



An Roinn Cosanta
Department of Defence



Clinical Waste Policy & Procedure

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Approved by	Head of Branch & Medical Director
Further Information	civildefence@defence.ie
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Policy Summary	To ensure the safe segregation, handling, storage, transportation, and disposal of clinical waste generated during Civil Defence operations
Changes Made	This is a new policy reflecting PHECC guidance on the disposal of clinical waste.

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1. Purpose

The purpose of this policy is to ensure the safe segregation, handling, storage, transportation, and disposal of clinical waste generated during Civil Defence operations, training exercises, emergency responses, medical treatment activities, and at Civil Defence facilities. This policy aims to protect personnel, patients, contractors, the public and the environment from risks associated with clinical waste.

2. Scope

This policy applies to:

- Civil Defence Officers, Assistant Civil Defence Officers
- Civil Defence Volunteers
- Any location where healthcare-related activities are undertaken on behalf of Civil Defence, including temporary treatment areas established during incidents and emergencies.

3. Policy Statement

Civil Defence is committed to managing clinical waste safely, responsibly and in compliance with all applicable health, safety, environmental, and waste management legislation.

All personnel involved in the generation or handling of clinical waste shall:

- Minimise waste generation where practicable.
- Segregate waste at the point of generation.
- Use approved containers and storage facilities.
- Follow safe handling procedures (see Appendix 1).
- Report incidents involving clinical waste immediately to the senior officer on site.
- Complete relevant training before handling clinical waste (see Appendix 1).

4. Definitions

a) Clinical Waste

Waste arising from healthcare activities, that may pose a risk of infection, injury, or contamination.

Examples include:

- Used dressings and bandages contaminated with blood or bodily fluids
- Used personal protective equipment (PPE) contaminated with infectious materials
- Swabs and wound care materials
- Human tissue or biological materials
- Sharps
- Waste known or suspected to contain pathogens that may cause disease.

b) Sharps

Any item capable of cutting or piercing the skin, including:

- Needles
- Syringes with attached needles
- Lancets
- Scalpel blades
- Broken contaminated glass

c) Non-Clinical Waste

Waste that poses no infection risk and can be disposed of through ordinary waste streams.

Examples include:

- Paper
- Packaging materials
- Uncontaminated PPE
- Food waste

5. Responsibilities

a) Department of Defence

- Maintain policy oversight.
- Manage policy review and governance arrangements, including engaging with CDOs to provide any clarifications required.
- Ensure waste management requirements are included within training programmes.

b) Local Authorities

- Arrange appropriate disposal of clinical waste.
- Provide suitable waste containers and storage facilities.
- Provide appropriate Personal Protective Equipment (Appendix 1)
- Ensure registered clinical waste contractors are engaged.
- Maintain records relating to waste disposal.
- Provide training to volunteers under the Civil Defence Unit local training plan arrangements.

c) Civil Defence Officers/Assistant Civil Defence Officers

- Ensure implementation of this policy.
- Monitor compliance during operations and training.
- Investigate incidents involving clinical waste.
- Ensure clinical waste is stored safely until collection.
- Facilitate and record training for volunteers

d) Volunteer Responders/Practitioners

- Comply with this policy.
- Attend training as required
- Segregate waste correctly at the point of generation.
- Wear appropriate PPE when handling waste.
- Report concerns, spillages, injuries, or non-compliance immediately.
- Correctly apply numbered tags to used clinical waste bags
- Correctly complete the label on sharps containers
- Correctly record the clinical waste being stored in onsite bins.

6. Review

This policy shall be reviewed:

- Every three years, or
 - Following significant legislative or regulatory change.
 - Following a serious waste-related incident.
 - Following revisions to PHECC Clinical Governance requirements

Appendix 1:

Clinical Waste Management Procedures

a) Waste Segregation

Segregation shall follow the approved healthcare waste system.

Yellow bags shall only contain soft clinical waste and must not contain:

- Sharps.
- Free liquids.
- Hard objects.
- Chemically contaminated materials.

Waste Type	Container
General Waste	Black or Clear Bag
Clinical/Healthcare Waste	Yellow clinical waste bag
Sharps Waste	Approved Yellow Sharps Container
Pharmaceutical Waste	Container with Purple Lid

b) Clinical Waste Containers

All healthcare risk waste containers shall:

- Be clearly identified.
- Be appropriate for the waste stream.
- Comply with relevant UN3291 requirements.
- Be maintained in good condition.
- Remain closed when not in use.

Clinical waste bags shall:

- Be filled to no more than three-quarters capacity.
- Be securely sealed.
- Be tagged with the required identifying tag before disposal.

c) Sharps Management

Safe sharps management is a critical infection prevention measure.

Personnel shall:

- Dispose of sharps immediately after use.
- Bring a sharps container to the point of care whenever possible.
- Place sharps directly into an approved sharps container.
- Never place sharps in clinical waste bags.
- Never leave sharps unattended.
- Never re-sheath or recap needles.
- Be familiar with Civil Defence needlestick Policy & Procedures (included in the Medications Policy document).

Sharps bins shall:

- Be securely mounted or stored.
- Be clearly labelled.
- Be assembled and signed by the person responsible.
- Be disposed of as healthcare risk waste when full.

d) Storage of Clinical Waste

Clinical waste shall:

- Be stored in designated secure areas.
- Be protected from unauthorised access.
- Be protected from damage, weather, and pests.
- Be stored separately from general waste.

Clinical waste generated at events shall be secured and returned to the Civil Defence unit where Clinical waste bins and tags will be available as detailed in Appendix 2.

Please note that de-naturing kits should be managed by disposing of sharps and solidified medication remains according to the categories above.

e) Personal protective equipment

Personnel handling healthcare risk waste shall wear PPE appropriate to the risk assessment.

This may include:

- Disposable gloves.
- Aprons.
- Eye protection.
- Face masks.
- Fluid-resistant gowns where appropriate.

Hand hygiene shall be performed before and after waste handling and after glove removal.

f) Management of Spillages

All blood and body fluid spillages shall be treated as potentially infectious and managed immediately. When a spillage occurs:

1. Restrict access to the area.
2. Wear appropriate PPE.
3. Use an approved spill kit where available (see example at Appendix 2).
4. Apply approved absorbent/disinfectant products.
5. Clean using detergent and appropriate disinfectants.
6. Dispose of contaminated materials as healthcare risk waste.
7. Place warning signage until the area is dry.

g) Transport and Disposal

Healthcare risk waste must be stored in a secure bin at the Civil Defence unit and shall only be removed and disposed of by licensed waste contractors authorised to transport and process healthcare risk waste. The following should be in place/retained:

- Secure transport arrangements.
- Retention of waste transfer documentation.
- Retention of ADR¹ transport documentation (*supplied by waste contractor*)
- Disposal records (for audit and inspection purposes).

¹ ADR stands for *Accord Dangereux Routier*, which translates from French as the European Agreement concerning the International Carriage of Dangerous Goods by Road. It is the official European rulebook that sets safety standards for moving hazardous materials, including clinical waste, on public roads.

h) Ambulances and Treatment Facilities

Waste generated during patient care shall be removed promptly and not allowed to accumulate.

Following each duty:

- Clinical areas shall be cleaned and disinfected.
- Waste shall be removed appropriately.
- Reusable equipment shall be decontaminated.
- Vehicle hygiene standards shall be maintained.

i) Training

All volunteers involved in patient care shall receive training which must include the following modules:

- PPE requirements.
- Infection Prevention and Control.
- Clinical waste segregation.
- Use of waste containers.
- Safe sharps disposal.
- Spill management.
- Incident reporting procedures.

Training records shall be maintained by the relevant Local Authority and recorded on VEMS

j) Monitoring and Audit

Compliance with this policy shall be monitored through:

- GVF Operational inspections.
- Vehicle inspections.
- Clinical governance audits.
- Waste documentation reviews.
- Incident/Near-miss investigations.

Appendix 2



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Segregation & Packaging Healthcare Waste



Orange/Blue Sharps Container

Needles, syringes and all contaminated sharps.



Purple Sharps Container

Contaminated cytotoxic sharps and unused medicines.
No free liquids.



Yellow Bag

Soft waste only.
No sharps, liquids, hard objects or chemically contaminated wastes.



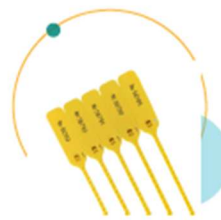
Purple Lidded Container

Non sharps cytotoxic waste & pharmaceuticals.
No sharps or free liquids.



240L Clinical Waste Bin

Yellow bags that have been correctly sealed and tagged.



Clinical Waste Tags

All yellow bags must be correctly tagged before going into the 240L bin



Please ensure that all containers are correctly labelled

Example of Spills Kit



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Version Control Summary

Version #	Date	Key changes
001	Aug 2026	N/a – This is a new policy reflecting PHECC guidance on the disposal of clinical waste.