

WHS2.4 Waste Management

Purpose

1. This policy provides a minimum standard for waste management that must be met to ensure appropriate handling and containment of specific waste streams in line with NSW legislation, licensing and waste minimisation.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (NSW)
3. WHS Regulations 2011 (NSW)
4. Protection of the Environment Operations (POEO) Act 1997 (NSW)
5. POEO Waste Regulation 2014 (NSW)
6. POEO Amendment (Scheduled Activities and Waste) Regulations 2008 (NSW)
7. Poisons and Therapeutic Goods Act 1966 (NSW)
8. Poisons and Therapeutic Goods Regulations 2008 (NSW)

National and NSW Guidelines and Policies

1. AS/NZS 4031:1992 (Non-reusable containers for the collection of sharp medical items used in health care areas)
2. AS/NZS 4261:1994 (Reusable containers for the collection of sharp items used in human and animal medical applications)
3. AS/NZS 3816:1998 (Management of clinical and related waste)
4. AS/NZS 2161.10 Parts 1-3:2005 (Occupational protective gloves)
5. AS/NZS 4123 Parts 1-7:2008 (Mobile waste containers)
6. Industry Code of Practice for the Management of Biohazardous Waste (including Clinical & Related Wastes) (WMAA, 2014)
7. The Australian Council on Healthcare Standards (ACHS) EQUIPNational Guidelines Standard 15 (ACHS, 2012)
8. Waste Classification Guidelines. Part 1: Classifying waste (EPA, 2014)
9. Labelling of workplace hazardous chemicals Code of Practice (SafeWork NSW, 2016)
10. Code of Practice: Hazardous manual tasks (SafeWork NSW, 2016)
11. PD2008_004 Community Sharps Disposal by Area Health Services
12. PD2013_043 Medication Handling in NSW Public Health Facilities
13. Guideline for Approval of Method to Treat Clinical Waste
14. PD2017_013 Infection Prevention and Control Policy
15. PD2017_010 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed
16. PD2007_052 Sharps Injuries - Prevention in the NSW Public Health System o PD2012_061 Environmental Cleaning Policy

17. Infection prevention and control practice handbook. Principles for NSW public health organisations (CEC, 2016)
18. Environmental Cleaning Standard Operating Procedures. Module 3.4 Environment (CEC-HAI, 2012)
19. Environmental Cleaning Standard Operating Procedures. Module 6 Cleaning Agents (CEC-HAI, 2012)

Key Responsible Executive

Chief Executive Officer

For More Support

Your People Manager

Policy Statement

1. SAVVY has based its Waste Management Policy on the NSW Clinical and related waste Management for Health Services Policy and Procedures in order to achieve a high standard of waste management.
2. As per the NSW health Policy, when specific waste streams are appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues is minimised. The adoption of waste minimisation practices can reduce costs and environmental degradation. implement a consistent approach to health related services.
3. Legislative alignment: The CEO and SAVVY Board of Directors are accountable for ensuring SAVVY is compliant with the relevant state and federal legislation relating to waste management.

Delegations

Roles	Responsibilities
Board of Directors	<ul style="list-style-type: none"> ● Endorse and ensure compliance with the Waste Management Policy and Procedure ● Be familiar with the organisation's legislative requirements relating to the policy
CEO	<ul style="list-style-type: none"> ● Manage and monitor compliance with this policy ● Support staff competence and compliance with this policy and procedure
Management	<ul style="list-style-type: none"> ● Manage and monitor compliance with this policy

	<ul style="list-style-type: none"> Support staff competence and compliance with this policy and procedure
Staff, volunteers, contractors and students	<ul style="list-style-type: none"> Comply with the Waste Management Policy and Procedure Act in accordance with legislation and organisation's systems relating to the policy

Procedures



1. General

- a. SAVVY will develop a waste management plan (WMP) reflective of its generated waste quantity and types. This will be reviewed by the Workplace health and safety Committee. The plan will seek to outline:
 - how SAVVY will comply with this policy
 - how it will minimise waste
 - training and waste management promotion
 - work health and safety
 - auditing
 - measuring waste performance
 - incident management
- b. Buji will seek to minimise the waste created through the course of operations. This will include strategies to reduce, reuse and recycle where possible. This will be captured in the waste management plan.
- c. Segregation will also form a core component of SAVVY's WMP.

2. Waste streams and their specific management: handling, labelling, containment, storage, transport and disposal

- a. Clinical waste and Clinical Sharps waste, should follow labelling and handling per the below table;

Stream	Clinical Sharps Waste	Clinical Waste	Pharmaceutical Waste
Definition	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] 	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

Bin and bin lid colour	Yellow	Yellow	Red
Plastic bin liners	NA	Yellow	NA
Labelling of bins if applicable liners	Clinical Sharps	Clinical Waste	Pharmaceutical waste
Symbol			Nil
Specific requirements	For incineration or autoclaving and shredding Sharps containers must be rigid-walled and meet the requirements specified in AS/NZS 4031 and AS/NZS 4261[4,5] Autoclave tape and bag indicators must be used to show autoclaving has been completed	For incineration or autoclaving [6] and shredding. Autoclave tape and bag indicators must be used to show autoclaving has been completed. Fluid may be able to be discharged into sewer depending on Liquid Trade Agreement between the health service and water utility All clinical waste once treated by a process acceptable to NSW Health[7] may be reclassified in accordance with the Waste Classification Guidelines[8] before recycling or disposal	Storage, destruction and disposal methods must comply with PD2013_043 Medication Handling in NSW Public Health Facilities Pharmaceutical waste must be incinerated at a licensed controlled waste facility. Certain pharmaceuticals may only be destroyed by authorised persons under the Poisons and Therapeutic Goods Act 1966 Pharmaceutical waste bins must be lockable

- b. Community sharps accepted or collected at a public hospital or authorised outlet of the Needle and Syringe Program are classified as clinical sharps waste and must be managed in accordance with this policy (5).
- c. Incontinence pads and disposable nappies can be treated as general waste unless the material is locally judged to come from an infectious patient, is visibly blood stained, or is disposed of in a manner likely to cause offence such as in unusually large quantities, in which case it must be treated as clinical waste.
- d. Sharps containers that are resistant to impact, penetration and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used.
- e. Reusable sharps containers must be readily emptied and cleaned before reuse.
- f. For further clarification on requirements for disposal of infectious substances, refer to the most current Australian and New Zealand Standard 2243.3: Safety in Laboratories.

3. Management of chemical waste
 - a. Chemical waste should be classified in accordance with the step-by-step waste classification process in Waste Classification Guidelines Part 1: Classifying waste and the ADG Code.
 - b. These wastes should be managed and disposed of as per the Safety Data Sheet (SDS) for the hazardous chemical and recommended handling precautions, PPE and disposal.
 - c. All containers containing chemical waste must have labelling as per the Schedule 9 Classification, packaging and labelling requirements of Part 3 of the WHS Regulation 2011 and the Labelling of Workplace Hazardous Chemicals Code of Practice. This applies for a waste product that is reasonably likely to be a hazardous chemical. The waste should be packed in a container with a label in English including the following for the hazardous chemical:
 - i. the product identifier,
 - ii. the name, and the Australian address and business telephone number of:
 1. the manufacturer, or
 2. the importer,
 3. a hazard pictogram and hazard statement consistent with the correct classification of the chemical.
4. Management of general waste
 - a. General waste should be contained in white or opaque bags which are labelled according to the WMP. General waste is any waste that:
 - i. is not included in the above table, and
 - ii. is not chemical waste, and
 - iii. has not been in contact with infectious agents, hazardous chemicals or radioactive substances, and
 - iv. does not pose a sharps hazard.
 - b. General waste may be further separated into recyclable or compostable streams as described in local waste/environmental management plans. Recycling strategies and labelling of general waste will be outlined in the WMP.
5. Transportation: SAVVY employees should not transport clinical or chemical waste. If waste is created:
 - a. In the home, it is the participant's responsibility to arrange for the required pick-up and disposal of the waste
 - b. While out (e.g. sharps used during a supported holiday), the participant should supply a clinical sharps container that meets requirements. This should be returned to the participant's home for pick up and disposal or taken to the nearest community sharps disposal location (for example a public hospital)
6. Spill management: SAVVY employees must manage spills that occur, ensuring that;
 - a. employees use personal protective equipment and spill kits that are appropriate to the relevant spill
 - b. Any spill that clinical, pharmaceutical or chemical should be reported using an incident form and include a description of the spill kit used and action taken
 - c. In cases of emergency or where the employee is unsure, they should contact a manager by calling 1300 291 097

7. Auditing: The WMP will include SAVVY's requirements for auditing waste processes, incidents, suppliers and current methods.
8. Work health and safety
 - a. Notifying incidents: is a requirement under the WHS Act 2011. If a serious injury or illness, a death or a dangerous incident occurs, the Director, participant Services must notify SafeWork NSW immediately and the workers compensation insurer is to be notified within 48 hours.
 - i. Staff should report non-urgent incidents using the Incident form. In emergencies, they should contact 1300 291 097 or their supervisor to report the incident immediately.
 - b. Hygiene and cleaning: All employees working with participants should carry hand sanitiser with them at all times. Employees should also follow regular hand hygiene practices using soap and water
 - i. During a participants home risk assessment, clinical, pharmaceutical and chemicals should be assessed, with an area identified for cleaning up after a chemical spill and location for disposal of the waste to ensure this is safe and hygienic
 - ii. When cleaning contaminated items, employees should wear appropriate personal protective equipment (PPE), including face protection, using a scrubbing brush, and avoiding splashing the water. If any item of the PPE becomes contaminated or damaged, it must be changed before continuing the task.
 - c. Personal Protective Equipment (PPE): should be worn by employees where necessary.
 - i. SAVVY will ensure appropriate PPE is available such as gloves, face masks,
 - ii. For tasks involving hazardous chemicals, employees must ensure that the PPE recommended SAVVY must ensure that all contractors, for example cleaners, comply with all WHS and other legislative requirements, e.g. wearing appropriate PPE. in the Safety data Sheet (SDS) is provided and used.
 - iii. Employees will be trained in proper selection, fitting, storage and maintenance of PPE
 - d. Sharps, blood and body fluids (or body substances) exposure: Needlestick injuries or exposures to blood and/or body fluids (or body substances) must be reported through SAVVY's incident reporting process and must be managed as outlined in PD2017_010 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed. Refer to the NSW Health Infection Prevention and Control Policy.
 - i. Not all needlestick injuries or exposures to blood and/or body fluids need to be notified to SafeWork NSW – refer to their factsheet When to notify blood, body substance and needlestick exposure incidents for guidance on what incidents must be notified.
9. Training and information
 - a. All employees must know how to identify and handle waste safely, including casula staff, contractors and volunteers.
 - b. This includes providing waste management training during induction and at periodic intervals to ensure knowledge retention and familiarity.
 - c. Training on waste management focuses on:
 - i. infection control and hand hygiene procedures
 - ii. approved work practices, including specific waste handling and disposal, spill management, spill kit locations, etc.

- iii. regulatory requirements and methods of compliance
- iv. the provision and use of required PPE
- v. WHS and public health information relating to the equipment and chemicals/drugs used in the health service, e.g. SDSs for hazardous chemicals, handling of hazardous goods, hazardous manual tasks, operating manuals for clinical devices, sharps injury prevention, etc.
- vi. first aid and treatment for needle stick and blood and body fluid (or body substance) exposure
- vii. emergency response procedures and facilities (e.g. emergency showers, etc.)
- viii. details of workplace vaccination programs, post-incident counselling services with rights to privacy, etc.

References to other SAVVY policies and external sources

1. WHS 1.1 Workplace Health and Safety
2. WHS 2.2 Infection and Control
3. WHS 2.3 Hazardous Substances
4. NSW Health. Clinical and Related Waste Management for health Services
5. SafeWork NSW. Packing and Transporting Clinical Waste. SafeWork NSW
6. Standards Australia. AS/NZS 2161.10 Parts 1-3:2005 Occupational protective gloves.
7. NSW Health. Community Sharps Disposal by Area Health Services PD2008_004 NSW Health
8. Clinical Excellence Commission. Infection prevention and control practice handbook. Principles for NSW public health organisations
9. Standards Australia. AS/NZS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas.
10. Standards Australia. AS/NZS 4261: 1994 Reusable containers for the collection of sharp items used in human and animal medical applications.
11. NSW Environmental Protection Agency (EPA). Waste Classification Guidelines Part 1: Classifying waste
12. SafeWork NSW. Labelling of Workplace Hazardous Chemicals Code of Practice. SafeWork NSW
13. Standards Australia. AS/NZS 3816:1998 Management of clinical and related wastes.
14. Standards Australia. AS/NZS 4123:2008 Mobile Waste Containers.
15. NSW Health. Environmental Cleaning Policy PD2012_061
16. Clinical Excellence Commission. Environmental Cleaning Standard Operating Procedures Module 3.4 Environment
17. NSW Health. Infection Prevention and Control Policy PD2017_013
18. Clinical Excellence Commission. Environmental Cleaning Standard Operating Procedures Module 6 Cleaning Agents
19. NSW Health. HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed PD2017_010
20. SafeWork NSW. When to notify blood, body substance and needlestick exposure incidents

Summary of attachments

1. Nil



Version Control

1. 1 April 2023 - New Policy Creation