

# Managing offensive/hygiene waste

## Introduction

1 This 'good practice' guidance was written in consultation and with the support of the Waste Industry Safety and Health Forum (WISH). It does not aim to be comprehensive but gives examples of good practice within the industry.

2 This guidance:

- sets out the principles of how to handle 'offensive/hygiene' wastes produced by healthcare (medical care) practices or healthcare workers in the community and those produced in the community from non-healthcare (personal care) sources. Offensive/hygiene wastes have the potential to cause ill health to workers handling them;
- sets out controls measures that can be taken to reduce the risk of ill health caused by offensive/hygiene wastes found in the municipal waste/recycling stream. It does not cover specialist treatment and pre-treatment of wastes;
- does not cover waste defined under environmental legislation as 'hazardous healthcare wastes that is hazardous from its infectious nature or its medicinal or chemical properties'. These wastes should be handled, transported, treated and disposed of as set out in guidance from the Environment Agency and the Department of Health;
- does not set out legal requirements but, if you adopt the practice and principles that it describes, you will have secured compliance with the law in most cases. It is aimed at managers, their supervisory staff, and safety professionals within the industry. Following the guidance set out in this document will help meet your duties under the Control of Substances Hazardous to Health Regulations 2002 and the Health and Safety at Work etc Act 1974.

## Who should read this guidance?

3 This guidance has been written for managers of waste management operations that may come into contact with offensive/hygiene wastes. These can include municipal and commercial waste collection, materials recovery facilities (MRFs), transfer stations, landfill and incinerators. It is also relevant to producers of offensive/hygiene waste such as hospitals, community healthcare workers, nursing homes and nurseries and also commercial or industrial premises.

## What is offensive/hygiene waste?

4 Offensive/hygiene waste (previously known as 'sanpro' or human hygiene waste) is 'not hazardous' or 'special waste' (in Scotland) under environmental legislation and not dangerous goods under transport legislation if:

- it is considered non-infectious;
- does not require specialist treatment or disposal.

5 Offensive/hygiene wastes are the product of a healthy population (not known to be infectious). However, when handled, there is a residual health risk, which should be assessed, and appropriate precautions should be implemented. In addition, the waste can be offensive in appearance and smell. Provided the waste is appropriately wrapped, properly handled and free from excess liquid, the risk of ill health is considered to be low.

6 These wastes can include:

- human and animal waste (faeces), incontinence pads, catheter and stoma bags, nappies, sanitary waste, nasal secretions, sputum, condoms, urine, vomit and soiled human bedding from a non-infectious source;
- medical/veterinary items of disposable equipment such as gowns, plaster casts etc;
- plasters (minor first aid or self care) generated by personal use;
- animal hygiene wastes (animal bedding, dog faeces etc);
- wastes from non-healthcare activities, for example wastes from body piercing or application of tattoos.

7 Healthcare waste generated from healthcare practices or produced by healthcare workers in the community should be considered infectious unless otherwise assessed by a healthcare practitioner.

8 Municipal waste from domestic first aid and self care – of a type that does not involve the need for a healthcare practitioner – is assumed to be non-infectious unless a healthcare practitioner indicates otherwise. This would include nappies and sanitary products.

9 Offensive/hygiene waste should only be processed by licensed facilities capable of safe handling and disposal.

10 Where waste management organisations have any doubt about the classification of materials collected they should consult the waste producers and, if necessary, refer to the Environment Agencies of Scotland (SEPA) and England and Wales (EA).

11 Guidance on the classification of healthcare waste can be found in the joint Environment Agencies hazardous waste guidance *WM2 hazardous waste: interpretation of the definition and classification of hazardous waste*<sup>1</sup> and the Department of Health Technical Memorandum 07-01 *Safe management of healthcare waste*.<sup>2</sup> The Environment Agency has also issued specific guidance on the segregation, separate collection and handling of offensive waste for landfill ([www.defra.gov.uk/environment/waste/legislation/duty.htm](http://www.defra.gov.uk/environment/waste/legislation/duty.htm)).<sup>3</sup>

### **What hazards are associated with offensive/hygiene waste?**

12 Offensive/hygiene waste has the potential to harm the health of those exposed to it. Typical effects can be:

- skin/eye infections (eg conjunctivitis);
- gastroenteritis (symptoms include stomach cramps, diarrhoea and vomiting).

## Who can come into contact with it?

13 Occupations (and others) that may be exposed to offensive/hygiene wastes include:

- collection workers/loaders;
- pickers hand sorting on picking lines/conveyor belts of materials recovery facilities (MRFs);
- maintenance engineers/employees working on conveyor belts of MRFs where waste is sorted or equipment used to shovel waste material onto conveyors;
- vulnerable members of the public (eg children or elderly people).

## Risk assessment

14 It is a legal requirement for employers to carry out a risk assessment of their specific activities to identify where control measures need to be put in place. Risk assessment should be used to carry out this process by:

- identifying the hazards;
- identifying those potentially at risk;
- assessing the risks from those hazards.

15 Where assessment shows that risk is not adequately controlled then steps should be taken to control the risk of injury and ill health. Control of risk should follow the hierarchy set out in the Control of Substances Hazardous to Health Regulations 2002, ie use of engineering controls, work processes and systems of work in preference to reliance on personal protective equipment. Vaccination, where appropriate, should also be considered as an additional control measure.

## Identification of potential hazards

16 Waste producers should ensure that hazardous/special waste (as defined by Hazardous Waste/Special Waste Regulations) and significant quantities of offensive/hygiene waste are securely contained and identified before they enter the waste management stream. The colour-coded segregation system outlined in the Department of Health's Health technical Memorandum 07-01: *Safe management of healthcare waste* (Chapter 7 refers),<sup>2</sup> is not mandatory but a best practice option to achieve standardisation throughout the UK.



*Yellow bag with black stripe (tiger bag) used for offensive/hygiene wastes*

17 Offensive/hygiene waste (yellow bag with black stripe) will require disposal at a suitably permitted or licensed landfill, incinerator or other permitted or licensed alternative treatment facility. This waste should not be compacted unless in

accordance with the conditions of an environmental permit/waste management licence. Where compaction is authorised the operator should have procedures in place to contain, minimise, and monitor potential bio-aerosol releases.

18 Liquid offensive/hygiene waste cannot be sent for disposal to landfill but should be disposed of through the normal sewage system.

19 Where wastes are not adequately identified then waste producers should be contacted and you may need to contact the Environment Agencies.

## **Control measures**

20 Producers of offensive/hygiene wastes should ensure that robust segregation of materials is practised. This will enable materials to be properly labelled, stored, transported and treated. Where waste management organisations find that these wastes are not properly segregated then producers should be notified and improvement sought.

21 Guidance for producers of other healthcare wastes is contained in the Department of Health guidance<sup>2</sup> and therefore outside the scope of this document.

22 Good communication is essential between producers and others in the waste management chain to ensure that it is handled and treated in a manner that will protect the environment, minimise material sent to landfill and ensure the health and safety of workers. Producers, clients and contractors may all have responsibilities to ensure the health and safety of their own employees and others. This should include:

- discussion with waste contractors or relevant local authority to identify the best way to manage this waste type on an individual site basis;
- operating separate/segregated collections for this waste type, and adopting the same colour-coded system used by hygiene waste producers to bag/box this waste.

## **Safe systems of work**

23 There should be clear procedures for the collection, transport, segregation and disposal of offensive/hygiene wastes. It is important that those generating the wastes (eg healthcare professionals or those operating commercial/industrial premises) are aware of the need for proper identification and handling of materials.

## **Collection/safe transport of offensive/hygiene wastes**

24 A safe system of work should include:

- bag/receptacle collection procedures and clear roles and responsibilities for all staff;
- collections frequent enough to ensure the storage capacity of the site is not exceeded;
- effective recording of the receipt and transfer of waste materials (this can help in the identification of poor segregation and labelling by producers and clients);
- handling of bags kept to a minimum and materials transferred, transported or handled to prevent rupturing of bags. Bags should not be manually compacted to increase capacity;
- collectors/loaders only removing bags that are clearly marked/labelled;

- arrangements for reporting spillages, inadequate or incorrect packaging and labelling of excessively heavy consignments – collectors/loaders need to know who to tell and how to contact them;
- a safe system for avoiding spillages during transportation. Placing bags within wheeled bins or other suitable rigid containers, or loading them directly into leakproof vehicles or containers, can reduce the risk of spillage. Spillages/leakage of wastes stored at the customer's site should be dealt with by site staff following their own organisation's clean-up procedures;
- provision of appropriate personal protective equipment;
- what to do in an emergency/sharps injury, as well as fire and first-aid procedures.

### **Lifting/handling**

25 Wheeled bins are preferable to bags as they can reduce the risk of manual handling and sharps injuries.

26 Bags should not be overfilled, eg be more than three-quarters full, and should be tied at the neck. Contents should be double bagged if there is a possibility of leakage.

27 Collectors/loaders should:

- handle offensive (and domestic) waste bags by the neck and should not drop, drag or throw bags;
- not accept or remove overfilled or leaking bags.

### **Storage and opening bags**

28 The following practices can help you store and open bags safely:

- Offensive/hygiene wastes should be stored in designated areas prior to treatment or disposal.
- Opening of bags should be avoided. Effective segregation at source will eliminate/reduce the need to open bags.
- Where bags have to be opened then mechanical aides or handled tools can reduce the risk of injury and contact with potentially harmful material.
- Have procedures for the handling and packaging of sharps and other contra-materials that have been incorrectly placed within the offensive/hygiene waste stream. This will include provision of dedicated/labelled receptacles, tools and personal protective equipment.

### **Picking lines not intended for handling offensive/hygiene wastes**

29 It is foreseeable that offensive/hygiene wastes may be encountered on picking lines of material recovery facilities (MRFs) handling general household and commercial wastes. This can expose workers to a risk to their health from offensive/hygiene waste either by direct or indirect contact. Simple control measures can reduce the risk of ill health:

- Picking lines should be adequately lit, properly designed and operated at speeds that enable pickers to safely remove materials.
- Unacceptable quantities of offensive/hygiene waste should be traced (where

possible) back to the waste producer to resolve waste classification and disposal issues.

- Have a system in place to deal with spills, seepage or contaminants if unexpected offensive/hygiene waste is identified on a picking belt. Safe removal could involve:
  - stopping the conveyor;
  - safely removing contaminants using appropriate equipment and depositing them in a designated container while wearing suitable protective gloves;
  - disinfecting/washing down the contaminated area;
  - recording the incident in accordance with your company procedures.
- Having a system in place to deal with any unexpected material that enters the material stream (eg clinical waste).

## **Equipment**

30 Provide appropriate equipment for each task such as litter-picking tongs, hand brushes, shovels and rigid containers (for the removal of sharps and other hazardous/infectious waste). It may be necessary to implement procedures for cleaning and disinfecting equipment (eg picking tongs).

## **Training and communication**

31 Ensure that all employees and managers understand the risks through proper instruction, training and supervision. All staff should be aware of the procedures to follow to minimise the risk of ill health and know what to do if unexpected hazardous waste is encountered. They should be able to recognise the different coloured containers and bags, know why the different waste types should be kept separate and know that offensive/hygiene waste should not be compacted on site (and why).

32 Awareness of the hazards and the need to exercise good personal hygiene should regularly be emphasised to staff. Encourage employees to keep vaccinations up to date (periodic reminders with pay notifications etc can help).

## **Personal hygiene**

33 The most common way that micro-organisms and other harmful substances enter the body is by:

- eating, drinking or wiping the face with contaminated hands or gloves;
- through cuts, scratches or penetrating wounds such as injuries from hypodermic needles;
- through the surfaces of the eyes, nose and mouth;
- by breathing them.

34 Good personal hygiene when handling hygiene wastes is crucial and will reduce the residual hazards that can lead to ill health. This is likely to include:

- a clearly defined personal hygiene regime for all employees. It is essential that employees wash their hands before eating, drinking, smoking or using the phone, taking medication, inserting contact lenses or before wearing gloves, using the toilet or after becoming contaminated with infected material. The Department of Health recommended good practice for hand washing is 'wet, soap, wash, rinse, dry';

- providing adequate hand washing facilities including mild soap. Avoid strong or abrasive cleansers that can cause irritant dermatitis;
- provision and use of appropriate protective clothing, especially gloves and safety boots. Select appropriate personal protective clothing for the job and ensure that employees use them;
- reporting any cases of ill health to the organisation's occupational health department. It is also important to ensure that if employees need to visit their doctor they let them know about their work activities.

## Vaccination

35 Where effective vaccines are available against micro-organisms to which employees may be exposed, then employers are required to make them available, free of charge, to employees. Employees should be informed of the benefits and drawbacks of both vaccination and non-vaccination. It is recommended that employers keep a vaccination record. Remember that although it is a useful additional measure, vaccination/inoculation is not a substitute for other control measures.

## Health surveillance

36 This may also be required for some workers. Your occupational health professional should be able to advise when surveillance is needed and how it should be implemented. Contact HSE's Infoline (0845 345 0055) for details or you can find further advice in *The Employment Medical Advisory Service and you*.<sup>4</sup>

## References

1 *WM2 hazardous waste: interpretation of the definition and classification of hazardous waste*: [www.environment-agency.gov.uk](http://www.environment-agency.gov.uk)

2 *Safe Management of Healthcare Waste*, Health Technical Memorandum 07-01 Department of Health:  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/  
PublicationsPolicyAndGuidance/DH\\_063274](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274)

3 'Waste legislation: Duty of care' DEFRA:  
[www.defra.gov.uk/environment/waste/legislation/duty.htm](http://www.defra.gov.uk/environment/waste/legislation/duty.htm)

4 *The Employment Medical Advisory Service and you* HSE5(rev1) HSE 2000  
Available online at: [www.hse.gov.uk/pubns/hse5.pdf](http://www.hse.gov.uk/pubns/hse5.pdf)

## Further reading

*Infection at work: Controlling the risks* The Advisory Committee on Dangerous Pathogens, HSE [www.hse.gov.uk/pubns/infection.pdf](http://www.hse.gov.uk/pubns/infection.pdf)

*Waste industry safety and health: Reducing the risks* Leaflet INDG359 HSE Books 2002 [www.hse.gov.uk/pubns/indg359.pdf](http://www.hse.gov.uk/pubns/indg359.pdf)

*Working with sewage: The health hazards - A guide for employees* Pocket card INDG197 HSE Books 1995 [www.hse.gov.uk/pubns/indg197.pdf](http://www.hse.gov.uk/pubns/indg197.pdf)

*Working with sewage: The health hazards - A guide for employers* Leaflet INDG198  
HSE Books 1995 [www.hse.gov.uk/pubns/indg198.pdf](http://www.hse.gov.uk/pubns/indg198.pdf)

*Stay clean – stay healthy: Looking after your health in the waste/recycling industry*  
Pocket card INDG415 HSE Books 2007 (single copy free or priced packs of 25  
ISBN 978 0 7176 6262 3) [www.hse.gov.uk/pubns/indg415.pdf](http://www.hse.gov.uk/pubns/indg415.pdf)

*Waste management: the duty of care - a code of practice* (DEFRA, 1996) see  
[www.defra.gov.uk/environment/waste/legislation/pdf/dutyofcare-summary.pdf](http://www.defra.gov.uk/environment/waste/legislation/pdf/dutyofcare-summary.pdf)

*Your waste – your responsibility: Factsheet on treating offensive or hygiene waste  
for landfill* Environment Agency  
[www.environment-agency.gov.uk/commondata/acrobat/healthcare\\_pdf2\\_1918074.pdf](http://www.environment-agency.gov.uk/commondata/acrobat/healthcare_pdf2_1918074.pdf)

*Handling needles in the waste and recycling industry* has been produced in  
consultation with the Waste Industry Safety and Health Committee (WISH):  
[www.hse.gov.uk/pubns/waste19.pdf](http://www.hse.gov.uk/pubns/waste19.pdf)

## Useful links

Environment Agency (England and Wales): [www.environment-agency.gov.uk](http://www.environment-agency.gov.uk)

Scottish Environment Protection Agency: [www.sepa.org.uk](http://www.sepa.org.uk)

## Further information

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write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

**This document contains notes on good practice which are not compulsory  
but which you may find helpful in considering what you need to do.**

This document can be found at: [www.hse.gov.uk/pubns/waste22.pdf](http://www.hse.gov.uk/pubns/waste22.pdf).

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