



## **Adult Social Care**

# **Waste Management Practice Guidance**

**Version 2**

Version: 2 FOI Status: Public	Derbyshire County Council – Adult Social Care Waste Management Practice Guidance	Originally Issued: March 2022 V2 Issued: August 2023 Review Due: August 2025 Author: Quality and Compliance
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If you would like to make any comments, amendments, additions etc please email [ASCH.adultcare.policy@derbyshire.gov.uk](mailto:ASCH.adultcare.policy@derbyshire.gov.uk)

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**1. Aim**

The effective and safe management of waste is an essential part of ensuring a high-quality service is provided to all residents and services users within social care settings.

Waste is defined as anything which is no longer wanted or used. Where waste is produced there is a legal duty to dispose of the waste in accordance with regulations.

This document sets out how this will be achieved, defining the responsibilities of waste producers, the systems and processes that need to be adhered to, and details of arrangements in place to assist with the appropriate disposal of specific categories of waste.

The information in this document relates to residential settings where Derbyshire County Council (DCC) is defined as the waste producer.

**1.2 Regulations**

There are a range of regulations that apply to the safe disposal and processing of different types of waste.

[HTM 07-01 Management and Disposal of Healthcare Waste](#) outlines the best practice for waste management and ways to improve the environmental impact of managing waste.

Specifically, within social care settings, it is a legal requirement under the [Environmental Protection Act 1990](#) that waste must be managed safely, appropriately, and responsibly.

Regulation 12 and 15 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) both set out requirements.

Regulation 12, Safe Care and Treatment includes a requirement for service providers to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.

Regulation 15, Premises and Equipment, includes a requirement for premises and equipment to be “clean” and for providers to maintain standards of hygiene appropriate for the purposes for which they are being used.

Care Quality Commission (CQC) have issued [regulations and guidance for service providers and managers/](#)

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### 1.3 Training

Managers are responsible for ensuring their employees are properly trained to deal with waste effectively and to segregate waste correctly into its respective streams.

Employees who are required to handle infectious or hazardous waste should be adequately trained in safe handling procedures, correct methods of lifting and dealing with accidental spillages, or other incidents involving waste.

Information and advice should be provided in each area where waste is produced, demonstrating the correct bags or containers to use, and reminding employees of safe disposal practice. Information should be provided covering action to be taken in the event of an accident.

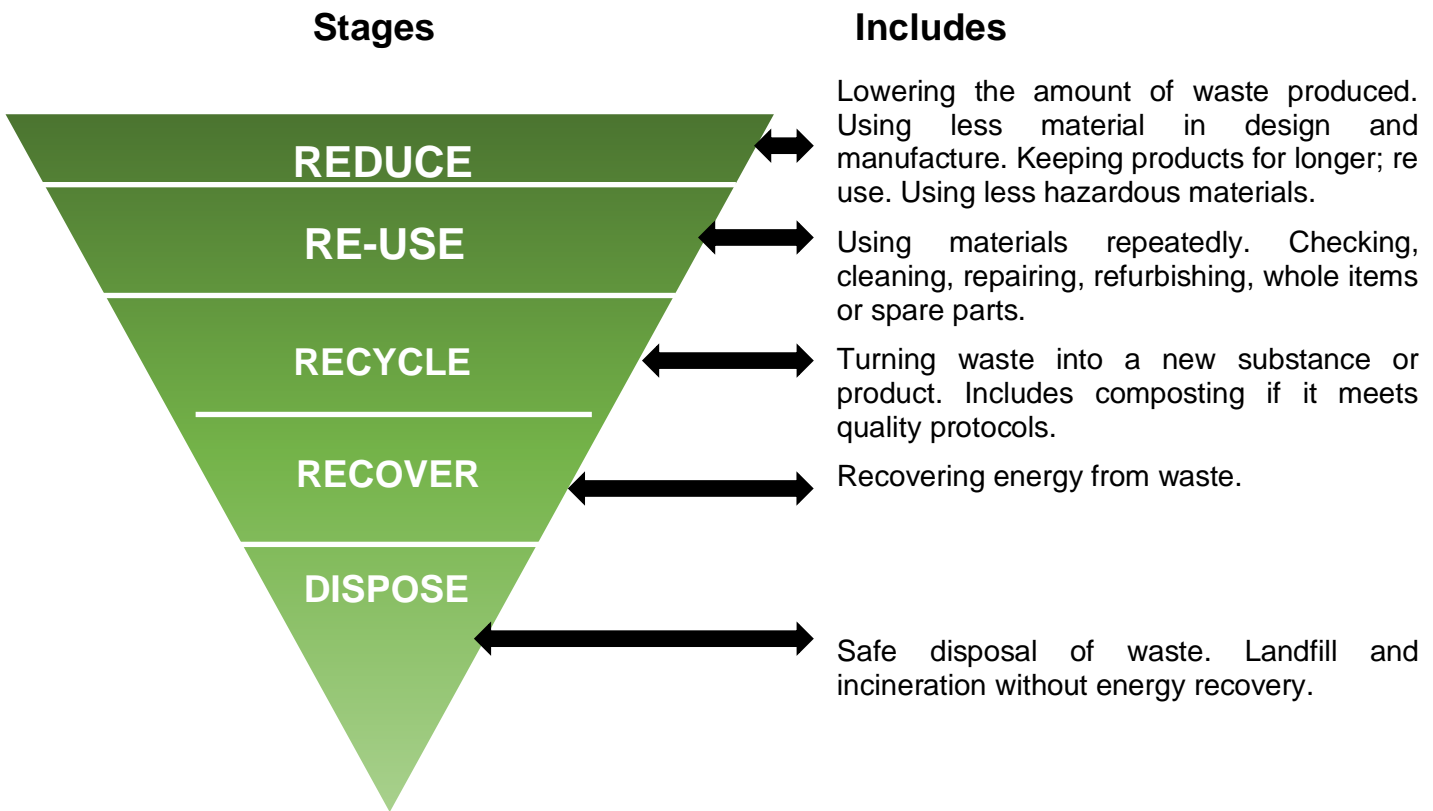
## 2. Part 1 - Waste Hierarchy

Waste hierarchy is a concept for managing waste that gives top priority to preventing waste in the first place. When waste is created, it gives priority to preparing it for re-use, then recycling, then other recovery such as energy recovery, and last of all disposal (for example landfill). The waste hierarchy is legally enforced.

All wastes are subject to the waste hierarchy, and this must be reflected in disposal practices.

The waste hierarchy best practice suggests waste segregation and disposal in such a manner that the adverse environmental impact is kept to a minimum, as indicated below.

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## 2.1 Waste streams

There are different types of waste divided into several categories.

Typically, within social care settings waste will fall into the following categories:

- general waste – cannot be recycled or reused
- reuse – items no longer needed, but could be used by someone else can be offered for re-use
- recyclable waste – can be recycled or reused
- offensive waste – hygiene or healthcare waste not known to be infected
- infectious waste – hygiene, healthcare or personal protective equipment (PPE) waste where there is a known infection
- sharps waste – such as used syringe needles (disposed of by the healthcare provider)
- pharmaceutical waste – medicines and associate equipment (please see medication and health related activities policy)
- electrical waste – batteries and equipment that is no longer useful
- food waste – cooked and uncooked food not consumed (please see catering policy for details on disposal of food waste)

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Managers must ensure waste is separated into its categories, stored, and disposed of appropriately to comply with legal requirements applicable to the waste stream.

## 2.2 Waste segregation

Regulations require organisations to segregate their waste into colour coded bags or containers relevant to the type of waste.

In residential care homes this segregation is essential to ensure legislation is complied with, to ensure waste is managed effectively, and to ensure costs for waste disposal are kept to a minimum.

Colour coding should always be checked with the waste disposal provider.

## 3. Part 2 - Setting Specific Requirements

Residential care homes must follow the segregation requirement set out below. Waste must be assessed at the time of production by the employee and segregated accordingly.

**Black bag** – domestic waste is waste that is not hazardous, not offensive, not clinical, not electrical and cannot be recycled or reused. This includes items which **DO NOT** contain potentially infectious materials, sharps or medicinal products, e.g. paper towels from handwashing, packaging.

**Recycling containers** – domestic waste that can be recycled such as glass, plastic, paper and other recyclable waste.

**Black and yellow stripe bag (tiger bag)** – offensive or hygiene waste. This includes items contaminated with urine, faeces, vomit, sputum, pus, or wound exudate, from residents **with no risk of, known or suspected infection**. Items may include PPE, continence pads, urine bags, single use items, single use bowls, dressings, feminine hygiene, nappies, and any other items assessed to be non-infectious.

**Orange bag** – infectious or clinical waste that is known to be contaminated, including items contaminated with body fluids (urine, faeces, vomit, sputum, pus, or wound exudate from a **known, suspected or at risk of infection source**. Items may include PPE, continence pads, urine bags, single use items, single use bowls & dressings. **Unless properly managed and handled infectious waste can cause an environmental health hazard through spreading infection.**

Please ensure that the public health segregation of waste poster is displayed in suitable locations for staff to see and refer to.

### 3.1 Other waste produced in the home

There are various other waste streams produced in the homes:

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- **food waste** – see the catering procedures manual
- **medication waste** – see the [Care Homes Medication and Health Related Activities Policy](#)
- **furniture waste** to be disposed of in a skip, these can be ordered through order point - no waste of this kind should be left outside overnight awaiting collection
- **electrical equipment waste** to be disposed of in a skip, these can be ordered through order point - no waste of this kind should be left outside overnight awaiting collection
- **used light bulbs** – should be taken away by the worker changing them

Furniture, mattresses, and other waste should not be taken to the local household waste recycling centre, as that is only for collection of waste and recycling from individual domestic homes, not residential facilities.

### 3.2 Management responsibilities

Managers must ensure that:

- staff who are responsible for segregating waste are appropriately trained and have appropriate health and safety guidance and PPE
- adequate supplies of containers and bags appropriate to the nature of the waste are available
- employees do not put clinical or offensive waste into black bags intended for general waste

Colour of Bag/Receptacle	Type of Waste	Disposal Method
 Yellow	Anatomical clinical infectious waste which requires disposal by incineration	Hazardous waste — to be collected by a licensed waste handler and incinerated in a suitably permitted or licensed facility
 Orange	Waste which may need to be “treated” — infectious waste and potentially infectious waste known to contain pathogens	Hazardous waste — to be collected by a licensed waste handler and “rendered safe” or incinerated in a suitably permitted or licensed facility
 Purple	Cytotoxic and cytostatic waste	Hazardous waste — to be collected by a licensed waste handler and incinerated in a suitably permitted or licensed facility
 Black/ yellow stripes	Offensive/hygiene waste	To be collected by a suitable waste handler and disposed of in a suitably permitted or licensed landfill site
 Black	Domestic (municipal) waste	To be disposed of in a suitably permitted or licensed landfill site
 White	Amalgam waste	For recovery
Recycling Containers	Various colours	Recycling wastes such as glass, plastic, paper, etc

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- sharps are not discarded in plastic bags but in purpose-built sharps containers
- different colours of bags are not stored or transported together — this applies from the point of disposal onwards. Where offensive or other waste has come into contact with infectious/hazardous waste, all waste must be treated as hazardous.
- waste bags are no more than three-quarters full and are securely fastened when put out for disposal
- filled waste bags are stored safely, in clearly identifiable containers, and out of reach of pests or the public, at all times throughout the disposal chain
- offensive and clinical waste is removed from the premises by a licensed waste handler at regular intervals

## 4. Storage and Handling

### 4.1 Internal waste bins

Clinical and general domestic waste bins in clinical areas must be of foot operated lid type and have a removable body for ease of cleaning.

### 4.2 Waste bin locations and local waste storage

The location of waste bins and site for storage of waste awaiting collection should be determined by managers. Waste storage at residential care homes must be in secure areas and away from public access; where this may prove difficult the waste must be stored in lockable waste containers. Clinical waste streams must be kept segregated from production point to disposal point prior to removal from site by the contractor.

### 4.3 External waste bins, skips and bulk waste containers

All external waste containers should be kept in a waste compound, where such facility is available. Where this is not possible containers should be kept in a designated waste collection area, out of public access. Hazardous waste bins should be secured to prevent unauthorised removal from site and kept locked at all times. Damaged locking mechanism or damaged containers should be reported to the waste collecting contractor by placing a 'damaged bin' label on the bin.

Any skip left onsite overnight must be 10 meters away from the building and have a lockable lid.



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## 5. Waste Spillage Management

(See DCC [Infection Prevention & Control Policy – Safe management of blood and body fluids](#)).

A safe system of work must be employed in waste spillage management i.e. knowledge of the origin of the waste, assessment of risks, provision of appropriate spillage kit and PPE. A basic three-point rule should be adopted.

### ‘Stop, Contain and Report’

Spillage kit – each site where waste is routinely produced, stored and handled must have appropriate waste spillage kits available to manage spillage. It is the responsibility of the appropriate manager to identify location and type of spillage kit.

**Domestic waste spillage** (bagged waste) – clean up with a dustpan and brush and place in a fresh bag.

**Offensive waste spillage** (tiger bag bagged waste) - a body fluid spillage kit should be used, following the manufacturer’s instructions and within expiry date. These can be ordered through Orderpoint.

**Infectious waste spillage** (orange and yellow bagged waste and yellow sharps containers) – an appropriate spillage kit shall be used. The spillage contents and any associated contaminated items shall be placed into the same category of waste bag/container, sealed and labelled appropriately.

**Cytotoxic, cytostatic and hazardous hormonal sharps containers** – an appropriate spillage kit shall be required. Medicine spillage through breakage etc. the items and area in close proximity shall be enclosed. Gloves, apron, safety goggles should be worn prior to absorbing liquid using suitable absorbent material. **Contents of spillage including broken glass etc. together with contaminated PPE shall be placed into purple lidded yellow rigid container** which shall be appropriately labelled and sealed prior to disposal with clinical hazardous waste stream.

**Nonclinical hazardous waste spillages** – the waste spillages shall be managed in conjunction with the department’s general spillage procedures, see Domestic Handbook.

## 6. Relevant Policies

This policy is to be read in conjunction with:

- [Infection Prevention and Control Policy](#)
- [Domestic and Cleaning Policy](#)
- [Care Homes Medication and Health Related Activities Policy](#)

