

Waste management and supply chain

- **Avoid single use devices** that do not provide a clear benefit in patient care
- Document overage actively and use these items first in order to reduce waste
- Ask Industry providers for **energy efficiency labels** for new electronic devices according to the European A-G scale
- Ask for **PP or silicone** reusable devices over PVC / DEHP
- **Think twice** before opening a sterile package, supply kit or any other product
- In a case where multiple ampoules of saline are required to dilute medication, consider the use of an **appropriate size of saline bags** (50 or 100 ml)
- Use **reusable** equipment and materials instead of disposables ones
- **Appropriate waste segregation** is crucial for reducing clinical waste and achieving a higher proportion of recycled waste
- Waste from **plastic suction bottles** can be reduced by reusing the containers and lining them with disposable liner

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- Empty drug ampoules or crystalloid fluid solutions bags are **not bio-hazardous**
- They can follow standard glass / plastic recycling protocols
- **Limit** the preparation of **drugs** to be used “in case of emergency
- Use **prefilled** syringes when feasible (eg atropine, ephedrine, adrenaline)
- **Reduce propofol waste** by using 20 mL propofol ampoules. Reserve the 50- and 100-mL bottles for TIVA/TCI syringes. Avoid leftovers and **remember to discard propofol in a designated area** (usually the sharps bin), not in the sink!
- **Separate and recycle** uncontaminated paper/cardboard, medical plastic and metal to certified sustainable recycling companies
- Be sensible for **high recycling potential materials**. Non-woven polypropylene (PP) wrapping paper or halogen gas aluminum bottles have a high recycling potential
- Recycle or appropriately **dispose electronic equipment** and batteries to certified sustainable recycling companies

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