



Northern Ireland Ambulance Service
Health and Social Care Trust



NORTHERN IRELAND AMBULANCE SERVICE

CLINICAL WASTE AND SHARPS POLICY

April 2014

Version 2.0



Title:	Clinical Waste and Sharps Policy		
Purpose of Policy:	To set out NIAS policy on the management of Clinical Waste and Sharps. To promote their safe handling and disposal.		
Directorate Responsible for Policy:	The Medical Directorate		
Name and Title of Author:	Bryan Snoddy, Assistant Director of Operations		
Staff Side Consultation	Distributed to the Infect Prevent & Control Group and the H & S Committee for consultation in March 2011		
Equality Screened:	June 2011		
Date Presented to:	IPC Committee	9 March 2011 & Feb 2012	
	SEMT	26 July 2011	
	Assurance Comm	12 March 2012	
	Trust Board	17 November 2011	
Publication Date:		Review date: 12 March 2013	Review completed: 02 April 2014
Version:	Version 1.0 Minor amendments required by Trust Board. Assurance Committee confirmed changes on 12 March 2012.		
(01)	Version 2.0 Circulated in NIAS. No amendment required at 2/04/2014		
(02)			

Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

CONTENTS

1.0 Introduction..... 3

2.0 Policy Statement..... 3

3.0 Definitions..... 4

4.0 Scope of the Policy..... 4

5.0 Policy Objectives..... 5

6.0 Roles and Responsibilities..... 5

7.0 Context and detail of Clinical Waste and sharps in NIAS..... 7

8.0 Risk Management 9

9.0 Equality and Human Rights Consideration..... 10

10.0 Policy Review..... 11

11.0 Legal and statutory requirements..... 11

Appendix 1 Related relevant documents 12

Appendix 2 Committee Structure 13

1.0 Introduction

- 1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for the management of clinical waste and sharps.
- 1.2 This policy identifies the Trust's commitment to the management of clinical waste and sharps in all its activities.
- 1.3 The Policy gives guidance on minimising risk, investigating incidents and promoting a culture of continuous improvement.
- 1.4 The Policy should be read in conjunction with the Trust's procedural arrangements for management of clinical waste and sharps.
- 1.5 This Policy has been developed in consultation with internal stakeholders.

2.0 Policy Statement

- 2.1 The Trust promotes a pro-active approach to the management of clinical waste and sharps.
- 2.2 The Trust will endeavour to minimise risks to patients, staff, clients, visitors, contractors and others through the effective management of clinical waste and sharps.
- 2.3 The clinical waste management policy is a declaration of the NIAS's overall aims and principles with respect to the safe handling and disposal of clinical waste and sharps. It includes a commitment to the continual improvement of the management of clinical waste and sharps and to compliance with environmental, legal and other requirements.

3.0 Definitions

- 3.1 Clinical waste is any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- 3.2 A 'sharp' is an article that can cut or puncture the skin by having a fine edge or point. For example:
- Needles
 - Cannulae
 - Drug Ampoules/containers
 - Razors
 - Scalpels/blades
 - Sharp bones
- 3.3 Staff should be aware of other clinical waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, care, treatment, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

4.0 Scope of the Policy

- 4.1 This policy applies to all sites across the Trust.
- 4.2 This policy provides guidance and assistance to NIAS staff who have to deal with clinical waste and the use, risk associated with and disposal of sharps arising from the provision of service to patients who require clinical care.
- 4.3 This policy should be read in conjunction with the procedure covering sharps.
- 4.4 This Policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of managing clinical waste and to compliance with environmental, legal and other requirements.

5.0 Policy Objectives

- 5.1 The Trust will ensure that it has in place suitable and robust governance arrangements to support the management of clinical waste and sharps.
- 5.2 The Infection Prevention and Control Group will review, monitor and report on clinical waste and sharps issues and to fulfil the requirements of this Policy.
- 5.3 To reduce the risks associated with clinical and other healthcare related wastes, particularly the risks from infection and injury from sharps.
- 5.4 To encourage the setting of clinical waste targets and goals to enable monitoring of progress and to assist in improving performance.
- 5.5 To establish the reporting of clinical waste performance annually to the Board.
- 5.6 The Trust will seek independent assurance that an appropriate and effective system of managing clinical waste risks is in place and that the necessary level of controls and monitoring are being implemented.

6.0 Roles and Responsibilities

- 6.1 The Chief Executive has overall responsibility for clinical waste and sharps management, ensuring that the objectives of this policy are met and resources are made available to implement the policy.

The Chief Executive will delegate responsibility for establishing and monitoring the implementation of this policy to the Medical Director.

The Chief Executive will report to the Trust Board on a regular basis regarding clinical waste and sharps management through the Assurance Committee.

- 6.2 The Medical Director is the designated Executive Director with lead responsibility for the management of clinical waste and sharps.

The Medical Director will report to the Trust's Assurance Committee and Trust Board on matters relating to clinical waste and sharps management.

The Medical Director will Chair the Trust's Infection Prevention and Control Group and through it will address the requirements of this policy.

- 6.3 All Trust Directors, Assistant Directors and Senior Managers have responsibility for any clinical waste and sharps management within their areas of remit and control. They will ensure that procedures are fully implemented and monitored as part of the Trust's governance requirements.

They will ensure that information required in relation to this policy is reported.

They will develop and implement local arrangements and monitor them to ensure that those under their control adhere to the policy.

- 6.4 The Infection Prevention and Control Group is responsible for the surveillance, prevention, investigation, management and control of infection across the Trust.

The Group is responsible for the implementation of the Clinical Waste and Sharps Policy and ensuring there are supporting procedures, guidelines and arrangements.

The Group is responsible for advising on appropriate resources to facilitate the implementation of clinical waste issues throughout the Trust.

The Group is responsible for ensuring periodic review of the Controls Assurance Standards for Clinical Waste Management including sharps. See Appendix 2 for the Committee Structure

- 6.5 All Trust staff have a responsibility to adhere to this Policy and ensure that they operate in accordance with its supporting procedural arrangements. All staff have a responsibility to protect themselves as well as making all reasonable efforts to safeguard the welfare of patients and all other persons encountered in their daily duties.

7.0 Context and detail of Clinical Waste in NIAS

7.1 Introduction

Significant quantities of Clinical Waste and sharps are produced every day by the staff of the Northern Ireland Ambulance Service. Unless its segregation, handling and disposal are properly managed, such waste can present a risk to the Health & Safety of people at work, members of the public and the environment.

Recent regulatory changes in the Landfill Regulations (NI) 2003, the Hazardous Waste Regulations (NI) 2005 and the List of Wastes Regulations (NI) 2005 require NIAS to adequately describe and to use the appropriate European Waste Catalogue (EWC) Code for certain types of waste. This will require staff to segregate and appropriately label waste for disposal.

Responsibility for proper clinical waste and sharps management rests with EACH individual within the organisation. Remember misconduct in relation to the safe disposal of clinical waste could lead to disciplinary action.

7.2 Clinical Waste

The definition of Clinical Waste used in this guidance is as defined in “The Controlled Waste Regulations (N I) 2002.

Clinical Waste Includes:

a. any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

b. any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

NIAS will not have to deal with all of these types of clinical waste in undertaking their duties. Nevertheless it is important that all staff are aware of the range and complexity of clinical waste material which does exist.

7.3 Infectious Waste

A portion of the clinical waste encountered by NIAS staff will be infectious waste. Infectious Waste is defined in the Hazardous Waste Regulations NI (2005) as 'substances containing viable microorganisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.'

NIAS will take account of local circumstances and advice from their Clinical, Infection Prevention and Control, Health and Safety and Risk Management Specialists.

7.4 Medicinal Waste

Medicinal waste includes expired, unused, spilt, and contaminated pharmaceutical products, drugs, vaccines, and sera that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as packaging contaminated with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

7.5 Hazardous Waste

These are dangerous wastes which display hazardous or toxic properties. They are listed in the List of Wastes Regulations (Northern Ireland) 2005.

7.6 Disposal of Clinical Waste

Clinical Waste may be disposed of in a variety of containers. It will then proceed to incineration, treatment or landfill. NIAS procedure will detail the correct container and route for clinical waste produced as a result of the application of clinical care.

Staff need to be aware of their responsibilities with regard to the risks posed to themselves and others and their duty to handle, segregate, label and dispose of clinical waste using the appropriate stream.

8.0 Risk Management

- 8.1 Significant clinical waste and sharps management risks within the Trust will be assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006 and Trust Risk Management Strategy.
- 8.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Infection Prevention and control group.
- 8.3 Clinical Waste management arrangements and the effectiveness of policies and procedures will be monitored through the Infection Prevention and Control group which reports to the Assurance Committee.
- 8.4 The Untoward Incident reporting system will be used to report clinical waste and sharps incidents. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 8.5 The Infection Prevention and control group will monitor and review Untoward Incidents.
- 8.6 The Clinical Training Manager will ensure the provision of any necessary training with regard to this Policy.
- 8.7 All Managers must ensure that their staff have access to this policy, have reviewed its content, and are aware of its aims and purpose immediately upon its release.
- 8.8 All Trust staff must comply with this Policy.

9.0 **Equality and Human Rights Considerations**

- 9.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 9.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 9.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 9.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment.
- 9.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 9.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

10.0 **Policy Review**

- 10.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 10.2 This Policy will be reviewed by the Infection Prevention and Control group bi-annually, or earlier if changes to legislation, work practices or a significant incident require it. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

11.0 **Legal and statutory requirements**

- 11.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this Policy are listed in the HPSS Controls Assurance Standard (CAS) for Environmental Management. The relevant CAS can be located at the DHSSPSNI website under 'Governance in the HPSS' at the current link below:-

<http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm>

NIAS policies and procedures can be found using the NIAS Intranet link below:-

http://nias-sharepoint:81/policies_procedures/policy.htm

- 11.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 1

Related relevant documents

- Procedure for the safe use and disposal of sharps and the management of sharps injuries and blood exposure incidents, NIAS, 2011
- Waste Collection and Disposal Regulations (NI) 1992, SR No 254, Article 2.
- Special Waste Regulations (NI) 1998
- List of Wastes Regulations (NI) 2005
- Controlled Waste Regulations 2002
- Hazardous Waste Regulations (NI) 2005
- Environmental Protection Act 1990
- Health Technical Memorandum (HTM) 07-01 Healthcare Waste
- HTM 2065, Technical Guidance WM2 (second edition)
- Health and Safety at Work (Regulations) Northern Ireland 2006
- Section 75, Schedule 9, of the Northern Ireland Act, 1998
- Human Rights Act, 1998

This list is not exhaustive and other documents can be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

Committee and Group Structure
September 2013

