Sharps and Clinical Waste Management

Standard operating procedure (SOP) | WST-SOP-001

Document type	Standard operating procedure (SOP)
Title	Sharps and Clinical Waste Management
Document ID	{{facility.code}}-WST-SOP-001
Version and status	1.0 | Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	Replaces the earlier short form
Standards and criteria supported	Standard 2B, criterion 2B.5 (non-negotiable)
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Put sharps straight into a sharps container at the point of use. Never recap, bend or break needles.
2. Close the container when it is two-thirds full. Label it with the date and your initials.
3. Segregate clinical waste by category in the colours set by the hospital.
4. Keep the waste store locked, labelled and clean. Collections are recorded on WST-FRM-001.
5. If you are injured by a sharp, wash the wound, report at once, and follow the occupational health procedure.

Stop and get help straight away if: a container is overfilled or cannot be closed, a collection is missed, or a spill is larger than the spill kit can manage.

1. Purpose

To protect staff, patients and the public from injury and infection from sharps and clinical waste, and to make sure waste is removed and disposed of lawfully [EC].

2. Scope

Applies to	All staff who generate, handle, store or move waste at {{facility.legal_name}}
Locations	All clinical areas, laboratories, theatres, dental areas, the waste store and the collection point
When	At the point of use, during storage, and at each collection
Does not apply to	Radioactive waste and pressurised gas cylinders, which have their own procedures

3. Definitions and abbreviations

Term	Meaning in this SOP
Sharps	Any object that can cut or puncture the skin: needles, scalpels, lancets, glass ampoules, broken glass contaminated with body fluids
Clinical waste	Waste that is infectious, anatomical, pharmaceutical, or otherwise hazardous, as

Term	Meaning in this SOP
	classified by the hospital and the national rules
Segregation	Separating waste into categories at the point of use
Waste manifest	The record signed by the collector and the hospital for each collection (or disposal certificate)
Contractor	The licensed company that collects and disposes of waste

4. Background and rationale

Sharps injuries expose staff to bloodborne infections. Mixing clinical and general waste, or overfilling containers, creates risks for staff, cleaners and the public. The control is correct segregation at the point of use, closed containers, and a documented disposal chain.

This SOP is the method for criterion 2B.5: the waste contract or disposal record for the last 3 months is the audit evidence. Waste handling is also covered by the infection prevention and environment SOPs.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Waste lead	Holds the contract; reviews disposal records; ensures the waste store meets the standard	Waste management training
Infection prevention lead	Advises on segregation and injury response; audits waste areas	Infection prevention competence
Ward or department head	Makes sure containers are in place and are closed and labelled when full; reports missed collections	Trained in this SOP
Every member of staff who handles waste	Segregates at the point of use; uses the sharps container; reports injuries at once	Induction and annual training

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Sharps container	Puncture-resistant, leak-proof, with a closing lid; approved for the purpose (EC)	Not overfilled; lid closes; label in place
Colour-coded waste bags and bins	Colours set by the hospital in line with the national rules (EC)	Correct colour for each category
Spill kit	Contents set by the waste lead (absorbent, bags, PPE, disinfectant)	In place; in date
Waste store	Locked, ventilated, labelled, cleaned and away from food and public areas	Locked; clean; no overflow
Personal protective equipment (PPE)	Gloves and eye protection for handling; apron where splashing is likely	Available at point of use

7. Safety and infection prevention

- Never recap, bend, break or remove a needle from a syringe by hand. Use the scoop technique only if the hospital allows it and the risk is assessed (EC).
- Use one hand for any task that involves a sharp, and keep the sharp away from your body.
- Wear gloves when handling waste. Wash hands after removing gloves.
- Do not put a sharp in a general bin, a bag, or on a tray for later.

8. Before you start

- Check the sharps container is in place, not full, and the lid closes.
- Check the bins and bags are correct colours for the waste.
- Check the PPE is available and the spill kit is in place.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Segregate at the point of use.	• Identify the waste category for each item before you dispose of it. • Put sharps directly into the sharps container, immediately after use. • Put infectious, anatomical and other categories into the correct bags and bins.	Segregation at the source is the control. Sorting later is less safe and less reliable.
2	Handle sharps safely.	• Do not recap the needle. If a recap is unavoidable, use the scoop technique only if the hospital allows it (EC). • Dispose of the whole device, not only the needle, into the container where the device is designed for it. • Do not force a sharp into a full container. Stop and change the container.	Most sharps injuries happen during recapping and disposal. The safest action is to not handle the sharp after use.
3	Close and label the container when two-thirds full.	• Close the container lid securely. • Write the date, ward or department, and your initials on the label. • Put the closed container in the designated waste store, or in the collection point. • Replace with a new container at once.	Two-thirds full (EC) prevents overfilling and reduces the risk of a sharps injury at the lid.
4	Move waste to the waste store.	• Move waste at least once each working day, or as the hospital schedule sets. • Use a trolley or cart with a lid. Do not carry containers in the arms or open trays. • Keep the store locked when unattended.	Waste that waits on the ward is a risk for patients and cleaners.
5	Keep the waste store clean and controlled.	• Check the store at the start of each shift for overflow, spills and locks. • Clean the store according to the cleaning schedule. • Keep food, drink and personal items out of the store.	The store is a controlled area, not a corridor.
6	Record each collection.	• When the contractor collects, record the date, weight or volume, the contractor's licence number and the manifest or certificate on WST-FRM-001. • File the manifest or certificate in the waste file.	The record proves the waste left the hospital lawfully and was disposed of correctly.
7	If a sharps injury occurs.	• Wash the wound with soap and water immediately. Do not squeeze to make it bleed. • Report to the ward head and occupational health at once, the same shift. • Follow the post-exposure procedure set by occupational health (EC). • Complete an incident report (INC-POL-001).	Time matters for post-exposure treatment. Report immediately, even if the risk seems low.
8	If a spill occurs.	• Secure the area and keep people away. • Put on gloves and eye protection. Use the spill kit as trained. • Collect sharps with forceps or a scoop, into a sharps container. Dispose of the cleaning materials as clinical waste. • Report the spill to the ward head and record it.	A spill is a sharps risk until the sharps are removed.

Decision points

- If a container is full, close it and replace it at once.
- If a container is damaged or leaking, place it in a secondary container and inform the waste lead.
- If a collection is missed, inform the waste lead the same day and keep the waste secure until collected.

10. Special situations

Situation	What to do
Theatre and procedure areas	Sharps are removed at the end of each procedure by the team. Containers

Situation	What to do
	are changed at the end of the list (EC).
Community or home visits	Carry a sharps container in the bag. Return it to the hospital, or to the collection point, the same day (EC).
Laboratory waste	Follow the laboratory waste rules in the laboratory SOP, which must meet this SOP (EC).
Dental waste	Amalgam and dental waste follow the dental waste procedure (generic SOP-006).

11. Problems and escalation

- Injuries go to occupational health at once.
- A missed collection, a damaged container, or a spill beyond the kit goes to the waste lead the same shift.
- If the waste contractor fails to collect for more than one scheduled collection, the facilities manager escalates to the chief executive.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Collections with manifest or certificate recorded	100%	Monthly	Waste lead	Escalation to the contractor and facilities manager
Containers closed and labelled when full (spot check)	100% of checks	Monthly, 20 spot checks	Infection prevention lead	Re-training of the ward; re-check within 7 days
Sharps injuries reported within the same shift	100%	Monthly	Occupational health	Review of each event; re-training

13. Records

Record	Where it is kept	Kept for
WST-FRM-001 Waste Contract and Disposal Record	Waste file	{{facility.records_retention_years}} years, or as the national rules require (EC)
Incident report (INC-POL-001) for injuries and spills	Incident log	{{facility.records_retention_years}} years

14. Training and competence

- All staff who handle waste are trained at induction, including sharps technique and the injury response (EC).
- Annual refresher and a practical check of sharps technique (EC).
- Staff are briefed on the waste categories and colours used in their area.

15. Related documents

ID	Title	Relationship
WST-FRM-001	Waste Contract and Disposal Record	Used in step 6
SOP-037	Infection Prevention and Control Procedure (generic)	Used after glove removal
INC-POL-001	Incident Reporting and Management	Used for injuries and spills
SOP-017	Clinical Waste Procedure (generic)	Basis for the waste categories
SOP-082	Waste Segregation Procedure (generic)	Basis for the segregation rules

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Container type, colour codes, fill level, scoop technique and the national waste rules must be confirmed before approval.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	Full procedure written; added segregation, sharps handling, container rules, store control, injury and spill response, monitoring	Approved by the ASF Expert Committee