

Corporate Services



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Rhett van Veldhuizen
Waste Minimisation Lead Napier City
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Waste Minimization Planner Hastings District
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Dear Rhett and Angela

Medical Officer of Health Consultation on Waste Assessment

This letter provides comment on the Waste Assessment undertaken by Napier City and Hastings District Council to inform Hastings and Napier's draft Waste Minimization Plan. The letter provides evidence of Hastings District and Napier meeting requirements to consult the Medical Officer of Health under section 51(5)b of the Waste Minimization Act 2008.

I note that the assessment took place last year and that councils have already released a draft plan for consultation. The DHB has separately submitted to the draft plan. I note also that the waste assessment process involved several steps. These appear to be described in the following documents: Waste Assessment Hastings District Council and Napier City Council by Jacobs (3 July, 2017); Hastings DC and Napier CC Districts-specific issues for Waste Management and Minimisation by Morrison Low; and Supplementary Waste Assessment Paper by Rhett van Veldhuizen October 2017.

Sustainable solid waste disposal, diversion and recycling ultimately contribute to public health by maintaining or enhancing the health of the environment in which humans live. However, in reviewing the assessment I have focused on the requirement for waste management to mitigate more immediate public health risks. From a Public Health perspective, sanitary collection and disposal of solid waste is essential for the reasons of:

- Human disease control (e.g. pathogenic wastes and reducing the harbourage of human disease vectors (rats, fleas and mosquitoes)
- Control of nuisance from dust, odour and pest species\public safety
- Health risks from arising from human exposure to hazardous wastes or hazardous products from solid waste disposal facilities
- Equity of access to safe waste management methods and environmental justice considerations in respect of risks from facilities

In terms of broader environmental issues, I note that some issues such as consumer preference for bins over bags and the lack of council market share have been identified in previous assessments.

P O P U L A T I O N H E A L T H S E R V I C E

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This suggests that action to address such issues has been somewhat limited and it will be important to ensure the plan is implemented to make progress prior to the next assessment. However, aside from noting the recurrence of issues, I am satisfied that the assessment has been comprehensive and summarises key issues to be addressed in the new plan. There are however, some issues which from a public health perspective warrant further investigation.

ISSUES OF PUBLIC HEALTH CONCERN REQUIRING FURTHER ASSESSMENT

Medical waste

Used needles, lancets and syringes are classified as infectious, hazardous waste under the New Zealand Standard 4304:2002 and require proper handling, storage, transport and disposal to minimise the risk to individuals and the environment.

Medical sharps injuries have the potential to transmit a number of potentially harmful pathogens including bacteria and viruses such as Hepatitis and HIV. The risk of infection following community needle-stick injury is low but the health consequences of infection are serious. Needle stick injuries cause preventable work for follow-up and investigation as well as a very high level of concern and anxiety for those who sustain them, regardless of whether or not that injury results in infection. The greatest level of risk is presented by the wide-bore needles used by some renal patients and lancets used by diabetics to puncture the skin for blood sampling.

The medical conditions most commonly associated with self-administered injections are diabetes and renal disease. In 2012 it was estimated that there were approximately 1,400 diabetics who inject insulin and up to 150 renal patients in the Hawke's Bay DHB catchment. The volume of sharps waste generated by these two groups is difficult to accurately quantify given that each individual will have different medication regimens and practices. However, it is estimated that between 5,000 and 7,000 waste needles are generated in Hawke's Bay each week. This equates to between 260,000 and 364,000 needles requiring disposal each year.

Legal responsibility for the safe disposal of used sharps in the community is a grey area. Under NZS 4304:2002, the waste generator is responsible for ensuring the safe management of waste from generation to disposal. In the case of equipment used for the injecting of prescribed medication, it is unclear whether the waste generator is the prescriber or the patient. As it is unlikely that any poorly disposed of sharp item could be traced back to an individual patient, prescriber or dispenser we believe a pragmatic region wide solution is required.

There is currently no consistent process for the collection and disposal of sharps waste in the Hawke's Bay community. Renal patients under the care of the secondary service are given appropriate sharps containers which can be returned for disposal at Hawke's Bay hospital, Central Hawke's Bay Medical Centre and Wairoa hospital. However, the majority of people using needles in the community are diabetics, and currently the options for safe disposal of used sharps by these households are limited. Current disposal systems rely on payment for the full cost of disposal by users or the goodwill of some pharmacists and GPs who will accept used sharps and dispose of them at their own cost. In all likelihood this situations means most sharps are being disposed of through household refuse collection systems.

We consider councils have a role in resolving these issues as part of their waste management strategies and would welcome further discussion with councils on practical solutions.

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Contaminated soil

The assessment did not appear to cover either the demand for disposal of contaminated soil or the availability of appropriate disposal facilities. I am concerned that with increasing land use changes associated with population growth, and the requirements of the National Environmental Standard for Assessing and Managing Contaminants in Soil to Protect Human Health 2011, contaminated soil may be being moved to inappropriate sites thereby spreading contaminants through the district. It would be useful to see an assessment of this issue along with an analysis of options for safely managing unwanted contaminated soil.

Conclusion

Thank you for consulting me on the assessment. I look forward to working with both councils to better understand the above issues and other public health aspects of waste management.

Yours sincerely



Dr Nicholas Jones
Medical Officer of Health

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