and derogations (DED) to regulations for defence, which tends to cover the actions on army run sites, such as waste transfers without a carrier licence:

- The Environmental Permitting (England and Wales) Regulations 2010 - exemption for public register for purpose of national security and powers of entry.
- The Waste (England and Wales) Regulations 2011 - Does not apply for purpose of national defence or civil emergencies.
- The Environmental Permitting (England and Wales) Regulations 2016 – Exclusion from public register if in interest of national security.
- The Waste Regulations (Northern Ireland) 2011 – Does not apply for purpose of national defence or civil emergencies.
- The Waste Management Licensing (Scotland) Regulations 2011 – excludes batteries used to protect security interests.

In simple terms, there are exemptions to clinical waste management legislation in place to address emergencies and national security. Ordinarily the SoS for Defence would need to sign those sorts of exemptions off so on that basis, clinical waste management legislation should apply. It should be noted however that most sites will now be handed over to civilian contractors/organisations.

10. APSE comment and further support

This matter was initially brought to APSE's attention by waste professionals within Liverpool (LSSL) City Council and we thank those officers for their support in developing workable solutions to the initial problems encountered on the pilot / first rapid test sites. We recognise that although capacity for disposal may be different in other parts of the UK some existing information issued in relation to Covid waste (by other public sector bodies) may create confusion and concern, particularly on, for example, over-classification of waste which would require pre-treatment prior to disposal/use of orange sacks, and which could add considerable complexity and costs to both collection and disposal in respect of testing site waste arisings.

This briefing therefore sets out a pragmatic approach arrived at by a working group including APSE, LSSL Liverpool City Council, ISSAFE, Newcastle City Council and Newcastle University, WISH, and with input from HSE, DHSC and technical support and cooperation from the Environment Agency with special thanks to Dr Anne Woolridge.

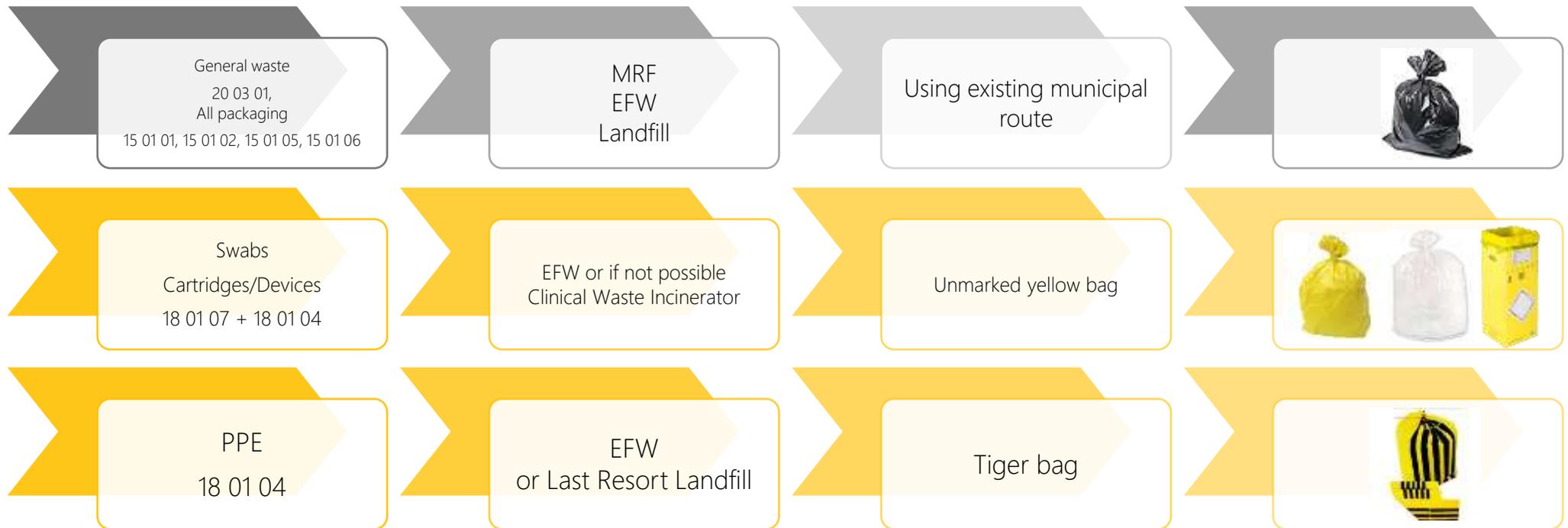
This briefing does not constitute formal legal or technical advice and as ever with waste management issues you are advised to ensure your operations are compliant with all existing regulatory and industry guidance. In addition, this briefing has been written from a regulatory perspective within England, and notwithstanding the European regulatory framework, which would nevertheless apply, it is APSE's understanding that similar approaches and issues will arise within Wales, Scotland and Northern Ireland.

Further information will be updated on the [APSE Covid-19 Support hub](#).

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Option 1 if segregation on site is achievable

Appendix 1



Option 2 if segregation on site is NOT achievable

