

**Community Sharps Program Expression of Interest**

*Providing the community with access to sharps disposal options*

**Background**

The Department of Health (DoH) have commissioned the WA Local Government Association to implement a Program with the aim of upgrading existing or installing new sharps collection containers in public places (under the control of Local Governments).

This Program aims to improve the disposal network for sharps in public places to make it easier to dispose of these items and reduce the risk of inappropriate disposal and the potential for needle stick injuries. Through this Program, WALGA is seeking expressions of interest from Local Government. Following the receipt of these requests WALGA will order the required sharps containers, plastic inserts (compliant with Australian and New Zealand Standards AS4031 and AS/NZS 4261), signage for the containers and arrange delivery to the Local Government.

**Information Sessions**

To ensure Local Governments have sufficient information and can raise any issues relating to this Program, WALGA will hold two online sessions:

* 9.30am to 10:00am on **Wednesday, 14 July**. Register [here](https://zoom.us/meeting/register/tJUtd-GqqjwrG9HSbbiHGNpl8WeAz5Y96Nse).
* 11:00am to 11.30am on **Tuesday, 27 July**. Register [here](https://zoom.us/meeting/register/tJwrcO6tqjIiGtIVY77Jf7DqFR_Ar4XXMz2A).

**How to Participate**

This Expression of Interest will be treated like a Memorandum of Understanding, and therefore must be signed off by the Local Government Chief Executive Officer. If your Local Government is selected you must commit to implementing the Program and agree to the terms laid out on page 3 of this EOI.

To register your interest, complete and submit the Expression of Interest by **5:00pm on Friday, 6 August 2021.**

**Submitting your EOI**

Return your completed Expression of Interest Form to the WALGA Waste Management inbox [waste@walga.asn.au](mailto:waste@walga.asn.au).

**For more information contact** [**Rebecca Brown**](mailto:rbrown@walga.asn.au)**, Manager Waste and Recycling, on (08) 9213 2063 or 0407 477 074.**



**Community Sharps Program Expression of Interest Form**

(Please type your responses)

**Main Contact Person**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Local Government |  |
| Phone number |  |
| Email |  |

Did you attend either of the Information Sessions (on 14 or 27 July)?

Yes  No

**Numbers and Locations for Sharps Containers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of public facility**  **(e.g. men’s/women’s/**  **disabled/unisex/**  **shower block**  **public toilet)** | **Number of units** | **Location**  **(e.g. the park/car park/facility, with street address where relevant)** | **Is this a new unit or an upgrade of an existing unit?**  **(New/Upgrade)** | **Have there been incidents of vandalism recently at this location? (Y/N)** |
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|  |  |  |  |  |
|  |  |  |  |  |
| ***Total*** |  |  |  |  |

Do any of the locations have adverse climate conditions (e.g. seafront) which impact on the durability of the sharps containers?

Yes  No

**If yes**, please indicate these conditions and which sharps containers are impacted (put an \*next to the type of facility in the table above).

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**Local Government Contribution**

Is your Local Government able to install the sharps containers?  Yes  No

*Containers need to be securely affixed to a solid wall or structure, ideally at a height of over 1.3m from the ground.*

Is your Local Government able to provide the details of the company responsible for emptying/disposing of sharps (when containers are full) to WALGA?  Yes  No

Does the Main Contact Person (above) agree to being contacted regarding the ongoing maintenance of the sharps containers?

Yes  No

**Community Sharps Program Terms of Agreement**

In signing this Expression of Interest your Local Government agrees to the following:

|  |  |
| --- | --- |
| **Local Government** as a WALGA partner commits to: | **WALGA** as the coordinator of the Program commits to: |
| * Providing information on the Program to relevant internal stakeholders for example Senior Management. | * Working with the Local Government to engage relevant internal stakeholders, where required. |
| **Sharps Units Installation**   * Ensure if responsible for installation the sharps containers are installed in line with the requirements of this Program (securely attached to a solid wall or structure and at a height above 1.3m) * Ensure if responsible for installation the sharps containers’ signage is affixed and the relevant phone number included for the community to report a full container, damage to the container or request for servicing. | **Sharps Containers**   * Order and arrange for delivery of the sharps containers for the Local Government to install OR for the contractor to install * Order and arrange for the delivery of the sharps containers’ signage to the Local Government to install OR for the contractor to install. |
| **Reporting Requirements**   * Once the sharps containers have been installed, providing WALGA with a photograph of each of the installed containers * Providing GPS coordinates if possible, to allow the containers to be located on the Department of Health website. | **Reporting Requirements**   * Undertaking the necessary reporting requirements to acquit the Grant to the Department of Health. |
| **Ongoing Servicing**   * The ongoing servicing of the sharps collection containers that have been installed, OR engagement of a company to service the sharps collection containers, and responding to community requests in relation to the containers. |  |

**Please ensure your Chief Executive Officer has approved this Expression of Interest for submission.**

Chief Executive Officer Name:

Chief Executive Officer Signature:

Date: