

Management of Waste Policy and Procedure

1.0 Purpose

121 Supports Hunter Pty Ltd provides clear guidelines around waste management in a manner that meets both the *Work Health and Safety Act (2011)* and environmental requirements.

2.0 Scope

Front-line workers must understand how to manage waste products correctly and procedurally, ensuring all participants accessing, or using our services, are in safe environments.

121 Supports Hunter Pty Ltd will ensure that all staff are appropriately trained to respond to emergencies and incidents.

3.0 Policy

121 Supports Hunter Pty Ltd have a responsibility to protect our participants and any other person in the participant's home from harm by avoiding exposure to waste; infectious and hazardous substances generated during the delivery of supports.

121 Supports Hunter Pty Ltd's policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste. Infectious or hazardous substances must comply with current legislation and local health district requirements (see the Work Health Safety and Environmental Management Policy and Procedure). Staff are trained in using PPE and any other clothing required when handling waste or other substances.

Any incidents of exposure to the waste, infectious or hazardous substances are to be referred to the Director to implement relevant processes applying to staff and participants.

Hazardous waste includes infectious waste such as:

- Waste contaminated by bodily fluids
- Waste from clients who have infections (e.g. bandages, swabs)
- Pathological waste
- Human tissue, organs or fluids (not including hair, teeth and nails)
- Sharps (needles, syringes, disposable scalpels and blades)
- Chemical waste (e.g. disinfectants, batteries, heavy metals in medical devices)

- Pharmaceutical waste (expired, unused or contaminated medicines and vaccines)
- Cytotoxic waste that contains genotoxic agents (e.g. cancer medications)
- Radioactive waste.

Note: **Urine, faeces, vomit, sputum and meconium are not bodily fluids.** According to legislation, these can be flushed or disposed of in landfills without treatment. The only exceptions are if they visibly contain blood or if the client has a known or suspected communicable disease.

Adverse Effect

Our policy is to eliminate any adverse effects that may result from exposure to hazardous waste or accidental release into the environment, including:

- Infections
- Antimicrobial resistance
- Injuries from sharps
- Air pollution
- Thermal injuries
- Radiation burns
- Environmental contamination
- Environmental damage

4.0 Procedure

4.1 Waste storage and disposal

All waste should be stored in secure areas until collected. Waste disposal companies licensed with the Environmental Protection Authority (EPA) will collect all clinical and pharmaceutical waste for disposal in specialised waste disposal facilities, which the EPA also licenses.

Waste should be removed from clinical areas at least thrice daily and more frequently as needed, such as from specialised areas. Waste bags should be tied before removing them from the area.

4.1.1 Safe Collection of Hazardous Waste

Hazardous waste should be bagged, packaged, or placed into the designated container at the time and place of generation. After this initial collection, there should be no more direct contact with the waste. When collecting waste in a plastic bag, ensure the bag is strong enough to contain the waste and is appropriately labelled depending on the type.

Do not fill the bag beyond two-thirds of its capacity.

The following are essential considerations for waste collection:

- If the container is to be incinerated, use **non-PVC** plastic liners
- Do not secure bags with closure devices (e.g. metal staples) that could puncture them
- Waste must be transported in containers. Do not use bags to transport waste
- Containers that store cytotoxic waste must be strong enough to resist spillage, leakage or breakage. They must not be reusable
- Containers that store pharmaceutical waste must be non-reactive, tamper-proof, resist impact rupture and contain spills. Once the waste is ready to be disposed of, you should not be able to remove it from the container
- Double-bagging may be used to increase strength when transporting heavy loads. However, this will need to be performed carefully to avoid spillage or accidental exposure to waste.

4.1.2 Waste Segregation

- Segregation is an integral component of safe waste, allowing different types of waste to be easily identified. It must be maintained during storage and transportation.
- Waste is segregated using a standardised colour-coding system. Each type of waste should be disposed of in a designated colour bin, and staff should separate waste **at the time and place it is generated**.

Type of Waste	Colour	Symbol
Clinical (infectious, pathological and sharps waste)	Yellow	
Cytotoxic	Purple	
Radioactive	Red	

(Adapted from QLD Government 2019)

4.1.3 General waste disposal

- Place in the general waste bin for removal.

4.1.4 Clinical waste disposal

- Staff are required to use the biohazard bags provided by our organisation.
- Staff workers will place clinical waste in biohazard bags as soon as possible.
- Biohazard bags have a biohazard symbol and are currently coloured yellow

- Single-use sharps are to be placed (by the user) into a sharps container that meets the Australian and New Zealand Standards AS 4031:1992 and AS/NZS 4261:1994.

4.1.4 Pharmaceutical waste disposal

- When uncertain about how to dispose of leftover pharmaceuticals, staff workers should return to the pharmacy for correct disposal.
- Most disinfectants can be disposed of through the sewer system by running cold water into the sink before pouring the disinfectant into the sink. Leaving the cold water running for a few moments after the disinfectant has been disposed of dilutes the disinfectant.

4.1.5 Sharps disposal

Collecting Sharps

Sharps containers must have rigid walls (hard, unbendable sides resistant to breakage). Single-use sharps containers must never be reused.

When collecting sharps:

1. Ensure a sharps container is closed when handling sharps for immediately sharps disposal.
2. Always wear PPE when handling sharps.
3. Ensure the sharps container has adequate space to accommodate the sharp.
4. Place the needle and syringe (still connected) into the sharps container).
5. **Do not** try to recap the needle or separate the needle and syringe.

Sharps Containers

Sharps containers must only be used for objects that can puncture the skin, including:

- Hypodermic needles
- Syringes
- Scalpels
- Lancets
- Wires.

Do not put other objects or non-sharp components of sharps (e.g. IV bags) into sharps containers.

4.1.6 Safe Storage of Hazardous Waste

Hazardous waste has designated storage areas away from food and clean storage areas. Storage areas are enclosed spaces such as sheds, garages or fenced areas. They must be cleared routinely and provide access to the necessary cleaning materials.

Storage areas must be inaccessible by the public or other unauthorised persons, labelled with appropriate signage and ideally segregated by a lockable door. The flooring of the storage area should be a rigid, impervious surface (e.g. concrete). Specific waste may require refrigeration to prevent decomposition and odour.

Hazardous waste is stored in bags and containers according to the colour-coding system.

4.1.7 Safe Disposal of Hazardous Waste

There are a variety of treatment methods for hazardous waste. The most appropriate method will depend on the type of waste, with the goal being to:

- Make the waste as safe as possible
- Minimise harm to the environment
- Reduce the volume of the waste
- Render the waste non-recognisable by altering its physical nature.

Furthermore, the treatment and disposal process should:

- Limit the creation of hazardous or toxic by-products
- Have automatic controls and fail-safe mechanisms
- Ensure no waste can bypass the process.

Once treated, the waste is generally sent to a landfill. Compaction can decrease the volume of some types of waste before treatment and disposal, but it is not an appropriate standalone method (QLD Government 2019).

The following table outlines the appropriate treatment and disposal options for each type of hazardous waste:

	Incineration	Autoclaving and shredding	Chemical disinfection (hypochlorite) and shredding	Chemical disinfection (peroxide and lime) and shredding	Microwave and shredding	Compaction	Landfill
Chemical	YES	NO	NO	NO	NO	NO	NO

	(if licensed)						
Cytotoxic	YES	NO	NO	NO	NO	NO	NO
Pharmaceutical	YES	NO	NO	NO	NO	NO	NO
Radioactive	NO	NO	NO	NO	NO	NO	NO
Treated clinical	-	-	-	-	-	YES	YES
Untreated clinical	YES	YES	YES	YES	YES	YES (other than animal carcasses and sharps)	NO (other than in a scheduled area)

(Adapted from QLD Government 2019)

4.2 Cytotoxic Waste Management

Cytotoxic medications are agents that are toxic to cells and are mainly used to treat cancer. However, they may also treat autoimmune diseases such as multiple sclerosis, psoriasis, rheumatoid arthritis and lupus. Their function is to destroy rapidly growing cells.

They are known to be mutagenic, carcinogenic and/or teratogenic and have proven highly toxic to non-target cells, mainly through their action on cell reproduction. Some have been shown to cause secondary cancers in cancer patients.

A participant taking cytotoxic medication excretes body fluids contaminated with the unchanged medication or its metabolites.

4.2.1 Cytotoxic Waste

Damaged medication packages must be discarded in the cytotoxic waste bin (provided by the selected waste management company and organised by 121 Supports Hunter Pty Ltd), and the pharmacy notified.

A purple waste disposal receptacle is provided for cytotoxic waste, e.g. a dropped pill or continence pads. Cytotoxic waste must be removed by an environmental protection authority for appropriate destruction.

Unused cytotoxic medications must be appropriately sealed and returned to the pharmacy. Staff should place medications in a sealed plastic bag, ensuring that the purple container is visible, or apply a purple cytotoxic sticker to the outside of the bag.

4.2.2 Caring for a participant taking cytotoxic medication:

- If the participant is incontinent of urine or faeces, always wear two pairs of purple cytotoxic gloves when attending to toileting or personal care.
- Place soiled incontinence pads in a purple plastic waste bag and outer gloves, and seal purple plastic waste bags.
- Assist in changing consumer clothing and bed linen.
- Discard grossly contaminated linen in the purple cytotoxic waste bag.
- Linen that is only moderately to lightly soiled can be laundered using the following process:
 - wear PPE, including gloves and apron, throughout the washing and drying process
 - launder separately to all other linen
 - place the linen into the consumer's washing machine
 - do not stir up linen to avoid the generation of dust/particles
 - use domestic washing powder
 - wash linen at a maximum cycle in either hot or cold water
 - dry laundry on a line or in a dryer
- Once laundered, previously contaminated linen and clothing can be reused.
- Remove gloves and discard them into the cytotoxic waste bin.
- Wash hands.

4.2.4 Managing a cytotoxic spill:

- Alert all those in the immediate vicinity that a cytotoxic spill has occurred and tell them to stay clear.
- Locate the spill kit and read instructions inside the spill kit.
- Bring a spill kit to the spill area, restrict access and call the Director for assistance, if required.
- Don an N95 face mask, two pairs of cytotoxic gloves (inner and outer), and appropriate personal protective equipment (e.g. gown, goggles).
- For liquid spills, wait a few seconds for aerosols to settle, then cover the spill using available absorbent material, not generating any splashes. For large spills, use a spill pillow to absorb the liquid.
- If the spill involves a powder, place an absorbent mat over the powder and ensure minimal dust production. Carefully wet the mat, so the powder dissolves and is absorbed by the mat. Discard collected waste into a cytotoxic plastic waste bag.
- Wash the area several times with detergent and water, work from the least-contaminated area, and rinse the area thoroughly with water.
- Dry the affected area with absorbent towels or other suitable materials.
- Discard the contaminated cleaning waste into the purple cytotoxic plastic waste bag.

- Discard outer gloves into the cytotoxic plastic waste bag, seal the bag, and place it inside a second cytotoxic plastic waste bag.
- Discard contaminated PPE and inner gloves in the outer bag and seal it.
- Place the cytotoxic plastic waste bag into the large purple cytotoxic waste bin.
- Wash hands with soap and water
- Complete *Incident Investigation Form* and inform the Director immediately.
- Ensure that the cytotoxic spill kit is replenished/replaced.

4.3 Donning and doffing of personal protective equipment

Staff must wear personal protective equipment when handling hazardous or infectious materials, including urine, faeces, vomitus, and body fluids. Below are the donning and doffing of PPE.

4.3.1 Donning

1. **Perform hand hygiene.**
2. **Put on the gown.**
 - Fully cover the torso from your neck to knees and your arms to the end of your wrists, then tie at the back.
 - The gown should be large enough to allow unrestricted movement without gaping.
 - Fasten at the back of the neck and waist.
3. **Put on a surgical mask or P2/N5 respirator.**
 - Secure the ties or elastic bands at the middle of the head and neck.
 - Fit flexible band to the nose bridge.
 - Fit mask snug to face and below the chin.
 - A fit-check respirator according to manufacturer instructions.
4. **Put on protective eyewear or face shield.**
 - Place over eyes/face and adjust to fit.
5. **Put on gloves.**
 - Extend the gloves to cover the wrist of the gown.

4.3.2 Doffing

Following a correct doffing procedure is crucial in controlling and preventing infection, and it is the essential step in preventing infection transmission. The doffing of PPE should protect the clothing, skin and mucous membranes from contamination. Remember that all PPE is contaminated after use.

Perform hand hygiene immediately after each step of doffing. Gloves and gowns should be removed *before* exiting the participant's room (CDC 2014).

1. Remove gloves.

- Using one hand, grasp the palm of the other hand and peel off the first glove.
- Hold the removed glove in the gloved hand.
- Slide fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove.
- Discard gloves in a waste container.

2. Perform hand hygiene.

3. Remove gown.

- Unfasten the ties, ensuring the sleeves don't contact your body.
- Pull the gown away from the neck and shoulders, touching the inside only.
- Turn the gown inside out.
- Fold or roll the gown into a bundle and discard it in the waste container.

4. Perform hand hygiene.

5. Exit the patient's room and close the door.

6. Remove goggles/face shield.

- Remove from the back of the head by lifting headbands or earpieces.
- If reusable, place it in the designated reprocessing receptacle. If not, discard it in the waste container.

7. Perform hand hygiene.

8. Remove mask/respirator.

- Grasp the bottom ties/elastics, then the top ones, and remove them without touching the front of the mask.
- Discard in the waste container.

9. Immediately perform hand hygiene.

4.4 Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- reported to the General Manager
- recorded on a 121 Hazard Report Form
- investigated by the General Manager
- reviewed and added to the Continuous Improvement Register.

4.5 Emergency plan

An individual emergency plan is developed for participants whose supports may have hazardous waste requirements. This emergency plan will identify:

- type of waste

- waste management
- risk assessment
- actions in case of emergency

This information is recorded in their support plan and staff trained in this process.

During an emergency, such as a chemical spill or biohazard, staff will:

- identify the spilt hazardous material or biohazard
- contact the Director
- follow the cytotoxic spill procedure (see 4.2.4)
- alert people at the workplace to an emergency, e.g. in a home environment, inform the participant or other people onsite
- evacuate participants, ensuring that correct processes are implemented to assist hearing, vision or mobility-impaired people as required
- follow the emergency evacuation map in the workplace, which illustrates the location of fire protection equipment, emergency exits and assembly points
- if in a home environment, take the participant and others to a safe location away from the house.

After the emergency, the Director will:

- record the incident
- notify the regulator, if applicable
- organise trauma counselling or medical treatment.

4.6 Reviewing and evaluating

- The General Manager will train staff in the necessary process and procedures.
- The General Manager will analyse the emergency and inform of any updates required to the Continuous Improvement Policy and Procedure.

4.7 Staff training

121 Supports Hunter Pty Ltd will undertake the training of all staff workers who are involved in handling waste or hazardous substances. This training will include:

- safe handling of hazardous materials and substances, including:
 - body waste
 - infectious materials (e.g. used dressings)
 - Hazardous substances (e.g. chemicals, toxic or corrosive substances, bloodborne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps injuries)
- use of personal protective equipment

- clothing requirements (e.g. leather shoes, face masks or similar)
- removal or mitigation of the hazard and reporting procedure to the Director of any problems/issues
- correct use of the off-site work kit, including emergency contact details, gloves and aprons.

5.0 Related documents

- Continuous Improvement Policy and Procedure
- 121 Continuous Improvement Register
- Continuous Improvement Plan
- Emergency Plan - Waste
- 121 Hazard Report Form
- Brevity Care App Incident Report
- Incident Investigation Form-Report
- 121 Incident Register
- 121 Employee Induction Checklist
- 121 Training Register
- 121 Employee Training Plan-Record
- Work Health Safety and Environmental Management Policy and Procedure

6.0 References

- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- Monash University 2011, Syringes and Needles: Use, Disposal and Incident Follow-up, Monash University, viewed 17 July 2020, <https://www.monash.edu/ohs/info-docs/safety-topics/biosafety/syringes-and-needles-use,-disposal-and-incident-follow-up>
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