

Management of hygiene waste produced as a result of personal care

Background

The provision of 'personal care' is carried out in a number of settings such as care homes, day centres, nurseries, sheltered housing and housing support. Such activities produce varying quantities of 'hygiene waste' such as nappies, incontinence products and feminine hygiene products.

This guidance has been produced in co-operation with the Care Inspectorate and provides guidance on the management and disposal of hygiene waste as a result of personal care.

What is hygiene waste?

Hygiene waste can be defined as 'waste that is produced from human or animal hygiene activities that:

- may cause offence due to the presence of recognisable healthcare waste items or body fluids;
- does not meet the definition of an infectious waste;
- does not possess any hazardous properties;
- is not identified by the producer, or holder, as needing disinfection, or any other treatment, to reduce the number of microorganisms present.'

In general, hygiene waste will include:

- sanitary towels and tampons;
- panty liners;
- feminine wipes;
- incontinence products and nappies;
- catheter and stoma bags;
- animal faeces and animal bedding etc.

Please note: The term hygiene waste has all but replaced the historical terms 'SANPRO' and 'Group E' wastes. Hygiene waste is also commonly referred to as 'offensive' waste and both terms are interchangeable for the purposes of this guidance.

When is hygiene waste infectious or hazardous?

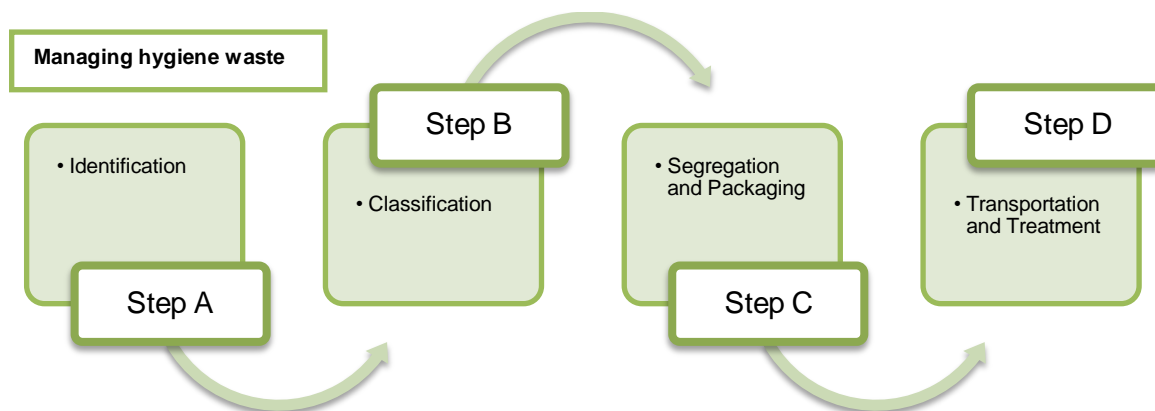
It is generally assumed that hygiene waste won't be infectious or hazardous.

Where 'client' knowledge or diagnosis by a medical practitioner suggests that there is a possibility of infection, such as the gastrointestinal infection *E-coli*, you should undertake a risk assessment to enable a proper classification of the waste.

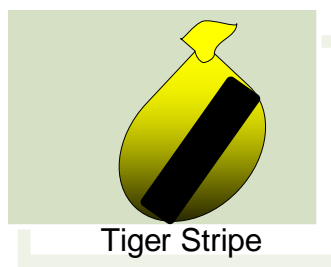
Where the assessment proves that there is a risk of infection, the waste should be classified as hazardous and segregated from non-infectious hygiene waste.

How should I manage my hygiene waste?

The correct identification, classification and segregation of hygiene waste will assist you to improve their environmental performance, achieve regulatory compliance and implement a more economically beneficial waste management system, ultimately helping them identify the most appropriate treatment option. This process can be divided into four key steps:



Historically, yellow/black bags or ‘tiger stripe’ bags have been used for segregated hygiene waste. However, in certain circumstances, irregular production or small quantities of hygiene waste can be disposed of in the municipal waste stream, usually in black bags.



How do I identify my waste?

Hygiene waste will not, in most cases, be infectious or hazardous. It is therefore important for you to be able to make an informed decision as to how best to manage your waste. The first step in this process is to identify the waste stream. This is usually done by completing a risk assessment. The risk assessment process can be lengthy and complicated.

In essence, any risk assessment for hygiene waste is concerned with quantifying the infectious and hazardous properties of the waste. Below are some key points that could help in this assessment:

Identification

Identification	Does the waste stream include any of the following: sharps, human/animal body parts, organs or blood products; pet carcasses, waste chemicals or medicinal waste containing pharmaceutically active substances?	
	If any of the above wastes are present the waste cannot be considered to be hygiene waste.	If none of the wastes are present, classify and treat the waste as hygiene waste

Identification (cont.)	Do you have any reason to believe that the waste poses a risk of infection? For example advice or diagnosis, staff member or medical practitioner, suggesting suspicion of a gastrointestinal infection such as e-coli?	
	If yes , classify and treat the waste as infectious waste	If no , classify and treat the waste as hygiene waste

How do I classify and store my waste?

Once a hygiene waste stream has been identified, the next role for you is to classify the waste.

EWC Classification	Your waste contractor can assist you in choosing the most appropriate classification or EWC code for your waste. However, if you are satisfied that the waste is not infectious or hazardous due to the presence of chemicals or medicines (see previous section) then the waste should be coded as follows:	
	20 01 99 – where source segregated.	20 03 01 – where mixed with the black bag or domestic waste stream.

How should my waste be segregated and packaged for transportation?

Once the hygiene waste stream has been identified and classified it has to be treated and disposed of. The first step in this process is to segregate and store the waste properly with the next step packaging the waste, appropriately, ready for transportation:

Segregation and packaging	Where produced in large or significant volumes, hygiene waste should be segregated from other waste streams at source.
	Where produced in small quantities, hygiene waste can be mixed with the black bag or domestic waste stream.
	If mixed with the black bag or domestic waste stream, you should ensure that the waste is not compacted on site and that those involved with its management until final disposal are aware that the waste contains hygiene waste.
	There are no regulatory requirements in place that require the use of specialist bins or the service of waste contractors for hygiene waste.
	Dedicated containers are recommended where significant volumes of hygiene waste are produced.
	You should contact your waste contractor to agree in writing the most appropriate system for managing their hygiene waste.

How should my hygiene waste be treated and disposed of?

The production of hygiene waste is unavoidable, however, you should be aware of the waste hierarchy and minimise, re-use and recycle where possible. However, the current waste management infrastructure dictates that landfill is the most accessible form of treatment available to you.

Transportation and Treatment	Hygiene waste is not considered to be a 'dangerous good' and the requirements of the carriage and dangerous goods do not apply.
	In the UK, hygiene waste can be disposed of in landfill facilities or municipal waste incineration facilities.
	Landfill sites operate to strict waste acceptance guidelines and operating procedures with controls put in place to ensure that human contact with hygiene waste is minimised.
	The segregation of hygiene waste at source helps landfill operators deal with the waste effectively as the waste is easily identifiable and landfill operators can ensure that it is covered quickly, reducing odours, human exposure and the opportunity for scavengers to access the waste.

Significant volumes vs small quantities

It is reasonable to suggest that mixing small quantities of all types of hygiene waste with black bag waste is unlikely to impact on domestic/black bag uplift service provided. For example, where it is produced from a home visit or in a small sheltered housing unit, or from toilet facilities.

Please note that suitable provision must be made to collect hygiene waste within toilet facilities to prevent the waste being inappropriately disposed of to sewer, for example, a 'feminine hygiene' bin or container.

However, where produced in 'significant volumes', the offensive nature of hygiene waste can cause handling problems, more so when the waste is predominately incontinence pads and nappies, leading to the build-up of offensive odours and ultimately having a negative impact on the domestic/black bag uplift service. With this in mind, a dedicated uplift service may be required.

In general, the term 'significant volumes' is taken to mean, 'when the volume of hygiene waste produced' (if mixed with other waste streams such as black bag or domestic waste streams) 'has, or is likely, to have a major effect on the waste management services for that waste stream'.

However, in practice, applying the above definition and making a judgement as to when you are producing offensive waste in 'significant volumes' may prove difficult.

The UK Department of Health advises that a dedicated offensive waste service is required where offensive waste is generated in quantities of 7kg or more in any collection interval i.e. the black bag waste stream should not contain more than 7kg of offensive waste per uplift.

However, in practice, this option may be difficult to manage and implement, in some instances 7kg of offensive waste per uplift is not practical and could lead to the unnecessary implementation of a dedicated service in larger sites.

A number of factors will impact on the decision as to whether waste is being produced in significant or large volumes, for example, waste type, is it predominately absorbent products? These are likely to be heavier and be more of a manual handling risk and are likely to have a negative impact due to odour.

Producers are advised to speak to their waste contractor before the implementation of a source segregation programme. A dedicated service such as source segregation of offensive waste may not always be necessary due to local requirements or the service provider involved.

Prior to discussing their options with their service provider, producers are advised to carry out a general risk assessment (see Appendix 1) to ensure they can re-assure any service provider that the risk of a mixed collection is minimal.

Appendix 1 – Waste risk assessment

