

WASTE MANAGEMENT POLICY

March 2015

Nepean Blue Mountains Local Health District WASTE MANAGEMENT POLICY

Who it applies to	Staff, Contractors, Volunteers and PCBUs for the NBMLHD		
When to use it	When disposing, storing or transport any waste material (liquid, solid, chemical, biological, paper etc)		
How to use it	Provides safe work practices for waste management		
Risk Rating	High	Review Date	TBA
Why the rule is necessary	To ensure compliance with Environmental and other legislation; To protect the Environment; To reduce workplace injuries relating to waste handling; To manage costs associated with Waste management.		
Who is responsible	All employees, volunteers and contractors and PCBUs of the NBMLHD		
Waste management	<ol style="list-style-type: none"> 1. Introduction 2. Roles and Responsibilities 3. Recycling 4. General Waste 5. Clinical and Biomedical Waste 6. Cytotoxic Waste 7. Sharps 8. Other Waste streams 9. Records 10. Pollution Incidents - Notification 		
Compliance Evaluation	Periodic Audits; Monitoring of Waste streams by volume and cost Incident reports		
NSW Health / NBMLHD reference	PD 2005_132 NSW Health Waste Management Guidelines for Health Care Facilities NBMLHD Jan 2013 Waste Management see Appendix for further references		
External References	Protection of Environment Operation Act 1997 See Appendix for further references		

Revision & Approval History

Date	Revision No.	Author/s (Name and Position)
Sep 2011	3 rd Edition	
March 2015	4 th Edition	Waste Management Committee.
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1	Introduction	4
1.1	Definition	4
1.2	Aim & Objectives	4
1.3	Waste Management Committee	5
1.3.1	Terms of Reference	5
1.4	Waste Management at Glance	7
1.5	Relevant Policies, Regulations & Guidelines	8
2	Roles & Responsibilities	9
2.1	Management Responsibility	9
2.2	Staff Responsibility	10
2.3	Cleaning Staff Responsibility	10
2.4	Personal Protective Equipment	11
2.4.1	Handling and Disposal of Wastes:	11
2.5	Education	12
3	Recycling	12
3.1	Paper & Cardboard Recycling	12
3.2	Confidential Document Management	13
3.3	Mixed Recycling (Co-Mingled Recycling)	14
3.3.1	Glass Recycling	15
3.3.2	Tin and Steel Can Recycling	15
3.3.3	Aluminium Recycling	15
3.3.4	Plastics Recycling	15
3.3.5	Liquid Paper Board Recycling	16
3.4	Reusable items	16
4	General Waste	16
5	Clinical Waste	17
5.1	Clinical/General Waste Spill Kit	18
6	Cytotoxic Waste	18
6.1	Pharmaceutical Waste	19
6.2	Sharps	19
6.2.1	Reusable Sharps Containers-Secured	20
6.2.2	Cytotoxic Sharps Containers	20
6.3	Chemical Waste	20
6.3.1	Chemical Spill Clean-Up Procedure	21
6.3.2	Mercury Spill Clean-Up Procedure	21
6.4	Radioactive Waste	22
7	Other Wastes	23
7.1	X-ray Recycling	23
7.2	Large Metal Items Recycling	23
7.3	Furniture, Medical and Office Equipment Recycling	23
7.4	Printer & Photocopier Toner Cartridge Recycling	24
7.5	Battery Recycling	24
7.6	E-Waste (Electrical/Electronic Component Recycling)	24
7.7	Storm Water Waste	25
7.8	Liquid Trade Waste	25
8	Records	26
9	Pollution Incidents	26
9.1	Pollution Incidents-Notification	26
9.2	Pollutions Incidents – Definitions	26
9.3	Notification Flow Chart	28
9.4	Pollution Incidents – Contact Numbers	29
9.5	Pollution Incidents – Information Required	29
9.5.1	Examples	30
10	Appendix 1: References	31

Introduction

1.1 Definition

As defined under the Environmental Protection Act, 1993 - Waste means: Any discarded, rejected, unwanted or surplus matter, whether or not intended for sale or for recycling, reprocessing, recovery or purification by a separate operation from that which produced the matter, or anything declared by regulation (after consultation under section 5A) or by an environment protection policy to be waste.

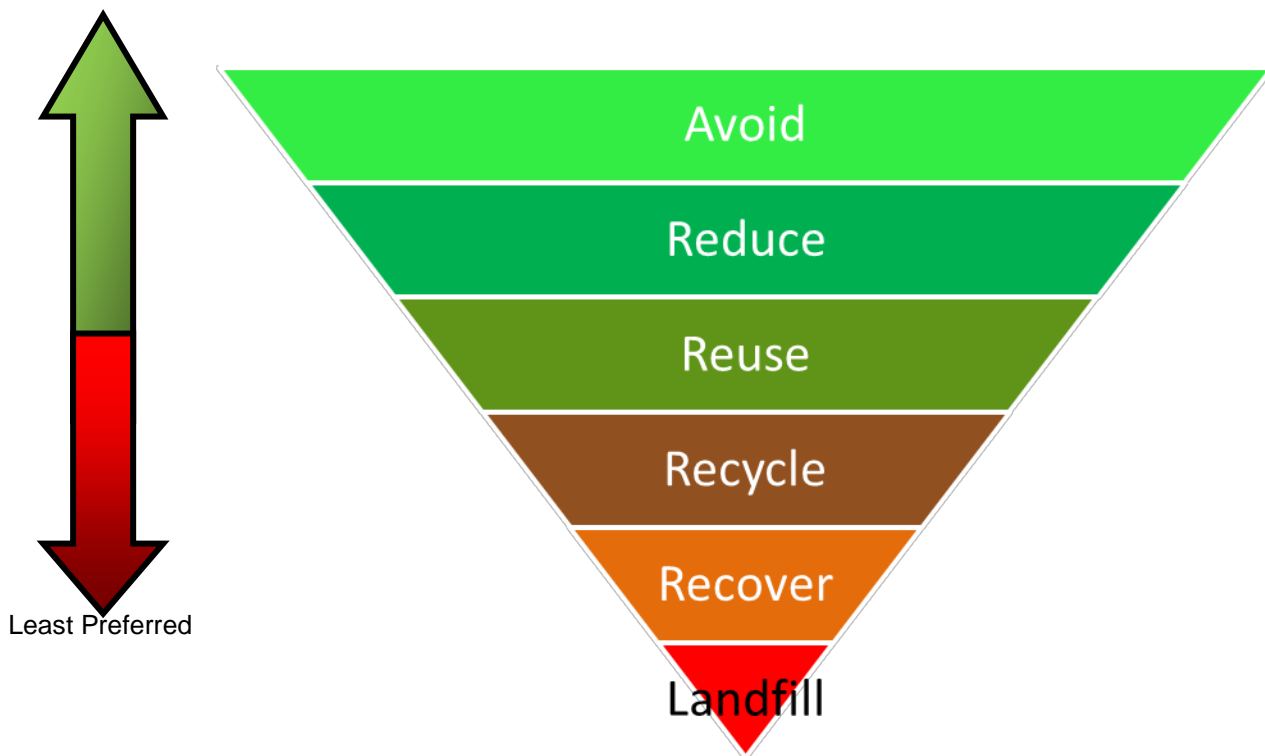
1.2 Aim & Objectives

In accordance with NBMLHD policy PD/140 May 2006 revised: January 2014. The NBMLHD Hospitals are committed to providing a clean and safe environment for all staff, patients, visitors and contractors.

The purpose of the **Waste Management Plan** is to:

- Provide guidelines on best practices for waste control
- Compliance with legislation
- Reduce potential workplace health and safety hazards
- Increase environmental awareness
- Minimise environmental impact and carbon footprint
- Control associated cost of waste disposal

Most Preferred



1.3 Waste Management Committee

1.3.1 Terms of Reference

1.3.1.1 Main Purpose Statement

- Provide a forum for discussion, monitoring, implementation and evaluation of systems and processes related to the efficiency and effectiveness of Waste Management across the Campus.

1.3.1.2 Strategies and processes to assist the Committee to achieve its aims

- Report, monitor and evaluate performance in regard to Waste Management on Campus.
- Initiate, receive and act on reports related to the functioning of Waste Management
- Develop, implement, monitor and evaluate operational policies, business plans and key performance indicators related to service provision.
- To provide a reporting mechanism to the NBMLHD
- To maintain compliance with legislative requirements, ACHS Equip National Standards, NSW Health and EPA Waste Management Guidelines.

1.3.1.3 Reporting lines and relationships to other committees

Minutes and Reports of the Waste Management Committee will be included in the report to NBMLHD Committee.

Membership of the Waste Management Committee includes:

Operations Manager (Chairperson)	
General Services Manager	NBMLHD Campus (Convenor)
Operations Coordinator Waste	NBMLHD
Contracts Procurement Manager	NBMLHD
Representative	NBMLHD
Representative	Engineering
Representative	Mental Health Services
Representative	NBMLHD WHS
Representative	Infection Prevention and Control
Representative	Nursing
Representative	NBMLHD (Pathology)
Representative	HealthShare NSW Food Services
<i>Other persons may be co-opted as required.</i>	

1.3.1.3.1 Chairperson

Operations Manager

1.3.1.3.2 Secretary

Secretarial support will be provided by Corporate Services.

1.3.1.3.3 Quorum

A quorum will be 50% plus one, other than when it is agreed by the Chairperson that the meeting

should proceed with a reduced number

1.3.1.3.4 Frequency and duration of the meetings

Meetings will be held quarterly on the second Tuesday at 10:30am for up to one hour.

1.3.1.3.5 Distribution of minutes and business papers

Agenda items should be forwarded to the Chairperson at least one week prior to the scheduled meeting. Business papers will be circulated 3 days prior to the meeting. Minutes will be distributed two weeks after the meeting.

Copies of minutes will be distributed to:

- NBMLHD Hospital Finance and Budget Committee(Finance and Performance for NBMLHD)
- Members of the Waste Management Committee

1.3.1.3.6 Reporting Standards

An Action Table is to be maintained for all committees and should form part of the agenda.

Ref #	Action	Responsible Officer	Status/Due
1			
2			
3			

Minutes will follow standard meeting procedures and be ratified at the next meeting. Minutes that have not been ratified by the appropriate committee should be identified as such when distributed. The general order of business for all committee meetings will be:

- Item 1: Present/Apologies
- Item 2: Confirmation of Previous Minutes
- Item 3: Action Table
- Item 4: Business Arising
- Item 5: General Business
- Item 6: Business without Notice.

1.3.1.3.7 Evaluation

The effectiveness of the Committee should be evaluated annually using KPI's agreed from time to time by the Committee. As a minimum, these should include:

- Number of meetings held throughout year (4) and Committee members' attendance (80%)
- Number agenda and action items in the business papers successfully resolved by Committee.
- Level of satisfaction with the functionality and effectiveness of the Committee by its membership.
- Extent to which WM Committee can demonstrate achievement of aims by comparison to the relevant Equip National Standards and other appropriate internal or external auditing processes.

Terms of Reference Ratified




Chairperson: _____

Date: _____ Review Date: _____

1.4 Waste Management at Glance



COLOUR CODING OF WASTE

WASTE TYPE	BIN COLOUR	BAG COLOUR	PRINT COLOUR	SYMBOL	
Anatomical Waste (recognisable body parts)	Burgundy	Yellow	Black "Clinical Waste"	None	
Clinical Waste	Yellow	Yellow	Black "Clinical Waste"	Bio-Hazard	
Cytotoxic Waste	Purple	Purple	Violet "Incinerate 1000°C"	Cell in Telophase	
General Waste	Dark Green	Clear/White	None	None	
Mixed Recycling (Commingle)	Orange/Brown	None	None	None	
Paper Recycling	Blue	None	None	None	
Confidential Paper	Red/Dark Blue	None	None	Secured	
Radioactive	Scarlet	Scarlet	Black "Radioactive Waste"	Radiation	

1.5 Relevant Policies, Regulations & Guidelines

There are many guidelines and regulations, which determine the waste management practices, which we must follow.

Legislation:

- NSW Work Health & Safety Act 2011
- NSW Work Health & Safety Regulation 2011
- Poisons and Therapeutic Goods Regulation 2008
- NSW Radiation Control Act 1990 and Amendment Act 2010
- NSW Radiation Control Regulation 2013
- Energy Administration Amendment (Water & Energy) Act 2005

NSW Environmental Legislation:

- Protection of the Environment Operations Act 1997 and Amendments
- Waste Avoidance and Resource Recovery Act 2001

External References:

WorkCover NSW

- WorkCover NSW Code of Practice for Managing the Risks of Hazardous Chemicals in the Workplace
- WorkCover NSW Cytotoxic Drugs & Related Waste Risk Management Guide, 2008

Guidelines:

- NSW Department of Primary Industries-Office of Water
- NSW Environment Protection Authority
- NSW Department of Environment and Climate Change-Waste Classification

Standards and Policy

- National Safety and Quality Health Service Standards 2012
- ISO1401 – Environmental Standard
- Australian Standards, AS/NZ: 3816, Management of Clinical and Related Wastes, June 1998
- Australian Standards, AS/NZ: 4031, Non-reusable Containers for the Collection of Sharp Medical Items in Healthcare Areas. 1992
- Australian Standards, AS/NZ: 4261, Re-usable Containers for the Collection of Sharp items in Human and Animal Medical Applications, 1994
- Australian Council Healthcare Standards EQUIP Mandatory criteria 5.1.9

Codes of Practice:

- Code of Practice for the Management of Clinical and Related Waste, 6th Edition 2010

NSW Health Policy Directives:

- NSW Health PD2005_132 “Waste Management Guidelines for Health Care Facilities 1998”
- NSW Health PD2007_036 “Infection Control Policy”
- NSW Health PD2013-050 “Workplace Health and Safety – Better Practice Procedures”
- NSW Health PD2012_061 Environmental Cleaning Policy 2012
- NSW Health PD2011_066 Waste Reduction and Purchasing Policy (WRAPP)

Internal References

- NBMLHD Waste Management Policy PD 2005_132
- NBMLHD Infection Control Manual – Occupational Exposure Procedure, Section 01
- NBMLHD Policy Directive PD2012_067 Emergency Management
- NBMLHD Policy Directive PD2015_036 Privacy Policy
- NBMLHD Procedure PD2014_005 Contractor Management
- NBMLHD Procedure PD2016_017 Hazardous Chemicals
- Area Internal Disaster Management Procedures – Code Yellow

If you would like to know any details contained within the above documents, refer to Policies, Procedures and Guidelines on NBMLHD website or contact the relevant publisher of the document.

2 Roles & Responsibilities

2.1 Management Responsibility

Management includes directors, department heads, unit managers, supervisors etc.

Responsibilities:

- Ensure safe handling, storage and transport of wastes
- Provide information, instruction, training and supervision necessary to ensure the health and safety of staff relating to waste management activities including the display of safe handling and spill clean-up procedures in a prominent place in risk areas
- Provide and maintain personal protective equipment (PPE), equipment and systems of work that

- minimise safety/health risks to staff
- Complete an IIMS report for all accidents/incidents.
- Ensure appropriate and timely follow-up action for any waste related incidents including Pollution.

Actions:

- Ensure waste bins are located to ensure safe disposal and encourage proper segregation – e.g. where possible both general waste bin and clinical waste bin available in clinical areas; general waste bin, mixed recycling container and paper/cardboard recycling containers available at workstations and tearooms where space permits.
- Ensure staff are adequately trained in safe waste management practices by arranging in-services or attendance at mandatory education sessions

2.2 Staff Responsibility

Everyone generates waste! – including Management, Administrative, Clerical, Medical, Nursing, Allied Health, Maintenance, Kitchen, Cleaning, Volunteers.

All Hospital and Contract Staff, who handle, store or transport waste, must adhere to all legislation and associated guidelines for WH&S procedures. This includes the requirements relating to manual handling and hazardous substance management.

Responsibilities:

- Safely handle, segregate, store and transport wastes
- Actively participate in receiving information, instruction, training and supervision
- Use the personal protective equipment (PPE), equipment and systems provided for safe work conditions (refer to Section 2.4)
- Report all waste related accidents/incidents to management including completion of IIMS

Actions:

- Place all wastes in appropriate bags or containers –
- Sharps must be discarded in designated secured Sharps Containers and not overfilled.
- Ensure waste wheelie bins are not overfilled (Paper recycling bins not more than $\frac{3}{4}$ full)
- Hold bags away from body when emptying bins (if heavy, bring the wheelie bin to the bag)
- Seal clinical waste bags immediately after discarding wet items. Use foot pedal to access, if available, and place in yellow wheelie bin.
- Place cytotoxic waste bags immediately after use and place in purple wheelie bin.
- Ensure clinical / cytotoxic & anatomical waste bin lids are locked at all times when transporting.

2.3 Cleaning Staff Responsibility

Responsibilities:

- Safely handle, segregate, store and transport wastes.
- Actively participate in receiving information, instruction, training and supervision
- Hand hygiene before and after, use the personal protective equipment (PPE), equipment and systems provided for safe practices (refer to Section 2.4)
- Report all waste related accidents/incidents to management including completion of the IIMS
- Do immediate first aid after an exposure to blood or body fluids (wash it off or out) and report exposures to blood or body fluids to the occupational exposure nurse in hours, and the facility clinician responsible for exposure management after hours- do not report in IMMS.

Actions:

As per 2.2 above

- All Wastes are to be transported along a route that gives minimum exposure to the public and maximum safety to staff
- Where it is unavoidable to carry bags of waste it is essential to hold away from the body
- Clinical and Cytotoxic waste bag must be taken directly to Clinical/Cytotoxic waste bin. It must not be stored in any other areas and bins must be kept locked when not in use.
- Clinical and Cytotoxic waste must be kept separate from all other kinds of waste when stored, handled and transported
- All waste must be in the designated receptacles when deposited at the Waste Centre
- Ensure Waste Rooms and Waste Centre is secure and tidy at all times. Clinical Waste Bay must be locked at all times when not in use.
- Thoroughly clean trolleys used for collection of wastes weekly, or as required.
- Notify Domestic Services Supervisor of any spills and assist with clean up using spills kit (refer to Section 2.5 – Location of Spills Kits) Complete IIMS report form including all details of spill.
- Report problems with waste equipment to Supervisor or Quality Manager on Ext 22815.

2.4 Personal Protective Equipment

Refer to:

- NSW Health Department Infection Control Policy Circular 2002/45
- The NBMLHD Hospitals – Infection Control Manual
- WorkCover NSW (2008) Guidelines for Handling Cytotoxic Drugs and Related Waste in Health Care Establishments.

2.4.1 Handling and Disposal of Wastes:

- Gloves must be worn at all times when handling all wastes- hand hygiene before putting on gloves, and on removal of gloves
- Hands are to be cleaned thoroughly before and after handling waste bags and/or bins.
- Health Care Workers must wear non-sterile disposable gloves when handling materials contaminated with blood or body substances.
- Cleaning Staff must wear non-sterile disposable gloves when handling all waste.
- Waste Handlers must wear their own leather gloves when transporting wastes to the Waste Centre and clean them regularly. Non-sterile disposable gloves are to be worn when handling waste for collection.

Additional PPE must be worn.

When there is a risk of splash with blood or body fluids.

Health Care Workers must wear:

- gloves
- gown/apron
- facial protection

When handling cytotoxic waste

Cleaning staff must wear:

- chemotherapy Nitrile gloves or purpose manufactured gloves
- enclosed footwear

PPE is single use, and must be changed between tasks.

2.5 Education

Staff education is an important part of achieving a successful waste management program. There are several different means of education available to staff.

Orientation

All new staff attending orientation will need to complete a session on waste management. Contact the orientation coordinator for details regarding when the orientation program is next running.

Mandatory Program

The Mandatory Program is now online. The session on waste management covers waste segregation, the hospital waste management program, relevant requirements and the reasons behind waste management. All staff will need to complete this program as required.

In-Service Program

The General Services Manager is available to present and/or arrange relevant in-service to individual areas requiring specific waste management training sessions as appropriate.

Educational Materials

Education materials such as this manual, stickers and posters are available from the General Services Manager on Ext. 42519. Ring to discuss requirements and availability of material.

3 Recycling

Many familiar items can be recycled. The NBMLHD Hospitals has a commingled and separate paper product recycling service, which is explained in more detail below.

3.1 Paper & Cardboard Recycling

What is it?

Used paper and cardboard is a valuable resource. It is not waste until it becomes part of the waste stream. If you're not sure whether the item can be recycled, check on the Paper and Cardboard Recycling List

- Paper to be recycled is placed in the appropriate desk side boxes marked as paper recycling.
- These boxes are emptied by the individual staff member who sits at that desk, into the blue paper recycling bin located in their department (this is not the role of the cleaner).
- Cardboard boxes must be broken down flat and left next to the blue recycle bin for collection.
- Confidential Paper is a separate waste stream requiring a locked bin.

Where will it go?

All paper and cardboard is taken to one of the main paper mills where it is remade into paper with recycled content or cardboard, saving the virgin raw material which is trees.

What to do:

- Separate paper waste using a desktop or desk side container. Label these containers "Recyclable Paper". It's best if paper is left flat and not crumpled.
- Transfer paper waste to paper and cardboard recycling blue bin. This is the responsibility of the staff member at the desk (this is not the role of the cleaner/PSA).
- Collapse/flatten cardboard boxes and place next to the paper recycling bin. Each person should

flatten the box they discard to fully utilise the space available in the area and assist in the collection process.

What else can I do?

1. Save Your Paper
2. Remember Reduce, Re-use, and Recycle

Ask yourself questions:

- Do you need to keep extra "hard copies" of documents (perhaps a back-up disk is better)?
- Can I inform people using a circular/e-mail rather than individual copies of memos etc?
- Can I print or photocopy onto both sides of the paper?
- Can I reduce the size of the print to fit it all onto one piece of paper?
- Do you have to print the e-mail?

Clean Paper & Cardboard Recycling List (Blue Bins)

Items to go into Blue Clean Paper Bin	Items <u>NOT</u> to go into Blue Clean Paper Bin
✓ Photo copier paper	✗ Carbon paper
✓ Writing paper	✗ Thermal fax paper
✓ Note paper/ pads	✗ Waxed paper and cardboard
✓ Reports (<i>remove binders and plastic sleeves</i>)	✗ Plasticised paper (<i>sterile pack wrapping, Kinguard</i>)
✓ Envelopes (<i>including window envelopes</i>)	✗ Label backing paper
✓ Books (<i>can they be reused</i>)	✗ Lunch & sweet wrappers and bags
✓ Manila folders	✗ Facial tissues and paper hand towels
✓ Computer paper & print outs	✗ Plastic sheet protectors (<i>reuse or general waste</i>)
✓ Index cards	✗ Plastic covers and binders (<i>reuse or general waste</i>)
✓ Telephone books	✗ Milk & drink cartons** (<i>liquid paper board</i>)
✓ Newspapers	✗ Plastic bottles**
✓ Magazines	✗ Glass bottles**
✓ Thin cardboard boxes (<i>medicine boxes</i>)*	✗ Aluminium & steel cans**

*Larger cardboard boxes to be flattened and placed beside bin for recycling

**These items can go in the Orange Recycling Bins

3.2 Confidential Document Management

What is it?

Many documents generated within the hospital are classified as confidential. The paper recycling system available throughout the hospital does not offer sufficient confidentiality for documents that should have restricted access. The Safety and Security Manual (NSW Department of Health August 1996) defines Confidential Documents to be those which when disclosed could cause:

- Embarrassment
- Disruption to the efficient operations of the facility

- Financial loss
- Loss of privacy for patients or staff

This includes any file notes that contain an identifiable name, address, phone number and personal details about a patient or staff member.

Regular staff memos are not generally considered confidential, these should be torn in half 3 or 4 times and placed in the Paper Recycling bins,

Records containing confidential information must be stored and locked in sturdy steel filing cabinets. The documents must then be disposed in the confidential paper waste stream. Several areas have their own paper shredder for this purpose, and the shredded paper can be placed in a blue bin for recycling. However, when large volumes of paper are involved, a specialised service for the destruction of confidential documents is available, confidential document disposal bins are located in administrative areas of the hospital.

Medical Records must never be disposed of in this system.

What to do:

The Patient Matters Manual Part 1 (NSW Dept of Health) sets out the Disposal Schedule for NSW Hospitals for various confidential documents.

Remove all plastics or folders (e.g. lever-arch folders) from the confidential documents, as these are not able to be shredded and may be reused within the hospital. The confidential documents should, either be placed in cardboard boxes and sealed or arrangements can be made with Domestic Services to supply a locked Confidential Document Bin to your area prior to document collection.

3.3 Mixed Recycling (Co-Mingled Recycling)



What is it?

Mixed recycling (or commingled) allows materials, which can be recycled to be placed into a single bin (orange). This includes clean empty food and drink containers made of material which will be remanufactured into new products, saving virgin raw material such as oil, power and water.

Where will it go?

The recycling Contractor collects from dock 2 and takes it all to a Material Recovery Facility (MRF) where it is sorted on conveyer belts and then sent on as appropriate to be processed into new items.

What to do?

The NBMLHD has Mixed Recycling for items such as:

- Glass Jars and Bottles
- Tin and Steel Cans
- Aluminium Cans
- Plastics with triangle and a number
- Liquid Paper Board (i.e. tetra packs for milk and juice cartons)

Note: Ensure that no rubbish is put in with the mixed recycling.

Polystyrene cups used for hot drinks and plastic sandwich containers are not recyclable. These wastes must be put into a general waste bin.

Ensure no food waste is included with the recyclable materials by emptying all containers first, and

rinsing where possible.

3.3.1 Glass Recycling

Glass Recycling List

These glass items can be recycled	These items are <u>NOT</u> recyclable
✓ Glass Fruit juice bottles	✗ Glass I.V. bottles containing antibiotics, albumin etc. <i>(Dispose as clinical waste)</i>
✓ Glass jars	✗ Injectable drug vials <i>(Dispose as sharps)</i>
✓ Glass medicine bottles	✗ Ampoules/ broken glass vials <i>(Dispose as sharps)</i>
✓ Beer bottles	✗ Drinking glasses
✓ Wine bottles	✗ Plate glass (window / mirror)
✓ Glass Feed bottles	✗ Pyrex laboratory glass
✓ Coloured glass bottles and jars	✗ Crockery <i>(Ceramic cups / mugs / plates etc.)</i>

What to do:

- Remove lids and dispose of lid as general waste
- Empty contents of container and rinse if likely to become offensive
- Place in a Recycling Container marked specifically for recycling and/or clear plastic bag.

3.3.2 Tin and Steel Can Recycling

What is it?

Food and drink tins such as:

- Tins from preserved food products e.g. fruit, soup, baked beans etc.

What to do:

- Empty contents of container
- Rinse container to prevent foodstuffs remaining from becoming offensive
- Place lid inside container to avoid accidental injury
- Place in a Recycling Container marked specifically for recycling and/or clear plastic bag

3.3.3 Aluminium Recycling

What is it?

- Beverage containers (cans) e.g. Soft Drink Cans
- Aluminium food containers (clean) e.g. take-away food

What to do:

- Empty contents of container and rinse clean as needed
- Place in a Recycling Container marked specifically for recycling and/or clear plastic bag

3.3.4 Plastics Recycling

What is it?

Any material marked with a triangle and a number

What to do:

- Remove lids unless they too have a 1 or 2 plastics recycling symbol
- Empty contents and rinse if likely to become offensive (such as milk and fruit juice containers)
- Place in a Recycling container marked specifically for recycling.

3.3.5 Liquid Paper Board Recycling

What is it?

Liquid Paper Board also goes under the names of Liquid Cardboard and Tetra-Pak cartons. They are the 'cardboard-like' containers used for milk and fruit juices. These items cannot be placed in the blue paper and cardboard recycling bins because the actual package contains a plastic coating or is a mixture of paper and plastic which makes it water-proof.

What to do:

- Empty contents of container
- Rinse container to prevent foodstuffs remaining from becoming offensive
- Place in a Recycling Container and/or Clear Plastic Bag

3.4 Reusable items

What is it?

Foam, plastic or cardboard disposable cups are NOT RECYCLABLE.

Therefore every time one is used, it must be thrown into general waste. This creates a large volume of general waste, which is sent to landfill. Once in the landfill, disposable cups can take hundreds of years to biodegrade. When they are broken crockery goes to General waste.

A china cup can be reused many times. This is much better for the environment, and more cost effective. Dishwasher in the Kitchen washes ceramic cups at over 90 deg C to kill any bacteria or viruses.

What to do:

- Use china cups when drinking in the cafeteria
- Bring your own mug with you if you are taking tea/coffee away
- Provide access to china/reusable cups for patients and visitors – ensure facilities are available to adequately clean all cups first.

4

General Waste



What is it?

A process of exclusion defines General Waste! If the waste does not fit into any other category of waste, it is general waste. E.g.:

- Paper towel waste after hand washing
- Gloves not contaminated with blood or body fluids
- Paper not able to be recycled
- Plastic not able to be recycled
- Packaging not able to be recycled
- Others wastes that are not recyclable

Where will it go?

All general waste goes directly to landfill; it is not treated in any way.

What to do:

- General waste must be kept separate from other waste
- Place in clear bag and then into a green wheelie bin/general waste bin
- Staff must wear gloves when sealing general waste bags and when transporting general waste in bags/containers or bins.

5 Clinical Waste



human sources

Refer to:

- NSW Health Waste Management Guidelines for Health Care Facilities, August 1998
- NSW Health Infection Control Policy Circular 95/13
- The NBMLHD Hospitals and Community Health Service – Infection Control Manual

What is it?

Clinical Waste is material which has the potential to cause injury, infection or offence e.g.:

- Tubing containing blood
- Microbiological and Pathological waste
- Materials visibly stained with blood/body fluids and visibly blood stained disposable material and equipment
- Bottles/vials that contained antibiotics, pharmaceuticals or products from

Disposable nappies, empty urine bags and incontinence pads may be disposed of as general waste, if only lightly soiled. However, where they are generated in bulk, or are heavily soiled or infectious, they should be handled, stored and disposed of as Clinical Waste.

(Special procedures apply for sharps, cytotoxic and radioactive substances – see relevant sections)

What to do:

- Gloves must be worn when handling clinical waste
- Gloves, gown/apron & facial protection must be worn if there is risk of splash with blood/body fluids
- Place all Clinical Waste in Yellow Plastic Bag with the 'bio-hazard' symbol
- Empty bulk body fluids, blood, suctioned fluids, excretions and secretions into the sluice when it is safe to do so *(see Safe Work Practice in Infection Control Manual)*
- Securely seal the bag when it is 3/4 full
- Place sealed bag in Yellow Wheelie Bin marked with the bio-hazard symbol
- Yellow Clinical Waste Containers / Wheelie Bins must be locked at all times during transport

Cleaning staff must wear gloves *(refer to Section 2.4)* when handling Yellow Bags and Wheelie Bins and transporting them to the Waste Centre

Waste Contractors provide clean clinical waste containers and remove full clinical waste bins for disposal six (6) days per week

5.1 Clinical/General Waste Spill Kit

Each domestic services room (located all over the hospital) contains a yellow bucket, mop with yellow handle for use in clinical spills (involving blood &/or body fluid), and a bucket and mop for general spills. Gloves, paper hand towels, clear and yellow bags, disinfectant and a general purpose detergent are also available from domestic service rooms for use in spills.

If you notice a spill of any kind, secure the area and contact the Domestic Services Department.

6 Cytotoxic Waste



Refer to:

- The NBMLHD Hospitals – Safe Handling of Cytotoxic Drugs and Related Waste, Information Package for Registered Nursing Staff and Cleaning Staff
- WorkCover NSW – Guidelines for handling cytotoxic drugs and related waste in Health Care Establishments 2008

Any queries about cytotoxic waste can be referred to Clinical Nurse Consultant, Haematology/Oncology.

What Is It?

Cytotoxic waste is material contaminated with drugs which are poisonous to cells and are largely used in the treatment of cancer e.g.:

- Packaging in which cytotoxic drugs have been delivered.
- Syringes (and caps) used for cytotoxic administration (*without needles*)
- Urinary and Wound Drainage Bags and Tubing contaminated with body waste from a patient receiving cytotoxic substances
- Gloves and disposable personal protective equipment used for administration of cytotoxic substances

What to Do?

- Gloves must be worn
* *Chemotherapy Nitrile gloves, Tyvek gown and goggles/glasses must be worn if there is risk of splash with blood or body fluid*
- Place all Cytotoxic Waste in Purple Bag marked with the cell in telophase symbol and labelled with the word 'Cytotoxic'
- Seal the bag with tie
- Place sealed bag into Purple Wheelie Bin marked with the cell in telophase symbol and labelled with the word 'Cytotoxic'
- Cytotoxic waste containers are to be locked at all times during transport.

Cleaning Staff must wear full PPE when collecting purple bins and transporting to the Waste Centre

Cytotoxic Waste

Cytotoxic spill kits are kept in:

- Pharmacy
- The Waste Centre
- Ward areas where cytotoxic drugs are used frequently.

Note: Refer to instructions in the Cytotoxic Spill Kit for cytotoxic spill clean-up procedures

6.1 Pharmaceutical Waste

Refer to:

- Poisons and Therapeutic Goods Act 1966
- Guidelines for the Handling of Medication in NSW Public Hospitals, Circular 95/37

What Is It?

Waste generated from pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act. Because of advances in technology and more cost effective methods of treatment, such as shredding and decontamination, it is necessary to separate bulk pharmaceuticals from other clinical waste. Because anything in the purple (cytotoxic) bin will be incinerated, bulk pharmaceuticals must be placed in purple bins e.g.:

- Expired pharmaceuticals
- Discarded pharmaceuticals

What to do:

- Place bulk pharmaceuticals in purple bins for disposal
- Ensure pharmaceuticals are not discharged to the sewer, or released into the environment
- Participate in pharmaceutical recycling schemes where available.

Cleaning Staff must wear gloves (*refer to Section 2.4*) when handling Purple bins and transporting to the Waste Centre. Waste Contractors remove waste for incineration six days per week.

6.2 Sharps

Refer to:

- NSW Health Waste Management Guidelines for Health Care Facilities, August 1998
- NSW Health Infection Control Policy Circular 2002/45
- The NBMLHD Hospitals – Infection Control Manual

What is it?

A Sharp is defined as any object capable of inflicting a penetrating injury e.g.:

Scalpel blades	Stitch cutters	Intravenous sets	Pasteur pipettes
Wires	Auto lancets	Broken glass	Glass slides
Trocars	Hollow bore needles	Suture needles	Staplers
Syringe with needle	Hypodermic needles		

What to do:

- Gloves must be worn
- Gloves, gown/apron and facial protection must be worn if risk of splash with blood or body fluid
- Place waste sharps **ONLY** in the sharps container
- Place non-sharp waste into relevant bin (eg Interlink system, bloodied tubing into clinical waste, soiled packaging into general waste)
- Only fill sharps containers to $\frac{3}{4}$ full or marked fill levels. This is a staff safety measure to ensure that all sharps fit safely inside the container
- When full, a trained member of staff, seals the container for collected by Domestic Services.

Note: Sharps must only ever be discarded into a designated, puncture-resistant container



Disposable Sharps Containers (Clear/translucent lid)-Secured

Seal lid of container when $\frac{3}{4}$ full to ensure no sharps can escape during transportation

- Place sealed yellow disposable sharps containers into a clinical waste bin
- Waste handling staff will remove clinical waste bins as required.

6.2.1 Reusable Sharps Containers-Secured



What is it?

Designated, puncture resistant yellow sharps containers with a swing tray opening and a handle on the lid

What to do:

- Gloves must be worn **Gloves, gown/apron and facial protection must be worn if there is risk of splash with blood or body fluid.*
- Place waste sharps in the sharps container
- Fill containers to the marked fill line or $\frac{3}{4}$ full. Check fill capacity before changing sharps container.
Close and lock Sharps container before removing from holder
- Close the lid of the sharps container
- Slide the front lock of the container to the right
- Slide the side locks of the container to the front into the 'Lock' position
- Place sealed Reusable Sharps bin in Waste or Utility Room for collection by waste handling staff.
- Waste handlers must ensure that the front and side locks are engaged when collecting containers
- Waste handling staff must wear gloves (*refer to Section 2.4*) when handling Sharps Containers
- Empty containers are obtained on production of a sharps exchange docket.

6.2.2 Cytotoxic Sharps Containers



What is it?

Designated, puncture resistant purple sharps containers with a Clear/translucent lid opening and a handle on the lid

What to do:

- Gloves must be worn (*Chemotherapy Nitrile gloves, Tyvek gown and goggles/glasses must be worn if there is risk of splash with blood or body fluid*)
- Place all Cytotoxic sharps in Purple sharps container marked with the cell in telophase symbol and labelled with the word 'Cytotoxic'
- Cytotoxic waste containers are to be locked at all times during transport.

*Reusable sharps containers are **NOT** to be used for Cytotoxic sharps.

6.3 Chemical Waste

Refer to:

- Material Safety Data Sheets (MSDS) for further information on the handling, storage, disposal and spill clean-up procedures
- Chemaalert for details regarding particular chemicals and associated risks

What is it?

Chemicals can be defined as substances used in or resulting from a reaction involving changes to atoms or molecules, especially one derived artificially for practical use.

Under the WHS Regulations, a manufacturer or importer of substances, mixtures and articles has a duty to determine whether they are hazardous to the health and safety of persons, before they are supplied for workplace use.

The classification of a substance, mixture or article reflects the type and severity of the hazards of that substance, mixture or article, i.e. its potential to cause harm to human beings or the environment. The classification of chemicals also determines:

- What information is required on labels and safety data sheets
- Whether certain provisions in work health and safety laws apply to their handling, use and storage in the workplace.

What to do:

For all hazardous chemical wastes regardless of whether it is a small or large quantity, regularly or irregularly produced, the process is to:

- Gloves must be worn
- Contact the General Services Manager for details of the EPA licenced Chemical Waste Collection contractor.
- Ensure the EPA docket brought by Chemical Waste Contractor is completed accurately with The NBMLHD written in as the generator, your department and a contact name and number should also be provided.
- Obtain a completed copy of the docket and forward to the General Services Manager for record keeping and invoice approval.

This is The NBMLHD 'proof' of appropriate disposal – it is a legal requirement that proof of correct disposal is kept. Waste chemicals must NOT be disposed of in any drain or waste receptacle, unless it is stated to be safe to do so on the MSDS or approval is obtained from relevant government authority.

6.3.1 Chemical Spill Clean-Up Procedure

When chemical is spilled, prompt action to clean up the spill is essential.

- Gloves must be worn
- Refer to the Material Safety Data Sheet (MSDS) for directions to safely manage the spill
- Contain the spill (stop it going into the earth, air or sewer or stormwater system etc)
- Clean up the spill (using mops, buckets, bags and containers for spilt chemical, soiled cloth etc.
- Complete the IIMS Form
- If you have a chemical spill prevent access to the area, and Contact your Manager or the After Hours Nurse Manager (AHNM) who will notify the WHS Coordinator and the Facility Manager.

Chemical Spill kit

Chemical spill kits are held in locations where chemicals are used/stored.

6.3.2 Mercury Spill Clean-Up Procedure

This procedure refers to small spills e.g. from thermometers or sphygmomanometers on hard floors

STEP 1:	Ensure area is well ventilated and prevent access to spill. Remove patient/s' from immediate vicinity
STEP 2:	Call Domestic Supervisor on Ext 22884 (0600-1430) for Mercury (Hg) Spill Kit. Nominate that there is a mercury spill and your location
STEP 3:	Call Security 2100-0600 on Ext 22847 (0600-1430) for Mercury (Hg) Spill Kit. Nominate that there is a mercury spill and your location
STEP 4:	Security to fill out Mercury Spills Register in Mercury Spill Kit

Procedure

1. **Do not attempt to clean up unless safe to do so!**
2. Remove gold or silver rings and bracelets (Mercury bonds to metals). Put on disposable gloves, safety glasses and disposable shoe covers from Spill Kit.
3. Remove any broken glass, place in rigid container (e.g. empty spill kit container)
4. Sprinkle chemical Hg Absorb powder on spill (use twice the volume of powder than mercury)
5. Sprinkle powder with water and work into a paste.
6. Use dustpan & scraper to collect Hg compound into provided bag and seal (use clean sample jar if extra container required) Place used bag, dustpan and scraper back in kit.
7. Shine a torch over the area to check that no beads of mercury have been left (repeat steps 3 to 5 if more mercury is found)
8. Mop area with water and disinfectant
9. Place used kit, shoe covers and gloves in yellow bag. Dispose of bag to Yellow Clinical Waste Bin. Mop to be thrown in general waste.
10. Wash hands
11. Ward staff to complete an IIMS report and notify WH&S Coordinator about the spill

For spills in crevices or on carpet, remove as much mercury as possible using a syringe (minus the needle) or pipette. Add Hg Absorb Powder, isolate area, and contact the Waste & Environmental Services Manager.

Mercury Spill Kit

Mercury spill kits are kept by Security and Switchboard. If you have a mercury spill (e.g. from a broken thermometer or sphygmomanometer), prevent access to the area, and contact:

After Hours contact Security on Ext 22847, and request that they bring the mercury spill kit (refer to Section 5.4.2. for procedure).

Monday – Sunday 0600-1430 contact Domestic Supervisor on Ext 22884 to assist in the spill clean-up

NOTE: Vacuum Cleaners must not be used to clean up mercury spills.

6.4 Radioactive Waste

What is Radioactive Waste?

- Radioactive waste is material that contains radionuclides and has no foreseeable further use.
- Waste includes liquid and gaseous effluents as well as solid materials.

What do we do with it?

- Only appropriately certified persons are licensed to handle radioactive materials. Hospital departments using these materials therefore have internal procedures for dealing with radioactive waste. These procedures only involve qualified staff.
- Typically, for short lived, unsealed waste as may be produced in Nuclear Medicine or laboratories, the “DELAY and DECAY” concept is utilized. This involves storage of the waste in a secure environment (a lockable waste store) until such time as it reaches a level where it

is deemed to be non-radioactive. At this time (or, in practice, when no external radioactivity is able to be measured) the package may disposed of in the normal manner.

- For longer lived (usually sealed) radioactive sources, as may be used in Radiation Oncology, waste is either stored permanently in an appropriately secure environment or returned to the manufacturer.
- Each department using radioactive material also has procedures relating to spillage or contamination, and keeps appropriate records of the waste products which are stored.
- Radioactive waste must be managed in order to isolate it from people and the environment ("safety"). Radioactive waste must also be managed in a way that prevents it from being accessed by anybody with malicious intent ("security").
- The two ways in which radioactive waste are generally managed are "concentrate and contain" or "dilute and disperse", the former for mainly solid waste and the latter for most liquid and gaseous waste.

Queries about radioactive waste, or requests to dispose of radioactive waste, refer to NBMLHD Radiation Safety Officer. The Radiation Safety Officer can be contacted for any urgent matter through the Hospitals' Switchboard

7 Other Wastes

7.1 X-ray Recycling

What is it?

X-Rays contain confidential information and they must be disposed of accordingly. The developing processes also leaves silver on the X-ray, which can be recovered before disposal.

What to do:

- All X-Rays that are no longer required should be returned to the Radiology Department for periodical destruction and silver recovery.

7.2 Large Metal Items Recycling

What is it?

This includes metal beds beyond use, trolleys beyond repair, filing cabinets, cupboards etc.

What to do

- Contact the General Services Manager (Ext 42519) who will identify if the item can be used for spares or direct that the item has no further use and be taken to an approved metal recycling centre

7.3 Furniture, Medical and Office Equipment Recycling

What is it?

Unwanted furniture, medical equipment and office equipment can sometimes be donated to charities, such as Australian Friends of Asia and the Pacific, for distribution to underprivileged nations. Such items may include:

Beds, side cabinets, over-bed tables, mattresses, cupboard and out of date supplies (not medicines)

What to do:

Contact the General Services Manager on ext. 42519 to arrange inspection and evaluation.

7.4 Printer & Photocopier Toner Cartridge Recycling

What is it?

Plastic toner cartridges can be recycled. They can be refilled for reuse or disposed of in an environmentally responsible manner. When a quantity has been collected from the hospital, they are sent for recycling.

What to do:

- Book a collection online at www.closestheoop.com.au

7.5 Battery Recycling

What is it?

Nickel Cadmium Batteries sold under Saft, Sunica, Nife, Alcad and Saft-Nife are able to be 'recycled'.

Sealed Lead Acid Batteries which are used in medical equipment (and are usually rechargeable) have reached the end of their life they are also able to be 'recycled'.

Most regular batteries (alkaline, etc.) are to be disposed of as general waste as there is currently no better alternative.

What to do:

- Take Nickel Cadmium and Sealed Lead Acid Batteries ONLY to Waste Collection Centre who will store them E Waste bins until there is a sufficient quantity to call the recyclers for collection.

7.6 E-Waste (Electrical/Electronic Component Recycling)

What is it?

Equipment that is dependent on electrical currents or electromagnetic fields to function, including all components, subassemblies and consumables that form part of the equipment at time of disposal e.g.

- Entertainment electronics (televisions, DVD players etc)
- Information, communication and office technology (computers, telephones, mobiles etc)
- Household appliances (refrigerators, washing machines, microwaves etc)
- Power tools, other small electronic devices and chargers
- Light Globes, Florescent Tubes, lighting transformers are able to be 'recycled'.

What to do?

- Take computers to the ISD support staff who will remove the hard drive (for data security purposes), computers will then be stored by Domestic Services Department until there is a sufficient quantity to call the recyclers for collection
- Take Light Globes, Florescent Tubes, lighting transformers to Maintenance Supervisor who will store them (in separate boxes) until there is a sufficient quantity to call the recyclers for collection.

7.7 Storm Water Waste

What is it?

Contaminated water must be prevented entering stormwater drains through large stormwater grates e.g. in the wash down area near Waste bin wash area.

What to do?

- Take preventative action to ensure that potential contaminants including leaves, oils, papers, cigarette butts etc. are removed on a daily basis from areas forming stormwater drain catchment.
- Hard surfaces within the stormwater catchment are not "hosed down" as a cleaning method to remove rubbish and other contaminants

7.8 Liquid Trade Waste

All substances entering the sewerage system through sinks or toilets must be in quantities and/or concentrations acceptable to Sydney Water (the authority monitoring this method of waste disposal). For all chemicals, check disposal requirements on the Material Safety Data Sheets and if in doubt contact the WHS Coordinator on ext.42844

A relevant excerpt from Sydney Water:

"Spent solvents, preservatives, and other chemicals used in hospital laboratories and research units, other than residues washed off glassware etc. are not to be disposed to the sewer. These materials must be collected in suitable containers and taken off site for disposal in an environmentally acceptable manner. If a collected waste chemical such as formalin is treated by an inactivation ("neutralisation") system approved of by Sydney Water, permission may be sought to discharge this in accordance with a written protocol by annexure to this permit.

Spent instrument solutions, including those based on gluteraldehyde may be discharged to sewer without treatment by flushing with copious quantities of water to achieve a dilution 1:100 or more.

If a safe and practical inactivation system for gluteraldehyde becomes available this should be introduced in lieu of dilution. Gluteraldehyde contaminated with heavy metals or other primary pollutants must not be flushed down the drain but removed from the site by an authorised contractor.

In all situations, due care must be exercised to ensure the health and safety of sewerage system workers is not placed at risk".

When liquid and/or hazardous wastes are pumped out and taken off site for specialised treatment, a copy of the EPA Docket must be forwarded to Engineering for record keeping.

Types of wastes included under this system include:

- Grease Trap Wastes
- General Purpose Tanks
- Drummed or Bottled Chemical Wastes

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

8 Records

The following records will be maintained by the General Services Manager:

1. Clinical Waste – records of destruction
2. Chemical Waste – records of destruction
3. Weight of waste by waste stream
4. Cost of waste by waste stream
5. Reportable Incidents – Pollution Incidents

9 Pollution Incidents

9.1 Pollution Incidents-Notification

Senior Management/Executive must be advised immediately of any reportable incidents.

The following have a duty to report:

- Operations Manager
- Chief Engineer
- General Services Manager
- Pathology West Manager at NBMLHD
- Finance Services Manager
- Risk Management Manager

9.2 Pollutions Incidents – Definitions

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 circumstance involving only the emission of any noise.

Meaning of material harm to the environment:

1) For the purposes of this Part:

a) Harm to the environment is material if:

- i) It involves actual or potential harm to the health or safety of human beings or to ecosystems that is not trivial, or
- ii) It results in actual or potential loss or property damage of an amount, or amounts in aggregate, exceeding \$10,000 (or such other amount as is prescribed by the regulations),

and

- b) Loss includes the reasonable cost and expenses that would be incurred in taking all reasonable and practicable measures to prevent, mitigate or make good harm to the environment.
- 2) For the purposes of the Part, it does not matter that harm to the environment is caused only in the premises where the pollution incident.

Leaks, spills and other pollution incidents can harm the environment. Pollution incidents causing or threatening material harm to the environment **must** be notified under section 148 of the [Protection of the Environment Operations Act 1997 \(POEO Act\)](#). A 'pollution incident' includes a leak, spill or escape of a substance, or circumstances in which this is likely to occur.

Notification must be given immediately, i.e. promptly and without delay, after the person becomes aware of the incident.

The Pollution Incident Notification process including definitions and contact details is outlined in the following pages.

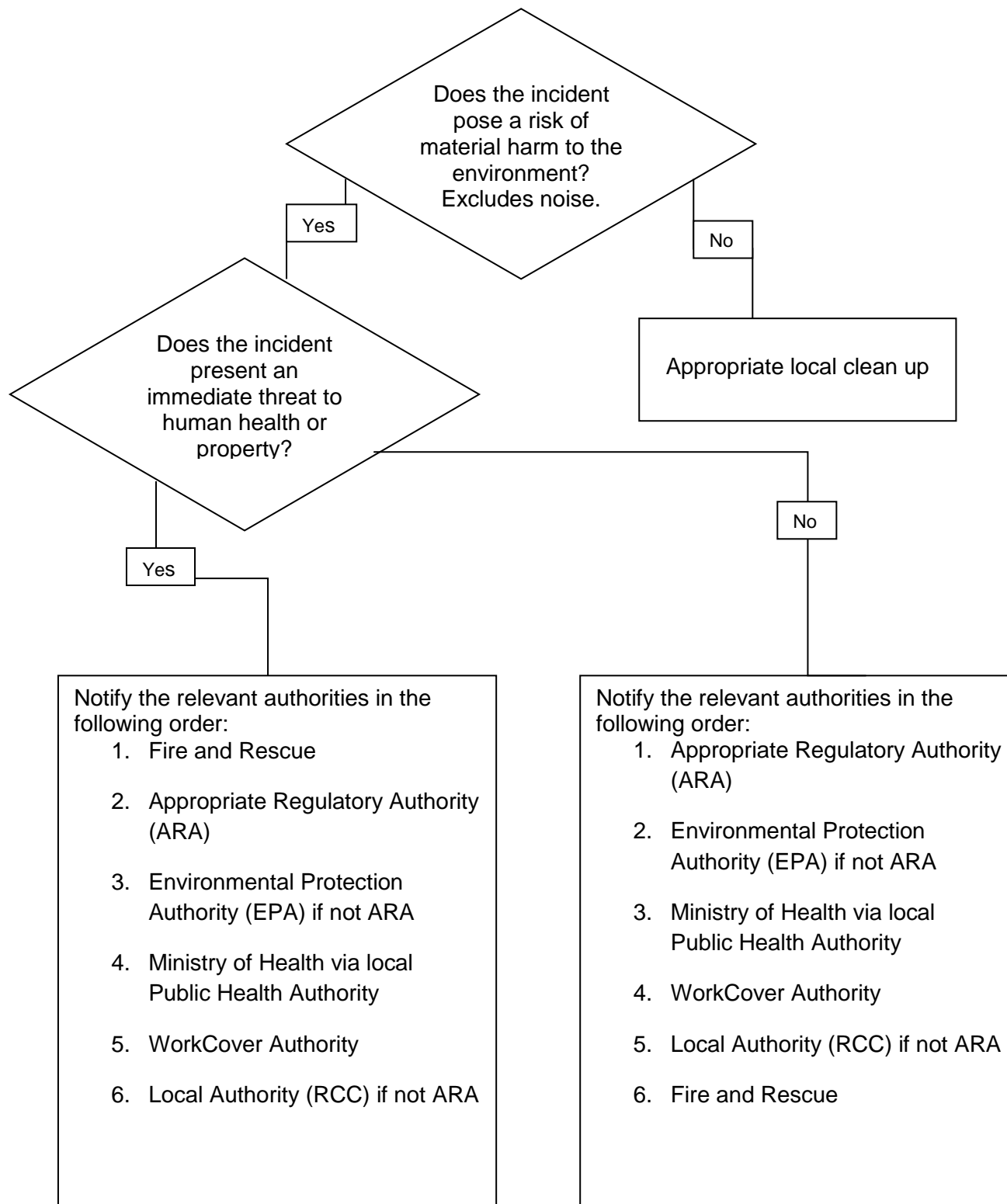
For further information refer to the following links:

<http://www.environment.nsw.gov.au/legislation/poefagsnotify.htm>

<http://www.environment.nsw.gov.au/pollution/notificationprotocol.htm>

<http://www.environment.nsw.gov.au/resources/legislation/201200227egpreppirmp.pdf>

9.3 Notification Flow Chart



9.4 Pollution Incidents – Contact Numbers

Pollutant	Authority	Contact Number
Air	Penrith City Council in hours	02 4732 7777
Air	Penrith City Council out of hours (Waste Hotline: 1800 734 735)	02 4732 7777
Chemical Spill	Fire and Rescue	000
Fertilisers	EPA 24/7	131 555
Herbicides	EPA 24/7	131 555
Liquid Waste	EPA 24/7	131 555
Pesticides	EPA 24/7	131 555
Sewer Overflow	Sydney Water 24/7	132 090
Solid Waste	EPA 24/7	131 555
Stormwater	Sydney Water 24/7	132 090

Authority	Contact Number
EPA 24/7	131 555
Fire and Rescue 24/7	000
Ministry of Health via Public Health Unit In hours	9382 8333
Ministry of Health via Public Health Unit Out of hours	9382 2222 – page Public Health Officer on call
Penrith City Council in hours	02 4732 7777
Penrith City Council out of hours (Waste Hotline: 1800 734 735)	02 4732 7777
Sydney Water 24/7	132 090
WorkCover 24/7	131 050

9.5 Pollution Incidents – Information Required

What information do I need to provide to authorities when notifying them of a pollution incident?

Under section 150 of the amended POEO Act, the information about a pollution incident that must be notified is:

- The time, date, nature, duration and location of the incident
- The location of the place where pollution is occurring or is likely to occur
- The nature, the estimated quantity or volume and the concentration of any pollutants involved, if known
- The circumstances in which the incident occurred, including the cause of the incident, if known
- The action taken or proposed to be taken to deal with the incident and any resulting pollution or threatened pollution, if known
- Other information prescribed by the regulations.

9.5.1 Examples

9.5.1.1.1 Effluent overflow

Part of your job is to manage an effluent treatment works. The works fail, resulting in an overflow likely to have an adverse effect on the ecosystem of a creek. You have a duty to notify your employer or, if that person cannot be contacted, the appropriate regulatory authority.

9.5.1.1.2 Chemical leak

A by-product of your company's manufacturing activity is a liquid chemical waste, which is stored in drums in a shed prior to collection by a waste contractor. There is no sign on the shed stating what to do if a leak occurs. A neighbour complains to the DECCW about offensive odours and damage to vegetation near the shed. The DECCW investigates, and finds leaking drums. The employees who knew about the leak believed that the waste contractor would attend to the problem, and did not advise company management. Your company is prosecuted for failure to notify the incident, in addition to other offences in relation to waste management. It is no defence that the relevant employees were ignorant of the duty to notify. Employers must take all reasonable steps, for example erecting a sign, to ensure that employees will notify them of incidents.

9.5.1.1.3 Fertiliser spill

Some fertiliser is spilled while it is being unloaded at a truck distribution centre. Someone inappropriately uses a hose to wash the spillage into the stormwater system. The centre supervisor advises the local council as soon as he or she becomes aware of what has happened. The local council is able to arrange for most of the nutrient-rich liquid to be trapped in the stormwater system and absorbed before it reaches natural watercourses. The distribution centre reimburses council for its clean-up expenses. The council does not prosecute the distribution centre for causing water pollution, or only issues a penalty notice, because of the cooperation shown, including through early notification of the incident.

10 Appendix 1: References

ARPANSA Safety Guide for Classification of Radioactive Waste (2010, RPS 20)

ARPANSA Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation (2008, RPS 14)

ARPANSA Safety Guide for Radiation Protection in Nuclear Medicine (2008, RPS 14.1)

AS/NZS 3816: 1998 Management of Clinical and Related Wastes

AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications

AS/NZS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas

Australian Cleaning Standards

Australian Radiation Protection and Nuclear Science Agency (ARPANSA) Safety Guide for the Management of Radioactive Waste (2008, RPS 16)

EMIAA (Environment Management Industry Assoc. of Australia Ltd) National Medical Waste Industry Group (1998) Industry Code of Practice for the Management of Clinical and Related Waste

EPA NSW (1998) Environmental Guidelines: Assessment, Classification and Management of Liquid and Non-Liquid Wastes

EPA NSW (1994-1995) Industrial Waste Recycling Directory

EPA NSW – Special Conditions Applicable to the Transportation of Trade Waste being contaminated wastes generated in Hospitals, Nursing

EPA NSW – Special Conditions Applicable to the Storage of Trade Waste being Contaminated Wastes generated in Hospital, Nursing Homes, Pathology Laboratories, Veterinary premises and other Health Care Facilities

Material Safety Data Sheets

National Health and Medical Research Council (1995) National Guidelines for the Management of Clinical and Related Wastes

National Health and Medical Research Council (1993) Management Guidelines for the control of infectious disease hazards in health care establishments

National Health and Medical Research Council (1985) Code of Practice for the Disposal of Radioactive Wastes by the user

NHS Estates / Department of Health, London (1995) Health Facilities Notes Environmental Management in Health Care

- NSW Health Department PD 2005_132 (1998) Waste Management Guidelines for Health Care Facilities

NSW Health Department PD2007_036 (June 1995) Infection Control Policy

NSW Health Department PD2013-050 Safety and Security for Health Care Facilities – Minimising the risks

NSW Radiation Control Act 1990 and regulations

NBMLHD (1998) Radiation Safety Manual

NBMLHD Work Health & Safety Statement of Commitment

NBMLHD Radiation Management Plan, specifically Radiation [Safety](#) – Storage and Disposal of Radioactive Waste

NBMLHD Nepean Hospital Infection Control Manual

NBMLHD Nepean Hospital (July 1996) – Safe Handling of Cytotoxic Drugs and Related Waste, Information Package for Registered Nursing staff.

Sydney Water (1996) Trade Waste Policy and Management Plan

Waste Minimisation and Management Act 1995 and Regulations

Water Board (Corporatisation) Act 1994

Water Board (1994) Guidelines for the On-site Treatment of Trade Wastewater Dischargers

WMA NSW (1990) Office Paper Recycle It

WorkCover NSW (2008) Cytotoxic Drugs and Related Waste Guide (risk management).

Documentation & Records

Records are kept by the Waste Management Coordinator recording:

Clinical Waste Disposal

Chemical Waste Disposal