



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



**Submission on  
Proposed Revised National Hazardous Waste Management**

**HSE Consultant in Public Health Medicine Environment and Health Group**

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## Submission on the Proposed Revised National Hazardous Waste Management Plan

The HSE Consultant in Public Health Medicine Environment & Health Group (CPHMEH Group) members undertake elements of the HSE Public Health function in relation to the impact of environment on health, working with internal HSE colleagues (Environmental Health Departments, Occupational Health Departments, Public Health laboratories including Public Analyst etc) and external statutory agencies such as Local Authorities, Water Services Authorities, Health and Safety Authority, EPA etc. Our interest is to protect and improve the health of the public through identification and control of environmental influences on health.

In addition, Consultants in Public Health Medicine carry the Medical Officer of Health role –responsibility for the investigation and control of notifiable infectious diseases including “removing conditions favourable to such infection”<sup>1</sup>. Therefore we have a particular interest in preventing environmental conditions conducive to the transmission of serious infectious diseases in humans.

Therefore, the HSE Consultant in Public Health Medicine Environment & Health Group welcomes improvements in the management of hazardous waste in Ireland, especially where they reduce the health risk to the public.

Our comments focus upon :

a) Healthcare Risk Waste

b)Non- Healthcare Risk Waste

a) Healthcare Risk Waste

Healthcare provision is a source of **healthcare risk waste**, such as: waste contaminated with bloodborne, wound and other infectious material; radioactive waste from various radiological services etc. We note that the healthcare sector has been identified as a prioritized sector for improvements in hazardous waste prevention and we support efforts to minimize the volume of such waste that are compatible with quality healthcare.

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<sup>1</sup> Infectious Diseases Regulations 1981, Section 11.

The Proposed Revised Plan makes recommendations in the legislative area including collection permit changes to address transport of small quantities of hazardous waste in order to avoid barriers for collection from small sources and a regional enforcement approach to producer responsibility obligations.

Many HSE staff and other healthcare providers transport hazardous waste such as sharps boxes between healthcare sites including domiciliary care. The trend is towards providing as much healthcare as possible in the home or community and so these activities are likely to increase. Householders also become responsible for the disposal of healthcare waste as a result of these activities.

It has been brought to our attention that current practice may leave individual staff members vulnerable to prosecution by the EPA should an incident occur and where the EPA could be asked by a member of the public to invoke legislation in relation to transportation of hazardous waste. It appears that individual staff may be carrying risk on behalf of the employer. There may be need for authorization and insurance from healthcare employers to and from domiciliary care, as in a “depot-based healthcare” system.

Engagement between healthcare organizations and the EPA on this specific issue may be required in the development of procedures that are compliant with hazardous waste legislation as well as meeting healthcare needs.

**We recommend a risk based approach to take consideration of the benefits of the healthcare activity as well as the healthcare waste risks associated with the activity.**

#### **b) Non- Healthcare Risk Waste**

The HSE CPHMEH Group welcomes and supports:

- Continuation and improvement of control efforts in relation to the unauthorised use of waste oil in burners and other challenging areas

- Implementation of best practice radioactive waste control measures
- The objective stating “to protect human health from hazardous waste”

and recommends that the indicator for human health “*Minimise complaints relating to hazardous waste facilities*” should also take consideration of hazardous waste risks experienced in relation to other sites.

**With regard to Hazardous “Waste” not considered in the Proposed Revised National Hazardous Waste Management Plan:**

It is noted that one of the objectives of the proposed revised plan is “*to minimise the environmental, health, social and economic impacts of hazardous waste generation and management*”.

From a public health point of view one of the most hazardous waste products is faecal matter that is contaminated with pathogenic organisms from infected humans or animals which is planned to increase substantially in line with the proposals of Food Harvest 2020. However, European Communities (Waste Directive) Regulations 2011<sup>2</sup> appear to exclude faecal matter as a form of waste and defines ‘waste’ as any substance or object which the holder discards or intends or is required to discard. Presumably this is because this type of hazardous material is covered by other legislative requirements. However, despite legislative and other efforts, every year microbiological contamination incidents occur in the environment, which affect human health. This group is aware of outbreaks of serious infections associated with contaminated drinking water or direct contact with hazardous faecal matter with transfer of infection to vulnerable settings such as pre-school crèches. The sources of such contamination are either human or animal waste.

Perhaps the revised National Hazardous Waste Management Plan might consider how effectively legislative and other requirements in relation to such waste are enforced or implemented.

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<sup>2</sup> EUROPEAN COMMUNITIES (WASTE DIRECTIVE) REGULATIONS  
2011 accessible at: <http://www.irishstatutebook.ie/pdf/2011/en.si.2011.0126.pdf>