INTERNAL ONLY

ISLHN POLICY COVER SHEET

Health
Illawarra Shoalhaven Local Health Network

NAME OF DOCUMENT	Waste Management
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Finance Transition Manager Health Reform Transitional Organisation - Southern
AUTHOR *Position responsible for the document including email address*	Energy, Utilities & Maintenance Contract Manager Wayne.davies@sesiahs.health.nsw.gov.au
KEY TERMS	Waste Management
SUMMARY *Brief summary of the contents of the document*	To inform employees, volunteers, patients, clients and visitors of the Local Health Network 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 areaexecutiveservices@sesiahs.health.nsw.gov.au

Waste Management ISLHNPD/72

1. POLICY STATEMENT

To inform employees, volunteers, tenants, patients/clients, and visitors of the Local Health Network (LHN) 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 NSW Government Waste Reduction and Purchasing Policy (WRAPP) November 2004.

To inform staff, volunteers and contractors working within the LHN 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

The LHN 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 LHN facilities. The purpose of this policy is also to protect the health and safety of staff, patients / clients, 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

Staff, patients / clients, visitors and contractors.

4. RESPONSIBILITIES

Chief Executive, Directors, Hospital General Managers, Clinical Stream Directors, Mangers, Supervisors, Team Leaders, Staff, Visitors, Volunteers and Contractors within the LHN.

5. DEFINITIONS

DEUS	NSW Department Energy, Utilities and Sustainability
Emergency	A situation created by an accidental release or spill of hazardous chemicals or infectious material, which may pose a threat to the safety of workers, patients, / clients, visitors, environment or property.
MSDS	Material Safety Data Sheet is a document that describes the properties and uses of a substance with sections to identify hazards, ingredients, first aid measures, fire fighting 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: • a plastic apron or other protective cover of non-permeable fabric • protective gauntlets or heavy duty gloves • enclosed shoes • facial protection (if there is a risk of splashing)
Segregation	Separation of the various waste components, at the point of generation, into their relevant waste stream categories for subsequent containment, transportation and disposal.
WRAPP	NSW Government Waste Reduction and Purchasing Policy

6. DOCUMENTATION

6.1 Waste Management Policy

The LHN 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 LHN 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

The purpose of this policy is also to protect the health and safety of staff, patients / clients, 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.

It is the policy of the LHN 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

The LHN will have a Sector Waste Management Committee. The Committee will meet as per their Terms of Reference which are to be posted on each Sector's Governance Website.

Incidents and / or accidents in relation to waste shall be monitored regularly through the LHN electronic Incident Information Management System (IIMS).

6.1.2 Waste Management Plan

In accordance with the principles of the NSW Government WRAPP Policy and Guidelines 2003-2005 the LHN is committed to the principles of waste reduction and purchase of re-cycled content materials in four areas:

- Paper products
- Office equipments and consumables
- Vegetation and landscaping material
- Construction and demolition material

The purpose of the WRAPP Plan is to shift from disposing of waste to landfill to managing waste as a resource. Each Hospital Network shall have a waste management plan that is reviewed and monitored by the Sector Waste Management Committee. 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

The Site Waste Manager shall ensure the facility EPA license for the disposal of Class A waste is current and renewed annually. The appropriate renewal documentation is to be forwarded to the Chief Executive for signature via the Hospital Network Manager.

The Contracts Manager shall ensure that only EPA licensed Contractors are eligible to tender for Waste services.

Within LHN facilities Contractors must provide on-going evidence of annual renewal of EPA licenses. Facility Managers responsible for waste must ensure licensing is current and any arrangements for waste removal at a local site the Supplier meets licensing requirements.

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 managed across the LHN as part of Contracts with Waste Contractors.

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. Goods are classified as irritant / corrosive/ harmful/ toxic and very toxic. Waste from hazardous / dangerous chemical must be managed according to the relevant MSDS and Codes of Practice.

6.2 Responsibilities

The LHN is responsible under the OH&S Act 2000 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.

The LHN have a responsibility under the NSW WRAPP Policy to buy, use, recover, and remake equipment and products that will minimise waste.

6.2.1 Employer responsibilities

- The Chief Executive, Directors, Network General Managers, Mangers, Supervisors and Team Leaders are responsible under the OH&S Act 2000 to provide appropriate information, training and education to ensure safe systems of work are developed and maintained.
- Ensure the LHN 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 the LHN 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 numerical profile audits as required.
- 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 the LHN as well as contractors and volunteers.

- Be familiar with waste management policy and site procedures.
- Follow waste management practices as instructed (eg: waste segregation, recycling, 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:
  - wash the affected area immediately
  - notify Department manager/supervisor immediately
  - document the injury on a **downloaded Reportable Incident Brief** (note the incident is **not** reported within the IIMS System)
  - Give the downloaded RIB form to the Department manager.
  - Refer to the former SESIAHS Policy Directive PD 179 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, 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.

DECC environment hotline

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

Definition of 'pollution incident'

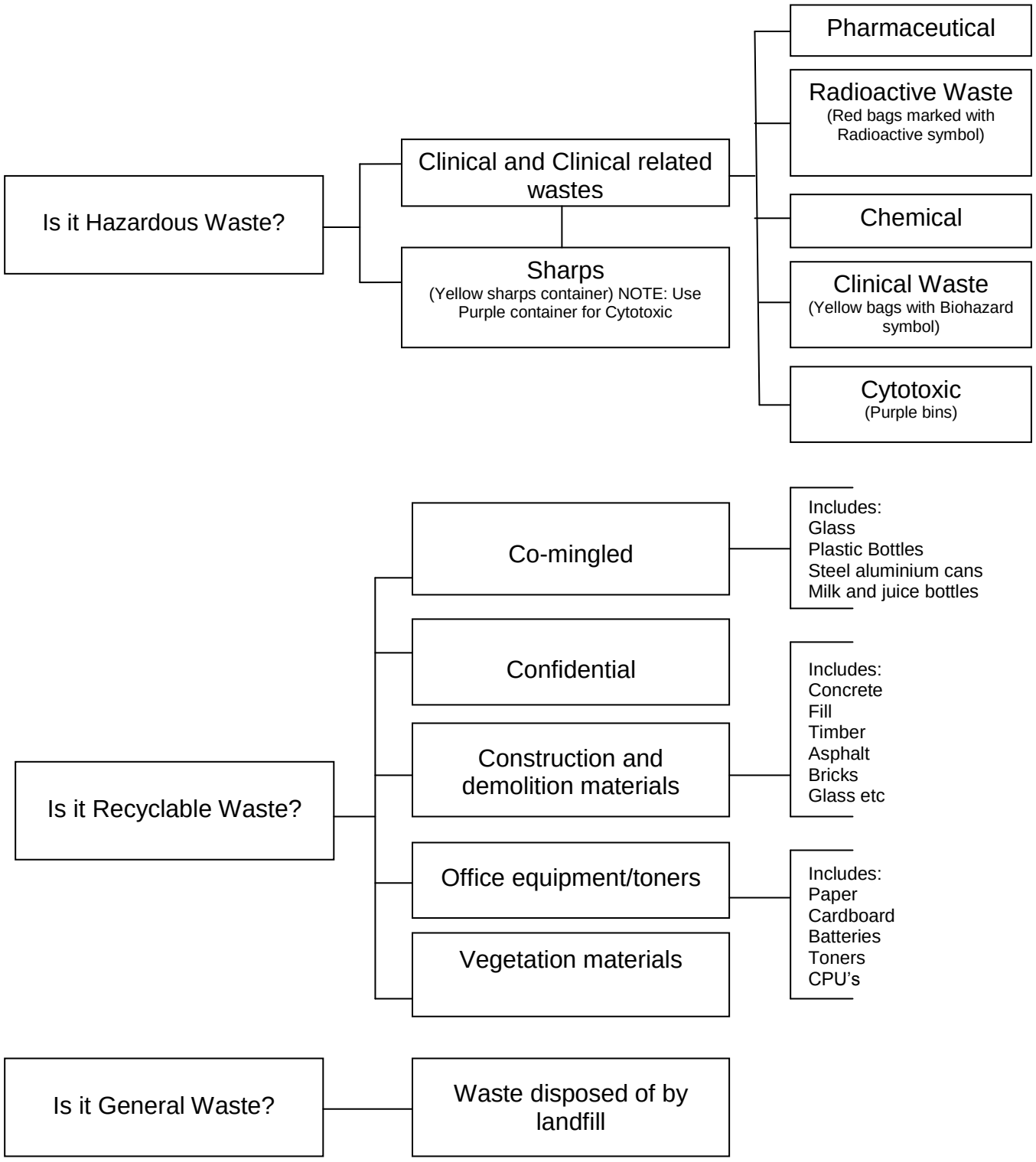
Pollution incident means an incident or set of circumstances during or as a consequence of which there is or is likely to be a leak, spill or other escape or deposit of a substance, as a result of which pollution has occurred, is occurring or is likely to occur. It includes an incident or set of circumstances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

The OHS Committee have responsibilities under the OHS 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



6.4 Waste Stream Definitions *(adapted from the Code of Practice 5th Edition 2007)*

The main waste streams are:

HAZARDOUS WASTE ***Hazardous waste under the Waste Regulation (Part 3, Schedule 1)***	
Clinical waste ○ **Sharps**	Waste, which has the potential to cause sharps injury, infection and/ or **offence.** When packaged and disposed of appropriately there is virtually no public health significance. Clinical waste includes: ○ Sharps; ○ human tissue waste ○ bulk body fluids and blood; ○ disposable material and equipment heavily soiled with or containing blood; ○ laboratory specimens and cultures; animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research Any object or device 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.
Clinical Related Wastes include:	
Pharmaceutical waste	Consists of pharmaceuticals (drug, remedy / medicinal substance) or other chemical substance specified in the Poisons List under the *Poisons and Therapeutic Goods Act 1996*. Pharmaceutical waste, excluding cytotoxics, 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.
Radioactive waste	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 *Radiation Control Act 1990* and the *Radiation Control Regulation*.
Chemical waste	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 Dangerous Goods Regulations and Poisons and Therapeutics Goods Act are also included in this stream.
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 WRAPP 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 re-used. 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 LHN Waste Management Plan.

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

AVOID

REDUCE

REUSE

RECYCLE

6.5.1 Avoidance

The LHN 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
- re-use of single side paper for drafts
- use of email to replace printed material
- intranet and internet electronic publishing

6.5.2 Reduction

The LHN 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 re-cycled materials uses or recyclable components

The Purchasing and Logistics Division liaises with manufacturers / suppliers to change or modify products to incorporate both product performance and waste disposal.

The LHN Purchasing and Logistics Division follow State Government policy for the purchase of consumables and equipment. 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.

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

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 Re-use

Re-useable 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 reduces costs, promote re-cycling 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.

A large number of recyclable items are generated by the LHN and shall be separated for recycling. Whenever possible, waste shall be avoided, reduced, re-used or recycled.

The following products shall be recycled within the limitations imposed by infection control and OH&S guidelines. Product recycling can minimise the volume of costly waste disposal.

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 correct section of the recycling bins or designated co-mingled bins
- Plastic Bottles-Recycle, by placing them in the correct section of the recycling bins or the designated co-mingled bins at each site.
- Steel and Aluminium Cans- Recycle, by placing them in the designated recycling bins or co-mingled bin at each site.
- Office Equipment / Toners/ cartridge collection

Sites are encouraged to investigate other options of recycling such as re-using mulch, compositing vegetation waste, establishing worm farms to recycle organic matter.

NOTE: Refer to Section 5.3.3 for management of Items suitable for re-use. The cost benefit of repairing items capable of repair will need to be assessed by the relevant manager.

6.6 Water Recycling and Reduction

Under the NSW DEUS responsibility for promoting improvements in water efficiency the LHN has a legal responsibility to reduce water consumption and increase the efficiency in the use of water in all Sectors.

A Water Savings Action Plan that includes the establishment of:

- Baseline for water usage

- Management responsibility and accountability
- Audit / technical review
- Opportunities for improvement to reduce consumption

All staff have a responsibility to identify improvements and conserve water.

6.7 Waste Handling

Waste handlers within the LHN 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 Code Yellow – Internal emergencies and spill management where specialised substances are handled.

Each health care facility within the LHN 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. Waste must be in colour coded bags as detailed within Section 5.8.2. All sharps are to be carefully disposed of into the appropriate sharps containers.

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 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*)
  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 purple bins 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.

6.7.2 Recyclable waste

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

- Cardboard / paper
- Co-mingled
- Liquids
- Vegetation.

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 Capital Works under the conditions of the contract. Contractors are responsible for removing waste.

Waste associated with minor works is managed by Site Engineers. As part of the biennial report to the Premier, Minister for the Environment via the NSW Health Minister for Health the LHN is required to provide a WRAPP report detailing the disposal of construction and demolition materials such as:

- Concrete / fill
- 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 the *Code of Practice 2004*:

Type of waste	***Colour of Containers***	***Colour of bag***	***Colour of Letters***	***International Bio-hazard Symbols***
Anatomical waste (recognisable body parts)	Burgundy	Yellow	Black "Clinical Waste"	None
Cytotoxic	Purple	Purple	Violet	
Clinical	Vivid yellow	Yellow	Black "Clinical Waste"	
Radioactive	Scarlet	Scarlet	Black	
General waste	Green	Semi opaque white	None	None

6.9 Containment and Storage

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

- Sites must follow NSW Health Policy Directive PD2005_132 – Waste Management Guidelines for Health Care Facilities – August 1998 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 LHN 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 Regulation Act)

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

The Manager responsible for waste services in each LHN 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 LHN facility and form part of the Sector Waste Management Plan.

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

- OH&S Numerical Profile
- Requirements of ACHS EQuIP Mandatory Criteria for Waste
- Requirements of this Area Policy Directive that is based on current Codes of Practice
- NSW Government Waste Reduction and Purchasing Policy (WRAPP)

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 Sector Waste Management Committee with reports to the Executive Management Committee as requested. 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, re-using, 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 LHN 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. REFERENCES

7.1 Legislation

NSW Occupational Health and Safety Act 2000
NSW Occupational Health and Safety Regulation 2001
Poisons and Therapeutic Goods Regulation 2002
NSW Radiation Control Act 1990 and Amendment Act 2002
NSW Radiation Control Regulation 2003, (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

7.2 External references

- **WorkCover NSW**
  WorkCover NSW Code of Practice for Control of Workplace Hazardous Substances
  WorkCover NSW Storage and Handling of Dangerous Goods Code of Practice.2005

- **Guidelines**
  NHMRC: National Health and Medical Research Council, National Guidelines for Waste Management in the Health care Industry. (1999)
  NSW Department of Energy, Utilities and Sustainability

- **Standards and Policy**
  ISO1401- Environmental Standard
  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
  Australian Standards, AS/NZS: 4261, Re-usable Containers for the Collection of Sharp items in Human and Animal Medical Applications, 1994
  Australian Council Healthcare Standards EQuIP 4, Standard 3.2.3
  NSW Government Waste Reduction and Purchasing Policy (WRAPP) November 2004
  Environment, Climate Change & Water – Duty to Notify Pollution Incidents

- **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 PD2005_132 Waste Management Guidelines for Health Care Facilities1998

NSW Health Policy Directive PD2005_247 Infection Control Policy
NSW Health Policy Directive PD2005_409 Workplace Health and Safety- Policy and Better Practice Guide

7.3 Internal references

Policy Directive PD 179 Blood and Body Substance Spills
Policy Directive PD 069 Emergency management
Policy Directive PD 042 Privacy policy
Policy Directive PD076 Contractor managing OHS training
Policy Directive PD 082 Dangerous goods and hazardous substances
Internal Disaster management procedures – Code Yellow

8. 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 Manager. Amended to reflect change to Local Health Networks