

Community Sharps Management Guidelines for NSW Councils



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Foreword

On behalf of local councils across NSW, the Associations welcome the release of these Guidelines to assist councils in their management of community sharps waste.

The Associations are conscious of the fact that self-administered sharps waste, generated in the home or public place, is not, under NSW legislation, defined as hazardous waste. Rather, it is defined as 'solid' or 'municipal' waste. We do not support this definition. We are conscious however, that many councils have in fact developed and implemented community sharps collection and disposal services. These may involve the placement of public place receptacles, and the coordination of 'point of sale' (eg pharmacy) return schemes.

The willingness of councils to provide these services, often at some expense, is a testament to their commitment to community service and well-being.

These Guidelines are an attempt to assist more councils to develop and implement such programs, and to minimise the exposure to risk and financial cost to the broader community.

The Associations will continue to pursue a greater level of Extended Producer Responsibility (EPR) regarding community sharps, as well as the need for a shared approach with other stakeholders.

The assistance of NSW Health in initiating these Guidelines is appreciated, as it reflects a genuine willingness to explore the shared approach, rather than simply leaving the matter for councils to solve.

We encourage councils to make use of these Guidelines so that they can decide the best way to deal with the issue of community sharps.



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Acknowledgements

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Community Sharps Management Reference Group

- Australian Diabetes Educators Association – NSW
- Australian Institute of Environmental Health – NSW Division
- Diabetes Australia – NSW
- Local Government and Shires Associations of NSW
- Medical Industry Association of Australia
- Northern Rivers Area Health Service
- NSW Department of Environment and Conservation
- NSW Department of Health
- NSW Department of Local Government
- Pharmacy Guild of Australia-NSW
- StateCover Mutual Ltd
- Waste Contractors & Recyclers Association of NSW
- Waste Management Association of Australia-NSW
- Western Sydney Area Health Service
- WorkCover NSW

For providing information, advice and comments

- Australian and New Zealand Clinical Waste Management Industry Group (ANZCWMIG)
- Coffs Harbour City Council
- Kempsey Shire Council
- Marrickville Council
- NetWaste Councils
- North East Waste Forum
- Parramatta City Council
- Riverina Eastern Regional Organisation of Councils (REROC) Waste Forum.

Reference documents

Special thanks to the Local Government Association of Queensland for its approval to use the publication *Building Safer Communities: Community Sharps Management – A Handbook for Local Government in Queensland* as a primary source document. The City of Melbourne's *Syringe Management Plan 2001-2003 & draft Syringe Management Plan 2004-2006*, and the Whitehorse Community Health Service *Safe Syringe Disposal Project Report 2002* (Muller, C) were also used in the preparation of these guidelines. Permission to refer to these documents is gratefully acknowledged.

BD's 'Spike the Echidna' is reproduced with the permission of Becton, Dickinson and Company.

1 Introduction

Purpose of these guidelines

The safe management of needles, syringes and other sharps generated by non-clinical activities is an emerging issue for local councils. This category includes needles, syringes and lancets used by people with diabetes and other medical conditions requiring self-injection in the home, and syringes used by injecting drug users in the home or in public places (refer to examples on page 44).

The collective term used to describe sharps that have been generated by non-clinical activities is **community sharps**.

The purpose of these Guidelines is to provide NSW local councils with:

- information on background and context to assist them in managing risks and minimising harm associated with the inappropriate disposal of community sharps
- information on legislative provisions relating to the management of community sharps
- information on stakeholder roles and partnership opportunities
- information on options for the management of community sharps
- guidance on developing a strategic approach to managing community sharps
- guidance on the development of a Community Sharps Management Plan.

Why have these guidelines?

Needles, syringes and other sharps resulting from medical, dental, nursing, veterinary, pharmaceutical, skin penetration or other related clinical activity are classed as 'sharps waste' under NSW legislation (refer to Environment legislation page 9). Sharps generated in domestic settings as a result of home healthcare administered by health professionals such as community nurses and doctors should also be treated as sharps waste.

This waste must be managed as a 'hazardous waste' by the healthcare provider, and must not be disposed of as domestic waste. There are no similar legislative provisions for the management of sharps generated by community members.

Over 18 million pen needles and syringes are distributed for personal use in NSW each year through the National Diabetes Services Scheme (NDSS). People with diabetes use an even greater number of lancets to monitor their blood glucose levels.

A further 10 million syringes are distributed annually to injecting drug users through the NSW Needle and Syringe Program (NSP) and Pharmacy Fitpack® Scheme.

It is estimated from collection data that around 20 million of the needles and syringes used for self-injection in NSW each year may end up in local council waste and recycling services. A small number also end up as potentially dangerous litter that may compromise the safety and amenity of public places and public facilities.

While the risk of infection following a needlestick injury from a community sharp is statistically very low it can happen. The blood borne infections that can potentially be transmitted by a needlestick injury include HIV, hepatitis B and hepatitis C.

Local councils have traditionally developed expertise and systems to deal with household domestic waste and local council waste (eg from street sweeping, litter bins and parks), which are both specified as 'municipal waste.'

The management of community sharps as a type of municipal waste has the following implications for local councils:

- occupants of residential premises can legally place community sharps into their domestic waste containers
- local council employees and waste contractors could be placed in situations of risk unless community sharps are properly managed.

These risks can be lessened if the community is encouraged to adopt safe disposal practices, its members have reasonable access to facilities for the safe disposal of their community sharps, and workplace safety issues are addressed.

Shared responsibility

The Local Government and Shires Associations (LGSA) represent local councils across NSW, and have taken a policy position that is consistent with the principle of Extended Producer Responsibility (EPR). EPR means that the producers of needles and syringes should take responsibility for the life cycle of their products, including their disposal.

Although EPR schemes are defined under the *Waste Avoidance and Resource Recovery Act 2001* as including shared responsibility (product stewardship) schemes, the LGSA position is that the manufacturers of needles and syringes should take primary responsibility for the life cycle of their products.

However, it is recognised that in the absence of comprehensive voluntary or mandatory EPR schemes coordinated by the manufacturers of these products, many local councils are willing to take a proactive approach to community sharps management. This is both beneficial for communities and addresses community service and statutory obligations. This document provides guidance to local councils in fulfilling those obligations.

These Guidelines promote a **shared responsibility** model that encourages support for local councils from a range of stakeholders involved in the life cycle of products that after use become community sharps.

Experience has shown that the most successful community sharps management programs involve partnerships. Potential partners include state government agencies, medical equipment manufacturers, waste and recycling contractors, local businesses, non-government organisations, and local/regional healthcare services.

With the support of these stakeholders local councils may feel they are well placed to coordinate a local community sharps management program.

Background

Inappropriate disposal of community sharps first became a significant issue for a number of local councils in NSW in the mid 1990s, when the presence of needles and syringes in kerbside recycling services raised specific occupational health and safety (OHS) concerns.

The NSW Department of Local Government issued a Circular to Councils, No. 96/47: *Management and Disposal of Household Medical Waste*. The circular examined the role and responsibilities of local councils for the management of household medical waste, and recommended that each local council develop appropriate management and disposal strategies.

While household medical waste can include items such as drained peritoneal dialysis fluid bags and tubing, or similar equipment, these materials are not included in the management focus of these Guidelines.

This type of soft plastic waste can be bulky and may quickly fill or obstruct community sharps disposal facilities. It may also generate unpleasant odours if not collected frequently. Unlike community sharps, which can cause a penetrating injury, this type of waste is generally considered suitable for disposal to domestic waste (**not recycling**) services.

Recent developments

Since 1996 a number of local councils have introduced community sharps disposal services or programs. However, responses received from 112 NSW local councils (65 per cent) that participated in a 2002 survey by NSW Health, indicated that the approach to community sharps management adopted by local councils remains variable.

While 41 per cent of respondents reported that unsafe disposal is either an increasing or significant problem, and 42 per cent reported problems with community sharps in waste and/or recycling services, few had developed a strategic approach to community sharps management.

The introduction of a new *Occupational Health and Safety Act 2000* (OHS Act) and *Occupational Health and Safety Regulation 2001* (OHS Regulation) has now placed increased emphasis on the responsibilities of employers to provide safe workplaces.

Introduction

Liability issues for local councils include needlestick injuries to their employees, and in some circumstances, contractors, as well as potential public liability exposure for injuries to members of the public.

The continuing incidence of needlestick injuries in both workplace and public settings has highlighted the need for action by:

- reducing the number of community sharps present in both the workplace and public environments by providing (and promoting) appropriate disposal options
- ensuring that employees and contractors have appropriate knowledge, training and equipment to safely undertake their workplace activities.

Any needlestick injury potentially exposes the recipient to the risk of acquiring a blood borne virus, as well as the emotional trauma associated with the possibility of disease transmission. Providing for the responsible disposal of community sharps is therefore an important issue for organisations involved in their management.

The need to plan

These Guidelines promote a strategic approach to the management of potential hazards associated with inappropriately discarded community sharps through the development of a **Community Sharps Management Plan**.

Development of a Community Sharps Management Plan will help to demonstrate a reasonable and responsible approach to the foreseeable hazards associated with the inappropriate disposal of community sharps. It also provides an opportunity for local councils to involve their communities in identifying innovative and practical local solutions to the management of community sharps.

By adopting a strategic approach to risk identification and assessment processes, local councils in urban, regional or rural areas can provide levels of intervention and service provision that are closely matched with levels of risk in their local environments.

A Community Sharps Management Plan should include:

- an organisational commitment to the management of community sharps (a council policy on community sharps management)
- a structured risk management approach (in accordance with the OHS Regulation)
- links to an appropriate OHS policy and related procedures
- links to an appropriate waste management strategy
- partnerships with other key stakeholders
- accessible, affordable and locally relevant options for disposal of community sharps
- an ongoing public awareness program on safe disposal of community sharps and the disposal options available
- regular performance monitoring and review.

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Community sharps on residential property

Injecting drug users are often perceived as the main offenders whenever inappropriate disposal of community sharps becomes an issue. While this is generally the case for syringe litter in public places, other members of the community generate large numbers of community sharps and may also be disposing of them inappropriately.

Insulin treatment for diabetes accounts for a large proportion of community sharps, with the number of Australian adults with diabetes trebling in the past 20 years. However, a wide range of other conditions may involve regular self-injection including multiple sclerosis, palliative care, chronic pain management, growth disorders, allergies and vitamin deficiencies.

Needles and syringes used in private settings for illicit drug or steroid use, and equipment used for injecting pets and livestock are also included in this category.

Clinicians and healthcare educators who advise patients and clients on safe disposal practice are often limited by the lack of appropriate community sharps disposal facilities in local communities. This has resulted in a generally poor understanding of safe disposal practice by many community sharps users.

Experience has shown that if well publicised, readily accessible and affordable disposal facilities are not provided, particularly for larger disposal containers (up to 7.8 litres), the majority of community sharps used in the home will end up in local council waste and recycling services.

However, it is important to recognise that providing only one type of disposal option may not meet the needs of all generators. For example, a significant number of people with diabetes or other medical conditions may be unwilling to use disposal facilities in local pharmacies. This is because of the need to identify themselves as an injector to staff, possibly in the presence of other customers.

Barriers to safe disposal of community sharps by people with diabetes

In a research project by Diabetes Australia-Victoria reported in the Whitehorse Community Health Service *Safe Syringe Disposal Project Report 2002*, people with diabetes identified a number of barriers to safe disposal:

- lack of information about how to safely dispose of sharps
- lack of information about local disposal services
- lack of accessible and affordable local disposal services
- lack of knowledge about the impact of disposing of sharps in household rubbish and potential needlestick injuries to council workers
- doctors and nurses not advising people with diabetes about methods of safe disposal
- council disposal services were only satisfactory if they ensured discretion and de-identified service users, and provided several outlets with a range of disposal bin styles
- council boundaries limited access to disposal services.

In the same project, diabetes educators indicated that:

- information on safe disposal is often lost by people with diabetes at the time of diagnosis
- people with diabetes think sharps disposal information applies to illicit drug users and not to them
- patients' secrecy about having diabetes results in their declining to use community sharps disposal services.

Community sharps in public places

A number of illicit substances are administered by self-injection, including heroin, amphetamines and steroids. The presence of used injecting equipment in public places provides the potential for needlestick injuries to local council employees, contractors and members of the public. It also encourages the perception of an area as being an unsafe place.

All syringes distributed through the Needle and Syringe Program and Pharmacy Fitpack[®] Scheme in NSW are supplied with an appropriate disposal container (refer to **Example of a fitpack[®]** on page 45). Of the 10 million syringes supplied each year through these programs, only a very small number are left in public places.

However, the presence of syringe litter (and disposal of syringes in litter bins) can have significant community impacts such as:

- potential injury to community members, and visitors
- potential injury to local council workers and waste contractors
- adverse publicity about illicit drug issues and public safety

- re-use of potentially contaminated injecting equipment
- potential for litigation on issues of OHS and public safety
- reduction in public support for the Needle and Syringe Program.

Studies of injecting drug users (IDU) in New South Wales, Queensland and Victoria indicate that many drug users dispose of their needles and syringes as quickly as possible after injecting.

They are concerned that if intercepted by police while carrying injecting equipment they could be searched, and possibly charged with the offence of self-administration of an illegal substance.

This practice can increase unsafe disposal of community sharps if disposal facilities are not readily available, and indicates a need for a more coordinated and flexible approach to community sharps disposal in public places.

This is especially the case in localised areas associated with higher rates of injecting drug use (hotspots) that move around over time. Monitoring indicators of drug use (syringe litter, complaints etc) is therefore important to ensure that local councils provide an appropriate management response in the right area at the right time.

Barriers to safe disposal of community sharps by injecting drug users

In addition to a fear of police intervention, other barriers to safe disposal by IDU identified in the Whitehorse Community Health Service Report include:

- fear of disclosure of their drug habit to friends and the general public
- the stigma attached to accessing an NSP outlet
- varying levels of awareness of the risks to other people from inappropriate syringe disposal
- lack of knowledge of how to responsibly dispose of injecting equipment
- limited access to appropriate disposal options in a variety of common circumstances and locations
- effects of the drugs injected or apathy.

Local councils and other stakeholders (NSP & Fitpack[®] Scheme pharmacies, businesses) can help to address many of these barriers by providing information to IDU on safe disposal and the OHS and public safety issues arising from inappropriate disposal behaviour, and providing accessible disposal facilities that allow for discrete disposal. Inappropriate disposal behaviour includes leaving syringes in public places or placing them in drains, disposal to waste and recycling services, and flushing syringes to sewer.

Community sharps on commercial premises

Community sharps from both people who self-inject to treat a medical condition and injecting drug users may be generated and/or disposed of on commercial premises.

Businesses in the hospitality and entertainment industries (hotels, motels, clubs, theatres, restaurants), retailing (shopping centres), and sex industry (brothels) in particular, are likely to experience issues with community sharps.

For the safety of customers, visitors, employees, and waste workers it is important that this waste is managed appropriately.

Environment legislation

'Sharps waste' is a type of 'hazardous waste' defined in the *Protection of the Environment Operations Act 1997* (POEO Act) and detailed in the *Environmental Guidelines: Assessment, Classification and Management of Liquid and Non-Liquid Wastes* (Waste Guidelines – EPA 1999).

Needles, syringes, lancets and other community sharps resulting from self-injection in public places or on private premises **do not fall within the definition of sharps waste** because they are not generated by one of the listed activities.

This means that the generation, storage and transportation of community sharps is not subject to licensing under the POEO Act, or to control under clauses 16 and 17 of the Protection of the *Environment Operations (Waste) Regulations 1996*.

Community sharps generated at residential premises or in public places as a result of self-injection are specified as 'municipal waste', which is a type of 'solid waste' pursuant to Schedule 1 Part 3 of the POEO Act. Municipal waste is generally the responsibility of local councils.

Although disposal of community sharps to household waste bins, public litterbins, and solid waste class one landfills is not prohibited under the POEO Act, it does not represent 'best practice' management.

This is primarily because of workplace health and safety issues for council employees, waste contractors, and resource recovery operators involved in handling municipal waste and recycling streams.

Generators of community sharps should place them into an appropriate container prior to disposal to a community sharps disposal facility (unless placed in single syringe disposal units).

The Australian Standard applying to personal use containers is AS 4939–2001: *Non-reusable personal use containers for the collection and disposal of hypodermic needles and syringes*.

This standard only applies to containers holding up to ten 1ml syringes and needles, and NSW environment legislation does not require the use of containers conforming to AS 4939-2001 (or any other Australian Standard) for the disposal of community sharps.

While use of a disposal container that conforms to AS 4939-2001 or AS 4031-1992: *Non-reusable containers for the collection of sharp medical items used in health care areas* should be the recommended practice for generators of community sharps, it is not stipulated by NSW environment legislation.

Part 5.6A of the POEO Act includes penalties that reflect the nature and often-harmful effect of litter. The Act provides for a penalty of 30 Penalty Units (currently \$3,300) for individuals, or 50 Penalty Units (currently \$5,500) for corporations for 'aggravated' littering. Littering involving a syringe is defined by the Act as aggravated littering.

In practice, the threat of penalties for littering is unlikely to significantly influence the disposal behaviour of injecting drug users who are already engaged in an unlawful activity. Provision of readily accessible community sharps disposal bins in association with safe disposal education is recommended as a more effective management strategy.

NSW waste avoidance and resource recovery strategy

The *Waste Avoidance and Resource Recovery Strategy 2003* (WARR Strategy) is the primary strategy document for waste prevention, avoidance, re-use and recycling in NSW. It targets four key areas where outcomes are needed. The outcome particularly relevant to community sharps management is *Reducing Litter and Illegal Dumping*. The WARR Strategy identifies sharps as materials that offer substantial opportunities for action in this outcome area. Key actions needed include:

- effective education on the potential impacts of sharps littering
- provision of appropriate disposal infrastructure to reduce the likelihood of littering.

Local and regional actions identified in Community Sharps Management Plans to reduce needle and syringe litter should identify actions in both of these areas.

Copies of the WARR Strategy may be obtained from the Sustainability Programs Division of the Department of Environment and Conservation on telephone 02 8837 6000, or downloaded directly from the website under 'Publications' at www.resource.nsw.gov.au/index-RNSW.htm

Local government legislation

Although the *Local Government Act 1993* (LGA) does not require local councils to provide waste management services, if they choose to do so the services provided should meet the reasonable needs of local communities.

As a form of municipal waste, the safe disposal of community sharps should be considered in each local council's waste management strategy.

Under Section 124 (Order 22) of the LGA, local councils may specify that the owners and occupiers of residential premises manage their community sharps in a manner that is acceptable to the council from an OHS or other perspective. This may include prohibiting disposal of community sharps to domestic waste and recycling services.

Orders 21 (keeping land or premises in a safe or healthy condition) and 27 (removal of dangerous objects from a public place) are also relevant, while Section 630 of the LGA makes it an offence to break or leave a syringe in a public place.

However, a Council Order to manage the disposal of community sharps is unlikely to have the desired outcome unless readily accessible disposal options have been provided as an alternative to using domestic waste and recycling services.

Local councils also have responsibility under the LGA for the maintenance of public health and safety in public places, as well as a common law 'duty of care' in respect to property they own, or over which they have a statutory responsibility for control and maintenance.

All reasonable steps must be taken to ensure that persons using local council land or premises are protected from hazards where they are known (or should be known) to exist, and where removal of the hazard is reasonably practical.

OHS legislation

The local government sector is a significant employer and contractor of workers whose activities may involve exposure to community sharps. While local councils may have little or no control over the behaviour of groups or individuals in public places, they should still take all reasonable precautions to minimise risks to employees and members of the public arising from such behaviour.

As is the case for all employers, compliance with the provisions of the OHS Regulation by local councils presupposes that the risk of needlestick injury in the workplace has been identified, assessed, and either eliminated, or the risk of harm controlled to the lowest possible level.

This may be achieved by providing community sharps disposal facilities, through development of council policies that avoid exposing employees to situations of risk, and by providing employees with expertise, training and equipment to safely deal with risks that might reasonably occur in the execution of their normal duties.

For this reason, local councils should ensure that employees and contractors who may be exposed to community sharps in the workplace receive training in sharps awareness and sharps handling. Where appropriate, they should be provided with sharps containers conforming to AS 4031-1992 and suitable personal protective equipment. Higher risk activities include waste services, cleansing, drainage, parks/gardens and lifeguard services.

Community sharps that are collected in community sharps disposal facilities, or as a result of the workplace activities of local council employees should be managed as sharps waste (hazardous waste). This includes disposal only to treatment premises that hold an environment protection licence permitting the receipt of sharps waste.

By selecting appropriate means to manage workplace risks, and exercising due diligence in the implementation of control measures, local councils can demonstrate compliance with their OHS obligations.

The WorkCover NSW publication *Due Diligence at Work* provides information and checklists on the key elements of due diligence for employers, including the responsibilities of employers for the health or safety of contractor's employees. It is available from the WorkCover Publications Hotline on 1300 799 003, or visit the WorkCover NSW website at www.workcover.nsw.gov.au

The NSW Workplace Safety Summit held in July 2002 was convened to help achieve the goal that every employee in NSW should feel safe and be safe at work. Five areas form the framework for strategies to achieve safer workplaces:

- understanding hazards and risks
- strengthening workplace safety/accountability
- promoting new solutions
- making our communities safer
- designing safer workplaces.

Each of these focus areas has direct application to the achievement of safer workplaces and communities through improved management of community sharps.

3 Roles and responsibilities

State government

State governments are responsible for policy development, implementation, and evaluation for a range of services to address public health and waste management issues, and to reduce drug related harm. This may range from developing legislation to providing or administering the delivery of services.

NSW Health has a demonstrated commitment to the management of community sharps through:

- the Needle and Syringe Program, which provides community sharps disposal facilities for injecting drug users at around 420 NSP sites and over 400 pharmacies across the state
- community sharps disposal services/facilities at all public hospitals in NSW
- the Needle Clean Up Hotline **1800 633 353** for receiving and responding to reports of syringe litter (refer to **Needle Clean Up Hotline** on page 49 for more information)
- provision of specialist advice to local councils on disposal issues
- education and training for local council employees and community groups on safe handling of community sharps
- provision of resources to local councils to improve the management of community sharps
- local council access to sharps containers at the State Procurement contract price.

Area Health Services can support local councils to manage the safe disposal of community sharps by providing information on appropriate disposal to patients and clients.

NSW Health also offers a wide variety of materials on various drug and alcohol related issues. For further information local councils should contact their AHS (refer to **Useful contacts** on page 50).

A number of other state government agencies also provide community sharps management services and infrastructure, including the Roads and Traffic Authority (RTA), State Rail Authority of NSW (SRA), and Sydney Catchment Authority.

Medical industry

The Medical Industry Association of Australia (MIAA) is the peak industry body representing the medical device and diagnostics industry in Australia, including the major manufacturers and suppliers of injecting equipment in NSW. While manufacturers are generally keen to demonstrate a responsible approach to issues arising from the inappropriate disposal of community sharps, the MIAA considers that they have only a limited capacity to influence post-use disposal of their products outside of clinical activities.

The MIAA has identified the development of an industry sponsored website as a practical strategy to support all NSW local councils in the community sharps management activities recommended in these Guidelines.

The website at www.communitysharps.org.au provides a wide range of information, graphics and downloadable resources which complement the Guidelines. It also includes additional information on the management of home dialysis waste.

Local government

Local councils are key stakeholders in the management of risks associated with the inappropriate disposal of community sharps. The degree of risk will vary considerably, depending on geographic and demographic issues. The capacity of local councils to respond to community sharps issues will also be constrained by available resources and existing infrastructure.

It is important to recognise that no single strategy will be appropriate for all local council areas. Provision of services and infrastructure for community sharps disposal should be based on an assessment of OHS and public safety considerations, the magnitude of the issue, and the availability of resources.

A significant number of local councils have already moved to address the potential hazards associated with the inappropriate disposal of community sharps. Examples of some of the following local council

programs are included on the medical industry website at www.communitysharps.org.au and in the case studies:

- community sharps management policies
- OHS policy/procedures for hazard identification, risk assessment, and use of personal protective equipment (PPE)
- hepatitis B and tetanus vaccinations for workers exposed to community sharps
- OHS procedures for managing needlestick injuries in the workplace
- training employees in safe handling of community sharps
- community sharps clean-up services
- information on safe disposal, including information in languages other than English
- installation of small community sharps disposal bins in public toilets
- installation of large community sharps disposal bins in public places or at council facilities
- supply of free sharps containers to residents
- provision of a community sharps disposal service through participating pharmacies
- promotion of the Needle Clean Up Hotline **1800 633 353**.

Local councils can also facilitate the appropriate disposal of community sharps by working in collaboration with other key stakeholders including:

- people with diabetes or other medical conditions (through Diabetes Australia-NSW, Diabetes Educators, Doctors, Pharmacists, Multiple Sclerosis (MS) Society, health care providers etc)
- injecting drug users (through the AHS and injecting drug user support agencies)
- pet and livestock owners (veterinarians)
- local businesses, waste and recycling contractors, and government agencies.

Community

Members of the community who use injecting equipment have a responsibility to dispose of their equipment safely. To do this they must be well informed about safe disposal practice, have reasonable access to community sharps disposal facilities, and be provided with information on the location and use of those facilities.

Some people who self-inject to treat a condition like diabetes may not believe that their equipment represents a risk to others (I don't have HIV/AIDS), or that safe disposal information applies to them as well as to injecting drug users.

Local councils can encourage personal responsibility for safe disposal of community sharps by providing information on the risks to workers caused by inappropriate disposal in household waste and recycling bins, as well as in public places.

Working with key stakeholders such as health professionals, healthcare providers, veterinarians, community support organisations and NSP workers is the best way for local councils to ensure that this information is made available to patients and clients.

Promoting the Needle Clean Up Hotline **1800 633 353** will also encourage community members to report syringe litter in public areas.

Many service organisations, community, and environment groups such as Rotary, Lions Clubs, local precinct groups and Clean Up Australia also undertake litter clean-ups and other community sharps management activities.

Local councils can support these activities by providing information, training and resources. Opportunities may also exist to develop regional cooperative arrangements with service organisations.

Waste and recycling contractors

Waste and recycling contractors are significant stakeholders in the safe disposal of community sharps, as workers in these industries are regularly exposed to workplace hazards from community sharps.

The majority of local councils outsource their municipal waste and domestic recycling services. Both employers and contractors have obligations to ensure the health and safety of the contractor's employees while they are engaged in these contractual activities.

Privately owned or operated waste transfer stations, landfills, and material recovery facilities may also receive waste or recyclables from a number of local council areas or regions. This can make accurate identification of the origin of loads contaminated with community sharps difficult if not impossible, and may increase the risk of injuries to workers or result in costly down time.

Although contractors have no direct control over the community sharps disposal practices of local residents, they can reduce workplace safety risks from inappropriate disposal by supporting local council activities to encourage safe disposal and provide appropriate disposal options.

Local businesses

Many retailers and business associations are concerned about drug use that occurs in close proximity to shopping precincts, as well as the cost and inconvenience of removing injecting equipment litter that is often discarded in these areas.

Business operators are principally concerned about the safety and security of their staff and customers, and with the public image of their local environment.

Many local businesses including hotels, restaurants, service stations, shopping centres and entertainment venues already manage issues related to the inappropriate disposal of community sharps by:

- providing sharps disposal bins in toilets and rest rooms
- providing sharps handling training to employees
- cleaning up injecting litter.

Local businesses that provide community sharps bins on their premises for use by clients and customers, or collection of community sharps by employees, should ensure that community sharps are only removed by a waste contractor licensed to transport sharps waste. To protect waste industry workers, businesses should never allow cleaners to dispose of community sharps, or place them in the general waste stream.

Local councils share a common interest with businesses to ensure that residents, visitors and workers can enjoy the amenity of public space. Although under no specific legal obligation to do so, local councils may choose to assist traders in improving community amenity, maintaining safe work places for their employees, and providing a safe environment for their customers.

Collaborative partnerships

These Guidelines encourage collaborative partnerships between local councils and other stakeholders to develop shared responsibility initiatives that support local councils in the management of community sharps.

Community sharps disposal services provided by many pharmacies in partnership with local councils are an example of successful collaboration.

These services offer a convenient point-of-supply disposal option for people with diabetes and other medical conditions (refer to **Pharmacy disposal programs** on page 42). Pharmacies participating in the government funded Pharmacy Fitpack® Scheme provide a similar service for injecting drug users.

Working with local councils to improve community sharps management offers a number of potential benefits to local businesses and service industries, including:

- providing a service to customers
- demonstrating community support and environmental responsibility
- helping to meet their own OHS responsibilities
- enhancing business opportunities.

There are significant advantages for local councils to work with waste and recycling contractors in particular to improve the management of community sharps.

Collaborative partnerships may also be developed with Area Health Services, the Department of Environment and Conservation, other government agencies, professional and industry Associations, and non-government organisations such as Diabetes Australia-NSW, and the NSW Users and AIDS Association (NUAA).

Support provided to local councils by other stakeholders may include:

- sponsorship of safe disposal infrastructure and education programs
- supporting, providing or advising on safe disposal programs
- providing information on safe disposal options to patients, customers, members, clients and user groups.

The formation of partnerships to develop locally relevant, evidence-based and sustainable solutions for the management of community sharps is a critical element in the development of an effective Community Sharps Management Plan.

4 Developing a Community Sharps Management Plan

This section provides information to assist local councils in the development of a Community Sharps Management Plan. 'Best practice' management tools that are developed to keep pace with technological advancements in the design of injecting equipment and drug delivery systems can be adopted within the framework of the Plan as required.

The information provided in the Guidelines may be adapted to suit the characteristics and individual requirements of local councils and their communities. It is based on the risk management obligations of employers contained in the OHS Regulation, and the guidelines contained in the WorkCover NSW *Risk Assessment Code of Practice 2001*. These are:

- identify any foreseeable hazards in the workplace
- assess the risk of harm arising from the identified hazards
- eliminate the hazard, or if this is not 'reasonably practicable' control the risk
- monitor and review the effectiveness of control measures.

This section of the Guidelines has been designed to assist in the development of a Community Sharps Management Plan through the presentation of a flow chart describing the planning process – *10 Step Planning Process*. Critical to the planning process is the risk management assessment – *Risk Management Process flowchart*, which leads to objectives, strategies, actions, and potential partnerships for the management of community sharps – *Example of a Community Sharps Management Plan*.

Objectives

The key objectives identified for a Community Sharps Management Plan are:

■ Maximise appropriate community sharps disposal

In partnership with other key stakeholders, Council will – *Encourage broad community participation in the safe disposal of community sharps by providing and promoting accessible and affordable community sharps disposal options.*

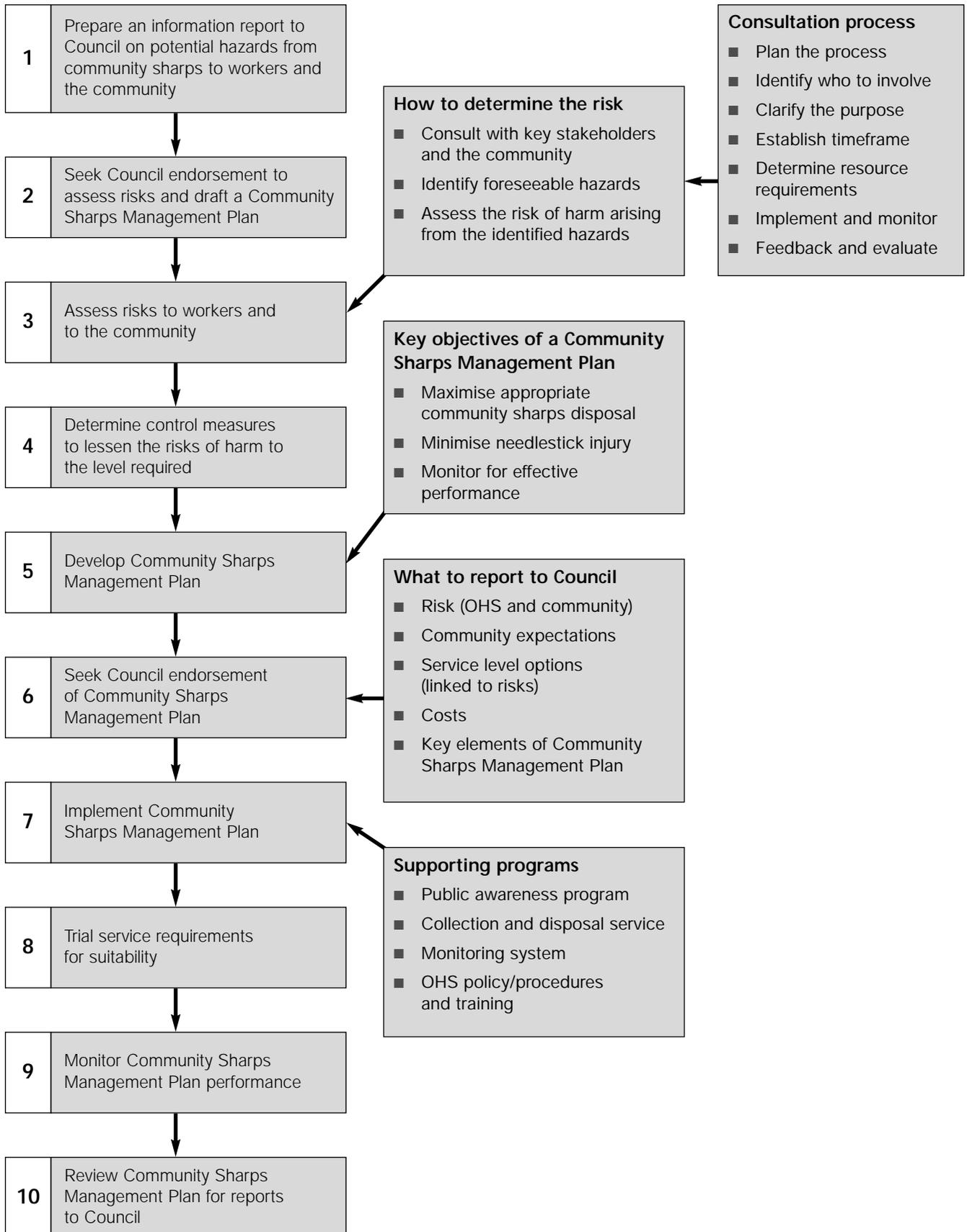
■ Minimise needlestick injury

In partnership with other key stakeholders, Council will – *Reduce the potential for needlestick injuries to occur by providing information, training, personal protective equipment, and responsive management systems.*

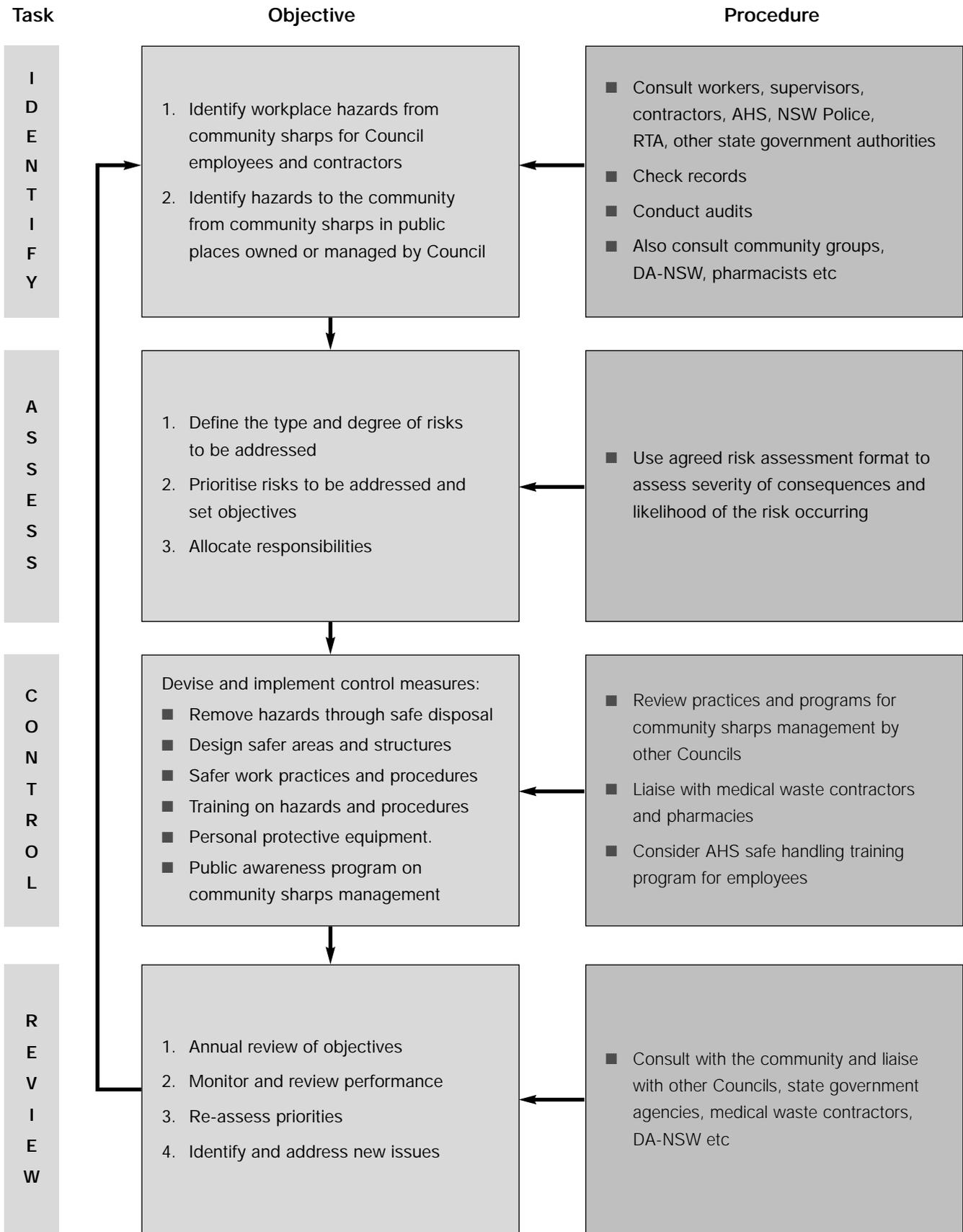
■ Monitor for effective performance

In partnership with other key stakeholders, Council will – *Meet legislative requirements and community expectations through effective performance management.*

10 Step planning process



Risk management process



Example of a Community Sharps Management Plan

Objective	Strategy	Actions	Partnership Opportunities*	Action by	Year (1-3)
1. Maximise appropriate community sharps disposal.	1. Encourage broad community participation in the safe disposal of community sharps by providing and promoting accessible and affordable community sharps disposal options.	1.1 In partnership with key stakeholders undertake a risk assessment of hazards to employees, contractors and members of the public from the inappropriate disposal of community sharps.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Needle Clean Up Hotline ■ Diabetes Australia-NSW ■ CDAT ■ Waste/recycling contractors ■ NSW Police 		1
		1.2 Where indicated by the risk assessment process and in partnership with key stakeholders provide/enhance community sharps disposal options for both single syringes and the range of container sizes typically used by community sharps user groups.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ NSW Users and AIDS Assoc. ■ NSW Health (grants program) ■ Pharmacists ■ Diabetes Education Centres ■ Waste and recycling contractors ■ Medical waste contractors ■ NSW Police 		1
		1.3 Actively promote the safe disposal of community sharps by providing an information brochure on the location of disposal facilities and encourage safe disposal through a community sharps awareness program. Provide information in languages other than English where required by local communities.	<ul style="list-style-type: none"> ■ Medical industry website ■ Needle and Syringe Program ■ Diabetes Australia-NSW ■ Diabetes Education Centres ■ Multiple Sclerosis Society ■ Divisions of General Practice ■ Pharmacists ■ Veterinarians ■ Waste and recycling contractors ■ Local media 		1
		1.4 Encourage local businesses to provide/enhance appropriate community sharps disposal options. Advise businesses to manage community sharps as 'sharps waste' by collecting and disposing of them in an appropriate manner to comply with OHS requirements.	<ul style="list-style-type: none"> ■ Entertainment venues ■ Accommodation providers ■ Brothels ■ Highway service centres ■ Shopping centre managers ■ Other businesses 		2
		1.5 Acknowledge local business initiatives in community sharps management.	<ul style="list-style-type: none"> ■ Local media 		Core

*Refer to **Useful contacts** on page 50 or where appropriate contact local/regional offices.

Example of a Community Sharps Management Plan

Objective	Strategy	Actions	Partnership Opportunities*	Action by	Year (1-3)
1. Maximise appropriate community sharps disposal.	1. Encourage broad community participation in the safe disposal of community sharps by providing and promoting accessible and affordable community sharps disposal options.	1.6 Encourage stakeholder businesses and state government agencies to provide support for Council's community sharps management program and where appropriate formalise partnerships with key stakeholders.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ NSW Health (grants program) ■ DEC (Sustain. Prgms. Div.) ■ Waste and recycling contractors ■ General practitioners ■ Pharmacists ■ Veterinarians ■ Medical waste contractors 		Core
		1.7 Work collaboratively with other local councils to develop a consistent regional approach to community sharps management.	<ul style="list-style-type: none"> ■ Local councils ■ Regional Waste Forums ■ Regional Organisations of Councils ■ Medical industry website 		Core
		1.8 Communicate and collaborate with state government agencies, non-government organisations, businesses and other stakeholders to implement 'best practice' responses to community sharps disposal issues.	<ul style="list-style-type: none"> ■ Area Health Services ■ Needle and Syringe Program ■ NSW Users and AIDS Assoc. ■ Diabetes Education Centres ■ NSW Health (grants program) ■ DEC (Sustain. Prgms. Div.) ■ Department of Housing ■ State Rail Authority ■ RTA ■ Water catchment authorities ■ Diabetes Australia-NSW ■ Local businesses 		2
		1.9 Monitor and where appropriate respond to initiatives in community sharps disposal and new technologies for drug delivery as they emerge.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Diabetes Australia-NSW ■ Diabetes Education Centres ■ Medical industry website 		Core
		1.10 Monitor the waste disposal practices of local businesses to identify inappropriate disposal of community sharps.	<ul style="list-style-type: none"> ■ Waste and recycling contractors 		3

*Refer to **Useful contacts** on page 50 or where appropriate contact local/regional offices.

Example of a Community Sharps Management Plan

Objective	Strategy	Actions	Partnership Opportunities*	Action by	Year (1-3)
2. Minimise needlestick injury.	2. Reduce the potential for needlestick injuries to occur by providing information, training, personal protective equipment, and responsive management systems.	2.1 Develop systems to monitor and record incidents of inappropriate disposal and liaise with other stakeholders to consolidate data on inappropriate disposal.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Needle Clean Up Hotline ■ Water/catchment authorities ■ RTA ■ SRA ■ Waste and recycling contractors ■ Local businesses 		1
		2.2 In consultation with key stakeholders respond to needlestick hazards in locations identified as problem areas/hotspots by providing community sharps disposal bins or regular clean-ups.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Needle Clean Up Hotline ■ CDAT ■ Waste and recycling contractors ■ Local businesses 		1
		2.3 Develop OHS procedures to manage a needlestick injury or contact with blood/body substances resulting from exposure to a needle or syringe in the workplace.	<ul style="list-style-type: none"> ■ WorkCover NSW ■ Needle and Syringe Program (safe sharps-handling training) ■ Council contractors 		Core
		2.4 Develop OHS procedures that provide for the appropriate supervision, supply of personal protective equipment, and training in the safe handling and disposal of community sharps for all employees considered at risk of exposure to community sharps in the workplace.	<ul style="list-style-type: none"> ■ WorkCover NSW ■ Needle and Syringe Program (safe sharps-handling training) ■ Council contractors 		Core
		2.5 Provide vaccinations for hepatitis B and tetanus to employees considered at risk of exposure to community sharps.			Core
		2.6 Require tenderers and contractors whose workers are considered at risk of exposure to community sharps to confirm they have adequate training, supervision and personal protective equipment to safely undertake their activities.	<ul style="list-style-type: none"> ■ Tenderers ■ Council contractors 		Core

*Refer to **Useful contacts** on page 50 or where appropriate contact local/regional offices.

Example of a Community Sharps Management Plan

Objective	Strategy	Actions	Partnership Opportunities*	Action by	Year (1-3)
2. Minimise needlestick injury.	2. Reduce the potential for needlestick injuries to occur by providing information, training, personal protective equipment, and responsive management systems.	2.7 Assist local businesses to undertake a risk assessment of inappropriate disposal of community sharps on and around their premises and encourage the installation of community sharps disposal bins where appropriate.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Medical industry website ■ Local businesses 		2
		2.8 Develop a community public awareness strategy on the risk of needlestick injury, safe handling of needle and syringe litter, and how to manage a needlestick injury.	<ul style="list-style-type: none"> ■ Needle and Syringe Program ■ Medical industry website 		2
		2.9 Develop a community sharps management information package to be provided to new employees as part of council's induction procedures.	<ul style="list-style-type: none"> ■ Needle and Syringe Program (safe sharps-handling training) ■ Medical industry website 		2
		2.10 Establish an integrated system of internal complaint management and collection services that respond in a timely manner to reports of inappropriately discarded community sharps.	<ul style="list-style-type: none"> ■ Council departments ■ Needle and Syringe Program ■ Needle Clean Up Hotline 		1
		2.11 Work collaboratively to promote the Needle Clean Up Hotline and provide a clean up service if NSP staff are unable to provide a rapid response in high-risk locations.	<ul style="list-style-type: none"> ■ Needle Clean Up Hotline ■ Needle and Syringe Program 		1
		2.12 Establish a system or contract for the supply, installation, and maintenance (including disposal and data reporting) of community sharps disposal bins on Council land or as part of a Council disposal program.	<ul style="list-style-type: none"> ■ Disposal bin suppliers ■ Council service providers ■ Medical waste contractors 		1

*Refer to **Useful contacts** on page 50 or where appropriate contact local/regional offices.

Example of a Community Sharps Management Plan

Objective	Strategy	Actions	Partnership Opportunities*	Action by	Year (1-3)
3. Monitor for effective performance	3. Meet legislative requirements and community expectations through effective performance management.	3.1 Develop a monitoring strategy that provides an accurate indication of the performance of the Community Sharps Management Plan.	■ Internal		1
		3.2 Develop information gathering and reporting processes to monitor the complaint/incident response and collection system.	■ Internal		1
		3.3 Monitor community sharps disposal services and infrastructure (type/location/ disposal data) for effectiveness in minimising inappropriate disposal.	■ Internal		Core
		3.4 Evaluate and report on the effectiveness of objectives, strategies and actions in the Community Sharps Management Plan and review linkages to other Council policies, procedures and programs.	■ Internal		Annual

*Refer to **Useful contacts** on page 50 or where appropriate contact local/regional offices.

5 Case studies

This section provides case studies drawn from the experiences of NSW local councils. These examples illustrate some of the practical approaches that have been taken to manage community sharps by:

- Parramatta City Council
- Coffs Harbour City Council
- Kempsey Shire Council
- Marrickville Council
- Riverina Eastern Regional Organisation of Councils (REROC) Waste Forum.

At the time of publication the information contained in the case studies was understood to be correct.

Examples of educational and information resources for community sharps management which use terms that are consistent with those used in these Guidelines can be downloaded from the medical industry website at www.communitysharps.org.au

Parramatta City Council

Parramatta City Council is located in the western suburbs of Sydney, and has a population of approximately 146,000 residents.

To address concerns about the inappropriate disposal of community sharps and resulting OHS and public safety issues, Parramatta City Council has developed a community sharps management program that targets all user groups.

To coordinate the program, Council formed a working party consisting of representatives from the Western Sydney Area Health Service, NSW Police, Division of General Practice, Diabetes Australia-NSW, Chamber of Commerce, and the Parramatta Park Trust.

Council has now installed community sharps disposal bins for single syringes and fitpacks® at 15 locations across the city, including public toilets, parks and transit points.

In response to concerns about the inappropriate disposal of community sharps in the domestic waste and recycling streams, Council launched a free community sharps disposal program for residents who self-inject to treat a medical condition.

Nine local pharmacies are participating in the disposal program, which operates on an annual budget of \$4,000.

Parramatta Lord Mayor, Councillor Paul Garrard officially launched a new information brochure, *A Guide to the Safer Disposal of Needles and Syringes*, on World Aids Day 2002. Designed to encourage the safe handling and disposal of community sharps, the brochure is available in English, Arabic and Chinese.

The launch drew a large number of people, including representatives from DA-NSW, NSW Health, Western Sydney Area Health Service, Department of Local Government, Parramatta Police, Westmead Hospital, Waste Service NSW, J.J. Richards and Sons, Australian Native Landscapes, Resource NSW, and local GPs. Parramatta City Councillors and local members of Parliament also attended the launch.

An application to the Western Sydney Area Health Service for funding to purchase, install and promote 3 x 240-litre community sharps disposal bins was successful in 2003. These have been installed in prominent locations in major shopping precincts in Granville, Guildford and Parramatta to cater for all user groups.

Council's community sharps program has been widely promoted through the following avenues:

- widespread distribution of the safe disposal brochure
- editorials on safe disposal in the Parramatta Sun and the Parramatta Advertiser
- an editorial in the DA-NSW quarterly *Issues* magazine, and inclusion of participating pharmacies on the DA-NSW website
- advertising in Westmead Hospital's *Westmead Connection newsletter*, and in Arabic and Chinese newspapers
- articles in Council's *Community News* which is sent to all residents
- community sharps disposal services listed on Council's website
- a high profile public launch.

The program has proven successful in addressing a significant number of the OHS and community concerns regarding community sharps.

Coffs Harbour City Council

Coffs Harbour City Council is located on the Mid North Coast, with a population of approximately 60,000, and a reputation as an attractive holiday destination.

Council recognised community sharps disposal as an important and often emotional issue in 2000. Problems reported at the time included an increasing number of community sharps found in public areas, public toilets (often causing sewer blockages), and at the materials recovery facility.

Advice from DA-NSW indicated that the number of people with insulin-treated diabetes in the Council area who used between one and four needles/syringes per day was around 450.

In addition to around 37,000 community sharps generated each month by people with diabetes, approximately 10,000 syringes per month were also being distributed through the NSP and Pharmacy Fitpack[®] Scheme.

Council accepted a report from its Senior Environmental Health Coordinator on a strategy to address issues of inappropriate disposal, and approved the installation of community sharps disposal bins for single syringes in 12 public toilet blocks that had been identified by cleaners as problem locations.

In addition to these units, Council approved the installation of 3 x 240-litre capacity community sharps disposal bins in readily accessible public locations in Toormina, the Coffs Harbour CBD, and Woolgoolga. Following discussions with both the NSP and DA-NSW, two of the bins were installed on council-owned carparks, and the third on a commercial shopping centre carpark.

Approval to install the bin on the commercial site was obtained from shopping centre management on an undertaking that Council would inspect the disposal bin and its immediate surrounds on a weekly basis.

The 240-litre bins are accessible by both people who self-inject to treat a medical condition, and injecting drug users, and provide a confidential means of safely disposing of community sharps. They are also suitable for disposal of larger sharps containers.

The bins are serviced by a medical waste contractor on a quarterly basis, and receive around three kilograms per bin per week of community sharps, with low levels of contamination recorded. The public place bins cost on average \$1,000 per year (total) to operate.

The success of the three original public place community sharps bins recently led to the installation of another 240-litre disposal bin near the popular Park Beach Plaza, which had also been identified as a problem area for inappropriate disposal.

The program was initially promoted in the media and through face-to-face meetings with diabetes support groups. On-going promotion is undertaken in response to new incidents of inappropriate disposal.

Coffs Harbour City Council has also recognised the importance of providing safe workplaces for its employees, contractors and volunteers. Council has developed a detailed procedures document that identifies occupations in its work force that are at particular risk of exposure to community sharps.

Issues covered in the document include safe handling and disposal procedures, hygiene requirements, first aid and needlestick response, and training.

Kempsey Shire Council

Kempsey Shire Council is located on the Mid North Coast. The Shire's resident population of around 27,000 increases dramatically during holiday periods, with an influx of visitors to the coastal towns and beaches of South West Rocks, Crescent Head, Hat Head, Grassy Head and Stuart's Point.

In 2003 the Kempsey Shire Council and the Mid North Coast Area Health Service (MNCAHS) undertook a review of problems arising from the inappropriate disposal of community sharps, particularly around popular beaches.

Case studies

At that time disposal facilities in Kempsey consisted of community sharps bins in five public toilet blocks and two parks, with no disposal facilities provided in any of the Shire's coastal towns.

Council also provided a 240-litre community sharps bin at the rear door to the Kempsey library for use by people with diabetes and others who self-inject in the home. The development of a new shopping centre in South West Rocks meant that many local residents were no longer driving to Kempsey to shop and no longer accessed this disposal bin.

Advice from DA-NSW identified that 78,000 syringes and pen needles were supplied to the Kempsey and South West Rocks postcodes each year under the NDSS. This figure did not include fingerprick lancets, or injecting equipment purchased at local pharmacies.

As several pharmacies in the area no longer accepted community sharps from people with diabetes, it was considered likely that the majority of this equipment was being disposed of in household waste services and local landfills.

Each year around 21,000 syringes are supplied to injecting drug users through three NSP outlets and a vending machine in Kempsey. Four pharmacies participating in the Pharmacy Fitpack[®] Scheme in Kempsey and South West Rocks provide additional injecting equipment. All the NSP outlets and Fitpack[®] Scheme pharmacies also provide disposal facilities.

Around 20 calls a year reporting the inappropriate disposal of injecting equipment are received either by the Needle Clean Up Hotline or the MNCAHS.

The review identified that the installation of additional community sharps bins for people with a medical condition and injecting drug users was desirable from both a community safety and OHS perspective.

A jointly prepared submission to NSW Health by Kempsey Shire Council and the MNCAHS requesting funds to assist Council to enhance its existing disposal infrastructure was successful in early 2004.

Council-owned car parks in beach areas were identified as the most accessible public sites for both residents and visitors to safely dispose of community sharps in the larger population centres.

Agreements were also reached to provide community sharps disposal facilities in smaller towns and villages in the Shire. These locations include a community neighbourhood centre, a Council-owned caravan park, a community health outpost, and pharmacies.

An additional 10 community sharps disposal bins for single syringes were installed in public toilets where inappropriate disposal had been identified as a problem.

The new disposal facilities will continue to be promoted to all user groups by both Council and the MNCAHS as part of an education and awareness program on safe disposal.

Marrickville Council

Marrickville Council is located in the inner west of Sydney, with a population of around 80,000.

From June 1998 to October 2000, Marrickville Council undertook a pilot project to address community concerns arising from unsafely discarded syringes in its council area.

The project was undertaken in partnership with the Central Sydney Area Health Service (CSAHS), and a number of other government and non-government agencies and organisations. These included NSW Police, Barnardos, Southern Sydney Area Waste Board, the Newtown Neighbourhood Centre, and the NSW Users and AIDS Association.

This collaborative approach was adopted in recognition that the issue of unsafely discarded needles and syringes was best addressed through communication and resource sharing with other agencies and the community.

A working group identified local 'hotspots' where needles and syringes were regularly discarded, and a number of community sharps disposal bins were then installed in selected problem areas.

The working group also developed a community education and promotion strategy around the introduction of the bins. Key initiatives included the production of an information card *Safety in Marrickville*; an information kit; and a range of health education and promotion services for people who inject drugs.

The *Safety in Marrickville* card was distributed to all households through Council's quarterly newsletter, and was also produced in the five main community languages of Arabic, Chinese, Portuguese, Greek and Vietnamese. The card contained emergency contact phone numbers, and detailed information on how to avoid a needlestick injury when handling community sharps.

The working group also developed a Procedures Manual for safe handling of syringes by Council staff, and a training program based on the manual. Examples of information contained in both the manual and the training program are included in the project report.

Exposure of council employees to community sharps in the workplace is now documented through a simple form listing the location and number of needles collected. This information is then used to respond to new problem areas by prompt installation of disposal bins.

Project activities included the development of criteria for identifying where disposal bins should be placed, identification of locations that met this criteria, and selection of appropriate disposal bins.

Disposal bins were placed in a male and female cubicle at each of three public toilet blocks selected from the hotspots identified by the working group, and their usage was monitored for the six-month trial period. The toilet blocks were located in a carpark and two parks.

The project demonstrated that installing safe disposal bins in public places greatly reduces the number of unsafely discarded syringes.

After installation of the bins and rollout of the education strategy the following improvements were noted:

- there was a general reduction in the number of unsafely discarded syringes
- no syringe litter was found where disposal bins were installed
- there was a significant decrease in community concern about unsafe disposal in the annual resident survey
- only four of the original 33 hotspots require ongoing monitoring
- no new hotspots were identified.

The project demonstrated the benefits of adopting a cooperative approach to community sharps management because it allowed the utilisation of resources and specialised knowledge that would not have been available to a single agency.

The Marrickville Council's *Safe Needle and Syringe Disposal Report* is available as a PDF file for reference by other local councils who are considering similar projects.

Riverina Eastern Regional Organisation of Councils (REROC) waste forum

The Riverina Eastern Regional Organisation of Councils (REROC) is a voluntary association of thirteen general purpose councils and two county councils located in the eastern Riverina region of NSW. The REROC region covers in excess of 41,000 square kilometres and has a population of approximately 125,000 people. REROC members are the councils of Bland, Coolamon, Cootamundra, Culcairn, Gundagai, Holbrook, Junee, Lockhart, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Riverina Water and Goldenfields Water.

The 13 general purpose councils are also members of the REROC Waste Forum. The Forum was established in 1997 and aims to develop and encourage the implementation of best practice initiatives in waste management.

The current regional waste management strategy '*Waste Wise Works*' was developed in 2002 and focuses on a two-pronged approach to waste management in the region. Firstly, implementing projects to improve community awareness and behaviour in relation to waste issues, and secondly, projects that identify and implement solutions in infrastructure and resource management.

The Forum recognised the need for appropriate disposal facilities for non-commercial users of community sharps several years ago. Member councils agreed to adopt a consistent approach by identifying community sharps disposal facilities across the region. These are located principally in local pharmacies, but also include a community centre, local hospitals and a council depot.

Member councils agree that it is important to reduce the number of community sharps entering waste management systems by providing safe alternative disposal options, and to ensure council employees

Case studies

have up to date knowledge, training and protective equipment to undertake their work in a safe environment.

It is considered particularly important that community members are aware of the safe disposal options. The implementation of safe disposal infrastructure must be supported by a community education campaign to ensure community awareness about the system.

To achieve this the Forum developed a regional disposal brochure to advise residents on safe disposal practice titled *How do I safely dispose of my Sharps?* The brochure provides disposal advice and the location of community sharps disposal facilities in the City of Wagga Wagga and 15 towns across the region.

The Forum believes that community participation and ownership of such projects is vital for success. The *How Do I Safely Dispose of my Sharps?* Project was developed with the assistance of the Greater Murray Area Health Service, REROC member councils, and 22 pharmacies and hospitals across the region.

The community sharps disposal program developed by the Forum is an example of regional cooperation in acting to address the OHS and public safety issues associated with community sharps, as well as meeting community expectations for safe disposal.

Supporting information

6

Policy information

An organisational commitment to the effective management of community sharps will facilitate the development of a strategic risk management approach by local councils. This commitment may be demonstrated by adopting a Community Sharps Management Policy.

The policy may either refer directly to a Community Sharps Management Plan (as in the example below), or refer to objectives, strategies and actions for community sharps management that are incorporated into the existing planning framework (corporate, waste management, OHS etc).

Example of a Community Sharps Management Policy

Background

Needles, syringes, lancets and other community sharps are generated in a wide range of non-clinical situations, including residential and commercial property, public areas and public facilities. Inappropriate disposal may represent a risk to council employees, contractors, the community, and the environment.

Council is committed to maintaining high standards of workplace and public health and safety and environmental management.

To fulfil these objectives it is necessary to properly manage the disposal of community sharps to provide safe and healthy environments for our workers, residents and visitors.

The aim of this Policy is to clearly articulate that Council is responding to community sharps management issues through the effective management of associated public and workplace risks.

Policy statement

The Community Sharps Management Policy outcomes for public and workplace health and safety are to work in partnership with the community and other stakeholders to:

- provide and maintain high standards of public and workplace health and safety that comply with or exceed the requirements of all relevant legislation, through the effective management of community sharps
- provide services and infrastructure that maximise appropriate community sharps disposal and minimise the potential for needlestick injuries to occur to workers, community members, or visitors
- regularly monitor and review the effectiveness of objectives, strategies and actions for the management of community sharps.

Policy procedures

The Community Sharps Management Plan provides the framework for objectives, strategies and actions for community sharps management.

Reviewed:	Yes/No
Date:	
Status:	Current

What to report to council

The following information can be considered for inclusion in an Information Report to Council.

Background and context

Use information contained in the Guidelines to advise Council on statutory requirements, duty of care obligations and community expectations. Provide advice on the potential for shared responsibility involvement by other stakeholders, including the availability of state government funding for community sharps programs.

Risk management

Report on the potential hazards to workers and community members. Identify a strategic approach of hazard identification, risk assessment, appropriate control measures, and ongoing review.

Community sharps data

Report on local distribution figures for syringes and needles provided to people with diabetes through the NDSS (available from DA-NSW), and to injecting drug users through the NSP and Pharmacy Fitpack® Scheme (available from the AHS).

These programs represent the largest single sources of community sharps and local distribution data will provide valuable context.

Community complaints of syringe litter

Include information on verified complaints or reports of drug activity and/or inappropriate disposal of community sharps from Council records, media reports, the NSP, the Hotline, and incidents of needlestick injuries to community members.

Community sharps in the workplace

Include information from Council records or reports from employees or contractors (particularly waste, recycling, and cleaning contractors) on exposure to community sharps in the workplace, and any reported incidents of needlestick injuries to workers.

Council OHS policy/procedures

Review current Council provisions addressing exposure to community sharps in the workplace. This includes:

- systems of work and work practices
- training (and supply and use of PPE)
- needlestick injury management
- terminology used (note that community sharps are not classified as clinical waste, sharps waste or hazardous waste).

Current services and infrastructure

Report on the accessibility of current community sharps disposal services provided by both Council and the AHS. Include advice on services provided by other councils in the region, and service options available from waste contractors.

Community concerns

Negative reaction towards community sharps management initiatives by councils usually results from a lack of knowledge about the community benefits a proactive approach can provide.

Providing facilities for the safe disposal of community sharps may be seen as encouraging the unlawful and anti-social activities of injecting drug users. This can lead to the development of a not-in-my-back-yard (NIMBY) attitude by some community members.

The reality is that residents and visitors generate significantly more community sharps from the legitimate treatment of a range of medical conditions than do injecting drug users in most areas. Safe disposal is the critical objective.

Educational and informational resources

Review the terminology used in current Council resources such as brochures, displays, website, and public notices. 'Community sharps' is the preferred term for non-clinical sharps.

Other household medical waste, such as drained dialysis bags, is generally suitable for disposal to domestic waste (not recycling) services, and is not recommended for inclusion in community sharps disposal programs.

Report recommendation

Recommend that the appropriate Council officer/s:

- undertake a risk assessment of community sharps and identify appropriate risk management control measures and service level options where required
- prepare a Community Sharps Management Plan as a strategic response to issues associated with the inappropriate disposal of community sharps
- provide a further report to Council for endorsement of the Community Sharps Management Plan.

Occupational health and safety

Community sharps awareness and safety training

NSW Health is developing a community sharps awareness and training package for endorsement by WorkCover NSW. The primary objective is to make a consistent and comprehensive training program available to local council employees considered at risk of exposure to community sharps in the workplace.

Information suitable for inclusion in an orientation program for new employees will also be provided. The program will cover a range of issues, including:

- harm minimisation and the Needle and Syringe Program
- understanding the risks associated with community sharps
- basic first aid for a needlestick injury
- safe collection and disposal of community sharps.

For more information on the community sharps awareness and safety training program contact the Area Health Service Needle and Syringe Program Coordinator (refer to **Useful contacts** on page 50).

Managing needlestick injury risks

The OHS Act and OHS Regulation place an obligation on employers to ensure that the required standard of workplace health and safety is achieved. This includes ensuring workplace health and safety where skin penetrating injury risks exist.

Employers also have an obligation to ensure that the health and safety of others is not affected by the way the employer conducts its undertaking. This includes people such as contract workers, but may also include members of the public.

The WorkCover NSW *Risk Assessment Code of Practice 2001* provides practical guidance on compliance with the OHS Regulation in relation to risk assessment. This risk assessment process can also be used to determine the risk of harm to the community in public places owned or managed by local councils.

Step 1

Identify foreseeable hazards in the workplace

There are many activities that can be undertaken to assist with identifying needlestick hazards in the workplace.

These include:

- consulting with workers, supervisors, and contractors to identify the level of exposure to community sharps in the workplace
- conducting walk-through surveys to identify locations and tasks where hazards exist (eg public toilets, parks and gardens, and garbage, litter and recycling bins)
- conducting workplace health and safety audits
- reviewing records and data (eg complaints, injury records, and registers of needle collections)
- liaising with NSP staff to identify areas where needle litter may be a problem
- obtaining information from other stakeholders (eg NSW Police, government agencies, businesses, employer bodies and unions, Diabetes Australia-NSW, and Community Drug Action Teams)

Step 2

Assess risk of harm

Once a hazard has been identified, an employer must assess the risk. This process should include:

- Identifying factors that may be contributing to the risk of a needlestick injury:
 - have workers received adequate training?
 - is personal protective equipment provided?
 - is the system of work used appropriate?
 - is the workplace environment suitable?
- Reviewing available health and safety information relevant to the particular hazard:
 - what vaccinations are available?
 - what are the risks of infection or disease?
 - what are the recommended post needlestick procedures?
- Evaluating the likelihood and potential severity of a needlestick injury in the workplace:
 - how frequent is the exposure?
 - how many workers are exposed?

Supporting information

- what are the personal, medical, financial and public relations implications of a needlestick injury?
- Identifying the actions necessary to eliminate or control the risk, including an assessment of the effectiveness of existing control measures:
 - do existing control measures effectively manage the risk?
 - what other control measures are available that could be considered?
- Identifying records required to be kept to ensure that risks are eliminated or controlled (in addition to the record keeping requirements stipulated in the OHS Regulation for illness, injury and dangerous events).

This hazard identification and risk assessment process must involve consultation with employees who are directly involved in tasks that expose them to the risk to which the risk assessment relates.

Step 3

Devise and implement control measures

An employer must identify the actions necessary to eliminate or control the risk. The control measures selected to manage exposure to skin penetrating injury risks should:

- adequately control exposure to the risk
- not create another hazard
- allow workers to do their work without undue discomfort or distress
- be appropriate for the degree of risk identified.

Where elimination of a risk is not reasonably practicable, the OHS Regulation sets out a hierarchy of control measures that must be followed to minimise risks to the lowest possible level. Engineering means are given preference over Administrative means because they are less subject to human error. Control methods should be monitored regularly to review their effectiveness. Engineering means include:

- 'designing out' hazards when planning new materials, equipment and work systems for the workplace (eg developing public facilities that are not conducive to drug use or concealment of needles)

- removing the hazard (eg providing community sharps disposal bins, and installing storm water drain interceptor traps to catch syringe litter before it enters waterways and pollutes beaches)

Administrative means include:

- implementing work systems that reduce the number of workers exposed to the hazard
- developing safer work practices, such as good maintenance and housekeeping procedures
- adopting a safer process (workers not manually compressing rubbish bags or the contents of litter bins)
- providing training on hazards and correct work procedures
- providing appropriate supervision.

Employers must provide workers who are exposed to a foreseeable hazard with suitable and properly maintained personal protective equipment and train them in its use. Personal protective equipment should not be solely relied upon, and should only be used as the last step in the risk control hierarchy.

Having decided upon appropriate control measures, these should then be implemented. This involves:

- communicating changes to workers
- providing instruction and training in the changes
- supervision to ensure that new control measures are being followed
- maintenance of new controls.

Step 4

Monitor and review

The final step is to monitor and review the effectiveness of the control measures. This includes answering the following questions:

- have the control measures been implemented as planned?
- are they effective?
- have priorities changed?
- are there any new problems?

Further information

A *Summary of the OHS Regulation 2001* is available from WorkCover NSW. For further information on workplace health and safety contact the WorkCover Publications Hotline on 1300 799 003 or visit the WorkCover NSW website at www.workcover.nsw.gov.au

Safe handling of community sharps

Providing simple and straightforward procedures for the safe handling of community sharps to workers and community members will minimise the risk of needlestick injury and infection.

Transmission of blood borne disease can occur in two ways when workers or members of the public handle community sharps:

- through penetration of the skin by community sharps contaminated with infected blood or body substances
- when infected blood or body substances enter the eyes, mouth, or nose, or contact broken skin such as a cut or abrasion.

10 basic procedures for handling community sharps

1. Never place hands into any hidden areas (eg drains, cavities or garbage bags) where the hands or fingers are not clearly visible.
2. Wear puncture resistant work gloves. Disposable gloves should be worn under puncture resistant work gloves where appropriate to prevent contamination of the skin with blood or body substances.
3. Do not attempt to recap, break or bend needles.
4. Use a sharps container for collection of needles/syringes.
5. Make sure no one is standing nearby when collecting needles/syringes to avoid accidental injury.
6. Place the container on the ground beside the needle/syringe to be collected (never hold the container) and pick up the needle/syringe by the barrel using appropriate tongs or similar equipment issued for this purpose.
7. Place the needle/syringe in the sharps container, sharp end first. If disposable gloves have been used, place them in the sharps container (or in a waste container), and securely close the lid.
8. Wash hands and tongs or other collection equipment with warm water and soap, and if contaminated with blood or body substances treat with a suitable disinfectant solution.
9. Complete the data collection form, noting the location and quantity of community sharps found.
10. Dispose of sharps container to a community sharps disposal bin.

Infection control for needlestick injuries

Providing simple and straightforward procedures for managing a skin penetration injury or contact with blood or body substances resulting from exposure to a needle or syringe in the workplace will minimise the risk of the worker contracting an infectious disease or experiencing excessive emotional trauma.

Immediate action for a needlestick injury or exposure

- Stay calm.
- Immediately after a needlestick injury or blood/body substance exposure, take the following action:
 - if the skin is penetrated wash the area well with soap and running water (alcohol based hand rubs or wipes can be used when soap and water are not available)
 - if blood contacts the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water
 - if the eyes are contaminated, rinse the area gently with water or normal saline solution while the eyes are still open
 - if blood gets into the mouth, spit it out and then rinse the mouth with water several times.
- Pat-dry the area around a skin penetration injury and apply a sterile adhesive dressing.
- Ensure the needle/syringe involved in the injury is safely collected in a secure container using established procedures.
- Report the injury immediately to your Supervisor or OHS officer. In all instances where the skin is penetrated or blood or body substances enters the mouth, nose, eyes or any cuts or abrasions, the affected person is to receive medical advice from a registered health professional as soon as possible.
- Complete the appropriate workplace injury form.

Reducing risks after exposure

Your Supervisor or OHS Officer should quickly act to:

- Ensure that the exposed area has been washed thoroughly.
- Ensure that the needle, syringe, or other sharp that caused the needlestick injury has been safely placed into a sharps container for appropriate disposal.
- Ensure that the employee is provided with immediate medical advice by a registered health professional. Advice and appropriate risk exposure counselling/treatment may be obtained through the Accident and Emergency department of a local hospital, the employee's own doctor, or the local council's nominated doctor.
- Reassure the employee.
- Offer support and trauma counselling through the appropriate agencies.
- Investigate the circumstances of the accident or incident.
- Take measures to prevent recurrence. This may include changes to work practices, changes to equipment, and/or training. It is important that the confidentiality of the employee and details of the type of exposure be maintained.
- Ensure that the appropriate workplace injury form has been completed in the time required.

Employers are required by the *Workplace Injury Management and Workers Compensation Act 1998* to notify their insurer of any workplace injury where compensation is or may be payable.

Clause 341(h) of the OHS Regulation also requires that employers must notify WorkCover NSW of workplace exposures to blood or body substances that present a risk of transmission of blood-borne diseases. Reporting provisions for exposures to blood or body substances by non-workers such as visitors and customers also apply. WorkCover NSW may be notified by telephone on 13 10 50 or via the WorkCover website at www.workcover.nsw.gov.au

For further information on reporting requirements refer to the *WorkCover NSW Notification Requirements for Occupational Exposure to Human Blood Pathogens Guide 2003* on the WorkCover NSW website.

Refer to the *National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses* [NOHSC: 2010 (2003)] for guidance about the risk management of occupational exposure to blood-borne pathogens at http://www.nohsc.gov.au/PDF/Standards/Codes/HIV_2Ed_2003.pdf.

Assessing the risk of needlestick injury

The OHS Regulation requires that employers must assess hazards that could harm their employees or any other person at their workplace. As council workers routinely carry out their activities in public areas such as streets and parks, public safety should be considered as part of this process.

This is particularly important if the inappropriate disposal of community sharps is known to occur in certain public areas. If a hazard is identified, an employer must assess the risk that someone may be harmed by that hazard.

A risk assessment matrix such as the example provided below is a standard tool used to determine the degree of risk associated with specific activities. The matrix is used to match the likelihood of a needlestick injury occurring, with the probable consequences if an injury does result.

Higher risk activities can then be prioritised and appropriate control measures developed on the basis of available resources.

Risk assessment matrix

Likelihood of a needlestick injury occurring	Consequences			
	Minor First aid injury No time lost Low/medium \$ cost	Moderate Medical treatment Some time lost Medium/high \$ cost	Major Serious injury Much time lost Adverse publicity High \$ cost	Catastrophic Death Adverse publicity Huge \$ cost
Almost certain Is expected to occur at most times	H	E	E	E
Likely Will probably occur at most times	H	H	E	E
Possible Might occur at some time	M	H	E	E
Unlikely Could occur at some time	L	M	H	E

E = extreme risk

H = high risk

M = moderate risk

L = low risk

Example: Parks and gardens employees may be regularly exposed to syringes in certain garden beds, so it is **Possible** that a needlestick injury to a worker might occur at some time. The consequences of transmission of a blood-borne virus to the worker would be **Major**, and the risk rating for that activity is considered **Extreme**. Members of the public (particularly children) are also at risk of experiencing a needlestick injury in this situation.

Promotion

Promoting safe disposal

An essential component of a Community Sharps Management Plan is a strategy for promoting awareness of the risk control measures adopted. Collaboration with key stakeholders to provide information directly to generators is an effective way to achieve this. Promotional opportunities include:

- media releases through local newspapers
- community service messages on local radio
- articles in the Council newsletter
- safe disposal information printed on Council envelopes or stationery
- distribution of safe disposal brochures and posters to Diabetes Education Centres, DA-NSW, MS Society, pharmacies, local Divisions of General Practice, healthcare providers, NSP outlets, veterinary clinics etc
- a Community Sharps Safety Week when residents can deliver stockpiled needles and syringes to convenient collection points
- a recorded message telephone service
- advising of the location of community sharps disposal facilities
- safe disposal information on fridge magnets, wallet cards or key rings
- presentations to community and business organisations
- disposal advice and the location of community sharps disposal facilities on Council's website and the DA-NSW website
- disposal information in Council libraries and community safety promotions
- information on safe disposal in non-English languages used in the local community
- information sheets for customer service officers, environmental health officers, community development officers, risk management officers, cleaning and waste contractors
- information on community sharps in induction packages for new employees.

The following information can also be used in newspaper articles, or on the council website.

How to dispose of community sharps

The inappropriate disposal of needles, syringes, and lancets represents a health risk to the whole community.

Disposal of community sharps into council waste or recycling services can result in needlestick injuries to waste collectors, landfill staff, recycling workers, residents and visitors.

Plastic syringes are NOT recyclable, and workers in the recycling industry are particularly at risk of a needlestick injury because of the high level of manual sorting required.

Place all community sharps into a sharps container or other appropriate container approved by your local council, such as a puncture-resistant, rigid plastic container with a screw-top lid. Use of sharps containers conforming to an Australian Standard is recommended. Glass bottles or jars should not be used because of likely breakage.

- Always keep containers out of reach of children.
- When 3/4 full, securely close the lid and if not using a sharps container, secure the lid with tape and clearly mark the container with the word 'Sharps'.

- Do not overfill the container as this can force the lid to open or cause a needle to puncture the container wall.
- Dispose of containers only to a community sharps disposal facility.

Don't place containers in council waste or recycling services because of the high risk of injury to workers.

Community sharps disposal facilities are provided by:

- participating pharmacies
- public place community sharps disposal bins
- public hospitals
- Needle and Syringe Program outlets

Contact your local council for information on the safe disposal of community sharps, and for the location of community sharps disposal facilities in your area.

Note: Local business operators should ensure that a contractor licensed to transport sharps waste removes all community sharps that are generated or collected on their premises.

Information posters and brochure

An information poster, pharmacy disposal poster (shown below), and safe disposal brochure featuring BD Spike the echidna can be downloaded from the medical industry website at www.communitysharps.org.au

The PDF poster files can be adapted by the inclusion of the local council contact details in the space provided at the bottom of the poster. The PDF brochure file can be further adapted by the inclusion of the council logo, and the address and location of community sharps disposal facilities.

The echidna graphic is used in preference to a syringe graphic to be more relevant to the significant number of community sharps generators who use equipment other than syringes (lancets, insulin pens etc).

Research also indicates that some people who inject for medical reasons may consider that information provided for the safe disposal of syringes applies to injecting drug users and not to them.



Safe disposal

Safe disposal in practice

Safe (appropriate) disposal of community sharps is not a straightforward concept. While some disposal practices are obviously 'safer' than others they may still represent an OHS risk to council workers or contractors, or a public safety risk to members of the community or visitors.

Several studies/surveys of the disposal practices of both people with diabetes and injecting drug users indicate that a significant number of community sharps are placed loose into domestic waste bins.

Wheelie bins do not guarantee safe disposal.

Although automated bin-lift technology reduces the risk of exposure to community sharps by waste collectors, it does not remove the hazard for community members or other waste service workers.

Wheelie bins are regularly vandalised in the street, blown over in high winds, or hit by vehicles, and the contents may then be strewn across the street and footpath. Members of the public attending public access landfills may also be exposed to community sharps.

Even when a container is used, spillage of the contents under compaction in the collection vehicle may occur. At particular risk of needlestick injuries are workers undertaking maintenance on waste collection vehicles or landfill machinery, landfill and waste transfer station operators, and resource recovery workers.

Designing for safe disposal

Public space design can influence behavioural patterns such as inappropriate disposal of community sharps and the degree of drug use in a public area.

The physical environment can be changed or managed through good design to produce effects that can reduce both the incidence of anti-social behaviour, and subsequent community perceptions of an area as being unsafe. This can be achieved by creating environments that make a particular space less conducive to illegal injecting of drugs, or, creating spaces that minimise the risks associated with inappropriate sharps disposal.

Good environmental design of public structures and public places can complement other responses, such as the strategic location of community sharps disposal bins.

Designing elements that reduce the likelihood of inappropriate disposal occurring should therefore be considered during the planning phase of all public projects.

For example, to discourage unsafe disposal in public toilets they should be designed with:

- no internal hiding places (ledges, beams or cavities) in walls and ceilings, or around wash vanities or other plumbing fixtures
- all cisterns entirely recessed
- fully exposed or transparent toilet roll holders/containers
- no access to roof gutters.

Community sharps disposal bins

Community sharps disposal bins incorporating a strong and secure housing and an internal sharps container are a practical and appropriate means of providing disposal options in public locations.

Importantly, they provide anonymity for disposers, particularly when accessible 24 hours a day. This is an important consideration for many people with a medical condition who consider their health status to be a private matter, and who may decline to use disposal bins in pharmacies or community centres.

A number of manufacturers supply disposal bins ranging in size from small wall-mounted units for disposal of single syringes, to large 120-litre and 240-litre units (refer to **Examples of community sharps disposal bins** on page 46). Larger bins will generally provide greater economy of operation, and can accept sharps containers up to 7.8 litres capacity, depending on shape.

All community sharps collected from public place disposal bins should be managed as sharps waste. This represents 'best practice' by:

- minimising the risk of needlestick injuries to workers handling bulk or aggregated community sharps
- ensuring the appropriate safe disposal of bulk or aggregated community sharps.

Local councils should require waste contractors to provide evidence that they hold an environment protection licence to transport sharps waste where more than 200kg are being transported at any one time. Contractors should also be required to ensure that sharps waste is only

Supporting information

taken to premises that hold an environment protection licence permitting the receipt of sharps waste.

Suppliers of sharps disposal containers to local councils should confirm that their containers conform to the requirements of the relevant Australian Standard. For containers with a capacity greater than 250ml these are:

- AS 4031–1992: *Non-reusable containers for the collection of sharp medical items used in health care settings*
- Australian/New Zealand Standard AS/NZS–4261:1994: *Reusable containers for the collection of sharp items used in human and animal medical applications.*

If wheelie bins are used by medical waste contractors as re-useable community sharps disposal bin liners they should be yellow in colour; marked with the bio-hazard symbol specified in AS1319 *Safety signs for the occupational environment*; bear an adequate description of the contents (eg sharps waste); and have a securely lockable lid for use when transporting the contents for disposal.

While there are no legislative requirements for the design of outer housings for community sharps bins in NSW, there are a number of design criteria that should be considered in order to satisfy duty of care and OHS obligations. This is particularly important if bins are fabricated in-house.

Community sharps bins for the disposal of sharps in containers should be:

- of strong and vandal-resistant construction
- designed to accommodate an internal container that conforms to the relevant AS for sharps containers, or meets OHS criteria for the collection, transport and disposal of sharps waste
- weather resistant to minimise the penetration of moisture into the unit (stainless steel or other corrosion resistant materials will provide longer life in coastal areas where mild sheet steel is subject to corrosion)
- designed with no sharp edges on external or internal surfaces of the bin and disposal chute that could cause blockage or injury

- secured onto a post, wall, floor or other structure using very strong and vandal-resistant brackets/bolts/housing
- designed so as to not impede the function and serviceability of the sharps container within
- designed to incorporate a non-return night safe-type chute for depositing sharps
- designed so that the contents of the bin are inaccessible to people depositing sharps, or to the public
- incorporate a minimum two point locking system
- incorporate a floor in case of spillage or overflow of the contents
- clearly identified by signage as being only for the disposal of community sharps
- readily distinguishable by means of colour and signage from other public bins (eg postal, clothing, waste or recycling bins)
- designed so that the access point for disposal is at a sufficient height from the ground to be inaccessible to small children (1,300mm minimum)
- able to accommodate a specified size of sharps container. This is important when advising residents on disposal options for larger containers, as sharps containers are produced in a range of sizes and shapes that may not fit into the bin.

Community sharps bins for disposal of single syringes should be capable of accepting 5ml syringes.

All community sharps bin access points for servicing or maintenance must be kept secured and inaccessible other than by key.

It is critical that community sharps disposal bins are monitored for usage and condition. Failure to regularly empty or maintain bins may attract liability for the local council if a member of the public sustains a needlestick injury. A contact telephone number should be provided on bins for notification of damage or overfilling.

Community sharps bin positioning

Placement of community sharps disposal bins will depend on the target group involved. For drug use in public areas and hotspots, discretion may be a key issue. Bins should be positioned in readily accessible areas that will allow for inconspicuous disposal without being hidden. If bins are placed in highly visible areas they are unlikely to be used.

Where large community sharps disposal bins are provided, they should be promoted as a whole-of-community service for people with diabetes and other medical conditions as well as for injecting drug users.

Disposal bin locations should be well lit at night and provide a secure and non-threatening environment for bin users.

As a significant proportion of illicit drug use takes place in private residences, large community sharps disposal bins provide an important option for injecting drug users to dispose of their equipment safely, rather than using domestic waste and recycling services.

Experience has shown that placement of these bins in readily accessible areas such as local council facilities, and shopping centre carparks does not increase drug use or encourage anti-social behaviour. It can also help to overcome the stigma that people who self-inject for medical purposes often associate with facilities provided for the disposal of syringes by injecting drug users.

The location of community sharps bins in public places should be decided on the basis of information obtained from a risk assessment process that takes account of the disposal requirements of all user groups, and the potential for damage or vandalism to the bin or its immediate surrounds. This includes the risk of a disposal bin being deliberately set on fire if installed in close proximity to a building.

Community sharps bins in public toilets

Injecting drug users often use public toilets, as they provide security and discretion, as well as other benefits such as light, water and tissue paper (swabs). Providing community sharps disposal bins in public toilets can be an effective strategy to minimise inappropriate disposal.

People who self-inject to manage medical conditions also benefit from the installation of community sharps disposal bins in public toilets. These facilities provide a means of safely disposing of community sharps when away from home or travelling.

Wherever possible, bins should be provided in every cubicle in public toilets that have a history of being used by injectors. Placing community sharps bins above the main wash vanity (especially in toilets with high usage) is unlikely to be successful as this may compromise discretion and increase disposal of non-injecting rubbish.

Where disposal bins are only placed in a single cubicle in public toilets, the use (and promotion) of signage or a logo to identify the location of the bin is appropriate. For example, a '**Community Sharps Bin Installed**' sticker (refer to example on p 47), or a Needle Clean Up Hotline **1800 633 353** sticker can be placed on the cubicle door.

If public toilets are locked at night, a community sharps bin can be located on an external wall to provide 24-hour access. In this situation a larger disposal bin that also allows for disposal of personal use containers could be considered.

The location of all community sharps disposal bins should be recorded on a **Community Sharps Bin Register** so that council information can be updated and key stakeholders kept informed of disposal bin locations.

For new or upgraded public toilet facilities, consideration should be given to providing community sharps disposal facilities that use a chute system incorporated into the cubicle wall and directed to a disposal bin in a service area. This type of installation can reduce operating costs by allowing the use of larger storage containers that require less frequent emptying, and also removes the potential for vandalism of wall-mounted units.

Blue (ultraviolet) lighting

Blue (ultraviolet) lighting is not recommended as a response to injecting drug use in public toilets, especially from a harm minimisation perspective.

Blue lighting is unlikely to provide a lighting level sufficient to conform to Australian lighting standards. This means that the owners and managers of public facilities where blue lights are installed may attract liability for injuries to facility users that can be shown to be wholly or partly attributable to low lighting levels.

Low lighting levels also increase the risk of a needlestick injury or body substances exposure to cleaners and maintenance staff.

Experience also suggests that injecting users may adapt to blue lighting, or employ poor injecting practices. This includes marking veins with a permanent marker (a practice that can introduce additional harmful agents into an injection site), and multiple puncture wounds from inadequate lighting.

Blue lighting may therefore result in more severe injection-related complications and/or an increase in blood spills.

Where blue lighting does displace injecting drug users, it may simply be transferring drug use to surrounding public areas that may be even more inappropriate in terms of risk management.

Like hotspots, it may be more appropriate to try and 'manage' the problem in areas of known drug use, rather than trying to manage inappropriate disposal in unknown or constantly moving areas.

Blue lighting may also create uncomfortable conditions for the general community. Some members of the community may experience headaches, blurred vision and other physical symptoms in these environments. Blue lighting presents additional difficulties for people with impaired vision.

Pharmacy disposal programs

Over 25 per cent of NSW local councils have established community sharps disposal programs in collaboration with one or more local pharmacies. Many of these programs are listed on the DA-NSW website at <http://www.diabetesnsw.com.au/livingwell>

A pharmacy disposal program represents a convenient disposal option for many people (some may decline to use this option on privacy grounds) who self-inject to treat a medical condition, particularly if they already obtain their injecting equipment from that pharmacy.

A large number of pharmacies are subagencies for the NDSS and provide free pen needles and syringes to people with diabetes who are registered with the scheme. Many pharmacists may see a benefit in also being able to provide their customers with a community sharps disposal service.

The aim should be to provide a reasonable coverage of pharmacy disposal sites across a local government area to facilitate safe disposal by residents and visitors. A poster advising that a community sharps disposal service is provided at the pharmacy is available on the medical industry website.

Local councils typically fund these pharmacy disposal programs by means of a service agreement with a contractor licensed to transport sharps waste.

It is recommended that local councils formalise their agreement in writing with each participating pharmacist, and request a Certificate of Currency for public liability, professional liability, and workers compensation insurance.

Local councils should also ensure that any disposal facilities they agree to provide in pharmacies minimise the potential for accidental exposure to community sharps by pharmacy staff or customers.

Community sharps disposal bins should be kept in a secure private area not accessible to children. The Pharmacy Guild of Australia-NSW has developed an OHS and public safety protocol to manage community sharps disposal in guild pharmacies.

Some pharmacists have very limited space available and may not be able to accommodate a disposal service. Other pharmacists may already be participating in the Pharmacy Fitpack® Scheme and may feel they are not in a position to provide an additional disposal service.

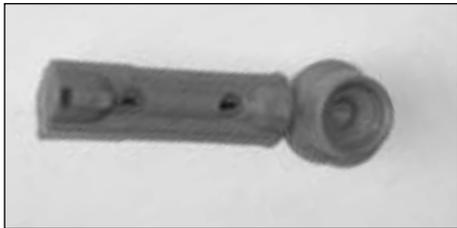
Appropriate sharps containers are provided by the contractor, and replaced on either a set schedule or on-call basis. The service may be provided for a set charge per collection, or on a service call fee plus charge-per-kilogram basis.

The contractor should provide the council with data on the weight of community sharps collected to allow regular monitoring of program performance.



A 50 litre sharps container provided to the Ryde Pharmacy (City of Ryde program)

Examples of community sharps



Lancets used to monitor blood glucose levels



Pen needle (shown detached at left) used with insulin pens to administer insulin



1ml, 3ml and 5ml syringes. The size generally used by injecting drug users and people with diabetes is the 1ml syringe shown at top

Example of a fitpack® – DS-003*



Lid and container opening



Container with lid closed

Product features summary:

Compact High quality injection moulded container c/w integral moulded lid and handle. Equipped with patented syringe disposal one-way flap and sliding divider system.

Unique system that provides for storage and transportation of new syringes and equipment and disposal of used equipment in the same container. Superior impact, crush and needle penetration resistance.

Description:

Fitpack® Compact Personal Sharps Container.

Product code:

DS-003

Material:

Injection Moulded Polypropylene

Capacity to nominal fill line:

300ml (safe recommended usable space)

Capacity to spill line:

360ml (Maximum container capacity)

Dimension (Container height):

153mm

Dimension (Length):

80.5mm (Top) 78mm (Base)

Dimension (Width):

38mm (Top) 36mm (Base)

Container shape

Rectangular tube with rounded ends

Quantity per carton

100

Product standards:

AS4031: 1996, AS4939: 2001, BS7320:1990

Manufacturing standards:

ISO 9001:2000, TGA Approved Product

Application:

Diabetes and Injecting Drug Users, discrete remote use.

*Manufacturer's specification sheet (3 and 5 syringe fitpacks® also available).

Examples of public place community sharps bins



120/240-litre bins in stainless steel or powder-coated steel



Single syringe wall units



240-litre bin in powder coated steel

Information on community sharps bins and contact details for suppliers is available on the medical industry website at www.communitysharps.org.au

Examples of community sharps stickers



Public place disposal bins



Waste and recycling bins



Public toilet cubicle doors



Public place disposal bins

Stakeholder information

Community support organisations

A number of community organisations provide support, advice, information and resources to generators of community sharps and others.

Diabetes Australia is concerned with the management, detection and prevention of diabetes. **Diabetes Australia-NSW** (DA-NSW) administers the National Diabetes Services Scheme (NDSS) in NSW. This federally funded scheme provides a range of subsidised products for the management of diabetes, including free needles and syringes. DA-NSW is well placed to provide information on the safe disposal of this equipment to its members.

A list of NDSS pharmacies by postcode and area, and a list of pharmacies and other facilities available for community sharps disposal are available on the DA-NSW website <http://www.diabetesnsw.com.au>

The list can be updated by providing information on disposal facilities to DA-NSW on (02) 9552 9947.

The **NSW Users & AIDS Association** (NUAA) is a peer-based, non-government organisation funded by NSW Health. NUAA provides education, advocacy and training on a range of drug, health and lifestyle issues.

NUAA is a member of the national Australian Injecting and Illicit Drug Users' League (AIVL). In 2002, AIVL undertook the *AIVL National Injecting Equipment Disposal Study*. This project placed particular emphasis on identifying reasons for inappropriate disposal.

Although most of NUAA's services are based in Sydney, it has a statewide brief and can advise NSW local councils on the development of strategies to involve networks of local drug users to inform a local approach to inappropriate disposal of injecting equipment. NUAA can be contacted on (02) 8354 7300 or by email at admin@nuaa.org.au.

Professional/industry bodies

The **Australian Diabetes Educators Association** (ADEA) is a national multidisciplinary organisation representing over 1000 health professionals involved in the delivery of diabetes education and care. A Diabetes Educator would see most people with diabetes who commence on insulin.

As part of the teaching program Diabetes Educators instruct people commencing insulin therapy about how best to dispose of their community sharps. Diabetes Educators can support local councils by informing people with diabetes about community sharps disposal services in their area.

Most large hospitals and many Community Health Centres employ Diabetes Educators. The ADEA can also assist local councils to identify Diabetes Education Centres and Services. Contact the ADEA on (02) 6287 4822 or visit the web site at <http://www.adea.com.au>

The **Australian and New Zealand Clinical Waste Management Industry Group** (ANZCWMIG) is the peak industry body for the management of clinical and related wastes. Membership of the ANZCWMIG includes waste transporters, disposal facility operators, consultants to the healthcare sector, tertiary institutions, medical device manufacturers and other stakeholders.

The ANZCWMIG can provide information and advice to local councils on the management of community sharps collected in disposal facilities, or in the provision of council services. The ANZCWMIG Industry Code of Practice for the Management of Clinical and Related Wastes is available by contacting 1800 222 259 or visiting <http://www.wmaa.asn.au/anzcwmig/home.html>

The **Pharmacy Guild of Australia** was established in 1928 as an employer industrial association to service the needs of proprietors of independent community pharmacies. The **NSW Branch** has more than 1,500 members who are pharmacy owners, as well as associate and student members.

The Guild acts as an advocate for community pharmacy interests at all levels of government, and provides services and information to pharmacies on a range of issues, including industrial relations, staff training, Guild products, in-pharmacy nursing services and Guild insurance.

In conjunction with NSW Health, the Pharmacy Guild of Australia-NSW Branch also operates the Pharmacy Fitpack® Scheme at around 400 pharmacies across the state. This program allows easy access to sterile injecting equipment and safe disposal of used syringes for people who inject drugs. A free fitpack® containing new syringes is available from participating pharmacies in exchange for used injecting equipment.

The Guild has developed a protocol for the handling and storage of community sharps in pharmacies, and supports cooperative arrangements between local councils and pharmacy proprietors to provide community sharps disposal facilities in local pharmacies. The Guild can be contacted on (02) 9966 8377 or by email at guild.nsw@guild.org.au

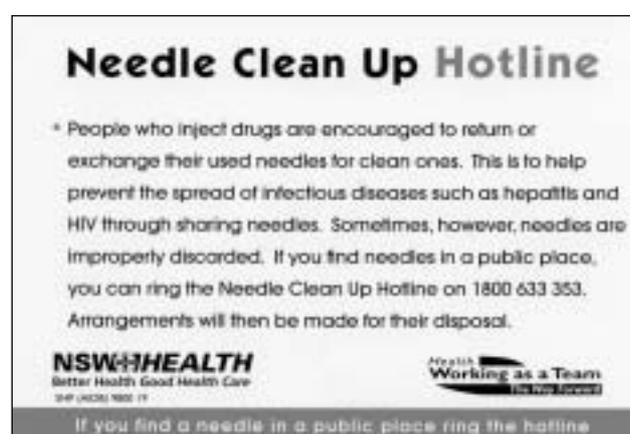
Needle Clean Up Hotline

The statewide free call Needle Clean Up Hotline **1800 633 353** was established to help reduce the risk of injury associated with inappropriately discarded needles and syringes.

The Hotline can be contacted Monday to Friday between 8.00am and 7.00pm, and Saturday between 10.00am and 6.00pm. After-hours messages can be left on an answering machine and will be responded to on resumption of business hours. Hotline services include:

- a speedy response to collect needles in public places by contacting the Area Health Service or local Council
- information regarding management of community sharps
- information on the location of community sharps disposal facilities in local areas
- information on how to safely handle and dispose of used needles.

Information cards and wallet cards promoting the Needle Clean Up Hotline **1800 633 353** are available from the Needle and Syringe Program at each Area Health Service.



Useful contacts

Organisation	Phone number	Email and website
Alcohol & Drug Information Service (ADIS)	1800 422 599 (02) 9361 8000	
Australian and New Zealand (ANZCWMIG) Clinical Waste Management Industry Group	1800 222 259	
Australian Diabetes Educators Association (ADEA)	(02) 6287 4822	www.adea.com.au
Department Of Environment and Conservation Pollution Line	131 555	
Diabetes Australia-NSW (DA-NSW)	(02) 9552 9900	www.diabetesnsw.com.au
Pharmacy Guild of Australia (NSW)	(02) 9966 8377	guild.nsw@guild.org.au
Needle Clean Up Hotline	1800 633 353	
NSW Users & Aids Association (NUAA)	(02) 8354 7300	admin@nuaa.org.au
WorkCover NSW	13 10 50 (02) 4321 5000	www.workcover.nsw.gov.au
NSW Health AIDS/Infectious Diseases Branch	(02) 9391 9253	www.health.nsw.gov.au

Area Health Service	Phone number	Contact
Greater Western	(02) 6841 2222	<p>At the time of publication, the NSW health system was undergoing a statewide restructure of health administration.</p> <p>For information on community sharps, contact the appropriate Health Service and ask to be connected to the Public Health Unit or AIDS Coordinator in your area.</p> <p>When available, an updated contact list will be provided in the PDF version of the Guidelines at www.communitysharps.org.au</p>
Greater Southern	(02) 6299 6199	
Hunter/New England	(02) 4921 4960	
North Coast	(02) 6620 2100	
North Sydney/Central Coast	(02) 4320 2111	
South Eastern Sydney/Illawarra	(02) 4253 4888	
South Western Sydney	(02) 9515 9600	
Western Sydney	(02) 9845 7000	

Abbreviations

ADEA	Australian Diabetes Educators Association
AHS	Area Health Service
AS	Australian Standard
AS 4031-1992	<i>Non-reusable containers for the collection of sharp medical items used in healthcare areas</i>
AS/NZS 4261:1994	<i>Reusable containers for the collection of sharp items used in human and animal medical applications</i>
AS 4939-2001	<i>Non-reusable personal use containers for the collection and disposal of hypodermic needles and syringes</i>
CDAT	Community Drug Action Team
DA-NSW	Diabetes Australia-NSW
EPR	Extended Producer Responsibility
IDU	Injecting Drug Users
LGA	<i>Local Government Act 1993</i>
HIV	Human Immunodeficiency Virus
MIAA	Medical Industry Association of Australia
NDSS	National Diabetes Services Scheme
NSP	Needle and Syringe Program
NUAA	NSW Users and AIDS Association
OHS	Occupational Health and Safety
OHS Act	<i>Occupational Health and Safety Act 2000</i>
OHS Regulation	<i>Occupational Health and Safety Regulation 2001</i>
POEO Act	<i>Protection of the Environment Operations Act 1997</i>
PPE	Personal Protective Equipment
RTA	Roads and Traffic Authority
SRA	State Rail Authority
WARR Strategy	<i>Waste Avoidance and Resource Recovery Strategy 2003</i>

Glossary

Acquired immune deficiency syndrome (AIDS)

is a condition that develops when the body's immune system loses its ability to fight off infection and becomes vulnerable to opportunistic infections and certain cancers. This condition is caused by infection with human immunodeficiency virus (HIV).

Body substances means any human bodily secretion, excluding sweat, or substance other than blood.

Community sharps are sharps that have been generated by non-clinical activities, and include needles, syringes and lancets used by people with diabetes and other medical conditions requiring self-injection in the home, and syringes used by injecting drug users in the home or in public places (refer to examples on page 44).

Contaminated means the presence (or reasonably anticipated presence) of blood or body substances on an item or surface.

Extended producer responsibility (EPR) is an environmental policy approach to reduce the amount of waste from consumer goods and its impact on the environment by extending a producer's responsibility for a product to the post-consumer stage of the product's life cycle.

Fitpacks® (trademark owned by ASP Plastics) are plastic packs containing new syringes (fits) that are provided to injecting drug users at NSP outlets and Fitpack® Scheme pharmacies, or purchased from vending machines. Fitpacks® have been designed as a personal sharps container for used syringes (refer example page 45).

Household medical waste means waste resulting from healthcare procedures undertaken in the home, including home dialysis, wound dressings, colostomy management, urinary catheter management, airway secretion management, and self-injection.

Human immunodeficiency virus (HIV) is the name of the virus that can cause AIDS. Once HIV enters the body it attacks the immune system, breaking down its ability to fight disease and infections. HIV can be spread through unsafe sex, through the sharing of needles and other drug injecting equipment, and through other blood-to-blood contact.

Hepatitis B is a viral disease of the liver spread by contact with blood and some body substances such as semen.

In addition to acute hepatitis it may result in chronic infection of the liver, with an increased risk of liver cancer and cirrhosis. Hepatitis B can be spread through the sharing of needles and other drug injecting equipment. There is a vaccine currently available for hepatitis B.

Hepatitis C is a blood borne viral disease of the liver. In addition to acute hepatitis, it may result in chronic infection of the liver, with an increased risk of liver cancer and cirrhosis. The majority of hepatitis C infections in Australia are due to the sharing of needles and other injecting equipment among people who inject drugs. The hepatitis C virus is significantly more infectious than HIV. There is currently no vaccine for hepatitis C.

Hotspots are areas identified as having significant community sharps disposal issues. Injecting drug use (and syringe litter) in these areas may vary significantly, with frequent use often followed by periods of relative inactivity. Hotspots most often occur in discreet areas located close to drug markets and places that issue injecting equipment, or in convenient injecting sites such as public toilets.

Lancets are small solid-bore needles used to prick the skin to monitor blood glucose levels (refer to examples on page 44).

Pen needles are small double-ended needles that attach to insulin pens as an alternative to using syringes (refer to examples on page 44).

Shared responsibility is the concept that all stakeholders involved in the life cycle of a product, from designers, manufacturers and suppliers through to consumers, have a responsibility to manage the environmental impact of the product, including its ultimate disposal. Shared responsibility, or product stewardship as it is also called, is recognised as a form of extended producer responsibility.

Sharps waste means any waste resulting from medical, nursing, dental, veterinary, pharmaceutical, skin penetration or other related clinical activity, and that contains instruments or devices:

- that have sharp points or edges capable of cutting, piercing or penetrating the skin (e.g. needles, syringes with needles or surgical instruments)
- that are designed for such a purpose
- that have the potential to cause injury or infection.

