

INTERNAL ONLY
ISLHD POLICY
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

NAME OF DOCUMENT	Waste Management
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	ISLHD CORP PD 34
DATE OF PUBLICATION	November 2021
RISK RATING	High
REVIEW DATE	November 2023
FORMER REFERENCE(S)	ISLHD OPS PD 34
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Strategic Improvement Programs
AUTHOR	Senior Manager Infrastructure Services, Assets, Infrastructure, Engineering & Maintenance Services (AIEMS)
KEY TERMS	Waste Management
FUNCTIONAL GROUP OR HUB	District-wide
NSQHS STANDARD	Standard 1
SUMMARY	To inform employees, volunteers, patients, clients and visitors of the Local Health District the approach to waste management in order to comply with legislation, waste minimisation, licensing and achieve improvements in waste management.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to ISLHD-CorporateGovernance@health.nsw.gov.au

1. POLICY STATEMENT

To inform employees, volunteers, tenants, patients/clients, students, visitors and contractors of the Illawarra Shoalhaven Local Health District (ISLHD) generic approach to waste management in order to comply with legislation, waste minimisation, licensing and achieve improvements in waste management.

To promote and facilitate the principles of waste minimisation in accordance with the *NSW Waste Avoidance and Resource Recovery Act 2001* and the *NSW Government Resource Efficiency Policy (GREP)*. This policy replaces the previous *NSW Government Sustainability Policy and the Waste Reduction and Purchasing Policy (WRAPP)* November 2004.

To inform staff, volunteers and contractors working within the ISLHD of their responsibilities to comply with statutory requirements and appropriate Codes of Practice detailed within this and related policy directives.

It should be noted that the general principles of *NSW Health Waste Management Guidelines for Health care facilities – August 1998* have been used as the base for this policy, however where more current information is available such as the *Code of Practice for the Management of Clinical and Related Wastes, 6th Edition 2010* and Legislation as listed, this information has been used as the benchmark.

NOTE:

1. The **specific** management of cytotoxic, radioactive and pharmaceutical waste is outside the scope of this policy. Staff must refer to site and departmental specific procedures.

2. AIMS

ISLHD recognises the value of waste management principles and is committed to waste minimisation strategies that will protect / reduce environmental impacts, ensure compliance with legislative requirements and promote continuous improvement in waste management across all ISLHD facilities and services. The purpose of this policy is also to protect the health and safety of staff, patients/clients, students, visitors and contractors, to achieve cost effective, safe and environmentally sound management of clinical and related waste as well as ensuring a safer working environment.

3. TARGET AUDIENCE

Refer to 1. Policy Statement.

4. RESPONSIBILITIES

Chief Executive, Directors, Hospital General Managers, Clinical Stream Directors, Managers, Supervisors, Team Leaders, Staff, Students, Visitors, Volunteers and Contractors within ISLHD.

5. DEFINITIONS

EPA	Environment Protection Authority
MSDS OR SDS	Material Safety Data Sheet or Safety Data Sheet is a document that describes the properties and uses of a substance with sections to identify hazards, ingredients, first aid measures, firefighting measures, accidental release measures, handling, storage, exposure controls, waste disposal and transport
Personal protective equipment (PPE)	Equipment designed to prevent contamination of the health care worker and/or their clothing, for example: <ul style="list-style-type: none">• A plastic apron or other protective cover of non-permeable fabric.• Protective gauntlets or heavy duty gloves.• Enclosed shoes (not canvas e.g. joggers).• Facial protection (if there is a risk of splashing).
Pollution Incident	Pollution incident means an incident or set of circumstances during or as a consequence of which there is or is likely to be a leak, spill or other escape or deposit of a substance, as a result of which pollution has occurred, is occurring or is likely to occur.
Segregation	Separation of the various waste components, at the point of generation, into their relevant waste stream categories for subsequent containment, transportation and disposal.

6. DOCUMENTATION

6.1 Waste Management Policy

ISLHD recognises the value of waste management principles and is committed to waste minimisation strategies that will protect / reduce environmental impacts, ensure compliance with legislative requirements and promote continuous improvement in waste management across all ISLHD facilities. Effective strategies for waste minimisation include:

- Implementation of waste management plans, committees and waste audits.
- Waste minimisation, avoidance, segregation, recycling and reuse.
- Waste labelling and containment.
- Proper waste handling, storage and transport.
- Waste traceability.
- Correct waste treatment and disposal.
- Water and energy reduction strategies.

It is the policy of the ISLHD that all generators of waste and staff involved in collection and disposal of waste will have on-site training that emphasises the responsibility of all staff to abide by legislative requirements and internal policy directives.

6.1.1 Waste Management Committees

ISLHD will have a Waste Management Committee (WMC). The Committee will meet as per their Terms of Reference which are to be posted on the District's Governance Website.

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Incidents and / or accidents in relation to waste shall be monitored regularly through ISLHD electronic Incident Management System (ims+).

6.1.2 Waste Management Plan

ISLHD is committed to the principles of waste reduction and purchase of recycled content materials in four areas:

- Paper products.
- Office equipment and consumables.
- Vegetation and landscaping material.
- Construction and demolition material.

The purpose of the Waste Management Plan is to shift from disposing of waste to landfill to managing waste as a resource. Operating and waste disposal costs shall be reviewed periodically by site managers to evaluate any reduction or increase in waste disposal costs.

6.1.3 Licensing

Within ISLHD facilities Waste Contractors must provide on-going evidence of annual renewal of EPA licenses. Facility Managers responsible for waste must ensure licensing is current. Any arrangements for waste removal at a site level must only be with a suitable licenced service provider.

6.1.4 Liquid waste Trade agreements

All substances entering the sewerage system through sinks or toilets must be in quantities and / concentrations acceptable to Sydney Water and local Council regulations.

The Material Safety Data Sheet should be checked for the safe disposal of any chemical.

Liquid waste is managed across ISLHD as part of the Whole of Government Waste Management and Resource Recovery Contract.

Under no circumstances are liquid, sludge or solid wastes to be flushed through the stormwater system (down drains or in the gutter) as this goes directly into our waterways with no treatment.

When liquid and / hazardous wastes are pumped out and taken off site for specialised treatment, a copy of the EPA Docket must be retained by the Site Manager responsible for Waste. This includes:

- Grease trap waste.
- General purpose tanks.
- Drummed or bottle chemical wastes.

6.1.5 Hazardous chemicals and dangerous goods

There is often an overlap between these two categories of goods. Some hazardous chemicals are also classified as a dangerous good. In this case the regulations applicable to each category are applicable to the waste/ product.

Waste materials classified as hazardous / dangerous must be managed according to the waste labelling requirement. Waste from hazardous / dangerous chemicals must be managed according to the relevant MSDS and Codes of Practice.

6.2 Responsibilities

ISLHD is responsible under the *Work Health and Safety Act 2011* to provide a safe, healthy workplace and safe systems of work for all. The management of waste presents a number of potential hazards to employees requiring the appropriate measure of risk identification, risk assessment and risk control.

All employees, volunteers, and contractors have an obligation to follow instructions regarding safe work practices detailing the disposal of waste in accordance with legislation and codes of practice. Employees must be informed during on-site training of the financial and environmental consequences of placing waste within the wrong streams.

ISLHD has a responsibility under the *NSW Government Resource Efficiency Policy (GREP)* to continually improve their waste efficiency through:

- Using the integrated waste management contracts.
- Creating an ISLHD-specific waste reduction plan to target key waste streams that can be reduced or redirected from landfill.
- Improving separation of recyclable materials out of the general waste stream (e.g. organics, clean natural excavated material).
- Introducing paper reduction targets and electronic file management systems.
- Recycling waste products where there is access to a national voluntary stewardship scheme.

Departments are encouraged to help drive growth and innovation in the market for recycled and sustainably sourced material by purchasing:

- Construction materials with recycled content to comply with relevant Environment Protection Authority exemptions and reference design specifications for reuse (such as the specifications from the Institute of Public Works Engineering Australia for pavements, earthworks and drainage).
- Copy, stationery and print publication paper with post-consumer recycled content as defined under *AS14021* or certified as lifecycle carbon reduced under the *National Carbon Offset standard*.
- Non recycled paper from sustainable sources accredited under the *Programme for the Endorsement of Forest Certification (PEFC)*, *Forest Stewardship Council (FSC)* or equivalent.

6.2.1 Employer responsibilities

- The Chief Executive, Directors, District General Managers, Managers, Supervisors and Team Leaders are responsible under the *Work Health and Safety Act 2011* to provide appropriate information, training and education to ensure safe systems of work are developed and maintained.
- Ensure the ISLHD Waste Management Policy and Plans are current and revised according to changes in legislation, NSW Health Policy Directives or as a result of internal audits and continuous improvement activities.
- All employees, volunteers, tenants, patients/clients and visitors will be informed of the waste management systems operating within ISLHD through induction and site orientation.
- Be responsible for the functioning of the Waste Management Program in their departments / services according the requirements of this policy.
- Set Waste Management objectives annually and conduct Ministry of Health WHS audits as required.

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- Provide information, instruction and specific training for waste handlers and waste generators.
- Provide and maintain personal protective equipment (PPE) for staff.
- Establish safe waste management practices to minimise hazards, this includes the safe handling, storage, disposal and transport of waste.

6.2.2 Employee responsibilities

Note: Employees include all staff employed by ISLHD as well as contractors and volunteers.

- Be familiar with waste management policy and site procedures.
- Follow waste management practices as instructed (e.g. waste segregation, recycling, and safe disposal of waste) for the safety of themselves and others.
- Report unsafe conditions to department manager; raise any waste management issues at departmental meetings.
- Attend waste management related in-service as required.
- Follow safe work practices when handling waste and wear appropriate personal protective equipment, when necessary.
- Special attention should be paid to hand washing by all employees who have contact with any waste.
- Any employee who sustains an injury (blood/body substance exposure) whilst working with clinical waste shall:

Immediate Care

- Wash the exposure site with soap and water or, if unavailable, use non-water cleanser or antiseptic.
- If eyes are contaminated rinse them, while they are open, gently but thoroughly with water or normal saline.
- If blood or other body substances get in the mouth, spit them out and then rinse the mouth with water several times. Do not swallow.
- If clothing is contaminated, remove clothing and shower if necessary.

Then

- Manage as per safety card attached to identification card (ID).
- Report the incident to your supervisor.
- Do not enter incident details directly into ims+.
- Complete the incident form provided by your facility and send to the Staff Health or Infection Control Coordinator.
 - Refer to the *Procedure ISLHD CLIN PROC 115 Blood and Body Substance Spills*.

6.2.3 Reporting Environmental Incidents

Why notify?

Leaks, spills and other pollution incidents can harm the environment. Your local council or the EPA needs to be informed of pollution incidents quickly, so that action can be coordinated to prevent or limit harm to the environment.

What must be notified?

Pollution incidents causing or threatening material harm to the environment must be notified. A 'pollution incident' includes a leak, spill or escape of a substance, or circumstances in which this is likely to occur. Pollution incident is defined in the Dictionary to the Act and is reproduced at the end

of this document. Material harm includes on-site harm, as well as harm to the environment beyond the premises where the pollution incident occurred, for example:

- Effluent overflow.
- Chemical leak/spill.

Who must notify?

Under the *Protection of the Environment Operations Act 1997*, anyone engaged in activity resulting in the pollution incident has a duty to report the incident to the EPA hotline. Whoever occupies land where a pollution incident occurs must also report it. Failure to do so is an offence and carries a fine. The following people have a duty to notify a pollution incident occurring in the course of an activity that causes or threatens material harm to the environment:

- a) The person carrying on the activity.
- b) An employee or agent carrying on the activity.
- c) An employer carrying on the activity.
- d) The occupier of the premises where the incident occurs.

Notification must be given as soon as practicable after the person becomes aware of the incident.

EPA environment hotline

To report any of the types of pollution for which the EPA has responsibility, ring 131 555 (local call cost throughout NSW except from mobile phones).

Definition of 'pollution incident'

Pollution incident means an incident or set of circumstances during or as a consequence of which there is or is likely to be a leak, spill or other escape or deposit of a substance, as a result of which pollution has occurred, is occurring or is likely to occur.

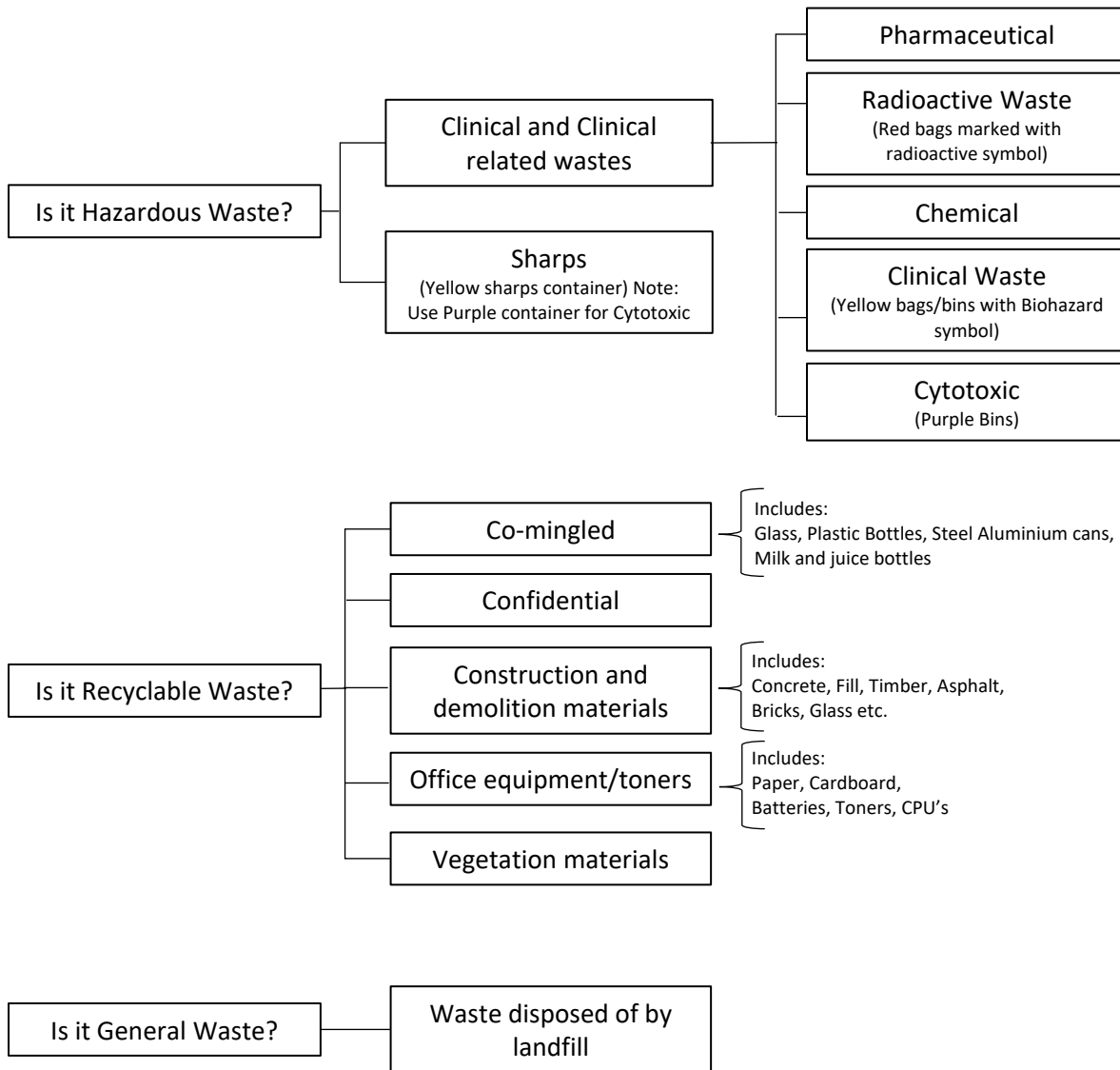
It includes an incident or set of circumstances in which a substance has been placed or disposed of on premises, but it does not include an incident or set of circumstances involving only the emission of any noise.

6.2.4 WHS / Waste Management Committees responsibilities

The WHS Committee have responsibilities under the *WHS Act* to review:

- The provision and installation of facilities and protective equipment.
- Work practices.
- Provision and status of information, education and training available to employees.
- Review of material safety data sheets.
- Address accident and incident reports relating to poor waste management practices.

6.3 Waste Management at a Glance



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6.4 Waste Stream Definitions (adapted from the *Industry Code of Practice for the Management of Clinical and Related Wastes 6th Edition 2010*)

The main waste streams are:

HAZARDOUS WASTE <i>Hazardous waste under the Waste Regulation (Part 3, Schedule 1)</i>	
<p>Clinical waste</p> <p>o Sharps</p>	<p>Waste, which has the potential to cause sharps injury, infection. When packaged and disposed of appropriately there is virtually no public health significance. Clinical waste includes:</p> <ul style="list-style-type: none"> o Sharps. o Human tissue waste. o Bulk body fluids and blood. o Disposable material and equipment heavily soiled with or containing blood. o Laboratory specimens and cultures. o Animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research. <p>Any object or device used for medical procedures having sharp points or protuberances or cutting edges capable of cutting or piercing the skin or having the potential to become sharps. The sharp may or may not be contaminated with blood and/ or body substance. This includes needles and any other sharp object or instrument designed to perform penetrating procedures.</p>
Clinical Related Wastes include:	
<p>Pharmaceutical waste</p>	<p>Consists of pharmaceuticals (drug, remedy / medicinal substance) or other chemical substance specified in the Poisons List under the <i>Poisons and Therapeutic Goods Act 1996</i>. <i>Pharmaceutical waste, excluding cytotoxic</i>, may arise from expired or discarded pharmaceuticals, those no longer required by patients or departments and waste materials/ substances generated during the manufacture and administration of pharmaceuticals.</p>
<p>Radioactive waste</p>	<p>Radioactive waste is material contaminated with radioactive substances which arise from medical or research use of radionuclide. It is produced during nuclear medicine, radio immunoassay and bacteriological procedures, and may be in a solid liquid or gaseous form and be included in the body waste of patients undergoing treatment. Reference should be made to the <i>Radiation Control Act 1990</i> and the <i>Radiation Control Regulation 2003</i>.</p>
<p>Chemical waste</p>	<p>Is generated from the use of chemicals in medical, veterinary, laboratory, domestic services, maintenance and laboratories, during sterilisation processes and research. It includes but is not limited to mercury, cyanide, azide, formalin, and glutaraldehyde, which are subject to special disposal requirements. Chemical wastes also include photochemical wastes, solvents and anatomical pathology. Chemical wastes included in the <i>Dangerous Goods Regulations and Poisons and Therapeutics Goods Act</i> are also included in this stream.</p>

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Cytotoxic waste	Means material which is or maybe contaminated with a cytotoxic drug / residues during the preparation, transport or administration of cytotoxic therapy. Contains materials toxic to cells, principally through their action on cell production.
Recyclable waste	
Co-mingled waste	Glass: bottles/glass plastic bottles, steel and aluminium cans and drink cartons e.g. milk and juice bottles are placed in the appropriate waste container for recycling.
Confidential waste ○ Compact Disks	Refers to documentation of a confidential nature, e.g. patient records, reports, staff details, etc. These are placed in the locked confidential waste bin for destruction.
Construction / demolition waste	Defined by <i>Government Resource Efficiency Policy (GREP)</i> as concrete, fill, timber, asphalt, bricks, glass, plasterboard, steel, non-ferrous metal.
Liquid waste	Any waste material that is determined to contain “free liquids” that readily separate from the solid portion of waste under ambient temperature and pressure. Includes grease trap waste, used lubricating oil and waste normally discharged to the sewer.
Office products ○ Paper and cardboard ○ Toners, batteries,	Paper and cardboard composed of materials or components capable of being re-manufactured or reused. Includes used toner cartridges and Central Processing Units, (CPU’s), batteries.
Vegetation	Vegetable scraps, plants, garden shrubs, grass clippings
General Waste	
General waste	Any waste not included in other definitions, which is not capable of being composted, recycled, reprocessed or reused. This stream includes incontinence pads, drained dialysis wastes, sanitary waste and disposable nappies. NOTE: Incontinence pads and nappies vary across sites, dependent on Local Council requirements and the Contractor disposing of waste.

6.5 Waste Minimisation

The importance of adopting waste management strategies based on the recognised waste management hierarchy that place avoidance options as preferable to waste management and treatment options is paramount to the success of the ISSSSLHD Waste Management Plan.

Effective waste minimisation strategies adopted by the ISLHD include the following strategies:

AVOID

REDUCE

REUSE

RECYCLE



6.5.1 Avoidance

The ISLHD is committed to strategies to avoid and prevent waste, purchasing goods that are recyclable and reducing the toxicity in waste products and materials.

Simple avoidance strategies that are encouraged across all areas include:

- Double sided printing.
- Reuse of single side paper for drafts.
- Use of email to replace printed material.
- Intranet and internet electronic publishing.

6.5.2 Reduction

ISLHD has purchasing systems in place to reduce waste. Products are assessed by the end user prior to purchase in terms of their potential to generate waste, result in toxic emissions or be detrimental to the operation and maintenance of treatment facilities. Product assessment can be achieved through:

- Evaluating the products Material Safety Data Sheet.
- Liaison with the manufacture to determine the potential waste input.
- Seeking advice from the Environmental Protection Authority (EPA).
- Considering the percentage of recycled materials uses or recyclable components.

One of the criteria within the State Tender Document is Waste Generation associated with the product. This includes consideration to hazardous waste, recyclable waste, domestic refuse, industrial waste and waste water.

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The purchase or evaluation of any medical goods / equipment not under State Government is managed by the Procurement and Supply Chain, Clinical Products Department.

The environmental impact is one aspect of the product evaluation that is completed by Sector Product Evaluation Committees prior to the approval / introduction of the product.

Each facility should review internal procedures and work practices to avoid excessive waste, without compromising work standards and / or environmental impacts.

6.5.3 Reuse

Reusable items should be preferred to disposable items whenever it is clinically appropriate, environmentally sound, practical and cost effective to do so. Staff must follow the guidelines provided with "Single-Use" products.

The cleaning and reprocessing of all reusable items shall be considered in the process. Advice may be sought from the Facility Infection Control Co-ordinators.

6.5.4 Recycling

Waste segregation should occur immediately after waste is generated. Effective segregation will reduce costs, promote recycling and protect the health and safety of all. Waste segregation is the practice of classifying waste and placing in appropriate containers immediately after the waste is generated.

Each health care worker should accurately segregate waste to protect personnel from injury and infection by preventing hazardous waste entering inappropriate waste streams.

The following products shall be recycled within the limitations imposed by infection control and WHS guidelines.

Products recycled are:

- Cardboard- small items of cardboard should be flattened and placed in the site recycling bins. Large cardboard packaging should be flattened and placed next to re-cycling bin.
- Non-Confidential paper for recycling shall be placed in site recycling bins.
- Confidential papers shall be shredded or placed in site secure recycling bins. For disposal of confidential Compact Disks refer to facility procedures.
- Glass- bottles/glass should be placed in the recycling bins or designated comingled bins
- Plastic bottles-recycle, by placing them in the recycling bins or the designated comingled bins at each site.
- Steel and aluminium cans- recycle, by placing them in the designated recycling bins or comingled bin at each site.
- Office equipment / toners/ cartridge collection

Sites are encouraged to investigate other options of recycling such as reusing mulch, composting vegetation waste, establishing worm farms to recycle organic matter.

NOTE: Refer to Section 6.4 for management of items suitable for reuse. The cost benefit of repairing items capable of repair will need to be assessed by the relevant manager.

6.6 Water Usage Reduction

The NSW Government is estimated to use at least 17 billion litres of water each year.* By installing efficient water infrastructure and appliances, the NSW Government can become more resilient to future water shortages, while leading by example in the procurement of water-efficient products. Encouraging reporting on water use and setting minimum standards for buildings and appliances will ensure the NSW Government is playing its part in securing the state's water resources.

The NSW Government Resource Efficiency Policy (GREP)

(<https://www.environment.nsw.gov.au/resources/government/NSW-GREP-140567.pdf>) identifies three (3) requirements to reduce water consumption.

W1 - Report Water usage – Report Water Usage Annually.

W2 – Minimum, Standards for Office Buildings.

W3 – Minimum Standards for new water-using appliances. Appliances and equipment in the following categories with star ratings under the Water Efficiency Labelling Scheme (WELS) must have at least the following star ratings: • showerheads – 3 stars • toilets and urinals – 4 stars • washing machines – 4 stars • dishwashers – 4 stars • taps and flow controllers – 4.5 stars

6.7 Waste Handling

Waste handlers within ISLHD must be trained and equipped to undertake handling, internal transport, spill management where specialised substances are transported, blood and body fluid exposure management and correct storage requirements.

Waste handlers must be aware of the Emergency management procedures for [ISLHD CORP PROC 23 - Code Yellow – Internal Emergency / Hazardous Substance Incident](#) and spill management where specialised substances are handled.

Each health care facility within ISLHD shall ensure local site procedures / action cards detail the management of these processes.

The transportation routes for waste removal should avoid, where possible, areas where food is prepared or heavily used areas. Bags / containers are labelled according to each facilities work practice to allow waste to be tracked.

Sharps must **never** be placed in waste bags. All sharps are to be carefully disposed of into the appropriate sharps containers. Waste must be in colour coded bags as detailed within Section 6.8.

6.7.1 Handling Hazardous Waste

Clinical and related waste

All generators of hazardous - clinical and related wastes shall be trained and aware of correct handling techniques such as:

- Not overfilling containers.
- Replace waste bags when three quarters full.
- Knotting bags carefully.
- Ensuring that only items stated as clinical waste is placed in clinical waste bags due to cost involved in disposal.

Site procedures should detail the process of handling, labelling and transporting waste in mobile garbage bins. Mobile garbage bins dedicated solely to the collection of waste must be leak proof and washable.

- **Cytotoxic Waste** (*Refer to Clinical Stream Procedures*) (Also [see ISLHD CLIN PD 39 - Cytotoxic Drugs & Related Waste, Management of](#))

Only accredited employees shall handle/collect waste contaminated with cytotoxic drugs or their metabolites.

All designated staff shall be trained and accredited for the competency of handling cytotoxic waste.

All cytotoxic waste must be sealed in a Purple cytotoxic bag then placed in a Purple Mobile Garbage Bin (MGB) marked with cytotoxic symbol.

Cytotoxic sharps are disposed of by placing sharps into a Purple Cytotoxic sharps container.

- **Radioactive Waste** (*Refer to Clinical Stream Procedures*)

Only licensed employees or contractors shall handle or collect radioactive materials or waste.

All radioactive waste must be stored with appropriate shielding and sealed in a yellow Clinical waste bag and placed within a Scarlet radioactive bag. Once radioactivity has decayed to a negligible level it is disposed of as per clinical wastes.

Radioactive sharps should be stored in appropriate sharps containers and quarantined as above in a secure shielded radioactive waste storeroom until decayed to a level suitable for disposal via the clinical waste stream.

All stored radioactive waste must be marked as radioactive, labelled with dose level, time of storage and isotopes involved. A logbook of all radioactive waste in storage must be maintained.

- **Pharmaceutical waste** (*Refer to Clinical Stream Procedures*)

Pharmaceutical waste is disposed of within yellow bins with orange lid that are subject to high temperature incineration.

Unused medications are returned to Pharmacy Departments for disposal.

- **Chemical waste** (*Refer to Clinical Stream Procedures*)

Chemicals are stored, handled and disposed of according to Material Safety Data Sheets (MSDS) and local Facility and Departmental Procedures. MSDS must be provided by the supplier if they are not available on ChemAlert. Managers are to contact the relevant company prior to the procurement of goods to obtain an Australian MSDS. Each department manager must identify and list all substances/chemicals in their department, using ChemAlert. Refer to [Work Health and Safety](#).

6.7.2 Recyclable waste

Each facility within ISLHD has local procedures for the segregation and disposal of recyclable waste that includes:

- Cardboard / paper.
- Comingled.
- Liquids.
- Vegetation.

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All staff have a responsibility to follow these procedures and place waste in the appropriate bins.

6.7.3 Construction and demolition materials




The management of waste / asbestos associated with major works is managed by Health Infrastructure (contact site Engineer for contact details) under the conditions of the contract. Contractors are responsible for the removal and reporting of all waste streams as below.

Waste associated with minor works is managed by site Facility Managers.

- Asphalt.
- Timber.
- Bricks and roof tiles.
- Steel.
- Non-ferrous material.



6.8 Waste Labelling

All waste containers are to be colour coded and identified in accordance with the following table detailed within [PD2020_049 Clinical & Related Waste Management for Health Services](#):

Waste stream	Anatomical waste	Clinical sharps waste	Clinical waste (Incl. Pathological Waste)
Definition	Identifiable human body parts such as limbs, organs, placenta and recognisable or large pathological specimens resulting from investigation or treatment of a patient It does not include deceased bodies	Any clinical object capable of inflicting a penetrating injury which may or may not be contaminated with blood and or body substance. This includes needles, ampoules and any other sharp objects or instruments designed to perform penetrating procedures[1] May contain clinical material or Genetically Modified Organism (GMO)[2] waste	Clinical waste with the potential to cause injury, infection or offence: <ul style="list-style-type: none"> • Unrecognisable human tissue (excluding hair, teeth, nails and anatomical waste) • Bulk blood or other body fluids (or body substances) • Material and equipment visibly stained by blood or body fluids (includes incontinence pads and disposable nappies that come from an infectious patient)[3] • Lab specimens, cultures or other waste from lab investigations • Waste from medical or veterinary research • Genetically Modified Organisms (GMOs)
Bin colour	Yellow	Yellow	Yellow
Lid colour of bin	Orange	Yellow	Yellow
Plastic bin liners	Orange	N/A	Yellow
Labelling of bins and if applicable liners	Anatomical waste	Clinical sharps	Clinical waste
Symbol			

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Waste stream	Cytotoxic waste	Pharmaceutical waste	Radioactive waste
Definition	Material contaminated with residues or preparations containing materials toxic or otherwise harmful to cells. This includes any residual cytotoxic drug or laboratory chemical and any discarded material or clinical waste associated with the preparation or administration or excretion of cytotoxic drugs May include Genetically Modified Organisms (GMOs) or tissues containing GMOs	Pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act 2008. Includes any substance specified in a Schedule of the Poisons List under the Act, as well as any therapeutic good which is unscheduled Includes expired or discarded pharmaceuticals, filters or other material contaminated by pharmaceutical products	Waste material, including sharps and clinical waste contaminated with a radioisotope which arises from the medical or research use of radionuclides, e.g. during nuclear medicine, radioimmunoassay and bacteriological procedures, and may be in solid, liquid or gaseous form, and which emits a level of radiation above the level set by regulatory authorities
Bin colour	Purple	Yellow	Red[1]
Lid colour of bin	Purple	Orange	Red
Plastic bin liners	Purple	N/A	Red
Labelling of bins and if applicable liners	Cytotoxic waste	Pharmaceutical waste	Radioactive waste plus specific requirements below
Symbol		Nil	

6.9 Containment and Storage

The following are minimum requirement for the containment and storage of clinical and related waste at each of ISLHD facilities:

- Sites must follow NSW Health Policy Directive [PD2020_049 – Clinical and Related Waste Management for Health Services](#) for the storage of waste.
- Storage areas must not be accessible to the public and be located away from food areas.
- Provide adequate environmental protection and not harbour vermin.
- Sites must have adequate containment measures to prevent off-site migration of spills and the provision of the necessary clean-up equipment, e.g. emergency spill kits must be available in waste storage and / or unloading areas.
- Waste storage areas must be segregated and signposted with the appropriate bio-hazard signs.
- Containers containing hazardous waste must be secured.
- Specific areas for washing mobile garbage bins must be designated.

Each of the ISLHD waste storage facilities must provide written procedures, PPE, education and training in emergency spill management.

6.10 Waste Disposal

The transportation of clinical and related waste to off-site disposal facilities shall comply with local transport regulations (refer to *Australian Code for the Transport of Dangerous Goods by Road or Rail and the Waste Management and Resource Recovery Regulation 2017*).

The approved licensed contractor attends to the transport and disposal of contaminated / hazardous waste.

The Manager responsible for waste services in each ISLHD facility shall retain records of all clinical waste transported. These records shall include the type of waste, quantity transported and disposal pathway.

6.11 Auditing

An internal audit schedule shall be prepared by each ISLHD facility and form part of the Sector Waste Management Plan.

Waste audits may be conducted using all of the following / or combination of:

- MoH WHS Audit.
- Requirements of ACHS EQulP Mandatory Criteria for Waste.
- Requirements of this Area Policy Directive that is based on current Codes of Practice.

Persons undertaking audits must be appropriately trained in undertaking audits have knowledge of the processes and be independent of the area being audited.

The results of audits should be presented to Sector Managers and the Waste Management Committee. The results of audits will form the basis of on-going improvements to the system, procedures, staff training and purchasing practices. Waste management audits shall be performed by the contractors, in conjunction with the site manager, as specified by the terms of the contract. Waste audits should also be conducted on a random basis to determine compliance with internal procedures and safe work practices.

6.12 Training

- The purpose of training is to minimise the risk of injury associated with waste handling, facilitate efficient waste management and promote the principles of waste minimisation, reusing, reducing and recycling within the workplace.
- Training includes the following:
 - Approved work practices.
 - Regulatory / legislative requirements and methods of compliance.
 - Material safety data sheets.
 - The use of personal protective equipment.
 - Waste stream definitions.
 - Waste segregation practices.
 - Waste minimisation strategies including water reduction / minimisation.
 - Waste handling practices- segregation labelling, disposable strategies.
 - Cost / benefits of waste management.
 - Financial implications to the ISLHD for poor streaming.
 - Blood and body substance exposure protocol.
 - Vaccination programs available.
- Training shall be performed:
 - With all new employees at orientation.
 - With all employees on an ongoing basis, patients, clients and visitors shall be informed of their responsibilities towards waste management through the inclusion of waste management information in the patient admission packages and through appropriate signage around the facility.

7. AUDIT

See Section 6.1.

8. REFERENCES

8.1 Legislation

NSW Work Health and Safety Act 2011
Poisons and Therapeutic Goods Regulation 2008
NSW Radiation Control Act 1990 and Amendment Act 2002
NSW Radiation Control Regulation 2013, (s.27)
Energy Administration Amendment (Water and Energy) Act 2005

NSW Environmental Legislation

Protection of the Environment Operations Act 1997
Waste Avoidance and Resource Recovery Act 2001
Environmental Guidelines: Assessment Classification, & Management of Liquid and Non-Liquid Wastes, 1999

8.2 External references

- **WorkCover NSW**
[WorkCover NSW Code of Practice for Managing Risks of Hazardous Chemicals in the Workplace](#)
[WorkCover NSW Storage and Handling of Dangerous Goods Code of Practice 2005](#)
No longer in force – for information only.
- **Guidelines**
[NHMRC: National Health and Medical Research Council, National Guidelines for Waste Management in the Health care Industry. \(1999\)](#)
No longer in force – for information only
Department of Primary Industries – Office of Water
- **Standards and Policy**
ISO14001- Environmental Management Systems
Australian Standards, AS/NZS: 3816, Management of Clinical and Related Wastes, June 1998
Australian Standards, AS/NZS: 4031, Non-reusable Containers for the Collection of Sharp Medical Items in Healthcare Areas. 1992 (amended 1996)
Australian Standards, AS/NZS: 4261, Re-usable Containers for the Collection of Sharp items in Human and Animal Medical Applications, 1994
NSW Government Resource Efficiency Policy (GREP)
- **Codes of practice**
[Code of Practice for the Management of Clinical and Related Waste, 6th Edition 2010](#)
- **NSW Health Policy Directives**
[NSW Health Policy Directive PD2020_049 Clinical and Related Waste Management for Health Care Facilities](#)
[NSW Health Policy Directive PD2017_013 Infection Prevention and Control Policy](#)
[NSW Health Policy Directive PD2018_013 Work Health and Safety- Better Practice Procedures](#)

8.3 Internal references

- [Procedure ISLHD CLIN PROC 115 Blood and Body Substance Spills](#)
- [Policy ISLHD CORP PD 24 Health Emergency Management Framework](#)
- [Procedure ISLHD OPS PROC 76 WHS Contractor Management](#)
- [Procedure ISLHD CORP PROC 23 Code Yellow – Internal Emergency/Hazardous Substance Incident](#)
- [ISLHD CLIN PD 100, Personal Protective Equipment \(PPE\)](#)

REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2004	Rev 0	Wayne Davies, Area Contracts Manager and IAHS Waste Management Committee, approved for release by the IAHS Area Policy and Procedure Committee 9 Sept 2004
January-April 2006	Draft 1-3	Rose Gavin, Manager Systems Integration, Area Policy in consultation with Manager Shared Services and Facility Waste Management representatives from Central, Northern and Southern Sectors, CSM - POW and Clinical Products Department -Procurement and Logistics
May 2006	1	As above- approved for release by the Area Executive Committee 23 May2006
March 2011	2	Troy Williams, OHS Officer, Area Workforce Safety & Injury Management Service, Wayne Davies, Energy & Utilities Officer. Amended to reflect change to Local Health Networks
September 2014	3	Wayne Davies, Energy, Utilities & Maintenance Contracts Officer.
August 2017	4	Reviewed by Wayne Davies, Energy, Utilities & Maintenance Contracts Officer.
February 2021	5	Reviewed by Wayne Davies, Energy, Utilities & Maintenance Contracts Officer.
October 2021	6	Author: Senior Manager Infrastructure Services Approval/Date: Corporate Policy Recommendation committee / November 2021 Approval/Date: Executive Director Strategic Improvement Programs / November 2021