



## Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers,  
e.g. Podiatry)

# Safe disposal of waste, including sharps

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# SAFE DISPOSAL OF WASTE, INCLUDING SHARPS

## 1. Introduction

NHS England states that the guidance in the *National infection prevention and control manual (NIPCM) for England* should be applied by all NHS staff involved in patient care, complementing guidance for General Practice settings. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed General Practice specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

Waste is potentially hazardous and, if not disposed of correctly can result in injury or infection. The management of healthcare waste, including sharps, is an essential part of ensuring that General Practice activities do not pose a risk or potential risk of infection and are appropriately managed.

The *Health Technical Memorandum (HTM 07-01)* contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales, including waste classification, segregation, storage, packaging, transport, treatment and disposal.

*The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013* outline the regulatory requirements for employers and contractors in the healthcare sector in relation to the safe disposal of sharps.

Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SCIPs and TBPs Policy for General Practice'.

**When caring for patients in relation to any new or emerging infections, staff should refer to the latest infection prevention and control guidance.**

## 2. Responsibilities

All staff are responsible for the safe management and disposal of waste and should understand how waste should be segregated and stored prior to collection or disposal. This is driven by the need to reduce environmental impact, comply with waste regulations and other national guidance such as the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*, and reduce costs associated with waste management.

Staff in General Practice have a responsibility for ensuring that waste is dealt with appropriately from the point of generation to the point of final disposal. All staff should be

trained and aware of waste procedures. It remains the legal responsibility of the General Practice, not the waste contractor, to ensure full compliance with environmental waste regulations. Waste, including sharps, should be:

- Correctly segregated
- Appropriately labelled
- Packaged appropriately for transportation
- Stored safely and in a secure place away from areas of public access within the premises and there should be no build-up of waste receptacles
- Described accurately and fully on the accompanying documentation when removed from the premises
- Recorded and copies of the waste documentation retained, including record keeping
- Transferred to an authorised waste contractor for transport to an authorised waste disposal site
- Monitored, audited and the way in which waste arrangements work, should be reviewed

Contingency plans and emergency procedures should be in place in the event of contamination from waste.

Further information can be found in *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*.

### 3. Principles of waste management, including sharps

- All waste, including sharps, should be segregated correctly as per your local policy and in accordance with your waste contractor.
- When handling waste, appropriate personal protective equipment (PPE) should be worn, and hands cleaned after removing PPE.
- Always dispose of waste, including sharps, immediately and as close to the point of use as possible.
- All waste bags should be no more than 2/3 full and no more than the approved UN maximum weight shown on the bag or packaging. They should be securely tied using a plastic tie or secure knot using a swan neck to close.
- Waste bags should be labelled with the address and date prior to collection by the waste contractor (some waste contractors may undertake this) to ensure traceability if an incident occurs.
- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag.
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag.

- Waste bins in clinical areas and toilets should be lined and foot pedal operated with a lid. Always use the foot operated mechanism to open the lid to prevent hand contamination.
- Waste bins in other areas, e.g. office, should have a liner, but do not need to have a lid.
- Liquid waste is rendered safe by adding a polymer gel, compound or equivalent product, prior to placing into the appropriate lidded leak proof container.

### Sharps

- Sharps should be placed into the correct colour coded sharps container.
- Reusable sharps containers should be used if feasible.
- Sharps containers must be situated in a safe and secure place, not accessible to patients or visitors. (i.e. not be placed on the floor).
- In rooms or areas where sharps containers do not need to be moved, they should be wall-mounted near the point of use, i.e. where the sharp is used.
- Sharps containers should be manufactured to standard BS EN ISO 23907-1 (single use), BS EN ISO 23907-2 (reusable).
- The correct size of the sharps container to be used should be determined according to the volume and type of sharps generated.
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded when assembled.
- Sharps containers should not be used for any other purpose than the disposal of sharps, e.g. no packaging, wrappers, gauze.
- Sharps should be placed into the sharps container by the person using them.
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container.
- Always use the temporary closure mechanism on the sharps container when not in use.
- Sharps containers must **not** be filled above the 'fill line' as this could result in sharps protruding through the aperture.
- Sharps containers must be disposed of when the fill line has been reached. The previous NICE statement to dispose of sharps containers at '3 months' is no longer a requirement.
- The aperture must be 'locked' prior to disposal.
- Sharps containers must not be placed inside waste bags prior to disposal.
- Sharps containers must be dated and signed when locked and disposed of.
- Sharps containers issued by the General Practice should be returned to the Practice as per your local process for safe disposal. Do not accept loose sharps.

## 4. Assessing waste, including sharps, for segregation

### Definitions

**Clinical waste means waste from a healthcare activity that:**

- Contains viable microorganisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms. For example, if a patient is confirmed or suspected to be infected or colonised by an infectious agent. Clinical judgement should be applied in the assessment of waste and should consider the infection status of a patient and the item of waste produced
- Is a sharp or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures, as amended from time to time

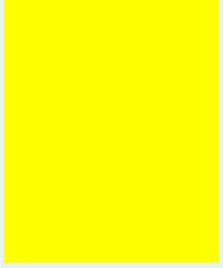
**Offensive waste is waste that:**

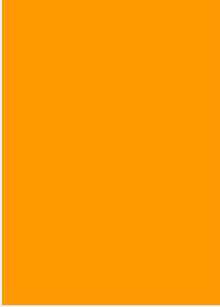
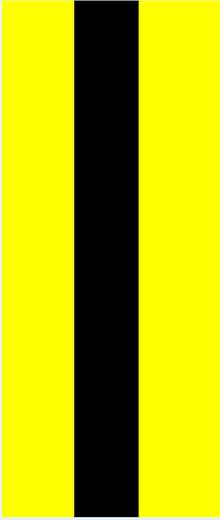
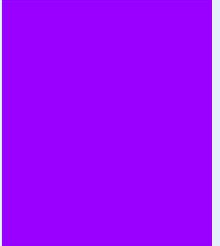
- Is not clinical waste
- Is not infectious, but may contain body fluids, secretions or excretions
- Is non-hazardous

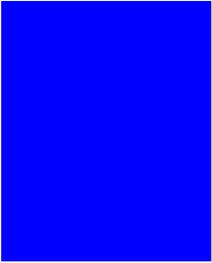
### Waste segregation

Waste, including sharps, should be assessed by the member of staff at the time it is produced and segregated in the correct colour waste stream identified below. Best practice is to have a waste stream guide poster.

Further information can be found in the *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*.

Waste stream guide for General Practice		
Colour	Description	Disposal type
<b>Waste contaminated with non-hazardous pharmaceuticals or chemicals</b>		
<b>Yellow bag or yellow lidded sharps container</b> 	Waste from a patient with a confirmed or suspected infection which poses a potential infection risk <b>and</b> there are also medicines or chemicals present. Examples are: <ul style="list-style-type: none"> <li>• Pharmaceutically contaminated sharps and syringe bodies</li> <li>• Contaminated dressings that contain active pharmaceutical properties</li> </ul> <b>Domestic and offensive waste must not be placed in this waste stream</b>	For incineration in a suitably permitted or licensed facility (must not be sent for alternative treatment)

Clinical waste from a patient with a confirmed or suspected infection which poses a potential infection risk		
<b>Orange bag or orange lidded sharps container</b> 	Waste from a patient with a confirmed or suspected infection. Examples are: <ul style="list-style-type: none"> <li>Contaminated PPE, e.g. gloves, aprons, facial protection</li> <li>Infectious dressings and swabs that do not contain active pharmaceutical properties</li> <li>Very small pieces of human tissue</li> <li>Used phlebotomy needles and syringe bodies contaminated with body fluids, but not medicines</li> </ul> <b>Domestic and offensive waste must not be placed in this waste stream</b>	Can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licensed facility
Offensive (non-infectious) waste from patients with no confirmed or suspected infection, which may be contaminated with body fluids		
<b>Yellow and black striped bag</b> 	Waste from patients with no confirmed or suspected infection, which may be contaminated with body fluids. Examples are: <ul style="list-style-type: none"> <li>Used non-infectious PPE, e.g. gloves, aprons, facial protection</li> <li>Uncontaminated dressings</li> <li>Non-infectious contaminated couch roll</li> <li>Stoma or catheter bags*</li> <li>Cardboard vomit/urine bowls*</li> <li>Incontinence pads</li> <li>Female hygiene waste, nappies</li> </ul> <i>*Note: Liquids, e.g. urine, faeces, vomit, should not be placed in this waste stream and may need to be discarded to foul sewer before containers are discarded.</i> <b>Mixing of waste is prohibited - offensive waste must be separated from the clinical waste stream.</b>	May be landfilled in a permitted or licensed waste facility
Cytotoxic or cytostatic medicine waste		
<b>Purple bag or purple lidded sharps container</b> 	Waste classified as hazardous consisting of, or contaminated with, cytotoxic and/or cytostatic medicines. Examples are: <ul style="list-style-type: none"> <li>Medicine containers with residues of cytotoxic or cytostatic medicines (bottles, infusion bags or syringe barrels)</li> <li>Items contaminated with cytotoxic or cytostatic medicines, e.g. swabs</li> <li>Used sharps from treatment using cytotoxic or cytostatic medicines</li> </ul>	Must be sent for incineration in a permitted or licensed waste facility

Medicinal waste classed as non-hazardous		
<b>Blue lidded sharps container</b> 	Waste classified as non-infectious, non-cytotoxic or non-cytostatic.  Examples are: <ul style="list-style-type: none"> <li>• Unused medicines in original packages</li> <li>• Part empty containers containing residues of medicines</li> <li>• Empty medicine bottles</li> </ul> <b>Medicines in aerosol form, e.g. betadine iodine, cryogenic sprays, asthma medication, must be segregated from other medicines, or their presence identified on the accompanying waste documentation.</b>	For incineration in a permitted or licensed waste facility
Domestic/municipal waste		
<b>Black bag</b> (clear or opaque bags may be used) 	Waste includes items normally found in household waste.  Examples are: <ul style="list-style-type: none"> <li>• Uncontaminated couch roll</li> <li>• Food waste</li> <li>• Paper towels from handwashing</li> </ul>	For landfill at a suitable permitted facility

Note: Colour waste streams may vary depending on waste contractors - check with your local contractor before implementing the above guidance.

## 5. Evidence of good practice

It is recommended that, for assurance purposes, 'Safe disposal of waste, including sharps' is audited. This can be achieved by completing the 'SICPs Assurance: Annual IPC Audit Tool for General Practice' available to download at [www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/](http://www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/).

Following completion of the audit, an 'Action plan' should be drawn up and implemented to demonstrate continuous improvement.

## 6. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 27 IPC Policy documents for General Practice

- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC assessment preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 7. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Health and Safety (2013) *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England (Updated 2023) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*