WASTE MANAGEMENT PLAN

Universal Care

315 Bradford Road, Batley, WF17 6HY

7-Bedroom Supported/Assisted Living Accommodation with Self-Contained Kitchenettes

Including Medication Administration and Wound Care (no on-site injection administration by staff)

Document Owner: Registered Manager
Version 1.0 | Date: July 2026 | Next Review: July 2027

1. Purpose and Scope

This Waste Management Plan sets out how Universal Care, operating a 7-bedroom supported/assisted living service at 315 Bradford Road, Batley, WF17 6HY, identifies, segregates, stores, transports and disposes of all waste arising from its operations. It applies to all support workers, agency staff, contractors and volunteers, and covers waste generated through care delivery (medication administration and wound care) as well as day-to-day living, including the fact that each of the 7 flats has its own kitchenette where residents cook for themselves.

Staff at this service administer medication and provide wound care, but do not administer injections on site as part of the care package. This plan is scoped accordingly: it includes a full clinical waste route for wound care and medication waste, and makes light-touch provision for the rare case of a resident choosing to self-administer an injectable medicine (e.g. insulin) independently in their own flat.

2. Regulatory Framework

- Health Technical Memorandum 07-01: Safe Management of Healthcare Waste - the primary technical guidance for classifying, segregating, colour-coding, storing and disposing of clinical and offensive waste.
- Environmental Protection Act 1990 (Section 34 Duty of Care) - all waste must be stored safely and transferred only to authorised persons with appropriate documentation.
- Environmental Permitting (England and Wales) Regulations 2016 - clinical/infectious waste treatment, storage and transport must be carried out by permitted or exempt operators.
- Hazardous Waste (England and Wales) Regulations 2005 (as amended) - infectious clinical waste is classed as hazardous. Since 2016 most English premises no longer need to register with the Environment Agency, but consignment note record-keeping duties still apply.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - CQC Regulation 12 (safe care and treatment) and Regulation 15 (premises and equipment).
- RIDDOR 2013 - reporting of sharps injuries and certain waste-related incidents to the HSE.

Colour / Container	HTM 07-01 Category	Typical Contents	Disposal Route
Orange bag / orange-lidded bin	Infectious clinical waste (treatable)	Used wound dressings, contaminated PPE from wound care, contaminated medication administration waste	Alternative treatment (e.g. autoclave) by licensed clinical waste contractor
Yellow/black 'tiger stripe' bag or bin	Offensive/hygiene waste (non-infectious)	Non-infectious used dressings, incontinence products, disposable gloves/aprons not linked to a known infection	Licensed offensive waste contractor (landfill or waste-to-energy, not incineration)
Yellow sharps bin, orange lid	Medicinally contaminated sharps (occasional/resident self-use only)	Any lancets or self-administered injection needles a resident chooses to use independently (see Section 3.1)	Licensed clinical/sharps waste contractor
Black bag / black-lidded bin	General (household) waste	Kitchenette food packaging, general household-type waste from each flat	Local authority or commercial general waste contractor

Colour / Container	HTM 07-01 Category	Typical Contents	Disposal Route
Blue/clear recycling container	Mixed recycling	Paper, card, cans, plastic packaging from each kitchenette	Recycling contractor
Brown food waste caddy/bin	Food waste	Food scraps and plate waste from residents' own cooking	Food waste contractor or local authority food waste collection

- COSHH Regulations 2002 and Health and Safety at Work etc. Act 1974 - underpin risk assessment, PPE and safe handling.
- UK GDPR / Data Protection Act 2018 - governs disposal of confidential resident records (care plans, MAR charts).
- WEEE Regulations 2013 - governs disposal of electrical/electronic equipment.
- Kirklees Council environmental health and waste collection requirements - local trade waste and food waste collection arrangements should be confirmed with the council, as Batley falls under Kirklees Council.

3. Waste Colour Coding (HTM 07-01)

The following national colour-coding scheme is used so that staff, contractors and inspectors can identify waste streams correctly at a glance.

Waste Stream	Examples	Container	Storage Location	Collection
Infectious clinical waste (wound care/medication)	Used wound dressings, contaminated gloves/aprons, medication administration waste	Orange bag, rigid orange-lidded bin for storage	Locked clinical waste cupboard (staff office/clinical room)	Licensed clinical waste contractor, minimum weekly or sooner if store is full
Offensive/hygiene waste	Non-infectious dressings, incontinence products	Tiger-stripe bag, rigid bin	Locked clinical waste cupboard, then external store	Licensed offensive waste contractor, weekly
Sharps (resident self-administered only)	Lancets, insulin pen needles a resident uses independently in their own flat	Yellow sharps bin, orange lid (BS 7320/UN3291), issued per resident if needed	Resident's own flat initially, then locked clinical cupboard	Licensed clinical/sharps waste contractor, on routine schedule, always before 3-month limit
Medicinal waste (staff-administered)	Expired or unused medicines administered/managed by staff	Sealed pharmacy returns bag/box	Locked medicines trolley/cabinet	Returned to supplying community pharmacy, or via clinical waste contractor if pharmacy cannot accept
General waste (per kitchenette flat)	Food packaging, general household waste from each of the 7 flats	Black bag/bin per flat, transferred to communal external bins	Each flat, then external bin store	Local authority/commercial contractor, weekly
Mixed recycling (per kitchenette flat)	Paper, card, cans, plastic bottles from each flat's own cooking	Blue/clear recycling container per flat, transferred to communal bins	Each flat, then external bin store	Recycling contractor, weekly
Food waste (per kitchenette flat)	Food scraps and plate waste from residents' own cooking	Small caddy per flat with compostable liner,	Each flat, then external store	Food waste contractor, weekly

Waste Stream	Examples	Container	Storage Location	Collection
		transferred to communal caddy		
Confidential waste	Care plans, MAR sheets, rotas with personal data	Locked confidential console/sack	Staff office	Confidential shredding contractor, monthly or on demand
WEEE / batteries	Broken equipment, hearing aid batteries, IT kit	Designated WEEE box, battery tub	Maintenance store/office	WEEE-registered contractor or retailer take-back

3.1 Self-Administered Injections

Note: Universal Care staff do not administer injections as part of this service. However, some residents may independently self-administer an injectable medicine (for example, insulin) as part of managing their own long-term condition. Where this is the case, a small sharps bin is provided to that resident's flat, and staff support the resident to store and hand over the closed bin safely - staff do not handle loose or open sharps as this falls outside the injection-free scope of the service. If a resident's needs change such that staff would need to administer injections, this plan and the service's care packages must be reviewed before that support begins.

4. Waste Streams, Containers and Storage

The table below maps each waste stream arising in this service to its container, storage point and collection route. Because each flat has its own kitchenette and residents cook for themselves, general, recycling and food waste are generated at flat level before being transferred to communal external bins.

5. Storage Requirements

5.1 Within Each Flat

- Each flat is provided with a general waste bin, a recycling container and a small food waste caddy for the resident's own use, sized to the flat's kitchenette.
- Residents are supported, where needed, to segregate food waste, recycling and general waste correctly, and to know which day communal bins are emptied.
- Where a resident self-administers an injectable medicine, their flat holds a small sharps bin (see Section 3.1), kept out of reach of other residents and visitors where there are any mental capacity or safeguarding considerations.

5.2 Internal Communal Storage

- A locked clinical waste cupboard (separate from any resident-accessible area) is used to hold orange bags/bins, offensive waste bins and any collected sharps bins between generation and transfer to external storage.
- Medicines administered or managed by staff are stored in a locked, temperature-monitored cabinet in line with Universal Care's medicines policy; waste medicines awaiting return/destruction are kept separately from in-use stock.

5.3 External Storage

- A dedicated, lockable external clinical waste store is used, separate from the general waste, recycling and food waste bins used by residents, sited away from windows and fire exits.
- Clinical waste is not stored for longer than HTM 07-01 recommended limits (typically no more than 7 days in ambient conditions) before collection.
- Communal general waste, recycling and food waste bins are sized for 7 households and collected in line with the local authority/contractor schedule, with capacity reviewed if this proves insufficient.

6. Handling, Packaging, Transport and PPE

- Staff providing wound care use gloves and, where there is a splash risk, a disposable apron; used dressings and contaminated PPE go directly into the orange clinical waste bag at the point of care.
- Any sharps handed over by a resident are placed straight into the sharps bin by the resident themselves wherever possible; staff do not decant, empty or re-sort sharps containers.
- Clinical waste bags/bins are sealed using the integral tie, labelled with the service name and date, and never filled beyond three-quarters full.
- A spill kit appropriate for bodily fluids is available to staff; any spill is dealt with immediately per the infection control procedure and logged.

7. Collection, Disposal and Documentation

- Clinical/hazardous waste (orange bag/offensive/sharps) is collected only by a contractor holding the appropriate environmental permit or exemption.
- Each clinical waste consignment is accompanied by a Consignment Note (for hazardous waste) or Waste Transfer Note (for offensive, non-hazardous waste) retained for the statutory minimum period (three years for consignment notes, two years for transfer notes).
- General waste, recycling and food waste collections are arranged either directly with Kirklees Council trade waste services or a private commercial contractor, with Waste Transfer Notes retained for at least two years.
- Confidential waste destruction certificates are obtained and filed after each shredding collection.

8. Medicines Waste

- Expired or unwanted medicines administered or managed by staff are returned to the supplying community pharmacy wherever possible, in line with Universal Care's medicines management policy.
- Where a resident self-manages their own medicines, they are supported and encouraged to return unused or expired medicines to their own pharmacy; staff record this support in the resident's care notes.
- Any controlled drugs held on behalf of a resident are managed, recorded and disposed of in line with Universal Care's controlled drugs policy.

9. Roles and Responsibilities

Role	Responsibilities	Frequency
Registered Manager (Universal Care)	Overall accountability for compliance with CQC, environmental and health & safety law; approves clinical waste contractor; annual plan review	Annual review; ad hoc
Team Leader / Senior Support Worker	Day-to-day oversight of segregation, clinical cupboard management, contractor liaison, transfer note/consignment note filing	Weekly
Support Workers administering medication or wound care	Correct segregation at point of use; safe disposal into the correct clinical container; immediate reporting of spills or overflows	Every shift
Residents	Manage day-to-day kitchen/general waste and recycling within their own flat, with support as needed; store any self-administered sharps waste safely and hand sharps bins to staff for collection	Ongoing, with support as required

Role	Responsibilities	Frequency
Domestic/Housekeeping Staff	Transfer of communal general, recycling and food waste to external store; cleaning of communal bin areas	Daily/weekly as scheduled
External Clinical Waste Contractor	Licensed collection, transport and lawful treatment/disposal of clinical/offensive waste; provide transfer/consignment notes	Per contracted schedule

10. Staff Training

- All staff who administer medication or carry out wound care complete clinical waste segregation training as part of induction, before working unsupervised, and refresh this annually.
- Training covers: HTM 07-01 colour coding, PPE use, spill response, safe handling of a resident's self-administered sharps bin (without opening or decanting it), medicines disposal procedure, and confidentiality requirements for records.
- Training completion is recorded in each staff member's file and monitored by the Registered Manager.

11. Incident Management

- Any accidental sharps injury is treated as a first-aid emergency (encourage bleeding, wash with soap and water, cover) and reported immediately via the incident log; RIDDOR reporting and occupational health referral are actioned where the criteria are met.
- Spills of bodily fluids or clinical waste are contained and cleaned using the spill kit and logged, with root cause reviewed at the next team meeting.
- Any missed clinical waste collection, overflowing communal bin, or contractor non-conformance is escalated to the Team Leader immediately and to the Registered Manager if unresolved within 24 hours.

12. Records and Monitoring

- Consignment notes, waste transfer notes and carrier permits/registration are filed centrally and retained for the statutory minimum periods.
- A weekly clinical waste walk-round checks: clinical cupboard secure and within capacity, external clinical store secure and within time limits, PPE stock adequate, communal bins not overflowing.
- Waste volumes and incidents are summarised quarterly for the Registered Manager and fed into Universal Care's health and safety governance meetings.
- This plan is reviewed annually, or sooner if there is a change in the level of care provided (for example, if injection administration by staff is introduced), resident numbers, regulation, or contractor arrangements.

13. Sustainability

Within the constraints of safe clinical waste management, Universal Care applies the waste hierarchy to its non-clinical streams: supporting residents to reduce food waste from their own cooking, maximising recycling participation flat-by-flat, and choosing contractors who offer recycling or waste-to-energy recovery over landfill where possible. Clinical waste volumes are monitored to identify opportunities to correctly segregate non-infectious dressings into the offensive (tiger-stripe) stream rather than the orange clinical stream, reducing unnecessary incineration/treatment waste and cost.

14. Document Control

Version: 1.0 Owner: Registered Manager, Universal Care Date issued: July 2026 Next review due: July 2027