MARKIDES ASSOCIATES

Framework Operational Site Waste Management Plan

Former Mary Fielding Guild Care Home, Highgate

17 May 2024

Prepared for Highgate Care Ltd.

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Project Number: 23412
Doc Number: OSWMP

Rev	Issue Purpose	Author	Reviewed	Approved	Date
A	First Issue	SEC	DJT	DJT	17/05/2024

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1. Introduction

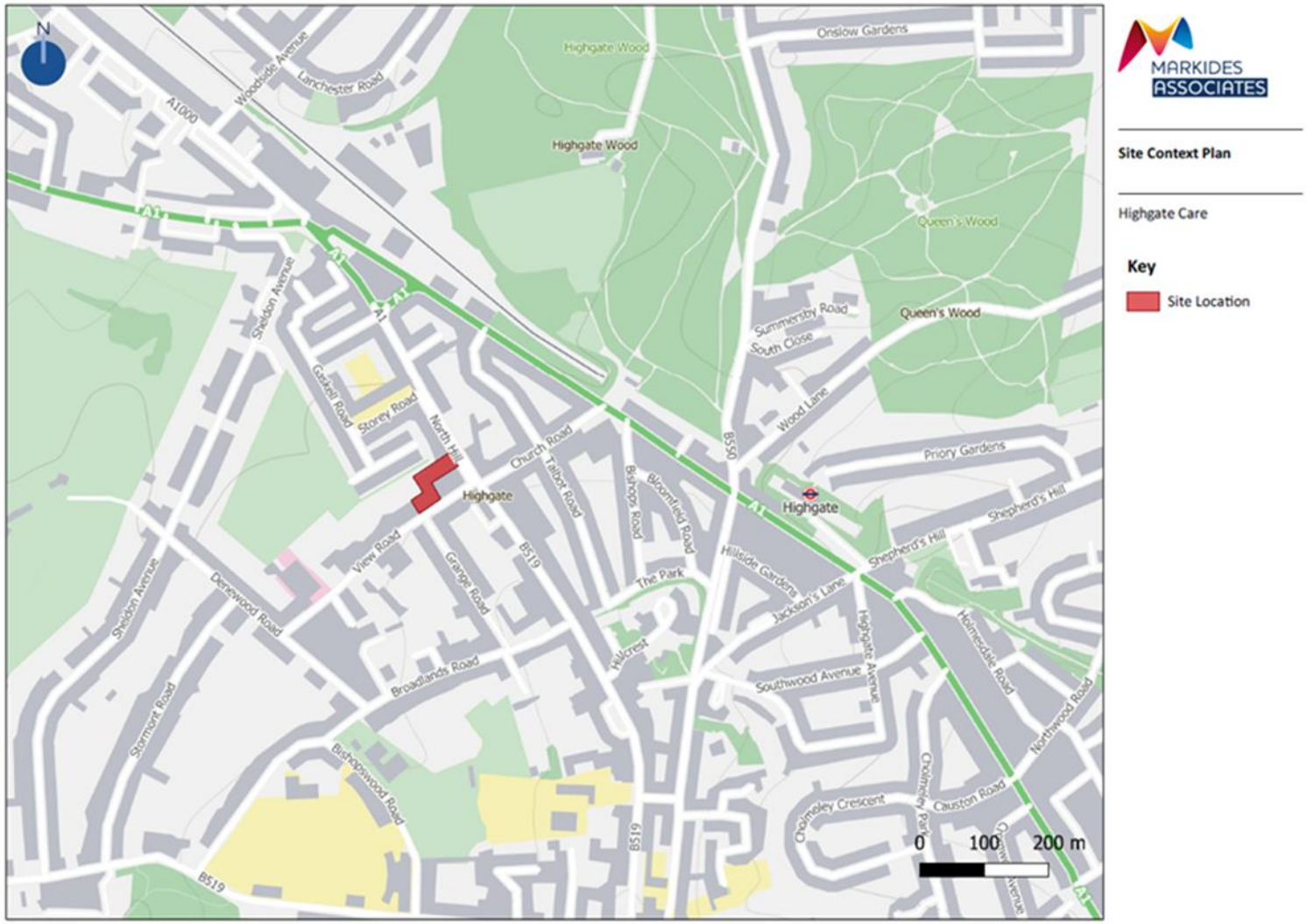
1.1 Purpose of the Report

1.1.1 Markides Associates has been instructed to prepare this Framework Operational Waste Management Plan on behalf of Highgate Care Limited ('the applicant') in relation to proposals for the demolition of existing buildings and redevelopment to provide a new care home which includes up to 50 bedrooms, a hydrotherapy pool, steam room, sauna, gym, treatment/medical rooms, 9 x residential flats, car and cycle parking, refuse/recycling storage, mechanical and electrical plant, landscaping, and associated works.

1.1.2 The development site is located at 103-107 North Hill, Highgate, London N6 4DP ('the site'). The care home was previously known as the Mary Feilding Guild Care Home and has now come under new management as the Highgate Care Home.

1.1.3 A site context plan is included as **Figure 1.1.**

Figure 1.1 Site Context Plan



1.1.4 As shown in the figure above, the site is some 550m west of Highgate London Overground station and to the south of the A1 in the London Borough of Haringey (LBH) who are the planning and highway authority.

1.2 Other Documents

1.2.1 In addition to this DSMP, the applicant has also prepared documents as follows:

- Transport Assessment (Ref: 23412-MA-RP-D-TA01)
- Framework Delivery and Servicing Management Plan (Ref: 23412-MA-RP-D-DSMP01)

1.3 Report Structure

1.3.1 The remainder of this report is structured as follows:

- **2.0 Proposed Development** – This section provides details of the proposals and proposed access arrangements; it also considers the relevant policy and level of overlap with circular economy considerations.
- **3.0 Site Users and Relevant Waste Streams** – sets out the details of the expected weekly waste arisings by land use and waste streams.
- **3.0 Proposed Waste Management Strategy** – sets out storage and collection processes and facilities for the site by land use.
- **5.0 Summary and Conclusion** – This section provides a summary of this report and concludes.

2. Proposed Development and Policy

2.1 Preamble

2.1.1 This section of the OWMP details the context of the site in terms of the Proposed Development, its surroundings, and access.

2.2 The Site

2.2.1 The proposed care home includes up to 50 post-surgical care bedrooms, a hydrotherapy pool, steam room, sauna, gym, treatment/medical rooms, and 9 x residential flats, car and cycle parking, refuse/recycling storage, mechanical and electrical plant, landscaping, and associated works. The proposed layouts are included as Error! Reference source not found..

2.2.2 The residential mix is as follows:

- 5 x 1-bed flats
- 3 x 2-bed flats
- 1 x 3-bed flat

2.2.3 Users of the site will be as follows:

Commercial Users:

Site employees – management, nurses, therapists and administration or general daily maintenance staff such as cleaners.

Site contractors – *ad hoc,* weekly, or less frequent contractors such as pool maintenance, plumbers, repair technicians, etc.

Short-stay Resident patients – transferred to and from the site by private ambulance and staying on-site following surgery to recuperate, and who will typically stay for 2 weeks.

Visitors – family and friends visiting resident patients during their stay, during defined visiting hours (e.g., pre-booked) outside of highway peak hours 08:00-09:00, 17:00-18:00 and high parking demand (15:00-16:00). Visitors will be encouraged to arrive by public transport or active modes. Visitors to the long-term elderly residents.

Wellness Centre Outpatients – Non-resident users of the wellness centre, who will have made a pre-booked appointment to visit to make use of the physiotherapy and hydrotherapy centre. These will be capped per day according to the turnover of appointment slots. Outpatients will include a range of patient types, not all of whom will have issues with lower body mobility and who are considered suitable for this type of outpatient service. For example, patients recovering from shoulder injuries. Blue badge holders will be permitted to book a parking space within the site and those arriving by car drop-off or taxi will be instructed to use the View Road entrance. There is through access from the View Road access to the Wellbeing Centre.

2.2.4 The users of the flats will be standard residents, their visitors and associated servicing and delivery movements.

2.3 Waste Policy

2.3.1 The national, regional, and local legislation that are relevant to the Proposed Development, in addition to waste policy and guidance at a local level, have been reviewed and a summary is given in Error! Reference source not found., including:

- The Waste (Circular Economy) (Amendment) Regulations 2020
- Waste Management, The Duty of Care Code of Practice (2020 update
- The Waste (England and Wales) Regulations 2011
- Environmental Protection Act 1990
- Ministry of Housing, Communities & Local Government (MHCLG), National Planning Policy Framework (2021)
- Department for Environment, Food and Rural Affairs (DEFRA), Our Waste, Our Resources: A Strategy for England (2018);
- Waste (England and Wales) Regulations 2011 & The UK Waste Hierarchy
- HM Government, A Green Future: Our 25 Year Plan to Improve the Environment (2018)
- Greater London Authority (GLA), The London Plan 2021 (March 2021) -
- GLA, London Environment Strategy (2018) -
- Haringey Local Plan Sustainable Design & Construction SPD Appendices March 2013

2.3.2 The site also comprises medical use, which will be subject to waste regulations as per the Health and Safety Executive Direction[1] and the associated Health Technical Memorandum 07-01: "Safe and sustainable management of healthcare waste" as updated 2023. These are summarised in **Table 2.1**.

[1] https://www.hse.gov.uk/healthservices/healthcare-waste.htm

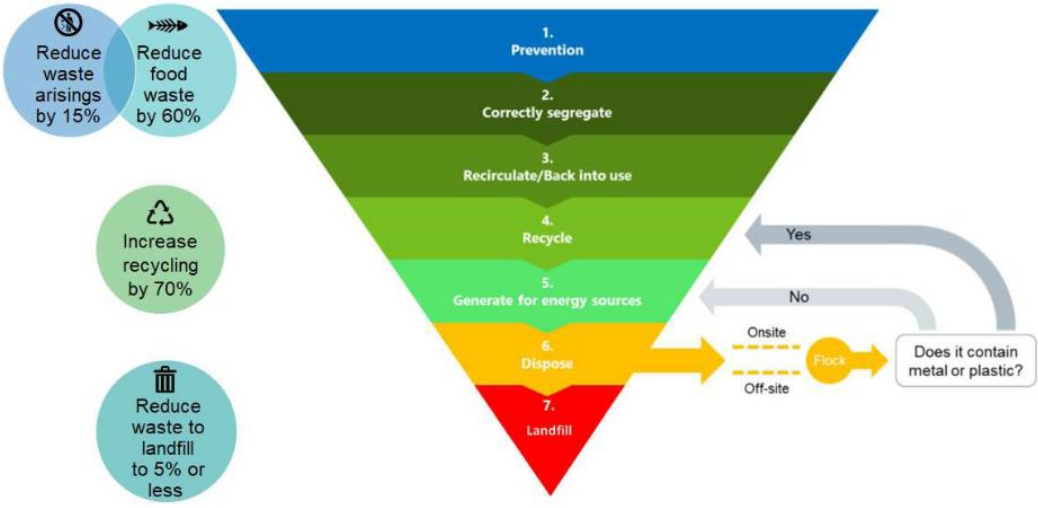
Table 2.1 UK Health Legislation relating to Waste and Control

Environment and Waste Policy	Drug and Infection Control Policy	Health And Safety	Transport & Packaging
The Environmental Protection Act and (Duty of Care) Regulations	The Misuse of Drugs (Safe Custody) Regulations	Radioactive Substances Act	The Hazardous Waste (England and Wales) Regulations
The Producer Responsibility Obligation (Packaging Waste) Regulations	The Animal By-Products Regulations	Waste Framework Directive	Regulation (EC) No 1272/2008 of the European Parliament and of the Council
The Waste (Circular Economy) Regulations	The Ionising Radiations Regulations (IRR)	The Controlled Waste (England and Wales) Regulations	The Waste (England and Wales) Regulations
Clean Neighbourhoods and Environment Act	The Ionising Radiation (Medical Exposure) Regulations (IR[ME]R)	The Environmental Permitting (England and Wales) Regulations	
	Health and Social Care Act: Code of practice on the prevention and control of infections and related guidance	Health and Safety (Sharp Instruments in Healthcare) Regulations	
	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	Health and Safety at Work etc. Act	
	The Management of Health and Safety at Work Regulations	COSHH Regulations	

2.4 Circular Economy Considerations

2.4.1 Once operational, waste will be managed in accordance with the waste hierarchy, as shown in **Figure 2.1** – this is also applicable to residential waste.

Figure 2.1 Waste Hierarchy



Source: Health Technical Memorandum 07-01

2.4.2 Principles to be carried forward within health care management of waste in particular include:

- good storage and stock rotation to use products prior to expiration
- going digital and changing practices to reduce the use of materials
- purchasing goods as a service can provide more robust, durable items, encouraging repair, remanufacture and disassembly for recycling at the end of life
- purchasing safer alternative products with no or fewer hazardous substances
- designing out waste by using effective dispensers that prevent taking more
- than required, for example for gloves and wipes
- sourcing products derived from recycled materials, including packaging
- inventory controls to reduce purchase of surplus products
- prioritising use of reusable products vs single-use products, such as swapping
- disposable cleaning wipes with use of handcloths
- procuring products and equipment with less packaging
- procuring alternatives to single-use items, where safe to do so
- use of equipment or processes that require fewer resources
- extending the life of equipment, through regular maintenance and care
- educating healthcare staff in the efficient use of products and materials, such as medical equipment, paper, food etc to prevent generating avoidable waste

2.4.3 The London Plan Policy SI 7 target will be targeted, which involves 65% of any municipal waste to be recycled by 2030.

2.4.4 Residential recycling rates are dictated by the collection authority; facilities have been designed in accordance with LBH requirements stated in their guidance. As recycling

performance increases, the waste storage can be adapted to reflect these changes and meet the relevant targets.

Operational Waste Reporting

2.4.5 The developer will be contractually responsible for all operational waste reporting for the Development.

2.4.6 This reporting will be based either on number of container lifts per waste stream, or collection weight data if available. Data requirements and reporting methods will be agreed with the relevant authorities once all elements are occupied.

Smart Logistics & Waste Minimisation

2.4.7 It is anticipated community-led waste minimising initiatives will be encouraged, such as charity partnership for the bulky 'waste' such as collection of useable furniture by charities for reuse. Information on site will be distributed via noticeboards and staff training on how to manage waste, reduce waste, recycling and its importance, and safe transport of different waste streams.

2.4.8 The post-surgical care home is expected to be in close liaison with local hospitals, and may therefore be able to feed into other community-led waste minimisation schemes such as 'goods as service'.

3. Site Users and Relevant Waste Streams

3.1 Preamble

3.1.1 This section of the report considers the site users and their waste generation.

3.2 The Development & Waste Streams

3.2.1 The development has been designed for mixed use.

Residential Waste

3.2.2 Residential waste is expected to comprise:

- Garden waste
- Recycling
- Residual Waste
- Food Waste

Health Care Waste

- **Domestic (municipal) waste.** This waste is similar to your household waste such as tea bags, newspapers, paper towels, and tissues but depending on the risk assessment this type of waste may also include used continence pads, and wound dressings from people who are not suspected or known to have infection. This type of waste will be collected in a black bag.
- **Hygiene waste.** This is waste that is produced from personal care which has been risk assessed as not infected but may be considered offensive. This would include sanitary products such as used continence pads, empty catheter bags and wound dressings. These items may be placed in a yellow bag with a black stripe often referred to as tiger bags or, depending on the local agreement between the care home and the waste contractor, a black bag may be appropriate.
- **Hazardous (special) waste** often referred to as clinical or infectious waste. This waste consists of items that are contaminated or likely to be contaminated with infected blood and body fluids; for example, during an outbreak of infection. An orange bag or yellow bag is used for this type of waste. Special arrangements are required for people receiving medication or treatment with chemotherapy or low-level radioactive tests. Local policy as to what colour bag or container is used for this type of waste will be complied with. Hazardous waste is defined in the Hazardous Waste Regulations, with the specific hazards defined and detailed in the Environment Agency's (2021a) Technical Guidance WM3: 'Guidance on the classification and assessment of waste'.

3.2.3 The greatest proportion of waste expected is domestic or general mixed waste at around 80% of the total volume.

3.3 Waste Generation

3.3.1 The level of waste generation by land use, by waste stream for the weekly and annual arisings has been indicatively calculated. The residential waste is informed by LBH's waste guidance, which in turn is informed by British Standards. The level of waste generated by the health care use is more difficult to determine. Based on the applicant's professional experience, waste storage capacity for up to 7 x 1,100L Eurobins has been provided to accommodate a maximum weekly arising.

3.3.2 It is expected that prior to occupation, the post-surgical care unit management team will undertake a more detailed waste review based on their specific professional judgement, in compliance with the health waste regulations. Dedicated and more specific waste storage containers will be identified for the various waste sub-streams. For example, specific details of sharps bins, and specific management measures for the use of sharps, their disposal, storage and transfer from the site, all under the 'hazardous waste' category heading.

3.3.3 This will form an update of this waste management plan or a standalone health-waste specific management plan in due course as part of the 'live status' of this OWMP.

Table 3.1 Waste Arisings

Waste Stream	Waste Storage Type	Number	Max Weight Capacity/Unit	Total Max Volume Generated Weekly	Total Max Weight Generated Weekly	Total Max Volume Generated Annually	Total Max Weight Generated Annually
Residential Use							
Residual Waste	240L Wheelie Bin	9	10 kg	2,160 L	90 kg	112,320 L	4.7 T
Mixed Recycling	240L Wheelie Bin	9	50 kg	2,160 L	450 kg	112,320 L	23.4 T
Food Waste	23L Food waste caddy	9	10 kg	207 L	90 kg	10,764 L	4.7 T
Total Residential		**27**	**70 kg**	**4,527 L**	**630 kg**	**235,404 L**	**32.8 T**
Healthcare Use							
Residual Waste	1,100L Eurobin	2					
Mixed Recycling	1,100L Eurobin	2					
Offensive Waste	1,100L Eurobin	1					
Clinical/Hazardous Waste	1,100L Eurobin	1					
Food Waste	1,100L Eurobin	1					
Total		**7**	**40 - 400 kg[2]**	**7,700 L**	**0.7-2.8 T**	**400,400 L**	**36.4-145.6 T**

[2] Actual load can vary from 40kg with averages around 60-100kg

4. Proposed Waste Management Strategy

4.1 Preamble

4.1.1 The proposed strategy to manage operational waste has been devised to provide a high-quality service to site users whilst also being compliant with the Guidance.

4.1.2 The proposed waste management strategy has been split into the following parts:

- Internal Waste Storage
- Collected Waste Storage
- Waste Collection Process

4.1.3 Each section addresses each waste stream.

4.2 Internal Waste Storage

Residential Waste

4.2.1 Each residential property will be provided with a segregated waste bin, which may be fixed into an appropriate kitchen unit. An example standardized kitchen unit is shown below. Alternatively, standardised free-standing provision will be made.

4.2.2 Residents will subsequently take waste in bags to their allocated wheelie bins within the communal waste store.

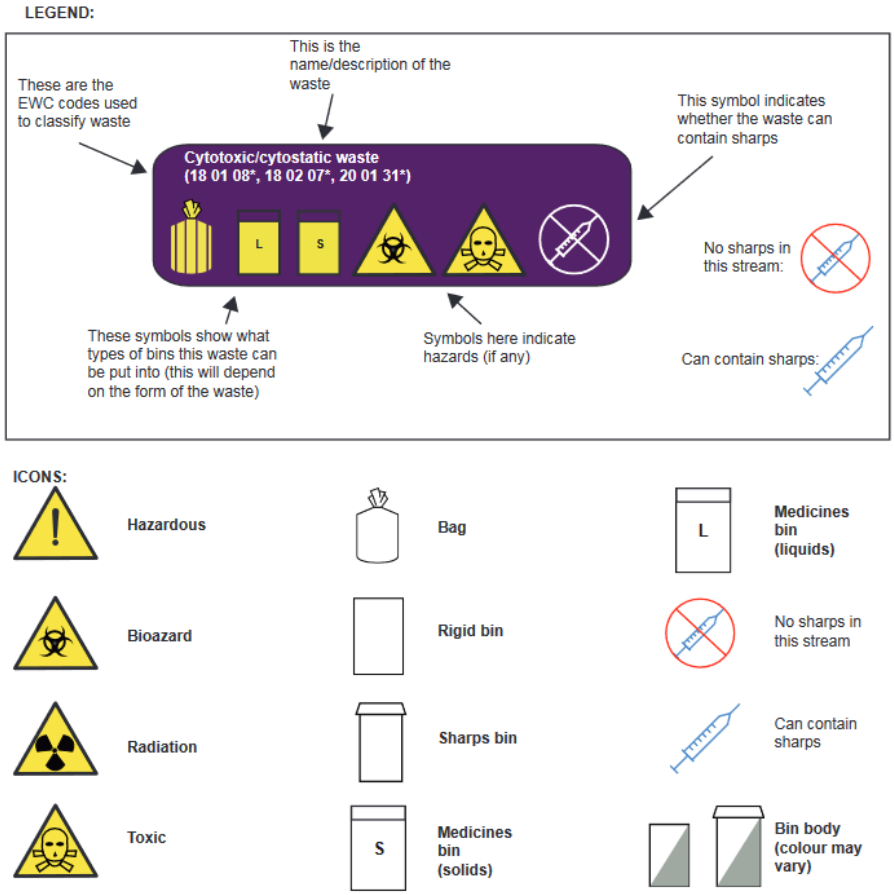
4.2.3 Plans showing the access to waste stores is included in Error! Reference source not found..

Healthcare Waste

4.2.4 Medical waste is subject to separate control and legislation, and will be managed accordingly,

4.2.5 **Hazardous Waste and Clinical Waste** will be stored within dedicated waste receptacles within the building at secure, staff-controlled points according to the Health Directive or other regulation, as set out indicatively in **Figure 4.1**.

Figure 4.1 Labelling and Waste Storage Direction for Hazardous/Clinical Waste



Source: Health Technical Memorandum 07-01

4.2.6 For example, offensive waste such as adult sanitary waste would be placed within a specific orange and black bag lined sealable waste bin, and transferred, sealed, to a similarly marked and sealable Eurobin within the main bin store for collection. Reference should be made to Table 9 of the Health Technical Memorandum.

4.2.7 General or domestic recycling generated by the proposed post-surgical care centre can be collected in a simple segregated waste collection unit. An example is shown below. An additional container for non-recyclable, non-medical waste would also be provided.

4.2.8 Staff will convey this to the main waste store daily.

4.3 Collected Waste Storage

4.3.1 As stated, waste will be collated within dedicated stores at ground floor level as shown in Error! Reference source not found.. All waste facilities will be designed to British Standard Code of Practice standards. In summary, the waste facilities will include the following:

- A suitable water point in close proximity to allow washing down;
- All surfaces will be sealed with a suitable wash proof finish (vinyl, tiles etc.);
- All surfaces will be easy to clean;
- Suitable floor drain; and
- Suitable lighting and ventilation.

4.3.2 Residual waste and DMR will be stored in 1,100L Eurobins as a maximum for the health care use or specific medical waste bins.

4.4 Waste Collection Process

4.4.1 The proposals include the provision of stopping space for the private waste collection vehicle within View Road for the collection of medical waste up to once daily as a maximum. Separate vehicles may collect different waste streams according to regulations for collection and transport.

4.4.2 Bins will be brought from the dedicated waste storage facility to the vehicle.

4.4.3 Residential waste will be collected from the kerbside on North Hill via the public collection service.

4.4.4 The site will provide a total of 27 bins; however, it is not expected that these will all be emptied at a single collection. The maximum collection is expected to be 9 x 240L wheelie bins. These will be presented by residents at a designated point on the site frontage for collection on the day of collection and returned to the communal store once emptied.

4.4.5 In accordance with the Guidance, the route between the residential waste store and the RCV is:

- free from steps or kerbs;
- built with a solid foundation;
- built with a smooth solid surface; and
- level

5. Summary and Conclusions

5.1 Summary

5.1.1 Markides Associates has been instructed to prepare this Framework Operational Waste Management Plan on behalf of Highgate Care Limited ('the applicant') in relation to proposals for the demolition of existing buildings and redevelopment to provide a new care home which includes up to 50 bedrooms, a hydrotherapy pool, steam room, sauna, gym, treatment/medical rooms, 9 x residential flats, car and cycle parking, refuse/recycling storage, mechanical and electrical plant, landscaping, and associated works.

5.1.2 The development site is located at 103-107 North Hill, Highgate, London N6 4DP ('the site'). The care home was previously known as the Mary Feilding Guild Care Home and has now come under new management as the Highgate Care Home.

5.2 Conclusions

5.2.1 This OWMS has considered the need to lessen the overall impact of waste generation through the recycling of materials from the operational phase of the Proposed Development.

5.2.2 This OWMS is a live document and will be subject to update following the appointment of site managers prior to occupation and identification of the commercial waste requirements in line with the relevant health regulations.

5.2.3 In the interim, the party responsible for this Plan is the Applicant.

FIGURES

DRAWINGS

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APPENDICES

Appendix A – Proposed Site Layout

APPENDIX A – PROPOSED SITE LAYOUT

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