Waste Management

Purpose of this procedure

- To facilitate maximum safety and economy in the handling and disposal of waste.
- To abide by all relevant regulations and Department of Health Guidelines.
- To reduce the likelihood of inappropriate handling, storage of waste for disposal

Scope and target audience

This Procedure applies to all Metro North Hospital and Health Service (MNHHS) staff (permanent, temporary and casual) working at Redcliffe, Caboolture and Kilcoy health facilities.

This Procedure applies only to the handling, storage and disposal of waste.

Principles

- All waste is to be segregated at the point of generation.
- Procedures / processes must minimise the risk of injury to staff, patients, and members of the public and must not compromise Infection Control and Work Place Health and Safety Standards.
- The cost of waste disposal for the Hospital is kept to a minimum.
- Gloves should be worn when handling waste. Refer to RCKHS0557 Standard Precautions
- Waste bags should be tied or sealed in a manner that does not puncture the bag when three quarters full, and left in a secure place for collection.
- Waste should not be compacted in any manner.
- Waste should be carried away from the body.
- Bins used in public/ patient areas must be solid walled, labelled and lidded.
- All waste must be transported in bins which do not allow leaks or spills, or overfilled. These bins must be clearly identifiable, colour coded and labelled.
- Staff working in a client’s home disposes waste into the client’s council waste wheelie bin.
Procedure / process

Initial Process

- Waste must be segregated into the following categories:
  - Clinical
  - Cytotoxic
  - Sharps
  - General waste
  - Recyclable waste, and
  - Hazardous waste.
- Clinical, sharps, cytotoxic and hazardous waste is tracked, monitored and strictly controlled by the Department of Environment and Heritage Protection.

Clinical and Related Waste

Clinical and related waste is anything that has the potential to cause harm or disease.

Identification

- Yellow bag, yellow pedal bin, yellow large bin for bulk transport.
- All must have the bio-hazard symbol, clearly printed “CLINICAL WASTE”

Definition

Clinical waste is defined as

- Infectious waste
- Free or flowing from the human body
  - Disposable products containing liquids (suction lines, redivacs etc. should be sealed, not emptied, placed in an impermeable plastic bag and tied prior to disposal into a clinical waste bag.
  - Disposable or drainable urine bags should be put in an impermeable plastic bag, tied and put in a clinical waste bag.
- Anatomical waste. This must be double bagged and sealed, before putting in a secure clinical waste bin for incineration.
- Sharps - refer to separate section dealing with this topic.
- Human blood products

Related waste is

- Pathology waste
- Unused medication. This is a restricted drug under the Health (Drugs & Poisons) Regulation, 1996.
• Where possible pharmaceutical products are to be discarded by returning to pharmacy where they are put in bins (which are locked and in a secure area) for high temperature incineration.
  o Any schedule drug that has been added to an Intravenous Therapy bag, bottle, line, **MUST NEVER** be emptied down the drain into the water system.
  o All intravenous therapy bags containing remaining fluid (with a scheduled drug added) should be placed into the clinical waste bin for disposal.
  o All intravenous bags with a patient identification label (whether empty or with fluid) must be disposed to clinical waste.
  o Lines that have sharps attached **MUST** be made safe before placing in the clinical or general waste bin. IV lines can be left attached to the IV bag or, if separated, the IV spike is to be safely removed and disposed of into a sharps receptacle.
  o Persons disposing of blood and / or body fluids should wear the appropriate personal protective equipment to prevent an occupational exposure injury.

• Syringes, without a needle should be disposed of into clinical waste or a sharps container.

**Clinical and cytotoxic bins waiting for collection must be held in a designated secure area or locked.**

**Sharps**

Means an object or device that is capable of causing a penetrating injury to humans.

**Identification**

Yellow container, bio – hazard symbol, marked “SHARPS”

![Sharps Image]

• This health service utilises the Daniels Sharp Smart system, which is a reuseable container.
• Only use the containers with the inbuilt swinging tray, unless approved by the Environment & Waste Coordinator and Infection Control to use otherwise.
• Do not put gloves, injection trays, packaging, coffee cups etc. in these containers.
• Retractable needles, lancettes, insulin pens etc. are to be disposed to the sharps containers.

Please refer to the local facility’s Sharps Management & Disposal Procedure.
Cytotoxic waste is any waste that is contaminated with a cytotoxic drug.

Identification
Telophase symbol with cytotoxic waste printed on, purple bag, purple pedal bin, purple large bin for bulk transport.

- All staff handling cytotoxic products or waste possibly contaminated with a cytotoxic drug must wear the proper Personal Protective Equipment and have specialised training.
- All bagged cytotoxic waste must be disposed into a purple cytotoxic wheelie bin, and when full or treatment finished the bin is then taken to the secure clinical waste storage area for collection by an approved contractor.
- All cytotoxic waste bins must be locked if stored in a public area, so access can only be gained by approved staff.
- All cytotoxic waste is to be incinerated at very high temperatures.
- All cytotoxic sharps wastes are to be placed into purple sharps containers, then disposed to the purple cytotoxic bin for incineration.

**NOTE:** Non contaminated items that are sharp and too large to fit in a sharps container MUST be wrapped in paper to make safe and placed in the general waste. Examples are rose stems, broken crockery etc.

**Blood soaked swabs, wrappers, dressings, injection trays, packaging, coffee cups etc. are NOT to be placed in sharps containers.**
General Waste

Waste other than regulated waste is general waste

Identification

Clear bag, with green pedal bin, and green transport bin, labelled “General Waste”.

General waste is waste that is NOT contaminated with free, or free flowing or expressible blood and body fluids or from an infectious patient.

Examples of these items include

- Clean oxygen tubing
- Nappies, incontinence pads without free or flowing product and not from an infectious patient.
- Gloves, dressings, plastic aprons, impermeable gowns (i.e. dry or small amount blood/body fluids)
- Human hair, nails, teeth, unrecognisable bone fragments
- Intravenous (IV) bags without a medicated drug, and without patient identification.
- Paper hand towels
- Paper cups
- Packaging that is not recyclable
- Food scraps, etc.

Recyclable Waste

Recyclable waste is any waste where the product can be re-used, not necessarily in the same form, to gain materials.

The following items can be recycled within health facilities:

- Cardboard – must be flattened.
- Paper waste (including shredded paper)
- Aluminium cans/tin cans, plastic milk bottles and glass bottles without metal caps – use white lidded wheelee bins.
- Mobile/DECT phones and desk phones
- Steel
- Used printer / fax cartridges
- Rechargeable batteries
- Polystyrene
- Clean theatre drapes.

Waste to be recycled must not be contaminated with blood and/or body fluids.

Recycled waste only must be placed into the appropriate receptacle.

Confidential documentation waste (i.e. any document that identifies patient or staff member’s details) should be placed in locked confidential documentation destruction bin.
Hazardous Waste

Is any waste that has the potential to cause harm.

Hazardous substances must be disposed as detailed in Chem. Alert and in the Material Safety Data Sheet (MSDS) for each individual substance. Waste contractors must hold a current Environmental Protection Agency (EPA) licence for the disposal of hazardous waste as required by legislation. The disposal of Chemical Waste is to be coordinated through the Environmental & Waste Co-ordinator.

Mercury / Amalgam Waste

Mercury or amalgam must not be disposed of with any other type of waste.

Areas with mercury or amalgam waste for disposal must contact the Environment & Waste Co-ordinator to arrange disposal by an appropriately licence contractor.

- Amalgam for disposal can be stored in an airtight container under water to prevent fumes from escaping if the lid is removed. Removal of lids should be avoided where possible.
- This is then disposed via the cytotoxic waste stream.
- Areas with mercury or amalgam waste for disposal must contact the Environment & Waste Manager to arrange disposal by an appropriately licence contractor.

**Radiography processing liquids** are now only used in the Dental Clinics. The used processing liquid is placed in clearly labelled containers. When containers are full, they are then sent to the Environment and Waste Co-ordinator who then disposes to an approved contractor.

Audits

**Principles**

Waste will be disposed of safely in the designated receptacles without risk of contamination or injury and in accordance with the *Environmental Protection Act 1994* and the Qld. Health Guide Lines for The Management of Clinical and Related Waste in a Public Health Care Establishment.

**Procedure**

An audit is conducted on every area every 12 months, and random audits are carried out to ensure that local health facility procedures are complied with. The complete audit is given to the respective Managers and Educators. Areas of non-compliance have 72 hours to email back to the Co-ordinator, Environment & Waste Services an action plan to rectify the non-compliance. The Co-ordinator, Environment & Waste Services, conducts a follow-up audit after a suitable time to verify compliance.

**Records**

The audits are kept on record for 12 months in the BE&MS. Library and on K drive for the Environmental Protection Agency and Qld. Health Auditors.

**Compliance monitoring and outcome evaluation**

- Audits conducted once every 12 months and ad hoc as required
- Audit tool –Refer Appendix 1a
- Monitoring of WH&S advice notices by Coordinator, Environment and Waste
Legislation and other Authority

- **Health (Drugs & Poisons) Regulation, 1996.**
- **Environmental Protection Act 1994**
- **Environmental Protection (Waste Management) Regulation 2000**
- **Radiation Safety Act 1999**
- AS/NZS ISO14001:1996
- National Safety and Quality Health Service Standards: Standard 1 – Governance for Safety and Quality in Health Service Organisations
- National Safety and Quality Health Service Standards: Standard 3 - Preventing and Controlling Healthcare Associated Infections
- National Safety and Quality Health Service Standards: Standard 7 – Blood and Blood Products
- EQuIP National Standards: Standard 15 – Corporate Systems and Safety

Supporting documents

- RCKHS0541 Blood and Bodily Fluid Spills
- RCKHS0557 Standard Precautions
- RCKHS0355 Management of Cytotoxic Spills
- RCKHS0377 Cytotoxic Drugs – Minimising Occupational Exposure

References and benchmarking

a) Waste Audit: Non-compliance Form

Metro North Hospital and Health Service
Redcliffe Caboolture – Kilcoy
Waste Audit, Non-Compliance Form

STANDARD: WASTE PROCEDURES, HANDLING & DISPOSAL

AREA/DEPT/UNIT INSPECTED:

PRINCIPLES: Waste shall be disposed of safely without risk of contamination or injury and in accordance with the Environmental Protection Act 1994, and the Queensland Health Guidelines for the management of clinical and related waste in a Public Health Care Establishment.

PROCEDURE: An audit shall be conducted on each area at least once in each 12 month period. Random audits shall be carried out to ensure the Hospital and Health Service procedures are complied with.

Areas of non-compliance shall have 72 hours to respond to the Manager, Environment & Waste Services with an action plan to rectify the non-compliance. The Manager, Environment & Waste Services, shall conduct a re-audit to verify compliance.

RECORDS: THE AUDITS ARE KEPT IN HARD COPY FORMAT FOR A PERIOD OF 12 MONTHS. RECORDS ARE THEN MAINTAINED AS SOFT COPY ON THE QUEENSLAND HEALTH ID NETWORK AT REDCLIFFE HOSPITAL

DISTRIBUTION LIST:

Executive Director of Nursing
Nursing Director ( )
Director Corporate Services
Department/Unit Manager

WASTE AUDIT / INCIDENT FORM

| CYTOTOXIC: |  |
| Recommendation: |  |

| CLINICAL: |  |
| Recommendation: |  |

| SHARPS: |  |
| Recommendation: |  |

| GENERAL: |  |
| Recommendation: |  |

| RECYCLE: |  |
| Recommendation: |  |

| ACTION REQUIRED BY: |  |

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### Document history

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<th>Procedure custodian</th>
<th>Coordinator, Environment and Waste, Redcliffe, Caboolture and Kilcoy Hospitals</th>
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<td>Risk rating</td>
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| Compliance evaluation and audit | Audits conducted once every 12 months and ad hoc as required  
Audit tool –Refer Appendix 1a  
Monitoring of WH&S advice notices by Coordinator, Environment and Waste |
| Document replaced   | RCKHS0441 v1 Waste Management                                                 |
| Key stakeholders   | Clinical Nurse Consultant, Infection Control, Caboolture and Kilcoy Hospitals  
Clinical Nurse Consultant, Infection Control, Redcliffe Hospital  
Director of Nursing, Kilcoy Hospital  
Director of Nursing, Redcliffe Hospital  
Director of Nursing, Caboolture Hospital  
Director of Nursing, Metro North Mental Health Redcliffe-Caboolture  
Manager, Operational Services, Redcliffe Hospital  
Manager, Operational Services, Caboolture Hospital |
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### AUTHORISATION

Signature……………………………………………………………  Date…………………………………………
Coordinator, Environment and Waste, Redcliffe, Caboolture and Kilcoy Hospitals

Signature……………………………………………………………  Date…………………………………………
Executive Director, Redcliffe Hospital

Signature……………………………………………………………  Date…………………………………………
A/Executive Director, Caboolture and Kilcoy Hospitals

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