

# HSP 61 Management of waste

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## 1. Introduction

Care homes generate many different types of waste, some of which are classified as hazardous. The safe management of waste is necessary and all staff must understand how waste should be classified, segregated and stored prior to collection and treatment.

## 2. What the Regulations require

Care homes have a legal responsibility to dispose of all wastes properly and in accordance with its 'duty of care' responsibilities under the Environmental Protection Act 1990 and the Environmental Protection 'Duty Of Care' Regulations 1991. Hazardous Waste Regulations also regulate the segregation and movement of hazardous waste from point of production to disposal.

## 3. Waste terminology

The terminology used for waste classification is quite complex with some wastes having multiple descriptions (eg sharps can be classified as both clinical and hazardous, whereas medicines are medicinal, pharmaceutical and clinical). The table below provides descriptions of common terminology used.

Definition	Description	Examples
Health care waste	General term covering the waste produced by organisations providing health and social care.	Bandages, sharps, blood, medicine.
Hazardous waste	Waste items that can cause harm to the environment or human health.	Dressings from infected wound, used needles, cytotoxic medicines. Also includes items such as batteries, paint etc.
Clinical waste	Waste from a health care activity that contains viable micro-organisms or active medicines. Most clinical waste is defined as hazardous.	Sharps, Medicines, infected bandages/ dressings.
Offensive waste / Hygiene waste	Non infectious waste but may cause offence due to presence of recognised health care waste items or body fluids.	Body fluids / dressings from non infectious sources.
Medicinal waste	Medicines no longer required or items contaminated with medicines.	Out of date medicines.
Food waste	Any food products that are thrown away as opposed to being consumed	By product food waste (eg peel), out of date food, leftovers.

## 4. Offensive waste

Offensive waste is waste that is non-infectious but may cause offensive due to the presence of recognisable health care waste, bodily fluids or odour. The majority of waste from resident care is classified as offensive. It is classified as non hazardous and disposed of via landfill.

It is disposed of via yellow/ black 'tiger' bags which are located within pedal operated bins in sluice rooms.

Examples include incontinence pads, gloves, aprons.



### 5. Clinical waste

Clinical waste is defined as waste from health care activity which are known to contain micro-organisms or toxins which cause disease. Commonly this from residents suffering from infections. It is classified as hazardous and is incinerated.

It is disposed of via orange bags which are located within pedal operated bins in sluice rooms.

Examples include dressing from wounds from infectious sources.



### 6. Sharps

Sharps include hypodermic syringe needles and scalpels. Sharp waste is classified as hazardous.

All sharps should be disposed of in suitable sharp boxes. The lids of sharps boxes are colour coded to display the type of waste the container should be used for.

Purple lidded boxes: Sharps contaminated with cytotoxic / cytostatic medicines.

Yellow lidded boxes: Sharps contaminated with non cytotoxic medicines -

Orange lidded boxes: Sharps not contaminated with any medicines – eg shaving razors

Within EFHL, yellow lidded sharps receptacles are used for all sharps as no cytotoxic medicines are administered as cytotoxic medicine is not used. Sharp boxes are stored within treatment rooms until collected by licenced waste contractor.

Examples include syringe needles and scalpels.



## 7. Medicinal waste

Medicinal waste is typically medicines no longer required but can also include items contaminated with medicines. The process for disposal of pharmaceutical waste varies according to care home type. Care homes without nursing can return drugs via pharmacy, those with nursing must dispose as per description below.

Medicines must be recorded and disposed off via containers. Typically medicine waste is classified as non hazardous.

All controlled drugs should be denatured and therefore rendered irretrievable prior to being disposed off in waste containers. Commercially available denaturing (or Doom) kits should be used. Controlled drugs should be removed from their blister packs where necessary and crushed. Crushed tablets and any liquids should be emptied into the disposal kit and water added as indicated. The contents should then be shaken until fully mixed. The whole kit should subsequently be disposed of in the relevant waste bin.

In order to do this, the care home must obtain a T28 exemption from the Environment Agency to negate the need to obtain a licence to carry out this process. Application is via link below, exemptions are free and valid for 3 years. Exemptions were last applied for in November 2017.

<https://www.gov.uk/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal>



## 8. Domestic / General / food waste

General waste is waste you would associate with domestic activities such as food waste, tissues, papers etc. Items such as glass and paper should be segregated for recycling where possible and where local recycling facilities exist.

Food waste should be segregated where possible and use food waste bins. Disposal via waste disposal units and the sewer is not acceptable.

It is classified as non hazardous. It is collected in a clear or black bag and disposed of via general waste bin.



## 9. Confidential paper waste

We have a duty of care to protect any personal data of individuals and this includes having a safe and secure method of disposing of personal paper records. This all needs to be treated within the category of confidential waste and failure to dispose of correctly can lead to prosecution.

The options for doing this are either to handle the shredding of the data on site and then dispose of via paper recycling or to give responsibility for doing this to a recognised

contractor who will take offsite and shred. Any contractor should supply a waste transfer note and a certificate of destruction.

### 10. Hazardous waste – batteries, lightbulbs, paints

A number of items used within the care home are classified as hazardous due to the harm they can cause the environment. These items must be separated and stored correctly and disposed of via a registered waste carrier with an environmental licence.

Dedicated storage containers have been supplied and are managed by Maintenance Manager.



Waste item	Provided container	Notes
Batteries	30 litre plastic clip top drum	Nickel Cadmium and Lead acid batteries disposed of separately.
Unused paint	205 litre drum	Empty paint pots can be disposed off via general waste.
Lightbulbs	60 litre plastic clip top drum	Not LED bulbs.
Fluorescent tubes	Flu tube container	

### 11. Electrical waste and computers

The Waste Electrical and Electronic Equipment (WEEE) Regulations apply to all electrical waste. Care homes will need to take responsibility for their electronic and electrical equipment waste by either returning the waste to the producer from whom it was purchased or by disposing for recycling.

Computers and IT equipment should be returned to IT department for removal of confidential data and subsequent disposal.

### 12. Garden waste

Garden waste is best left to decompose if suitable locations within the gardens are available. Burning of commercial waste is not acceptable way of disposing of commercial waste. The one exception is garden waste which can be burnt as long as an exemption certificate has been applied for and general conditions are applied.

If garden waste is burnt on the premises, the care home must have a valid waste exemption certificate (D7) in place. Application is via link below, exemptions are free and valid for 3 years.

<https://www.gov.uk/guidance/waste-exemption-d7-burning-waste-in-the-open>

Conditions relating to burning of waste are: -

- Smoke must not affect any neighbours enjoyment of their properties - e.g. if they cannot sit in their garden, put washing out or must keep windows close. A legal notice can be served stating burning must cease.
- Smoke must not be allowed to drift across a highway.

### 13. Sewage waste

The majority of EFHL's care homes are connected to the mains sewage system and sewage is treated within the catchments sewage treatment works. One exemption is Rush Court which operate their own sewage treatment plants with effluent discharging into the River Thames. In this case it is a requirement to have a written Environmental Management System which details discharge conditions and maintenance regime.

### 14. Pre – acceptance Audits

Waste disposal sites accepting clinical waste are required to obtain a Pre-acceptance Audit from the care home prior to accepting waste for the first time. This Pre-acceptance audit should be completed every 5 years. It was last completed for all homes in Dec 2019 and is posted on the homes intranet page.

Pre-acceptance Clinical Waste Audit					
<b>Audit findings – Cotswolds care home</b>					
Date of audit	17 December 2019				
Next audit scheduled	17 December 2024				
Description of audit and the procedures employed	Visit to each clinical area of the home, observation and discussion with staff.				
Details of persons conducting the audit and their qualifications and competences.	Steve Andrews Health & Safety Manager MSc - CMACOH				
Address of the waste producer.	Woodside Drive, Bradwell Village, Burford, OX18 4XA				
Process from which waste derives	Nursing care				
A list of the functional areas included within the audit (which should encompass the entire production)	Clinical rooms, Suites,				
The estimated quantity of each waste stream produced on the premises.	Hazardous (omend or add to as necessary) [2] yellow lid [1] orange lid [1] purple lid				
Per weekly collection	[Ad-hoc] orange bags  Non-hazardous [1] medicines containers [2] offensive waste containers (offensive bins) [2] municipal waste (black) bags, collected by Council weekly				
Date of production of the waste and waste storage and preservation techniques used before collection	Tiger bags collected weekly. Pharmaceutical bins and separate doom containers collected when full. Bags placed into external wheeled bins				
<b>Audit Findings – Waste Containers</b>					
Please indicate waste container types in use (and complete on report and summary sheets)					
Type	Colour(s)	In Use (Y/N)?	Size(s)	Label details	Number and location
Sharps Boxes	Yellow – purple lid	N			
	Yellow – yellow lid	Y	7 litre		2 in Treatment Room (1 <sup>st</sup> Floor)
	Yellow – orange lid	N			
	Other (please specify)	Y	11.5 litre		1 in Treatment Room (Ground Floor)
	Blue lid .....				

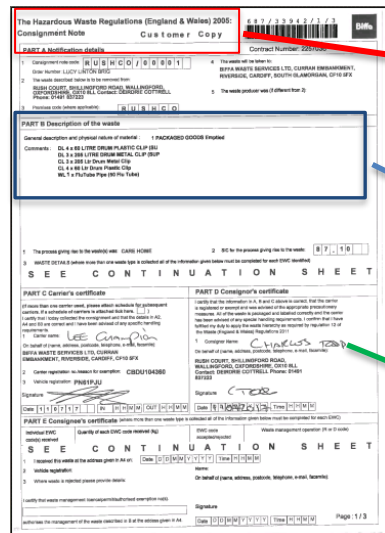
### 15. Record keeping

A key element of the duty of care is keeping track of any waste. Any waste leaving the home should be recorded via either a consignment note or waste transfer note depending on hazardous nature.

**Consignment notes**

Consignment notes are required for hazardous wastes. They are individually completed for each hazardous waste collection (sharps & clinical waste).

Care homes must keep copies of consignment notes for a minimum of 3 years from the date of waste collection.



**The Hazardous Waste Regulations (2005)**  
CONSIGNMENT NOTE

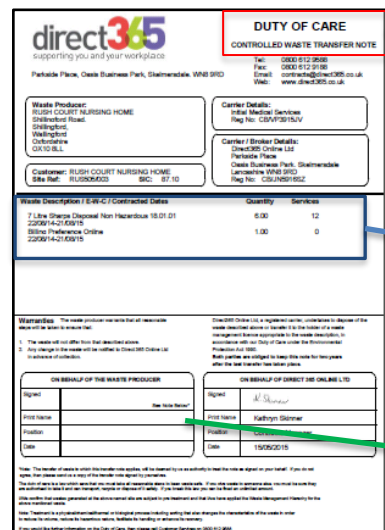
**Description of waste**  
60 litre Plastic drum – 160604 Alkaline batteries

**Consignor's Certificate**  
Home representative to sign here

**Waste transfer notes** – these are required for non hazardous waste.

An annual transfer note is used to cover regular movements of non-hazardous waste.

Theses should be retained for 3 years from last date they cover.



**DUTY OF CARE**  
CONTROLLED WASTE TRANSFER NOTE

**Description / Valid duration**  
7 litre Sharps Disposal Non Hazardous 180101  
01/04/2017 – 31/03/2018

**General Manager to sign here**

## 16. Associated documents

- RAG 26 Handling of clinical waste
- RAG 31 Housekeeping

## 17. A Summary of the main points

Check that:

- All waste is being segregated, stored and disposed of correctly.
- Records of disposal are kept for 3 years.

## 18. Document history

Author	Steve Andrews (Health & Safety Manager)
Date of Implementation	16/11/2017
Date of next full review	01/01/2027

Issue	Date	Author	Reason
1.0	16/11/2017	Steve Andrews	New document
2.0	15/01/2018	Steve Andrews	Full review – no changes
3.0	13/01/2021	Steve Andrews	Full document review – updated Pre – acceptance audit details.
4.0	30/01/2024	Steve Andrews	Full document review – added section 16 – Associated documents. Added definition of food waste.
4.0	24/02/2024	Steve Andrews	Banner updated, no other changes, issue number kept same.