
Tamworth Base Hospital & Health Service

WASTE MANAGEMENT GUIDELINES

Mission Statement

Tamworth Base Hospital & Health Service is committed to maintaining a waste management system that is safe, efficient, cost effective and considers environmental issues.

Date Reviewed: June 2004

Forward

The NSW Health Department's "Waste Management Guidelines for Health Care Facilities" recommend that all hospitals develop and implement a waste management plan. This document incorporates the components necessary to conform with the Waste Management Guidelines, Infection Control Policy, and relevant Occupational Health and Safety and Environmental Protection legislation.

The implementation of the Plan will be in the following sequence:

1. Ensure an effective committee exists; The Waste Management Work Group will drive the plan and report to the Occupational Health & Safety Committee through to the Quality Management Committee.
2. Internal Audits - to identify needs and highlight issues
3. Implement infra-structural change and provide effective staff training
4. Re-audit and document outcomes.

Note: This process must be ongoing

The Waste Management Work Group should ensure that this plan is reviewed and updated on a yearly basis with new objectives and strategies being implemented to ensure this organisation meets its statutory obligations.

The plan should be promulgated throughout the organisation with staff education being provided in regard to waste management principles, hazardous substances and infection control. All staff coming into contact with waste should be aware of all policies and procedures through this training.

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SECTION 1 - Introduction

This Waste Management Plan describes the current policies and procedures for Tamworth Base Hospital & Health Service. It provides goals & targets to ensure ongoing improvements in all aspects of waste management, including the generation, handling, storage and disposal of all forms of waste. This facility is committed to minimising waste, in accordance with the NSW Government Waste Reduction and Purchasing Policy.

This plan is based on the NSW Health Department Waste Management Guidelines for Health Care Facilities - August 1998, Infection Control Policy (2002/45), relevant legislation relating to Environmental Protection, and Occupational Health & Safety and the NEAHS Waste Management Policy (2004-01 April 2004). As legislation and policies are constantly revised, this plan should be reviewed annually.

To be effective, this plan must be widely promoted throughout the hospital

1.1 Aims

- To protect public health and safety.
- To provide a safe work environment
- To minimise the environmental impact of waste generation treatment & disposal.
- Reduce waste handling & disposal volumes/costs without compromising health care.

1.2 Objectives

- To adopt and implement the Waste Management Plan throughout the hospital.
- To monitor performance and review the Waste Management Plan at least annually.
- Adopt a waste minimisation policy that incorporates realistic purchasing guidelines.
- Develop concise waste segregation principles and promote practical guidelines for re-usable products.
- Foster commitment from all staff and management to actively participate in waste avoidance, reduction, reuse and recycling programs.
- Introduce a continuing waste management education program for all staff to increase awareness of Occupational Health & Safety issues and waste minimisation principles.
- Adopt policies and procedures to minimise the environmental impact of waste treatment and disposal.

SECTION 2 - Definitions

Hospital Waste can be divided into seven broad categories which are defined in the NSW Health Department's Waste Management Guidelines for Health Care Facilities (1998). Clinical, cytotoxic, pharmaceutical, chemical and radioactive wastes are classified as Hazardous wastes under Part 3, Schedule 1 of the Waste Regulation and section 3 of the Waste Guidelines.

Clinical waste

Clinical waste is waste that has the potential to cause sharps injury, infection or offence. When packaged and disposed of appropriately, there is virtually no public health significance.

Clinical waste contains the following:

- ☐ sharps;*
- ☐ human tissue (excluding hair, teeth and nails);
- ☐ bulk body fluids and blood;
- ☐ visibly blood stained body fluids and visibly blood stained disposable material and equipment;
- ☐ laboratory specimens and cultures;
- ☐ animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.
- ☐ unless treated to standards approved by the Director General of NSW Health.

* Sharps :- Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp object or instrument designed to perform penetrating procedures.

2.2 Cytotoxic Waste

Cytotoxic waste means material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug, and any discarded material associated with the preparation or administration of cytotoxic drugs.

2.3 Pharmaceutical Waste

Consists of pharmaceuticals or other chemical substances specified in the Poisons List under the Poisons and Therapeutic Goods Act 1966. Pharmaceutical substances include expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

2.4 Chemical Waste

Chemical waste is generated from the use of chemicals in medical applications, domestic services, maintenance, laboratories, during sterilisation processes and research. It includes mercury, cyanide, azide, formalin, and glutaraldehyde, which are subject to special disposal requirements.

Chemical wastes included in the Dangerous Goods Regulations and Poisons and Therapeutic Goods Act are also included in this stream.

2.5 Radioactive Waste

Radioactive waste is material contaminated with radioactive substances that arises from medical or research use of radionuclides. It is produced, for example, during nuclear medicine, radio-immunoassay and bacteriological procedures, and may be in a solid liquid or gaseous form and includes the body waste of patients under treatment. Reference should be made to the *Radiation Control Act 1990* and the *Radiation Control Regulation 1993*.

Radioactive waste, once lead shielded and allowed to decay to a safe level as set by the Regulatory authority, is no longer deemed to be radioactive waste. Certain radioactive wastes are classified as hazardous waste in the Waste Regulation.

2.6 Recyclable Products

Items that are composed of materials or components capable of being remanufactured or reused. Items are considered recyclable if facilities are available to collect and reprocess them.

2.7 Organic Products

This includes wood, garden waste, food & vegetable scraps and natural fibrous material that are biodegradable.

2.8 Liquid Waste

Liquid wastes are defined in the Waste Regulation. These wastes include grease trap waste, used lubricating oil and waste normally discharged to the sewer.

2.9 General Waste

Any waste not included above. Which is not capable of being composted, recycled, reprocessed or re-used. This stream includes incontinence pads, sanitary waste and disposable nappies.

SECTION 3 - Organisational Issues

3.1 Employer's Legal responsibilities

Employers have a number of legal responsibilities which include:

- developing and maintaining a safe work environment and safe work practices (Occupational Health & Safety Act, 2000);
- ensuring hospital activities do not breach environmental standards prescribed in the State and Federal legislation;
- providing staff training and education for the safe handling of waste.

Refer to the legislation list in Appendix1.

3.2 Employee's Responsibilities

Employees also have responsibilities that include:

- complying with safety instructions and use safe work practices for their own protection and for the protection other staff and the public (Occupational Health & Safety Act, 2000).
- Actively supporting environmental initiatives introduced by the Waste Management Work Group.
- Be aware and comply with the requirements for the handling of chemical substances according to Material Safety Data Sheets (MSDS).

Refer to Legislation list in Appendix 1.

3.3 Licensing Requirements

TBH&HS generates more than 2 tonnes of clinical (Hazardous) waste per year

TBH&HS does not store more than 500kg of clinical (Hazardous) waste at any one time

TBH&HS is required to be licensed under the Waste Minimisation and Management Regulation 1996

TBH&HS does not transport more than 200 kg hazardous waste

TBH&HS is not licensed as a treatment facility

3.4 Waste Management Work group

Table 1: Waste Management Work Group Members

Position	Responsibility
Secretary	Minute keeping. Work Group member.
Infection Control Nurse	Advise on infection control issues. Liaise with the Infection Control Committee.
Occupational Health and Safety Officer	Advise on OH&S matters. Liaise with OH&S Committee.
Engineer/Maintenance	Advise on structural and maintenance issues relating to the storage, treatment and disposal of waste. Monitor water and energy usage.
Hotel Services	Supervision of Hospital Assistants and cleaning. Maintain daily records of waste generation.
TBH&HS Management	Financial and administrative support.
Waste Collectors	Advise on current practices.
Quality Manager	Assist with monitoring and trending and development of strategies to improve waste management.

3.4.1 Terms of Reference

The Work Group may co-opt any other relevant personnel to address specific issues.

Meeting Frequency: Monthly

Table 2: Objectives of the Waste Management Committee

Work Group Objectives	Name/Position	*Completion
Conduct a waste audit and prepare a comprehensive report of current waste generation, segregation, handling, storage and disposal practices and costs.	Infection Control OH&S Officer Waste Collector	Annually
Conduct ongoing audits of waste (refer section 4.1) Ensure information is relayed to staff.	As above	Ongoing
Conduct a Waste Management Numerical Profile Audit annually and review Waste Management Plan (Appendix 1)	OH&S Officer	12 months
Improve waste segregation practices	Work Group	12 months
Implement a waste minimisation program in line with current NSW Health Department guidelines	Work Group	6 months
Promote and increase the rate of recycling within the facility	Hotel Services	12 months
Implement an ongoing waste management training program which caters for all staff including management.	OH&S Officer Infection Control	Ongoing
Consult with Management on waste handling & storage issues relating to the design and layout of buildings, renovations & extensions.	TBH Business Manager	Ongoing
Seek a commitment from Management to comply with all relevant Legislation (Appendix 2)	TBH Business Manager	Ongoing
Liaise with council and external waste contractors with regard to the transport and disposal of waste external to the hospital.	Business Manager	Ongoing
Promote waste management principles throughout hospital (signs, posters, noticeboards, bulletins, competitions etc)	Work Group & OH&S Committee	Ongoing
Develop OH&S strategies for injury prevention, and for reporting, treating and follow-up of injuries associated with waste handling.	OH&S Officer	Ongoing
Provide appropriate Personal Protective equipment and offer staff vaccinations in line with NSW Health Department circular No 2003/91	Infection Control	Ongoing
Develop spill management strategies for all waste categories and for Safe Work Practice (SWPs manuals)	OH&S Officer with assistance	3 months - review every 3 years

3.5 Education and Training

The Waste Management Work Group together with the OH&S Committee will be responsible for coordinating and running training activities.

A register of course attendance is to be held by the OH&S Committee.

An education plan will be developed for:

- Current employees (nursing, domestic services, maintenance staff etc)
- New employees (orientation)

The following topics are to be covered by all staff:

- Safe work practices
- Staff awareness of policies at orientation
- Legislation
- Provision and safe use of PPE
- Hygiene procedures
- Waste stream definitions
- Costs and benefits of waste minimisation
- Reduce/reuse/recycle
- First aid / needlestick injury
- Spill management
- Environmental impacts of waste disposal
- Hazardous substances

SECTION 4 - Waste Management Strategies

4.1 Hospital Waste Audits

A waste audit is an essential management tool for measuring the level of compliance with the Waste Management Guidelines. Audits can also identify opportunities for water and energy conservation. Four audits will be utilised on an ongoing basis:-

- | | | |
|----|--|-------------------|
| 1. | Clinical Waste audit (external contractor) | Annually |
| 2. | General Waste audit | At least annually |

4.1.1 Waste Management Audit

The Waste Management profile audit is to be completed using the Sedgwick/Marsh Consulting criteria

4.1.2 Waste Audit

Both clinical waste and general waste should be inspected to accurately determine the level of segregation. This will be completed annually by Contractor, and at other random times by members of the Work Group. Other categories of waste and recyclable materials can also be audited (except hazardous, cytotoxic and radioactive waste).

4.1.2.1 Requirements

The Audit should be carried out in a well ventilated, well-lit area with smooth, impervious floors. A stainless steel table or suitable platform such as a mortuary table with elevated sides to retain liquids should be used to sort waste. Hand washing facilities should be available.

Staff performing the audit will wear adequate personal protective equipment AND will be adequately vaccinated (including Hepatitis B). A note taker will be required to record and take photographs if necessary. Photographs or video recordings can be valuable in illustrating and highlighting problem areas.

Ensure that the origin of the waste is clearly identified by name (ie theatre, ward name) or by numbering, colour coding, or bar coding. The date collected should also be clearly marked on the containers.

4.1.2.2 Equipment

- Scales suitable for weighing all waste.
- A supply of suitable containers to receive waste and recyclables once segregated.
- Knife or scalpel for opening bags.
- Long handled tongs or tweezers for removing items of waste.
- Supply of sodium hypochlorite bleach (4%) with mop and bucket.
- Thick rubber gauntlet gloves, mask, impervious overalls, face shield and waterproof boots.
- Thick plastic sheeting to line table surface.

4.1.2.3 Procedure

If waste volumes are small, it may be possible to inspect all bags/containers, however where this is not practical, a minimum of 10% of all bags should be selected at random for inspection. If one day's waste is to be inspected, ensure that additional waste from previous days are not included (eg. Monday may include weekend's waste) and note whether the day selected is representative.

First record the weight of each bag/container on the audit form (attached). Carefully open the bag and place each item into the appropriate category (Clinical, General or Recyclable - refer to the attached guide to the classification of waste). Re-weigh each category and record the results on the audit form. Total each column and calculate the percentage of Clinical waste, general waste and recyclable material.

Note: If general or recyclable items are identified in the clinical waste, they should be returned to clinical waste bags for disposal.

Table 3: Examples of Waste Classifications for Hospital Waste Audit

Clinical	General	Recyclable
Bandages & dressings contaminated with blood	Food scraps AND disposable food containers	Glass
Blood stained gloves	Gloves (NOT stained with blood)	Paper
Blood stained disposable surgical hardware	Disposable food utensils	Aluminium (cans, foil etc)
Used needles & syringes	Flowers (if not compostable)	Cardboard
Used drainage & suction containers (full/empty)	Plastic bottles (non-recyclable)	Steel cans
Theatre gowns soiled with blood	Disused office supplies	Milk cartons
Bulk blood & body fluids (not capable of safe disposal to the sewer)	Personal items	PET (polyethylene Tetrachloride) Plastic bottles
Treated Pathology waste (used culture plates/tubes etc)	Un-used medical supplies	HDPE (High Density Poly-Ethylene) Plastic bottles * [2]
Blood stained disposable bed liners	Bed liners (not visibly blood stained)	Cooking oils & fats
Blood stained disposable napkins/ incontinence pads	Disposable napkins (NOT visibly blood stained)	Polypropylene bottles *[5]
Heavily stained urine /wet bed liners	Oxygen masks & tubing	X-ray film
Heavily stained faeces stained bed liners	Bed pan covers	X-ray fluid
	Sterile wraps	Scrap Metals
	Dressing / Treatment trays and dressing materials/bandages	Batteries
	Paper tissues & handtowel	Coal Ash
	Wrappings	Mulch

Key: - * denotes recycling symbol. Note:- This list is not all inclusive.

SECTION 5 - Waste Handling, Containment and Transport

5.1 Waste Management Team

Tamworth Base Hospital & Health Service will ensure there is an adequately trained team responsible for the handling, internal transport, spill management, and disposal of clinical and related wastes.

Staff are to immunised as per the protocols of NSW Health Circular No 2003/91. Such immunisations might include: Adult Diphtheria & Tetanus, Hepatitis B, Measles/Mumps/Rubella, and Varicella Zoster

5.2 Review

The Waste Management Work Group is to review the collection process including manual handling and transportation and incorporate into the Waste Management Numerical Profile, to be conducted annually.

The review may include the following areas:

- transport via least sensitive routes;
- collection process and frequency;
- handling;
- placement of mobile garbage bins, bags and containers;
- location of waste storage area;
- contractor collection points.
- adherence to PPE requirements by waste handlers.

5.3 Handling of Waste by Staff

Sharps are handled in accordance with the Infection Control Policy (Circular 2002/45). Manual handling is in accordance with the National Code of Practice for Manual Handling. Hand washing and hand care is in accordance with the Infection Control Policy (Circular 2002/45). Management of Needlestick Injuries is in accordance with the current Departmental Circular.

5.3.1 Personal Protective Equipment (PPE)

The following protective barriers are available or accessible:

eye shields	71725 – safety over glasses
	71726 – safety glasses tinted
	71727 – safety glasses standard
gloves	71803 – small (powder free)
	74989 – medium (powder free)
	74945 – large (powder free)

	74949 – small (vinyl)
	71804 – medium (vinyl)
	74950 – large (vinyl)
gowns	74941 – impervious non-sterile
mask	71917 – with visor
	74942 - standard
	72816 – face-shield disposable
aprons	74902 – white plastic
	74901 –green plastic
footwear	72034 – large
	74956 – x-large
	74943 – plastic

The PPE worn when handling the following types of waste are:

General: gloves

Clinical: gloves, eye protection, apron, impervious gown, face mask

Cytotoxic: heavy duty nitrile gloves, shoe covers, face mask, eye protection

Radioactive: latex gloves, film badges, digital dose meter for radiation dose monitoring.

Sharps: gloves

5.3.2 Waste Bags

Bags are only to be $\frac{3}{4}$ filled

Bags are to be held away from the body when being handled

Bags are to be sealed at the point of generation

The waste collection times are: morning/afternoon on a daily basis or as required

All bags are to be labelled with the hospital, date and ward

Labelled for appropriate use ie; clinical waste

5.3.3 Sharps Containers

Containers are not to be overfilled

Containers must comply with Australian Standards

Are to be Kept out of children's reach (ie minimum 1.4m above floor)

Are to be Labelled with hospital, date & ward

Must be Sealed before removal from area where they were used.

5.3.4 Waste Trolleys

Waste trolleys are to be used for transporting waste throughout the facility

The trolley is to be washed weekly and when necessary

The trolleys are to be used exclusively for waste transport

The trolleys are not overfilled.

5.4 Spill Management Strategy

5.4.1 Spill Kits

Spill kits are available from the stores department

Spill kits for Clinical waste are maintained in all clinical units and the Maintenance Dept

Spill kits for cytotoxic waste are maintained in the following areas: Domestic Services, Pharmacy, Clinics, Wards 4 & 8 and Stores.

Appropriate spill kits should also be kept in all clinical areas that waste is generated in.

Spills kits for mercury spills are maintained in the following areas: Domestic Services, Dental Clinic

A recommended equipment list for spills kits is located in Appendix 3.

Spill kit to be carried whilst transporting cytotoxic waste within facility.

5.4.2 Management of Blood or body substance spills

Spot Cleaning

- Put on disposable gloves
- Wipe up spot immediately with a damp cloth, alcohol, or paper towel may be used.
- Discard contaminated materials into clinical waste bag.
- Remove gloves carefully and dispose of into clinical waste if soiled with blood.
- Wash hands thoroughly.

Other spills

- Collect appropriate spill kit from designated location
- Wear disposable gloves, eyewear, mask and apron/gown/overalls
- Remove the bulk of the blood and body substances with absorbent material
- Use pan and scraper to scoop up absorbent materials and unabsorbed blood or body substances
- Discard clinical materials in clinical waste bag for disposal
- Remove gloves and dispose of appropriately
- Wash hands thoroughly
- Mop the area with a detergent solution
- Wipe the site with disposable towels
- Clean and disinfect pan, scraper, mop and bucket
- Re-usable eyewear and apron should be cleaned and disinfected after use
- Replace any used items and return the spill kit to the designated location

If a spill occurs on a carpeted area, mop up as much of the spill as possible using disposable towels then clean with a detergent. Arrange for the carpet to be shampooed as soon as possible. (NSW Health Department Circular 2002/45).

5.4.3 Management of Cytotoxic Spills

Cordon off area to through traffic

- Collect cytotoxic spill kit from designated location
- Put out a sign to notify of potential hazard.
- Wear appropriate PPE as outlined in WorkCover guidelines.
- Double glove with latex inner and heavy duty outer gloves
- Lay absorbent towels or mats over the spill
- Scrape up any broken glass and absorbent materials and place in cytotoxic waste bag
- Mop the area with warm water and detergent
- Remove shoe covers, outer gloves, disposable overalls, mask and goggles and place in waste bag/container
- Seal waste bag and place in cytotoxic waste bin or have it collected in the usual manner.
- Remove inner gloves and wash hands thoroughly
- Replace any used items and return the spill kit to the designated location

5.4.4 Management of Glutaraldehyde Spills

- Ventilate area as much as possible
- Collect Glutaraldehyde spill kit from designated area
- Wear goggles or face shield
- Dilute with plenty of water and run to waste
- Mop or wipe over spill area with warm water and detergent
- Replace any used items and return the spill kit to the designated location

5.4.5 Management of Mercury Spills

- Ventilate area of spill
- Collect mercury spills kit from designated area
- Wear impervious disposable gloves
- Pick up droplets using a pasteur pipette, eye dropper or suction bottle
- Store the waste in an unbreakable lidded container, preferably under a solution of sodium thiosulphate (photographic fixer).
- Decontaminate the area by sprinkling sulphur powder over the spill area. The volume of powder used should be at least twice the volume of the spill.
- Mix well by a brush, where possible
- Allow about half an hour for the formation of mercuric sulphide
- Sweep up the sulphur using the dustpan and brush, avoid generating dust
- Dispose of the dust in an impervious sealed container
- Seal and discard all cleaning equipment
- Replace any used items and return the spill kit to the designated location

For spills on carpeted area, follow the first five steps described above. For decontamination, the carpet has to be removed. Once the carpet is removed the decontamination procedures can be followed.

5.5 Containment

5.5.1 Sharps Containers

Tamworth Base Hospital & Health Service hospital shall provide purpose designed sharps containers to provide a safe system of work.

The Work Group are to decide on size, design and location based on the risks associated with each invasive procedure. Sharp container/s used: Daniel's Corporation - Contractor

Size: 1-20 litre. Cytotoxic containers are not supplied by Daniel's Corporation.

Containers are collected by, disposed of and disinfected by the external contractor.

5.5.2 Tracking

All clinical waste disposal receptacles are to be labeled with facility name, ward and date prior to collection for disposal.

5.5.3 Mobile Garbage Bins & Trolleys

The mobile garbage bins used by Tamworth Base Hospital & Health Service for Clinical Waste storage are marked as clinical waste with biohazard symbol. MGBs for Cytotoxic Waste are marked with purple colour-coded labels as hazardous waste. The trolleys used for collecting clinical waste are made of rigid material. Each trolley carries one waste stream at a time.

5.6 Cleaning

5.6.1 Mobile Garbage Bins (MGB) and Trolleys

Trolleys to be cleaned in an area containing sewer drainage not storm water (EPA requirements)

When cleaning trolleys and MGBs:

- Thoroughly scrub trolleys and MGBs with pH neutral detergent
- Clean or flush completely with neutral detergent
- Trolleys and MGBs should be left to dry
- Clean trolleys and bins are to be stored separately from soiled containers
- Wear appropriate personal protective equipment
- Waste water must be prevented from being discharged to storm water or other system systems designed to carry unpolluted water.

5.6.2 Clinical Waste Storage

Clinical waste is stored in an enclosed structure with lockable door and smooth impervious floor in the disused Incinerator Room (cool room) which is inaccessible by the public

The waste is stored for approximately 1-2 days with a first in first out policy.

The following precautions are taken:

- Water supply available with suitable drainage
- Natural ventilation & adequate lighting
- Spill kits located in the area
- Key restriction to key personnel
- Waste stored in locked MGB's
- The radioactive wastes have short half-lives and are stored in radioactive storage bin in

separate storage room on the premises until radioactivity is undetected.

5.8 Transport

Transportation complies with the EPA's *Special conditions applicable to the transportation of trade waste being contaminated wastes generated in hospitals, health institutions and medical laboratories*.

Tamworth Base Hospital & Health Service's Transport is outlined in Table 7:

SECTION 6 - Waste Treatment and Disposal

Tamworth Base Hospital & Health Service Hospital is responsible for its waste from generation to final disposal (□cradle to grave□. For this reason, documentation is kept on the date of disposal, the amount of waste disposed, where the waste is disposed and the contractors and transporters.

6.1 Radioactive Waste Disposal

The safe handling and disposal of radioactive materials is regulated by the NSW Radiation Control Act, 1990, and the Radiation Control Regulation, 1993. The current guideline being used by Tamworth Base Hospital & Health Service is the *NH&MRC Code of practice for the disposal of radioactive wastes by the user*.

Is the facility licensed by the Environment Protection Authority **YES NO**

Radiation Safety Officer: **David Fergus, Nuclear Medicine**

Are any radioactive gases discharged? **YES NO**

Table 4: Radioactive Waste Date:...../...../..... **SEE Dave Fergus**

Radioactive Material	Half Life	Storage Location	Storage Duration	Disposal Method	
				Where	By Whom
TC 99 generator		Hot Lab	Min 4 weeks	Returned to ARI	As non-radioactive road transport
TC 99		"	Until non-radioactive	Sharps container	
GA67		"	"	"	
TL201		"	"	"	

6.2 Disposal of Products of Conception and non-viable fetuses

How are products of conception disposed: Clinical waste stream

Do you have requests from parents wanting to take these products home..... **YES NO**

Do you allow parents to take these products home **YES NO**

How are these products packaged:..Double bagged and into receptacle brought by parents

Table 5: Waste Management - Annual Report Date:/...../.....

Waste	Quantity/Annum (litres or kgs)	Disposal Location	Handling Costs (Container cleaning, replacement, audits	Transport Costs (where applicable)	Disposal Costs	Total Cost
General Waste						
Clinical Waste						
Sharps						
Radioactive						
Chemical Waste						
1.						
2.						
3.						
4.						

Any problems experienced:

SECTION 7 - Occupational Health and Safety

The Hospital's copy of the Occupational Health and Safety Act 2000 & Regulations is available from the Occupational Health and Safety Officer

Copies of the provisions of sections 23, 24, 25, 26 & 31 of the Occupational Health & Safety Act are displayed in several locations around the hospital

An Accident/Incident Register is kept and maintained by the TBH Occupational Health and Safety Officer

All waste handling injuries and incidents are investigated by the Occupational Health and Safety Officer and/or Infection Control Officer immediately they are reported. Preventive action will be initiated as soon as practical and a report submitted to the Occupational Health and Safety Committee.

All staff who handle waste and recyclable materials:

- › Receive accredited training in basic infection control, personal hygiene, safe handling techniques, correct use of Personal Protective Equipment, spill management procedures and the requirements of the Occupational Health and Safety Act 2000.
- Are issued with appropriate Personal Protective Equipment and compelled to wear it while handling waste.
- Are issued with a comprehensive statement of duties and standard operating procedures manual.
- Have access to equipment and facilities that minimise manual handling and promote personal hygiene.
- Have access to and are familiar with Material Safety Data Sheets (MSDS) for all chemicals used.
- Are aware of the requirements of the Infection Control Policy (NSW Health Department 2002/45).

A comprehensive educational plan is to be developed and implemented for all staff and supervisors who generate and/or handle clinical and related waste products.

SECTION 8 - Bibliography

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