

POLICY: MANAGEMENT OF CONFIDENTIAL WASTE

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Pol- Health and Adult Social Care Retention and Disposal
Pol – Retention and Disposal of Corporate Records
Pro- Archiving and Destruction
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1 Policy Statement

This Policy has been created to give clear management direction which supports the management of all types of confidential waste at Torbay and South Devon NHS Foundation Trust (The Trust).

2 Introduction

The Trust has a commitment to ensure that all policies and procedures developed are in accordance with all relevant data protection regulations and guidance. This policy has been designed with the new Data Protection legislation in mind and therefore provides the reader with assurance of effective information governance and data protection practice.

This new Data Protection legislation intends to strengthen and unify the protection of personal data for all individuals. This is also relevant to any personal data that needs to be, or is in the process of, destruction, i.e. waste data. This includes memory sticks, hard drives, portable/smart devices and phones. We must dispose of all confidential material in a secure way. The Trust as a whole generates a significant amount of confidential waste. Some of this is classified under the Data Protection Act as sensitive and must be handled with care.

Health data which contains patient-identifiable information comes under this heading and might include patient or staff names, addresses, postcodes, NHS numbers, hospital numbers etc. Confidential data is handled in a wide range of areas including secretaries' offices, administration offices, clinic areas etc. If any confidential waste is discarded or not used for its original purpose it must be disposed of securely.

3 Structure and Responsibilities

All staff are responsible to the safe management and disposal of waste in line with the Environmental Protection Act (1990) and the Trust Waste Management Policy No 39.

3.1 Chief Executive, Senior Managers, Heads of Department & Supervisory Staff

3.1.1 The Director of Estate and EFM Commercial Development has delegated to Managers the responsibility for ensuring that effective waste management processes are in place and are undertaken across the organisation.

3.1.2 Every Trust service manager has a duty to ensure that all confidential waste is correctly assessed and identified and that the appropriate measures are taken to dispose safely and securely.

3.2 At Operational Level

3.2.1 It is the Department/Clinical head's responsibility to ensure compliance with the Waste Management & Confidential Waste Policy.

3.2.2 Managers will ensure that all staff under their direct control are aware of the appropriate procedures to deal with the types of confidential waste produced within their areas of responsibility.

Where applicable and for further information on the disposal of patients' records please refer to [Information Governance/Policies and Procedures](#)

3.2.3 Departmental heads will also ensure that the necessary local resources both financial and others are sourced to ensure all aspects of the policy can be met.

3.3 All Staff

3.3.1 All staff must ensure any confidential waste is disposed of using;

- Confidential waste consoles provided. The approved Trust contractor will empty consoles on a regular basis. See section 4.0 for further information regarding arrangements for collection.

Confidential waste may also be placed into approved white paper sacks marked 'Restore Shred confidential material for destruction' or white plastic sacks with blue "confidential waste" written on them. These bags are to be used for short periods of time in areas where a large amount of waste is to be disposed e.g. office moves, disposal of archive material due for destruction etc.

NB. This method is only short term with immediate collection.

Approved sacks can be requested via email; waste.sdhct@nhs.net

3.3.2 Staff will also act in accordance with the requirements placed upon them by other Trust Policies in particular Health & Safety and Risk Management Policies.

3.3.3 When confidential waste consoles require emptying in between regular collections staff should email waste.sdhct@nhs.net or ring the Facilities Helpdesk and request collection unless other arrangements have been made (i.e. collection /destruction outside department).

4 Correct methods of disposal of paper records

4.1 Overview

The scope of this process covers paper PID (Person Identifiable Data) media types, financial or commercially sensitive documents. To keep the processes as clear as possible, and to make adherence easier, wherever possible common methods of disposal will be applied to the various forms of data and information in use. In these cases, cross-reference will be made to the first instance of that method.

Paper media (including envelopes, folders, carbon copies, computer printouts, address labels) containing information that is classified as 'personally identifiable' or 'organisationally sensitive' will be placed into lockable waste consoles that are located around the site. Irrespective of where they are located, they will be labelled as 'confidential waste'.

The Site Services Department will make arrangements to have consoles emptied on a regular basis.

However, staff within wards/departments have a responsibility to contact the Facilities Helpdesk or email waste.sdhct@nhs.net to report if consoles are full or not emptied regularly.

On no account should any confidential waste be placed in other waste paper bins within the department e.g. recycling bins, black bags, or clinical waste bins/bags. All confidential waste must be disposed of in the Waste Console.

The Trust has a contract with an external waste contractor who will undertake shredding and disposal of confidential waste offsite, with adhoc onsite shredding. It is confirmed that the supplier will meet BS EN 15713 for Destruction and disposal of confidential waste. Site Services have carried out a full duty of care on the supplier, which will be reviewed annually.

New and existing staff should receive training in the use of medical and other confidential records. This will include an awareness of Trust policies in relation to Health and Adult Social Care Records. Any incident where Trust policy and procedure has been violated by staff (either maliciously or

accidentally) may be subject to formal disciplinary policy under the Trust's Human Resource policy framework and if considered sufficiently serious, may warrant dismissal.

Staff should not normally take patient's manual records, other staff/patient identifiable information or Trust sensitive information outside of the normal working environment i.e. home. Where this cannot be avoided, procedures are in place to safeguard that information effectively. (See [Policy for Secure Storage and Transportation of Casenotes](#), [Transporting Patient Identifiable Data](#) and [Sharing Notes with Outside Organisations](#) on ICON).

This includes the safe disposal of any confidential waste. In such circumstances, this information should be brought back to the Trust for secure disposal in the Trust's secure containers.

Health and other records should be identified for destruction in accordance with retention schedule contained within [IGA Records Management Code of Practice Retention Schedule](#) and the local [Trust Health and Adult Social Care Records Retention and Disposal](#) and [Retention and Disposal of Corporate Records](#)

Confidential media waste including magnetic media (hard discs, floppy discs, tapes, hard drives, memory sticks and mobile devices) will be erased prior to disposal via secure means; and disposed of with approved contractor. This is detailed in the Trusts HIS Services IM&T Security Procedure. For further guidance contact the IT Operations via the service desk 0300 500 7000 or #6282.

Other items of confidential waste such as uniforms, slides, videos photographs, printer ribbons or other non-paper confidential waste can be destroyed using the approved contractor. For assistance in the correct disposal method please contact the Site Services Department. Records of destruction should be maintained as per 0a).

4.2 Bulk Backlog Destruction

In certain circumstances it may be necessary to dispose of large amounts of confidential waste, for example when culling a library of medical records or office move. Arrangements can be made to supply additional approved confidential waste sacks rather than filling the waste consoles. This will require the services of a reputable waste contractor who has previous experience in dealing with the handling of confidential documentation. In this instance contact the Site Services Department to discuss requirements. See 3.3.1 on supply of extra bags.

4.3 Destruction

The Trusts' chosen confidential waste supplier will be responsible for the loading and shredding of this waste and supply a certificate of destruction for every load destroyed in the form of a destruction report.

The Contractor will undertake the majority of destruction off site, with the occasional adhoc onsite shredding when necessary. Waste Management have provided assurance that regular audit is undertaken to ensure confidential waste is managed appropriately when transported off site for destruction.

Confidential Waste will also be destroyed by the Trusts' Archiving and CDMS suppliers:

- Iron Mountain - deceased patient records stored off site
- Civica – records scanned into WinDIP

Please note at the time of writing this policy the Trust are complying with the request from the Independent Inquiry into Child Sex Abuse (IICSA) to not destroy records until further guidance is issued.

The exception to this is Suppliers who are BS10008 compliant and are therefore permitted to destroy records which have been scanned.

For further information please contact:

- Information Governance Team – igteam.sdhis@nhs.net
- Data Protection/FOI - Dataprotection.tsdf@nhs.net
- Health Record Governance - sdhis.recordsgovernance@nhs.net

5 Prohibited methods of disposal for confidential waste

All staff should be aware that following methods of disposal are not appropriate for confidential waste:

- Normal 'office type' waste bins.
- Black disposal bags and its contents, - these can be taken to land-fill or waste to energy sites and are assumed to contain non-confidential waste.
- Clear bags are used for co-mingled recycled and should not contain confidential waste.
- Clinical waste bags either orange, yellow or tiger are the most expensive waste stream to dispose of and should only be used for the disposal of clinically contaminated waste (soiled with bodily fluids).

6 Selection of NHS records for permanent destruction

Public records over thirty years old and selected for permanent preservation must be transferred to the Public Records Office (PRO) or kept in a place of deposit, appointed under S.4(1) of the 1958 Act. Guidance on the selection is given in the IGA Records Management Code of Practice for Health and Social Care 2016

Potential records, which fall into this category, will be reviewed with the County Archivist and if the decision is taken to retain at an approved place of deposit a list of records transferred must be retained (Patient's name, NHS No, date of birth, date of episode).

7 Recording of disposal

What are the rules on destruction?

Confidentiality must be safe guarded at every stage. The method used to destroy records must be fully effective and ensures complete illegibility. An approved contractor is used.

- a) Records which are identified for destruction should be detailed on a spreadsheet (APPENDIX TWO) and then destroyed by placing within confidential waste consoles provided.
For bulk destruction please refer to 4.2

The approved contractor can provide a certificate of destruction upon request. Please contact Site Services.

Medical Casenotes/ICU Charts

- 7.1.1 Upon destruction, the PAS computer system is updated. The case note flag is altered to 'D' to indicate that the record has been destroyed. The Health Records Practice Manager will then run a facility to delete all 'tracer location' records for those patients.

- 7.1.2 Where it has been identified that the record needs to be retained for a period longer than the standard retention schedule the case notes are re-traced on the computer system to 'special deceased' and moved to the appropriate area of the Records Library.

8 External Organisations & Companies used for storing or destruction of confidential information.

- Restore Datashred
- Iron Mountain
- Civica

9 Contact Details

Health Records Practice Manager

Tel: No 01803 654343

Site Service Department

Tel No (01803) 656837 Waste.sdhct@nhs.net

10 Review

A review of this document will be conducted annually or following a change to associated legislation or procedure; including a change of contract. This responsibility falls within the Site Services Department.

11 APPENDIX ONE

Reference Documents:

- HSG (94)11
- IGA Records Management Code of Practice for Health and Social Care 2016
- Public Records Act 1958 s.3(1)-(2)
- HSC 1999/012 Caldicott Guardians
- HSG (96)18 – The Protection & Use of Patient Information
- Data Protection Act 1998
- HSC1998/153 – Using Electronic Patient Records in Hospitals: Legal requirements & Good Practice
- Mental Health Act 1959
- Public Records Office Records Management Standards 1998
- TSDFT Policy No:39 Waste Management Policy
- BS EN 15713:2009 standard for Secure Destruction of Confidential Material

12 APPENDIX TWO

Proforma available from Health Records Practice Manager Ext. 54543

13 APPENDIX THREE

Civica Destruction of Records Procedure available from Health Records Practice Manager Ext. 54543