

# Clinical Waste and Sharps Safety Policy

**Sample policy template.** This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

**Statutory anchor:** Health and Safety at Work etc. Act 1974, the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the Environmental Protection Act 1990 and waste regulations are the primary law for this policy. It also engages Regulation 12 (safe care and treatment), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936), which is quoted below. **Primary source:**

<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/12> **Last reviewed:** 2026-06-10

**Verivius pack version:** v1, 2026-06-10

**Policy owner:** Registered Manager. **Applies to:** all staff, clinicians, agency staff, contractors and anyone who handles, produces, stores or disposes of waste or sharps in the service.

## 1. What the regulation says

Care and treatment must be provided in a safe way for service users. (Reg 12(1) (the headline duty))

assessing the risks to the health and safety of service users of receiving the care or treatment, (Reg 12(2)(a) (risk assessment))

doing all that is reasonably practicable to mitigate any such risks, (Reg 12(2)(b) (risk mitigation))

ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way, (Reg 12(2)(d) (premises safety))

assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated, (Reg 12(2)(h) (infection control))

The full text of the regulation is at

<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/12>. Where this policy and the regulation diverge, the regulation wins.

## **2. Plain-English summary**

Care and treatment must be provided in a safe way. The regulation lists the areas a provider must address, including risk assessment, risk mitigation, staff competence, safe premises, safe equipment, sufficient equipment and medicines, medicines safety, infection prevention and shared-care planning. Alongside this, the safe handling and disposal of clinical waste and sharps is governed by health and safety law, COSHH and waste law, which set out the provider's duties to protect staff, people using the service and the public from the hazards that waste and sharps create.

## **3. Purpose**

The purpose of this policy is to make sure that clinical waste, healthcare waste, sharps and related materials are managed safely, legally and in a way that protects people using the service, staff, visitors, contractors and the public.

Clinical waste and sharps are a safety, infection-control and governance risk. Poor segregation, unsafe storage, overfilled sharps bins, missing waste documentation or poor response to sharps injuries can expose people to avoidable harm.

This policy supports safe care and treatment, infection prevention and control, premises safety, health and safety law, waste-management duties and good governance.

## **4. Policy warning**

Sharps must be disposed of immediately at the point of use into the correct sharps container.

Needles must not be re-sheathed, bent, broken, passed hand-to-hand unnecessarily, left on trays, placed in ordinary waste, or carried loose.

Clinical waste must not be mixed with domestic waste unless this is allowed by the service's waste-segregation procedure and waste contractor arrangements.

Where a sharps injury, blood or body-fluid exposure, incorrect disposal or waste-storage failure occurs, staff must escalate immediately and complete an incident record.

## **5. Scope**

This policy applies to:

- sharps
- needles
- syringes
- lancets
- scalpels and blades

- contaminated glass or sharp plastics
- clinical waste
- infectious waste
- offensive waste
- medicinal waste
- cytotoxic or cytostatic waste where relevant
- anatomical waste where relevant
- blood or body-fluid contaminated materials
- PPE waste
- dressings
- specimen-related waste
- dental, clinic, diagnostic, treatment-room or procedure waste
- waste generated in people's homes where the provider is responsible for disposal
- waste generated in vehicles or mobile services

## **6. Principles**

The service will ensure that:

- waste is segregated correctly at the point of production
- sharps are minimised where possible
- safer sharps are used where reasonably practicable
- sharps containers are available where sharps are used
- containers are assembled, labelled, closed and stored correctly
- staff are trained
- injuries are treated and reported promptly
- waste is collected by authorised contractors
- waste documentation is retained
- waste arrangements are audited

## **7. Responsibilities**

The Registered Manager is responsible for ensuring safe waste and sharps arrangements are in place and audited.

Clinical or operational leads are responsible for making sure correct containers and procedures are available in treatment, care, vehicle or visit areas.

All staff are responsible for segregating waste correctly, using sharps safely, reporting concerns and following this policy.

Contractors are responsible for collecting, transporting and disposing of waste in line with their legal duties and contract.

The provider remains responsible for ensuring that waste arrangements are safe and suitable.

## **8. Waste segregation**

Waste must be segregated at the point it is produced.

The service must maintain a waste-segregation guide that reflects:

- the type of service
- waste streams generated
- current healthcare waste guidance
- waste contractor requirements
- local disposal arrangements
- infection-control requirements
- medicines and sharps requirements

Staff must not guess the waste stream. If unsure, they must ask a senior person before disposal.

## **9. Sharps safety**

The service must reduce sharps risk by:

- avoiding unnecessary use of sharps
- using safer sharps where reasonably practicable
- ensuring sharps containers are available at the point of use
- disposing of sharps immediately after use
- not passing exposed sharps hand-to-hand unnecessarily
- not re-sheathing needles unless a specific risk assessment and safe device requires it
- not overfilling sharps containers
- closing temporary closures between use where required
- locking and disposing of full containers safely
- training staff before they use sharps

Staff must not use sharps unless trained and authorised.

## **10. Sharps containers**

Sharps containers must be:

- suitable for the type of sharps used
- correctly assembled
- labelled with service/location details where required
- kept upright
- kept close to the point of use
- kept out of reach of unauthorised people
- not overfilled
- closed when not in active use where required
- locked when full
- stored securely pending collection

A sharps container must not be used if it is damaged, incorrectly assembled, overfilled or contaminated externally.

## **11. Medicines and pharmaceutical waste**

Medicines waste must be managed in line with the Medicines Policy and waste contractor arrangements.

The service must have clear arrangements for:

- unused medicines
- part-used medicines
- expired medicines
- controlled drugs where relevant
- cytotoxic or cytostatic medicines where relevant
- vaccine waste where relevant
- medicine-contaminated sharps
- medicine packaging where relevant

Medicines must not be placed into ordinary waste unless the service's approved procedure allows this for that specific waste type.

## **12. Waste storage**

Waste must be stored safely before collection.

Storage arrangements must ensure:

- security
- cleanliness
- pest control
- separation from clean areas
- protection from unauthorised access
- protection from weather where relevant
- appropriate containers
- suitable signage where required
- timely collection
- spill arrangements
- no build-up of waste beyond safe capacity

Clinical waste must not be stored in a way that compromises dignity, cleanliness, infection control or public safety.

### **13. Waste collection and contractor assurance**

The service must use authorised waste contractors appropriate to the waste stream.

The service must retain evidence of:

- contractor details
- waste transfer or consignment documentation where applicable
- collection schedules
- waste stream arrangements
- contractor licences or assurance where required
- missed collections and action taken
- service-level concerns

Where a contractor fails to collect waste or waste accumulates, the Registered Manager must assess risk and take action.

### **14. Waste generated off site**

Where staff generate waste in a person's home, vehicle, community setting or temporary location, the service must have a safe procedure for:

- segregation
- temporary storage

- transport
- return to base where allowed
- collection or disposal
- sharps containers
- spill management
- incident reporting
- protection of staff and the public

Staff must not leave clinical waste or sharps in a person's home unless this is part of an agreed, lawful and safe arrangement.

## **15. Sharps injury and exposure response**

If a sharps injury, bite, splash, blood exposure or body-fluid exposure occurs, staff must:

- encourage bleeding where appropriate for sharps injury
- wash the area with soap and water
- irrigate eyes or mucous membranes where exposed
- cover the wound
- report immediately to the person in charge
- seek urgent occupational health, GP, emergency department or specialist advice according to local procedure
- identify source risk where lawful and appropriate
- complete an incident record
- preserve details of the device and circumstances
- consider RIDDOR, safeguarding, CQC notification or other reporting where relevant

The service must not delay urgent advice after a sharps injury.

## **16. Spills and contamination**

The service must have arrangements for blood, body-fluid and chemical spills.

This must include:

- spill kits where required
- PPE
- safe cleaning method
- segregation of waste
- ventilation where relevant

- escalation
- incident reporting
- temporary restriction of area where needed
- contractor or specialist cleaning where required

Staff must not clean spills unless trained and equipped to do so.

## **17. Staff training**

Staff must receive training appropriate to their role on:

- waste segregation
- sharps safety
- safer sharps
- sharps container use
- clinical waste storage
- medicines waste
- spill response
- exposure response
- incident reporting
- PPE
- infection prevention and control
- contractor arrangements
- waste generated off site where relevant

Training must be recorded.

## **18. Incidents and concerns**

The following must be reported as incidents:

- sharps injury
- needle found outside sharps container
- overfilled sharps container
- incorrect waste segregation
- clinical waste in domestic waste
- missed waste collection causing risk
- unauthorised access to waste

- spill or contamination incident
- staff exposure to blood or body fluids
- missing waste documentation
- repeated waste errors

The Registered Manager must review incidents for learning and action.

## **19. Audit**

The Registered Manager must audit clinical waste and sharps arrangements at least quarterly, or more often where risk is high.

The audit must check:

- segregation
- container availability
- sharps container assembly and fill level
- storage areas
- collection records
- waste documentation
- staff training
- PPE availability
- spill kits
- incident trends
- contractor issues
- action completion

Findings must be added to the action plan or risk register where required.

## **20. Related records**

The service must keep:

- waste-segregation guide
- waste contractor records
- transfer or consignment documentation where applicable
- sharps injury records
- exposure records
- incident records

- training records
- waste audit records
- action plans
- contractor assurance records

## **21. Related policies**

This policy should be read with:

- Infection Prevention and Control Policy
- Health and Safety and COSHH Policy
- Medicines Policy
- Controlled Drugs Policy where applicable
- Incident Reporting, Investigation and Learning Policy
- RIDDOR Policy
- Risk Management and Risk Register Policy
- Training, Competency and Mandatory Training Policy
- Business Continuity and Emergency Preparedness Policy
- Data Protection and Confidentiality Policy where waste contains identifiable information

## **22. Review**

This policy will be reviewed annually, or sooner following a sharps injury, clinical waste incident, CQC finding, infection-control concern, contractor change, waste audit failure, service change or change in national guidance.

## **23. Sources and further reading**

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- Health and Safety at Work etc. Act 1974 (<https://www.legislation.gov.uk/ukpga/1974/37>)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Environmental Protection Act 1990 and waste regulations
- HTM 07-01: Safe Management of Healthcare Waste
- HSE sharps injury guidance
- Waste contractor guidance

- Health and Social Care Act 2008 IPC Code of Practice
- CQC Regulation 12: Safe care and treatment
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<https://www.legislation.gov.uk/uksi/2014/2936/regulation/12>)

## 24. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

## 25. Document control

| Version | Date       | Author            | Changes   |
|---------|------------|-------------------|---|
| v1      | 2026-06-10 | Verivius (sample) | Initial sample template, conformed to the Verivius policy standard. |

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

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An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.