Community Sharps Disposal by Area Health Services

Summary  This policy clarifies services to be provided at public hospitals and authorised outlets of the Needle and Syringe Program for the disposal of used needles, syringes and other community sharps resulting from the self-management of medical conditions and injecting drug use by members of the public.

Please note that David Baker is no longer the contact for this policy (as listed on page 4). Should you require further advice please contact Ronnie Turner, Program Manager, Community Sharps Management Program on 02 9385 8614 or via email at ronnie.turner@sesiahs.health.nsw.gov.au

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COMMUNITY SHARPS DISPOSAL BY AREA HEALTH SERVICES


The Policy Directive should be read in conjunction with:
- Policy Directive PD2007_036, Infection Control Policy
- Policy Directive PD2006_037, Needle and syringe program policy and guidelines for NSW.

INTRODUCTION

The purpose of the Policy Directive is to clarify services to be provided at public hospitals for the disposal of used needles, syringes, and other community sharps resulting from the self-management of medical conditions by members of the public. The Policy Directive applies specifically to public hospitals controlled by an Area Health Service. Similar services must be provided at Area Health Service facilities authorised as outlets of the NSW Needle and Syringe Program regardless of whether the person requesting the disposal service is a client of the Needle and Syringe Program.

“Community sharps” are sharps that have been generated by non-clinical activities. This category includes any instruments or medical devices that have sharp points or edges capable of cutting, piercing or penetrating the skin (for example needles, syringes with needles or lancets), that are designed for such a purpose, and that have the potential to cause injury or infection. In practice the items for which disposal is most commonly requested are syringes, insulin pen needles and lancets used by people in the self-management of diabetes and other medical conditions. However, other items of a similar nature are within the scope of the Policy Directive, including syringes used by injecting drug users.

Ambulatory care in a community setting has become increasingly accepted as a preferred management approach for people with chronic disorders. As a consequence, the disposal of sharps generated in the self-management of these conditions has moved from the healthcare facility clinical waste stream into local communities where domestic waste and recycling services are not designed to accept them.

The inappropriate disposal of community sharps can have a significant impact on workplace health and safety in many non-clinical occupations, particularly in local government and the waste and recycling industries. In many areas of NSW the options available for the disposal of community sharps by people with diabetes and other medical conditions requiring self-injection do not meet current principles and practices for infection control.

While the peer reviewed literature indicates that the potential for transmission of a blood borne virus from an injury involving a community sharp is extremely low, sharps injuries also expose the recipient to the emotional trauma associated with the possibility of disease transmission. Media reporting of these incidents can
encourage the perception that harm minimisation initiatives like the Needle and Syringe Program are responsible for all adverse events involving community sharps.

NSW Health works with a range of partner organisations to improve the management of community sharps. Initiatives include publication of Community Sharps Management Guidelines for NSW Councils, and development of an information and resource website at http://www.communitysharps.org.au. A copy of the Guidelines can be downloaded from the website. The Guidelines promote the concept of “shared responsibility” for the safe management and disposal of community sharps by major stakeholders involved in the life cycle of this equipment, including Area Health Services.

ROLE OF AREA HEALTH SERVICES

It has been NSW Health policy since 1 October 2002 that a community sharps disposal service must be provided at all public hospitals and authorised outlets of the Needle and Syringe Program, with the cost to be met from existing Area Health Service budgets. A shared responsibility approach to community sharps management requires that all Area Health Services provide appropriate services to manage the environmental impact of community sharps, including their ultimate disposal. Many public hospitals have well-established procedures in place to accept community sharps from the public for disposal at no charge. Such a service may represent the only disposal option consistent with current infection control principles and practices available in those locations where the local council has not yet implemented community sharps disposal arrangements.

Area Health Services have discretion to determine the most appropriate and cost-effective service in each case. To minimise the risk of occupational exposure of hospital staff to community sharps during disposal, one preferred model is to provide a secure disposal bin capable of accepting the most commonly used sizes of sharps containers in a readily accessible part of the hospital grounds. This model removes the necessity for hospital staff to handle sharps containers, allows direct and confidential disposal by community members, and enables 24-hour access. It also avoids any inconvenience to members of the public if a designated staff member is not available to assist them with disposal. While there is no regulation or standard in NSW that applies to the design and construction of community sharps bins, Community Sharps Management Guidelines for NSW Councils (page 40) provides design criteria for large public place disposal bins to address duty of care and occupational health and safety considerations.

There is no legislative or other requirement in NSW that individuals use a sharps container that conforms to an Australian Standard for the storage, transport or disposal of community sharps. To stipulate the use of such containers for community sharps disposal at public hospitals may act as a significant disincentive to community members to follow safe disposal practice and potentially places other members of the community at risk of injury from inappropriate disposal. A well-designed public hospital disposal service for community sharps that does not require staff involvement in the disposal process will address occupational health and safety risks potentially associated with this practice and will avoid the need to stipulate that...
only sharps containers that conform to an Australian Standard will be accepted for disposal.

It should be noted that there is no requirement to provide a replacement sharps container to members of the public who choose to use the disposal service.

MINIMUM SERVICE REQUIREMENTS

The minimum requirements for a community sharps disposal service at a public hospital or authorised outlet of the Needle and Syringe Program are as follows:

1. There must be no charge to access the disposal service.
2. There must be reasonable access at public hospitals in regard to the location of the disposal service and times when the service is available. Consideration should be given to ensuring that short-term parking is provided in close proximity to the disposal point at hospitals where traffic is heavy and/or parking facilities are limited.
3. Persons requesting a disposal service must not be required to provide information or documentation of a personal or medical nature.
4. The service must adequately address the occupational health and safety of staff and contractors, and public safety considerations.
5. Persons who are not clients of the Needle and Syringe Program may choose to attend a needle and syringe service, drug and alcohol service or similarly identified facility in order to obtain a disposal service but must not be required to do so.

An Area Health Service is not required to provide a disposal service for commercial generators of clinical waste/sharps waste, or local government authorities, but at its discretion the Area Health Service may agree to do so under such conditions as it considers appropriate.

Once community sharps have been accepted or aggregated at a public hospital or authorised outlet of the Needle and Syringe Program the needles, syringes, lancets and similar equipment are classified as clinical waste and must be managed in accordance with Policy Directive PD2005_132, *Waste Management Guidelines for Health Care Facilities*.

PROMOTION OF SAFE DISPOSAL

To encourage safe disposal behaviour, patients who generate community sharps should be provided with accurate and consistent information on the importance of appropriate disposal and the location of community sharps disposal facilities provided by the Area Health Service. Staff in contact with patients who generate community sharps should ensure that this information is provided at the commencement of treatment or service access, and is reinforced during subsequent contacts. Referral of patients to their local council for information on the location of other community sharps disposal facilities in their area is also appropriate.
To facilitate this process it is recommended that each Area Health Service establish a coordinating committee or working group consisting of representatives from services or programs that have contact with patients or clients who generate community sharps, or have responsibility for workplace safety or public health issues. Stakeholders with an involvement in community sharps management include diabetes educators, renal unit staff, community health nurses, infection control staff, Public Health Units, and the Needle and Syringe Program.

A useful model for this approach is the Safe Disposal Committee established by the HIV and Related Programs Unit at South Eastern Sydney Illawarra Area Health Service. This multi-disciplinary Committee has operated for a number of years and has collaborated with hospital administrators to facilitate the installation of public access community sharps bins at public hospitals. The Committee includes representatives from local councils and stakeholders such as Diabetes Australia-NSW as well as Area Health Service representatives and has been active in promoting the safe disposal of community sharps to Area Health Service staff and local communities.

Further advice on current service models and minimum standards of service provision can be obtained by contacting the Senior Project Officer, Community Sharps, Mr David Baker, by email at david.baker@hnehealth.nsw.gov.au

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