Waste Management

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Background
The procedure has been developed to provide guidelines for staff, and the utilisation of safe practice to reduce risk to staff and clients of the handling, storage and disposal of waste.

Purpose and Intent
The purpose and intent of this procedure is to:

- To ensure that all potentially hazardous waste is handled with appropriate caution and disposed of appropriately.
- To ensure Caboolture and Kilcoy Hospitals and Woodford Corrections Health Service comply with all legislative requirements.
- To implement procedures that do not compromise Infection Control or Workplace Health and Safety Standards in minimising risk of injury to staff, patients and members of the public.
- To ensure that potentially infectious waste is handled with appropriate caution and disposed in an appropriate manner.
- To reduce the cost of waste disposal to the facility, yet still maintaining safe and legal requirements.

Scope and Target Audience
- This Procedure applies to all Metro North Hospital and Health Service (MNHHS) staff (permanent, temporary and casual) working at Caboolture and Kilcoy Hospitals and Woodford Corrections Health Service.
- This Procedure applies only to the handling, storage and disposal of waste.

Principles
- Waste is segregated at the point of generation
- Waste is segregated into the following categories
  - Radioactive waste
  - Cytotoxic waste
  - Pharmaceutical waste
  - Clinical and Related waste
  - General waste
  - Recycled waste
  - Hazardous / dangerous waste.

Clinical, pharmaceutical, cytotoxic and hazardous waste is tracked, monitored and strictly controlled by the Department of Environment and Heritage Protection

- Gloves should be worn when handling waste (Refer to Standard Precautions Procedure).
- Waste bags should be tied or sealed in a manner that does not puncture the bag when three quarter 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
• All 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 identified, colour coded and labelled
• Staff working in a client’s home disposes waste into the client’s council waste wheelie bin if appropriate.

Procedure / process

Cytotoxic Waste
Cytotoxic waste is any waste that is contaminated with a cytotoxic drug and is identified with the international Telophase symbol with cytotoxic waste printed on, purple bag, purple pedal bin, purple large bin for bulk transport. See Cytotoxic Drug – Minimising Occupational Exposure Procedure for waste management.

![International symbol for cytotoxic waste](image)

• It is mandatory for any person handling a cytotoxic product to undergo cytotoxic handling training.
• All cytotoxic waste should be double bagged, with each individual bag sealed before disposing to the cytotoxic waste bin.
• Cytotoxic wheelie bins must be locked at all times if stored in an area which is accessible to the public.
• If cytotoxic waste bins containing waste are being transported within the Hospital, these bins must be locked to ensure no unauthorised access.

Pharmaceutical Waste
Pharmaceutical waste is defined as any drug that is left over after use and no longer required.

Under the Legislation, “the person that administers a Scheduled drug is responsible for the safe disposal of any unused portion of that drug”.

Unused medications that have expired or deteriorated are to be returned to the Pharmacy Department for safe disposal according to Legislation and Metro North Controlled Drugs and Designated Schedule 4 Medicines Procedure.

All other pharmaceutical waste must be disposed of in the red (P22) Pharmaceutical Sharps bin. The contents of these bins are incinerated at high-temperature in a controlled environment.

Any schedule drug that has been added to an intravenous therapy bag, bottle or line MUST NEVER be emptied down the drain into the water system.
Identifying Pharmaceutical waste

- Examples of items to be disposed in the P22 bin include refused doses, discontinued intravenous infusions containing visible amounts of medication or drug left over after making up a diluted infusion for a patient.

- Empty ampoules, needles, vials and syringes can be disposed into a yellow sharps container or into the red P22 Pharmaceutical bin.

- Empty IV infusions containing trace medications (less than 2-3% of the full volume as a rough guide) in bags, lines etc. may be disposed of in clinical waste.

- Partially used ampoules, vials, infusion bags and bottles containing observable volumes (greater than about 3% as a rough guide) of medications must have the principal container and its contents discarded in the (P22) pharmaceutical sharps waste.

- Lines and giving sets containing only trace amounts of medicated solutions can be disposed of safely into the clinical waste in order to reduce the overall volume of pharmaceutical waste, which is more expensive to dispose of than clinical or general waste.

Management of Pharmaceutical waste bins

Caboolture and Kilcoy Hospitals

- Pharmaceutical Waste bins must be securely locked in position, so they cannot be moved by unauthorised personnel.

- A documentary record in the form of a Register must be kept of the movements of each bin, using the bar code located on the side of the bin. Information to be documented include:
  
  - Bin number
  - Date received
  - Date removed
  - Name and signature of person removing the bin for waste disposal.

Note: the documentary record ‘Register’ outlining the movements of the P22 bins are to be kept for 2 years.
• A record is kept of Controlled Drugs and Designated Restricted Drugs (DS4 and S8). Any unused quantity must be documented in the Controlled Drugs Register. A record of the individual drugs disposed into this bin is not required.

• The key to unlock the P22 bin from the wall is to be kept with the Controlled Drug safe key in each ward.

• If the P22 bin requires changing an Authorised person (person who can hold the controlled drug safe key) is to call Operational Services who will deliver a new P22 bin. On arrival of the new bin, the full bin is secured by engaging the side locking tabs. The authorised person will then secure the new bin in place. The register will then be completed with the entry of the new bin and exiting of the full bin.

• The full P22 bin will then be taken down to the waste area by the Operational Services Officer and stored in a secured area manner awaiting collection by the waste company. The barcode of the bin entering the secured area will be documented in the waste area register to allow for auditing and cross checking by the Environment & Waste Services Co-Ordinator.

Woodford Corrections Health Service

• The P22 bins are collected by Cleanway (contractor), during regular weekly collection of pathology waste. This contract is managed and maintained by the Woodford Corrections Health Service.

• Upon collection, Cleanway note the scan number of the bin for exchange as well as the scan number for the new bin.

Auditing of Pharmaceutical waste

The Environment & Waste Services Co-Ordinator is responsible for ensuring that all P22 bins have been accounted for by checking that all P22 bins that have left the ward have entered the secure waste storage area to be collected by the waste company. Upon collection of the P22 bins by the waste collection company the P22 barcodes are checked out of the secure storage. Confirmation of the number of bins incinerated by the Waste Company will occur when incineration occurs.

The Environment & Waste Services Co-Ordinator will notify the Director of Pharmacy and follow the Metro North Reporting Missing or Suspected Stolen Medicines Procedure if there are any discrepancies in the above process. The Environment & Waste Services Co-Ordinator will also send to the Chair of the Medicines Advisory Committee a monthly Pharmaceutical waste “Destruction Report” outlining bin numbers incinerated and volume incinerated.

Clinical and Related Waste

Clinical and related waste is any waste which has the potential to cause disease.

Identification

The clinical waste bin must be in a yellow, solid walled, leak proof, lidded yellow container clearly labelled, and with the biohazard symbol. Clinical waste must be disposed into a yellow bag with the Bio-Hazard symbol, with CLINICAL WASTE clearly printed on the bag.
Clinical waste

Clinical waste is defined as:

- Anything from an infectious patient
- Any “free or flowing from the human body”
  - Disposable products containing liquids (suction lines, redvacs etc. should be sealed, not emptied, place 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.
- Pathology waste
- Human blood products
- Laboratory specimens
- Syringe barrels

All bags must not be allowed to be any more than ¾ full, must be securely tied before placing in the yellow clinical wheelie bin.

The full yellow wheelie bins must be kept in a secure area so only authorised staff can access.

Any fluid from the body (for example urine, drainage canisters with blood etc.) must be double bagged, with both bags being separately sealed to ensure contents does not leak.

Related waste

Related waste includes:

- Anatomical waste
  - Anatomical waste is body parts such as limbs, digits and must be disposed of by incineration.
  - This waste must be double bagged, with both bags being individually secured, before putting in either a secure clinical waste bin or clinical waste bin located in a secure area, for incineration.
  - Anatomical waste must be incinerated as per the Environmental (Waste Management) Regulation 2000.

- Sharps waste – refer to Sharps Management and Disposal Procedure.
Re-usable Sharps containers

The yellow Daniels re-usable sharps containers are used in the majority of areas of the Caboolture and Kilcoy Hospitals and Woodford Correctional Health Service.

- The **original user** of the sharp is responsible for the safe disposal of the sharp.
- Do not overfill the container and do not change the container before it reaches the clear window level.
- The container lid is closed by gently pressing together the two outside arms holding the lid.
- When the full container is removed, ensure the side locking tabs are engaged, to stop any future access.
- Sharps utilised in an infectious room do not need to be changed – refer to Infection Control.
- Items such as lancets, retractable needles, **scissors**, open spikes from a drip line etc. are also considered as a sharp.

**Note:** Non-contaminated sharps (for example broken glass, crockery, thorns from roses etc) which cannot be fitted into a sharps container are to be wrapped in paper to be made safe then disposed to general waste.

General Waste

General waste is any waste that is not a regulated waste. General waste does not include clinical waste (see Section: Clinical and Related Waste). General waste is to be disposed of in to a clear bag then into a green pedal bin, then to a green large bin for transport.

General waste:

- Includes any items that **do not** contain free or flowing from the human body. For instance blood, body fluids.
- **Does not** include clinical waste, sharps, cytotoxic or recyclables.
- Examples of general waste include paper towels, food scraps, packaging, lightly soiled incontinence pads, gloves, plastic aprons, oxygen tubing, human hair, teeth and nails, gloves, dressings (not heavily contaminated) etc.
Recycled Waste

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

Paper Waste

- All paper waste at Caboolture and Kilcoy Hospitals and Woodford Corrections Health is considered as confidential material.
- Disposal of this waste at Caboolture and Kilcoy Hospitals and Woodford Corrections Health is to the orange Shred-X bin.
- All confidential paper destruction contractors shred the waste paper according to Australian Standards, then the shredded paper is recycled.
- If a confidential bin is located in a public accessible area, the confidential bin must remain locked at all times. If it is located in a staff only area with staff records etc. it is to be kept locked.

Cardboard Waste

All cardboard is to be flattened after unpacking. Plastic pallet wrap and polystyrene can be disposed to the cardboard waste bins.

Co-Mix Recyclable Waste

- This the same as the domestic recycling programme.
- The containers have a green/ grey base with a white lid, and clearly labelled.

Picture above: Recycle Pete Recycling Label
Hazardous chemical disposal

Any chemical that is classified as hazardous or dangerous under the international classifications must be handled and disposed of according to the local municipal, state and federal laws. This can include but not restricted to:

- Any hazardous product that has passed its use by date.
- Any hazardous product that is no longer in use.
- Any hazardous product in a container that has the potential to leak, break, etc.
- Any hazardous product that has been picked up after a spill.

Some hazardous materials require specialised emergency spill kits. Examples of these are cytotoxic and formaldehyde agents. Where such items are stored and utilised the staff working in these areas will be shown proper handling and procedures for these products.

Procedure for Disposal

1. Ensure the containers are appropriately labelled.
2. Ensure the contents are contained and safe for transport.
3. A hard copy of the materials Safety Data Sheets must be supplied with the goods. This will be available either from Chemalert or the manufacturer.
4. Fill out a FAMMIS request on the local BEMS Department, with as much detail as possible, marking attention to the Environment and Waste Coordinator.
5. Contact the Environment and Waste Coordinator for pick up.
7. The Environment and Waste Coordinator ensures the contractors disposing of these products are appropriately licenced by the Department of Environment and Heritage Protection.
8. The contractor disposing of any hazardous / dangerous products must supply the Environment and Waste Coordinator with appropriate Queensland Government Waste Transport Certificates. These are kept on file for reference if needed by the Department of Environment and Heritage Protection.
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

References and Benchmarking

- Cytotoxic Drug – Minimising Occupational Exposure Procedure
- Metro North Controlled Drugs and Designated Schedule 4 Medicines Procedure.
- Metro North Reporting Missing or Suspected Stolen Medicines Procedure
- Sharps Management and Disposal Procedure
- Standard Precautions

Related Documents

- Caboolture and Kilcoy Hospitals and Woodford Corrections Health Blood and Blody Fluid Spills Procedure
- Caboolture and Kilcoy Hospitals Cytotoxic Drugs – Minimising Occupational Exposure Procedure

Relevant Standards

- National Safety and Quality Health Service Standards (2nd ed.): Standard 1 – Clinical Governance
- National Safety and Quality Health Service Standards (2nd ed.): Standard 3 - Preventing and Controlling Healthcare-Associated Infection
- National Safety and Quality Health Service Standards (2nd ed.): Standard 4 – Medication Safety
- National Safety and Quality Health Service Standards (2nd ed.): Standard 7 – Blood Management
Document history

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<td>1. An audit (see Appendix 1) 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 &amp; Waste Services an action plan to rectify the non-compliance. The Co-ordinator, Environment &amp; Waste Services, conducts a follow-up audit after a suitable time to verify compliance.</td>
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| Key stakeholders                                                          | Infection Control Committee Members  
Director of Pharmacy, Caboolture and Kilcoy Hospitals and Woodford Corrections Health  
Pharmacist, Woodford Corrections Health  
Nurse Unit Manager, Woodford Corrections Health  
Clinical Nurse Consultant, Woodford Corrections Health  
Manager, Building, Engineering and Maintenance Services (BEMS) Caboolture and Kilcoy Hospitals and Woodford Corrections Health |
| Marketing Strategy                                                        | Circulation via all staff newsletter and published on the Caboolture and Kilcoy Hospitals and Woodford Corrections Health policies and procedures webpage. |
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AUTHORISATION

Signature                                      Date
Dr Paul Chapman, Chair Infection Control Committee, Caboolture and Kilcoy Hospitals and Woodford Corrections Health

Signature                                      Date
Dr Lance Le Ray, Executive Director and Director of Medical Services, Caboolture and Kilcoy Hospitals and Woodford Corrections Health
Appendix 1: Waste Audit Tool / Non-Compliance Form

**Metro North Hospital and Health Service**

**Caboolture Kilcoy Woodford Hospital Health Service**

**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.


Sharps Management and Disposal Procedure, Caboolture and Kilcoy Hospitals, and Woodford Correctional Health Services, 2018-2021

**PROCEDURE:** An audit shall be conducted on each area on a regular basis. Random audits shall be carried out to ensure the Hospital and Health Service procedures are compliant.

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

**RECORDS:** The audits are kept on the Queensland Health ID. Network.

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