Code of Practice for the Management of Clinical and Related Wastes

4th Edition 2004

AUSTRALIAN & NEW ZEALAND
CLINICAL WASTE MANAGEMENT INDUSTRY GROUP

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Preface

The Australian and New Zealand Clinical Waste Management Industry Group (ANZCWMIG) have developed this Code in consultation with a broad range of government departments of environment and health and national associations with a role in the generation of clinical and related waste.

It is due to these extensive consultations and regular review process, that EPA Victoria and the WA Department of Environment have endorsed the Code as containing the requirements that if followed, will meet the specific environmental regulatory requirements within those States.

This endorsement is a challenge to industry to demonstrate to the Regulatory bodies that the industry is operating to the standards put forward in this Code.

Reference to requirements found in each jurisdictions workplace health and safety, dangerous goods, hazardous facilities, public health and safety, environmental protection legislation and other relevant Codes of Practice and Guidelines is recommended to ensure that the Clinical and Related Waste is stored, transported, treated and disposed of in an environmentally sound and safe manner.

The goal of this Code is the commitment by the members of the ANZCWMIG and other stakeholders to *Environmental Best Practice* in the safe and cost effective, transportation, treatment and disposal of clinical and related waste. To achieve this and meet the differing requirements for stakeholders, this Code is outcome focused rather than prescriptive so as to assist progress towards Environmental Best Practice for the industry, irrespective of the treatment and/or disposal technologies used.

The Code is subject to regular review in the light of advice received from industry and regulatory agencies. Such updates allow for the introduction of new technologies and practices. This Code will be reviewed every two years.

Stakeholders Ready Reference Guide

The Code has been structured to provide advice and standards for all stakeholders involved in the generation, storage, transport, treatment and disposal of clinical and related waste. The following provides a ready reference to those specific Sections applicable to each main participant in the management of clinical and related waste:

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Review Process

This is the fourth edition of the Code of Practice for the Management of Clinical and Related Waste. The review process for the Code involves the current edition of the Code being forwarded to the following organisations to seek their comments on the content of the Code:

- Australian Association of Pathology Practice
- Australian Council of Trade Unions
- Australian Dental Association
- Australian Healthcare Association
- Australian Infection Control Association
- Australian Medical Association
- Australian Nursing Federation
- Australian Private Hospitals Association
- Australian Society of Microbiology
- Australian Veterinary Association
- Dental Facilities
- Department for Administrative and Information Services – Workplace Services (SA)
- Department of Industrial Relations – Workplace Health and Safety (QLD)
- Department of Infrastructure, Energy and Resources – Workplace Standards (Tas)
- Environment Institute of Australia
- Environment Victoria
- General Practitioners
- Government Environment Protection Agencies
- Government Health Departments
- Healthcare Facilities

- Infection Control Practitioners Association of Queensland
- Institute of Hospital Engineering Australia
- Kimberly-Clark Australia
- National Environment Protection Council
- National Health & Medical Research Council
- Royal Australian College of General Practitioners
- Royal District Nursing Service
- Standards Australia
- The Australian Council on Healthcare Standards
- Victorian Waste Management Association
- Waste Management Association of Australia
- Waste Management Institute of New Zealand
- WorkCover NSW
- WorkSafe Victoria

All comments received are then debated at length and where appropriate, amendments made to the Code to reflect these comments.

Date of Last Review – March 2004

Date of Next Review – March 2006

Acknowledgements

The development of the Code of Practice was funded by the WMAA's Clinical Waste Management Industry Group and is a reflection of the Industry's commitment to maintaining and improving environmental performance. The practical assistance and input from members of the ANZCWMIG in reviewing and revising drafts is acknowledged.

The time taken by so many to read and provide constructive comment and advice on the Code is appreciated.

This Code is based on principles or information derived from the following sources:

- Australian Standards, AS/NZS: 3816. Management of Clinical and Related Wastes, June 1998.
- Australian Standards, AS: 4031. Non-reusable Containers for the Collection of Sharp Medical Items used in Healthcare Areas, 1992.
- Australian Standards, AS/NZS: 4261. Re-usable Containers for the Collection of Sharp Items in Human and Animal Medical Applications, 1994.
- Australian Standards, AS/NZS: 4478. Guide to the Reprocessing of Reusable Containers for the Collection of Sharp Items used in Animal Clinical/Medical Applications, 1997.
- NHMRC - National Guidelines for Waste Management in the Health Care Industry, 1999.
- World Health Organization – Safe Management of Wastes from Health-Care Facilities, 1999.
- New Zealand Standards NZS4304:2002 Management of Healthcare Wastes.
- New Zealand Standards NZS5433:1999 Transport of Dangerous Goods on Land.
- New Zealand Land Transport Rule, Dangerous Goods 1999, Rule 45001.
- State/Territory Environment Protection and or Waste Management Legislation.

Clinical and Related Waste Management - Glossary of Terms and Definitions

Term	Definition and Source
Additional Precautions	Precautions used for patients known or suspected to be infected or colonised by highly transmissible pathogens that can be transmitted by airborne, droplet or contact transmission. Additional precautions are designed to interrupt transmission of infection by these routes and should be used in addition to Standard Precautions when transmission of infection might not be contained by using standard precautions alone. See Standard Precautions.
Air Pollution	The presence of material/substance in air which may be harmful to either the natural or human environment, which includes any material present in sufficient concentrations for a sufficient time, and under certain circumstances to interfere significantly with the comfort, health or welfare of persons, or with the full use and enjoyment of property (Compendium of Solid Waste Management Terms and Definitions, 5:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Air Quality Standards	The level of pollutants by law that cannot be exceeded during a specified time in a defined area (Compendium of Solid Waste Management Terms and Definitions, 5:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Anatomical Waste	Pathological specimens, biopsy specimens and tissue taken during surgery or autopsy and/or resulting from investigation or treatment of a patient. It does not include corpses.
Animal Waste	Waste arising from the whole or any part of an animal or excreta (AS/NZS: 3816).

Term	Definition and Source
Autoclave	A vessel designed to sterilise materials by exposing them to steam under pressure.
Biochemical Oxygen Demand (BOD)	A measure of the amount of oxygen used by micro-organisms to breakdown organic waste materials in water (Compendium of Solid Waste (BOD) Management Terms and Definitions, 10:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Body Parts	Human or animal body parts, tissue and/or organs (NZS4304:2002 Management of Healthcare Waste).
Bunding	A secure wall, ridge or depression of sufficient integrity to completely contain liquid within, or run-off from, waste stored within its confines (AS/NZS: 3816:1998 - Management of Clinical and Related Wastes and NZS4304:2002 Management of Healthcare Waste in New Zealand).
Carbon Monoxide	A colourless, poisonous gas that has a faint metallic odour and taste. Produced during incomplete thermal degradation or microbial decomposition of organic base materials when the oxygen supply is limited; intentionally produced during some pyrolysis processes (Compendium of Solid Waste Management Terms and Definitions, 15:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Chemical Oxygen Demand (COD)	Measure of the oxygen equivalent of the organic matter in a sample of sewage, liquid waste, leachate or polluted water that is susceptible to oxidation by a strong chemical oxidant (Compendium of Solid Waste Management Terms and Definitions, 16:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Chemical Waste	Chemical waste generated by the use of chemicals in medical, veterinary and laboratory procedures. Chemical wastes in this category include, but are not limited to, mercury, cyanide, azide, formalin and gluteraldehyde (NHMRC Guidelines, 15:1999). Chemical wastes also include photochemical wastes.
Clinical and Related Waste	Clinical and related waste is that which has the potential to cause sharps injury, infection or offence, and includes sharps, human tissue waste, laboratory waste, animal waste resulting

Term	Definition and Source
	from medical, dental or veterinary research or treatment that has the potential to cause disease: or any other waste, arising from any source, as specified by the establishment. Related wastes are defined as wastes within the waste stream, which constitute, or are contaminated with cytotoxic drugs, chemicals, pharmaceuticals. (NHMRC Guidelines, March 1999).
Collection	The act of removing accumulated containerised solid waste from the generating source. Private - collection of solid and liquid waste by individuals or companies from residential, commercial, health facility or industrial premises; the arrangements for the service are made directly between the owner or occupier of the premises and the collector (Compendium of Solid Waste Management Terms and Definitions, 17:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Container	This refers to any rigid walled receptacle designed for clinical and related waste (or other wastes) to be deposited into it. Retractable syringes are not considered a sharps container in their own right.
Contingency Plan	A document setting out an organised, planned and coordinated course of action to be followed in case of fire, explosion, or other accident that releases toxic chemicals, hazardous wastes, which threatens human health or the natural environment (USEPA Glossary of Terms and Acronym List, 5:1988).
Controlled Waste	Healthcare waste that is recognizable as coming from a healthcare facility which:(a) May be contaminated or soiled with potentially infectious human or animal body fluids which shall not be expressible under compaction; or(b) Is not infectious but may be considered culturally or aesthetically offensive.NZS4304:2002 Management of Healthcare Waste.
Cytotoxic Waste	Material, which is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of cytotoxic therapy (NHMRC Guidelines, March: 1999).
Disinfect	To destroy pathogens but not necessarily all microbial life (Compendium of Solid Waste Management Terms and Definitions, 23:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).

Term	Definition and Source
Effluent	Treated or untreated liquid waste that flows out of a treatment plant sewer, or industrial outfall. Generally refers to wastes discharged into surface waters (USEPA Glossary of Terms and Acronym List, 6:1988).
Emergency	A situation created by an accidental release or spill of hazardous chemicals or infectious material, which pose a threat to the safety of workers, residents, environment or property (USEPA Glossary of Terms and Acronym List, 7:1988).
Employees	In this document refers to the following: (a) Those who generate clinical and related waste in the course on their duties; (b) Those who collect and move and/or transport the waste; (c) Those who handle the waste and/or operate or maintain equipment at the treatment/disposal facility; and (d) Reception and administrative staff.
ETD	Electro Thermal Deactivation (ETD), is a process for grinding medical waste after which an oscillating energy field of low frequency radio waves is used to heat the waste to temperatures that destroy pathogens such as viruses, vegetative bacteria, fungi and yeast without melting the plastic content of the waste.
Exposure Limits	The amount of radiation or pollutant present in a particular environment (ie. human, natural) that represents a potential health threat to the living organisms in that environment (USEPA Glossary of Terms and Acronym List, 7:1988).
General Waste	Any waste (excluding recyclable materials), not classified as being within any of the categories of the clinical and related waste streams.
Generators	You are a generator of clinical and related waste if you generate any waste materials that are defined in Section 2 of this Code. In particular, you are considered a generator if you are subject to relevant legislation in each jurisdiction in regards to the management of clinical and related waste and/or providing services on a professional basis that result in the production of what has been defined as clinical and related waste. Examples of generators include:

Term	Definition and Source
	(a) Hospitals and their associated departments; (b) Clinics operated by physicians and dentists, dialysis centres, drug treatment centres, maternity clinics, thrombosis clinics and community health centres; (c) Healthcare facilities such as nursing homes; (d) Support services such as blood banks, pharmacies, medical/teaching centres, mortuaries, laundries and laboratories (clinical, pathology, haematology, chemistry and research including veterinary and genetic); (e) Other clinical and related waste generators as specified by each jurisdiction (eg. brothels, body piercing organisations, professional home health-care organisations); and (f) Professionals providing home healthcare, or homecare patients generating clinical or related waste.
Healthcare Facilities	Generators of clinical and related waste such as hospital, medical, nursing, dental, pharmaceutical, or similar practices.
Health Wastes	All types of wastes (clinical, related, controlled, hazardous and general) arising from medical, nursing, dental, veterinary, pharmaceutical, or similar practices, and wastes generated in hospitals or other facilities during the investigation or treatment of patients or in research projects (NH&MRC Guidelines, March: 1999).
Home Healthcare Waste	Clinical and related waste that is generated in a domestic setting by a visiting healthcare professional (eg. doctor, nurse, veterinarian), in the course of their employment.
Human Tissue	Human tissue includes tissue, organs, limbs, free-flowing or expressible blood and other body fluids that are removed during surgery, birth and autopsy, and exclude teeth, hair, nails, urine and faeces. This category also includes pathological specimens, biopsy specimens and tissue taken during surgery (NHMRC Guidelines, March:1999).
Incinerators	An engineered apparatus used to burn waste substances and in which all the factors of combustion: - temperature, retention time, turbulence, and combustion air - can be controlled (Compendium of Solid Waste Management Terms and Definitions, 38:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms – as modified).

Term	Definition and Source
Jurisdiction	Refers to any area such as a Commonwealth, State, Territory or Local Government, which is responsible for specific legislation that may impact on the management of clinical and related waste.
Landfill	A waste facility used for the purpose of disposing of waste to land (NSW EPA Environmental Guidelines: Assessment, Classification and Management of Liquid and Non-Liquid Wastes, 115:1999).Sanitary Landfill. – A landfill that provides for an engineered method of disposing of solid waste on land in a manner that protects the environment, eg. by spreading the waste in thin layers, compacting it to the smallest practical volume, and covering it with soil by the end of each working day, constructing barriers to infiltration and evacuating the gasses produced.
Leachate	Liquid that has percolated through a material mass and has dissolved or suspended microbial constituents in the liquid emanating from it (Compendium of Solid Waste Management Terms and Definitions, 41:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Infection	
Liquid Wastes	Any waste material that is determined to contain "free liquids" - liquids that readily separate from the solid portion of waste under ambient temperature and pressure (Compendium of Solid Waste Management Terms and Definitions, 41:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Microwave Treatment	The application of microwave energy via microwave units, to disinfection temperatures.
Monitoring	Periodic or continuous surveillance or testing to determine the level of compliance with statutory requirements and/or pollutant levels in various media or in humans, animals, and other living things (USEPA Glossary of Terms and Acronym List, 11:1988 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Needle Stick Injury	Percutaneous injury with any sharps designed for use in healthcare (or other material that can act similar to a sharp eg., broken glass), which may potentially transmit infectious agents, and in particular blood borne viruses. Sharps may or may not have been used on a patient. *See also Occupationally Acquired Infection.*

Term	Definition and Source
Nitrogen Oxide	Product of combustion from transportation and stationary sources and major contributor to the formation of ozone in the troposphere and acid deposition (USEPA Glossary of Terms and Acronym List, 13:1988).
Non-combustibles	The components of a material which remain after combustion of all combustible matter; these include inert materials such as glass, dirt, sand and wholly oxidised metals (Compendium of Solid Waste Management Terms and Definitions, 47:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).
Occupationally Acquired Infection	Infection that was acquired as a result of an injury or exposure that was work related.
Off-site Facility	A clinical and related waste treatment, storage or disposal facility that is located away from the generating site.
On-site Facility	A clinical and related waste treatment, storage or disposal facility that is located on the generating site.
Pathology Waste	Includes pathological specimens, biopsy specimens and tissue taken during surgery or autopsy.
Pharmaceutical Waste	Consists of pharmaceutical (drug, remedy/medicinal substance) or other chemical substance specified in the Poisons List under the *Poisons and Therapeutic Goods Act 1996*. Pharmaceutical waste, excluding cytotoxics, may arise from expired or discarded pharmaceuticals, those no longer required by patients or departments and waste materials/ substances generated during the manufacture and administration of pharmaceuticals (NHMRC Guidelines, March:1999).
Recyclables	Those materials that can be segregated from the waste stream for processing into a useful material.
Residual Wastes Minimisation	Those materials (solid or liquid) which still require disposal after the completion of a treatment or resource recovery activity, eg., slag and liquid effluents following a pyrolysis operation, plus the discards from front-end separation systems (Compendium of Solid Waste Management Terms and Definitions, 57:1991 and Australian/New Zealand Standard Waste Management Glossary of Terms).

Term	Definition and Source
Resource Recovery	A process that recovers value from the waste stream in the form of material or energy.
Sanitary Landfill	A landfill that provides for an engineered method of disposing of solid waste on land in a manner that protects the environment, eg. by spreading the waste in thin layers, compacting it to the smallest practical volume, and covering it with soil by the end of each working day, constructing barriers to infiltration and evacuating the gases produced (NZS4304:2002 Management of Healthcare Waste).
Segregation	Separation of the various waste components, at the point of generation, into their relevant waste stream categories, for subsequent containment, transportation and disposal.
Sewer	Underground pipes that carry off only domestic or industrial wastes, not stormwater (USEPA Glossary of Terms and Acronym List, 16:1988).
Sharps	Objects or devices having sharp points or protuberances or cutting edges capable of cutting or piercing the skin or having potential to become sharps.
Shall	Refers to a mandatory requirement.
Should	Refers to a recommended requirement.
Standard Precautions	Standard precautions are designed to reduce the risk of transmission of pathogens from blood and all body fluids (whether or not they contain blood), and all mucous membranes. Standard precautions are the primary strategy for successful nosocomial infection control. Standard precautions include good hygiene practices, particularly washing and drying hands before and after patient contact, use of protective barriers which include gloves, gowns, plastic aprons, masks, eye shields or goggles and appropriate handling and disposal of sharps and other contaminated waste and the use of aseptic techniques. (See also Additional Precautions.)
Sterilisation	The complete elimination or destruction of all forms of microbial life, including highly resistant bacterial endospores.
Waste Minimisation	The application of activities such as waste avoidance, reduction, re-use and recycling to minimise the amount of waste that requires disposal (Australian and New Zealand Standard Waste Management Glossary of Terms).
Waste Segregation	The process of keeping individual waste types apart during handling, storage (interim storage), and transport and to assist resource recovery and ensure appropriate designated treatment and/or disposal methods are utilised.

1. Introduction

The safe management of clinical and related waste is essential for occupational, community and environmental health. It is also important that, irrespective of technologies used for treatment and disposal, the standards of environmental and human health performance are uniform across the industry. This ensures a more viable and efficient industry.

All generators and persons involved in the management and disposal of clinical and related waste shall have appropriate management systems in place to ensure that all such wastes are managed in accordance with all applicable legislative requirements and the criteria specified in this Code. This may involve the use of an on-site treatment facility or the use of private facilities located off-site. Ensuring that contractors are meeting their requirements under this Code will assist all generators to meet environmental protection and occupational health and safety due diligence requirements.

1.1 Aim

It is intended that this Code of Practice be outcome focused rather than prescriptive so that it assists progress towards Environmental Best Practice for the industry irrespective of the treatment and/or disposal technologies used. It has not been practicable to produce a Code, which is completely non-prescriptive.

Mission Statement

"To achieve uniformity of industry practice through uniform guidelines on classification, handling, transportation, treatment and disposal of clinical and related waste in Australia and New Zealand to ensure the waste generators, transporters, disposal and treatment facilities, along with the regulators of this industry, have a focused understanding of, and commitment to, the best practice required to ensure cost effective, safe and environmentally sound management of clinical and related waste."

ANZCWMIG supports the adoption of a structured Environmental Management System as the framework for the development and implementation of environmental management for the clinical and related waste industry.

Signatories to the Code volunteer to meet the following commitments and principles:

COMMITMENTS

Signatories to the Code voluntarily commit to the following:

- Application of the Code wherever the signatory operates and manages clinical and related waste;
- Implementation of the Code principles to all clinical and related waste services;
- Development and implementation of a self-audit tool to measure compliance with the requirements of the Code;
- Promotion of the Code to all stakeholders relevant to the management of clinical and related waste; and
- Progress towards adoption of best-practice management of clinical and related waste within the signatories operations and the industry sector.

PRINCIPLES

Signatories to the Code commit to conduct their operations in relation to the management of clinical and related waste within the following principles:

- Accepting social and environmental responsibility for all actions;
- Minimising environmental, social and health and safety impacts of our operations;
- Adopting an approach to management of clinical and related waste that is based on continual improvement and not just legislative requirements;
- Education of all stakeholders to minimise impacts from the management of clinical and related waste;
- Encouraging openness and transparency in all activities; and
- Improvement of accountability through greater communication with the wider community.

In order to satisfy the wider community that signatories to the Code are meeting their obligations, self-audit tools are being developed and will be required to be implemented.

1.2 Scope

This document is concerned with the following areas of clinical and related waste management: generation; segregation; classification and labelling; handling; storage; transportation; treatment and disposal; disposal of residues (including emissions); occupational health and safety; public health; stakeholder and community awareness and education; and research into and development of technology and environmental best practice.

This document does not provide advice for the management of radioactive waste. Generators are advised to contact the relevant government organisation for correct advice for the management of radioactive waste generated from healthcare and similar sources.

2. Definitions

2.1 Introduction

The National Health and Medical Research Council and Australian/New Zealand Standards definitions of clinical and related waste have been used as the basis for the definition adopted by ANZCWMIG, EPA Victoria and the Department of Environment Western Australia for this Code. This definition is:

"Wastes arising from medical, nursing, dental, veterinary, laboratory, pharmaceutical, podiatry, tattooing, body piercing, brothels, emergency services, blood banks, mortuary practices and other similar practices, and wastes generated in healthcare facilities or other facilities during the investigation or treatment of patients or research projects."

The source of the waste must also be considered. While healthcare and similar sources are obvious generators of clinical and related waste, there are many other sources where the same precautions as specified in this Code shall also be adhered. These include (but not restricted to), the following:

- Acupuncture clinics
- Brothels
- Collection of sharps and clinical and related waste from commercial buildings and workplaces (eg. first aid waste)
- Collection of sharps from public areas
- Emergency services
- Funeral parlours
- Home Healthcare
- Local government waste collection programs
- Long Term Healthcare Facilities
- Needle exchange programs
- Pathology laboratories
- Schools
- Tattooists
- Universities
- Veterinarians

2.2 Clinical and Related Waste

The ANZCWMIG has in general adopted the definitions and waste classification proposed by the National Health and Medical Research Council of Australia. However, the illustrative listing of the source of clinical and related waste has been slightly modified.

2.2.1 This document relates to the following types of "clinical waste":

- Discarded sharps;
- Laboratory and associated waste directly involved in specimen processing;
- Human tissue, including materials or solutions containing or contaminated with blood (including other body fluids removed during surgery, birth and autopsy); and
- Animal tissue or carcasses used in research.

Reference shall also be made to the definition of Clinical and Related Waste as specified in each jurisdiction to ensure compliance with any applicable legislation. In New Zealand Clinical and Related Wastes are referred to as Hazardous and Controlled Wastes.

Reference in this document to "material contaminated with blood" refers to any contamination **and not** just free-flowing or expressible blood.

2.2.2 Related wastes are those wastes generated in a healthcare facility or similar facilities from the care or diagnosis of patients.

As the type, quantity and source of these wastes are increasing, ANZCWMIG has included the particular waste types in this Section. Related wastes include:

- Cytotoxic waste;
- Pharmaceutical waste; and
- Chemical waste.

These wastes and their current management approaches have indicated that a risk minimisation approach is required to protect the environment and the wider community. This Section applies to all waste generators.

2.2.3 Sanitary napkin waste

Due to the potential risk associated with the manner in which these wastes are disposed of in public areas (ie. containers used as depositories for needles), management strategies should be implemented to ensure that these wastes and any potential sharps within the containers are managed safely. Generators should refer to regulatory authorities for clarification of management requirements for this waste.

Note: During the term of this 4th Edition Code of Practice, a National Audit of Sanitary Waste Bins will be conducted, to ascertain the extent to which sanitary napkin containers are used to deposit sharps. The results of the audit will be used to develop a risk based approach to the management of this waste stream.

2.2.4 Incontinence pads and/or nappies are not considered as a clinical or related waste.

2.3 New Zealand Definition

Note: In New Zealand, clinical and related waste is referred to as "Hazardous and Controlled Waste". For this Code of Practice the term clinical and related waste means the same.

2.3.1 In addition to the above types of waste (ie. clinical and related waste in Australia), in New Zealand waste that is recognizable as coming from a healthcare facility, which:

(a) May be contaminated or soiled with potentially infectious human or animal body fluids which shall not be expressible under compaction; or

(b) Is not infectious but may be considered culturally or aesthetically offensive. Can be classified as Controlled waste and require pre-treatment prior to disposal at landfill.

3. Community Relations

This Section identifies:

- Typical Industry information which should be made publicly available; and
- Some options available to Industry to better convey this information to the community.

3.1 Right to Know (Community)

3.1.1 The community should be recognised as anyone (as an individual, group or organisation) who wishes to become informed of the Industry's activities.

3.1.2 The community has the right to information with respect to:

(a) Generation, handling, storage, transport, treatment and disposal activities at any Industry premises;

(b) EPA (or similar agency) and Workplace and Safety (or similar agency) licences and reports;

(c) Licenced and accidental emissions of clinical and related waste residues to any receiving environment;

(d) Future plans for alterations, upgrading, construction or performance improvements of any industry facility;

(e) Contingency plans for emergencies;

(f) Any health monitoring conducted at a facility other than confidential or personal monitoring results of individual workers; and

(g) Risk assessments, environmental audits and state of the environment reports, which are conducted for any Industry facility.

3.1.3 The following information shall not be divulged:

(a) Personal details of employees including names of employees; and

(b) Commercial and confidential information or information protected by law or by legal obligation to a third party.

3.1.4 The Industry members will attempt to provide relevant information to the community by methods such as:

(a) Forming community consultation groups which have access where necessary to personnel with relevant process, technical, health and safety and environmental expertise;

(b) Site visits, community newsletters, letter box drops and advertisement/articles in local publications (eg. newspapers);

(c) Promotion of the community emergency response plan for their area; and

(d) Appointing community liaison officer(s) to establish and maintain channels of communication with the community and respond to any requests for information or complaints.

3.2 Media

3.2.1 Accurate and fair coverage of any issue can be achieved by the Industry:

(a) Providing accurate information in an open and frank manner;

(b) Preparing standard media responses for areas of operation; and

(c) Training management staff in media response techniques.

3.2.2 It is the responsibility of the organisation to provide to the community, information about hazards that have occurred as a consequence of their failure to comply with this Code. Release of such information should occur following discussion with relevant government agencies.

4. Home Healthcare Waste

This Section distinguishes between commercial and non-commercial provision of home healthcare. This Section applies to that home healthcare which is provided by medical professionals (eg. community nurses and visiting doctors), in the course of their duties that results in the generation of clinical and related waste as well as to patients administering self care. In some jurisdictions, these wastes are not classified under applicable legislation, and as such are not subject to any controls. Therefore management of these wastes is conducted in an ad hoc manner. This Section applies to those wastes that if generated within a healthcare facility would be subject to legislative controls.

There is a clear need, and this has been encouraged by regulatory authorities and health departments, for those providing or managing home healthcare services to manage clinical and related waste in a more responsible manner. ANZCWMIG sees this as an extension of a due-diligence program towards environmental and public health and protection of staff health and safety.

It is recognised that there is a trend towards an increase in the number of patients requiring home healthcare, with the resultant procedures in the domestic setting generating significantly greater quantities of clinical and related waste.

4.1 Home Healthcare Waste Issues

4.1.1 Every year, many thousands of sharps, syringes and significant quantities of other clinical and related waste are generated within the home healthcare setting. This also includes wastes from patients on haemodialysis (ie under direct supervision of a healthcare professional or administering the treatment under self care).

4.1.2 As there is both an increase in the number of people receiving home healthcare and the diversity of the treatments provided, coupled with the generation of a greater range of therapeutic devices, there is a clear need to provide guidance on managing the clinical and related waste generated as a result.

4.1.3 Many medical professionals are currently transporting clinical and related waste in an un-safe manner in their vehicles. Not only does this pose a significant occupational health and safety risk to those individuals in the event of an accident, but also to those providing emergency assistance. This waste is generally not properly contained

and labelled, and poses a risk to those who handle the waste or may come into contact with the waste.

4.1.4 This waste if not transported with due care can cause environmental and health & safety impacts to family members, the community, waste handlers and emergency response personnel, if not managed in the same manner as for similar wastes generated within healthcare facilities.

4.2 Management of Home Healthcare Waste

This Section applies to those who provide home healthcare on a professional basis. While the patient is under the care of professional healthcare providers and clinical and related waste is generated, then this waste shall be managed in accordance with this Code, relevant legislation and the requirements of the facility responsible for that care.

4.2.1 Patients who are treated in the home may require the administration of drugs via a needle and syringe. The sharps generated shall be disposed of in the same manner as for sharps generated within a healthcare facility.

4.2.2 All waste items generated in the home due to the direct care of professional healthcare providers that would be classified as clinical and related waste in a healthcare facility shall be classified as clinical and related waste.

4.2.3 All waste collected for storage/transport/treatment by home healthcare providers shall be managed in accordance with the requirements of this Code.

4.2.4 Therefore, it is the responsibility of the facility/organisation employing the services of the home healthcare provider to develop a waste management plan for the waste generated as a result of the services provided. This plan shall be distributed to all relevant staff and education provided in good waste management techniques/practices. This plan shall indicate the location and operational requirements for storage/disposal facilities and identify responsible staff.

This waste management plan should be developed in consultation with local authorities to ensure that they are sufficient for the requirements set out in applicable legislation.

4.2.5 These procedures shall be followed:

(a) Clinical and related waste collected by home healthcare providers for storage/transport/treatment/disposal off-site shall only be deposited into containers that comply with the relevant Australian/New Zealand Standard. These containers shall be appropriately coloured and labelled container (eg. yellow with the biohazard symbol for clinical and related waste; or purple with the telophase symbol for cytotoxic waste).

(b) All clinical and related waste shall be deposited into an outer container to ensure containment of the waste and to protect all subsequent handlers of the waste.

(c) The outer container shall be secured to prevent the escape of any waste material at all times and shall be secured in the vehicle while the vehicle is in motion so as to prevent the container moving.

(d) Spill kits shall be available in every vehicle transporting such waste, with staff trained in their correct use.

(e) Records shall be kept of all wastes transported and disposed of via the home healthcare provider. These records shall include the date, type of waste, quantity and disposal pathway.

Note: Transport of clinical and related waste in a small vehicle (ie. car), shall be undertaken so that:

- Waste is contained in a rigid walled container.
- All wastes are secured so that they cannot move during transit.
- Wastes are contained so that any spills cannot escape from the rigid wall container.
- In New Zealand, transport of Class 6.2 Infectious substances, requires that all vehicles and drivers of those vehicles comply with NZS5433:1999 and Land Transport Rule 45001 with respect to load documentation, driver licensing and vehicle placarding.

4.3 Management of Home Healthcare Waste - Self Care

4.3.1 Patients who are provided with devices to administer medications, those on home dialysis and people with diabetes shall receive instructions from the healthcare facility providing the equipment and/or treatment advice, on good waste management practices. All patients shall be encouraged to manage clinical and related waste in a safe manner.

4.3.2 When developing the instructions to be provided as per the above point, facilities shall consult with all relevant stakeholders such as local government, waste contractors (including domestic waste collectors), and relevant government agencies.

4.3.2 It is preferred that facilities/managers providing the healthcare assume responsibility and implement strategies that enable patients to deposit clinical and related waste at locations to facilitate correct treatment and disposal.

4.3.2 Patients shall be advised by the facilities/managers providing the healthcare as to the appropriate type of container that is to be used to contain the clinical and related waste - including sharps.

4.3.3 Patients shall be advised the facilities/managers providing the healthcare of the various options to dispose of clinical and related waste (eg. council container exchange), and advised to not dispose of sharps and/or sharps containers in the domestic waste bin.

5. Waste Minimisation

This Section identifies and describes the importance of adopting waste management strategies based on the recognised waste management hierarchy that places waste avoidance options as preferable over waste management and treatment options.

As with all sectors of industry and the community, procedures for improved efficiency of resource use and better options for managing wastes that cannot be immediately avoided should be implemented. There are a series of principles that guide the development of environmental programs for all stakeholders. The precautionary principle is one that acts as a cornerstone behind the aims of this Code of Practice. This principle is based on ensuring that lack of data and information should not be used as a reason for postponing measures to protect the environment.

Other important principles that should be considered by all stakeholders in the development of waste management (and broader environmental) strategies include:

- Eco-efficiency – providing goods and services that satisfy the needs of stakeholders, yet reducing environmental impacts.
- Product stewardship – managing the environmental impacts of all products and services throughout the life cycle of the product/service. Adhering the principles of the waste management hierarchy is one method of achieving this.
- Intergenerational equity – ensuring future generations have the same health, diversity and productivity of the environment. Reducing pollution from waste management and reduction in resource use are two important steps in this process.
- Accountability – providing information to the community and other stakeholders and ensuring all staff are aware of their responsibilities.

One method of ensuring that these are factored into the decision making process is by ensuring that the "true cost" of waste management is calculated and where appropriate, budgets allocated these costs.

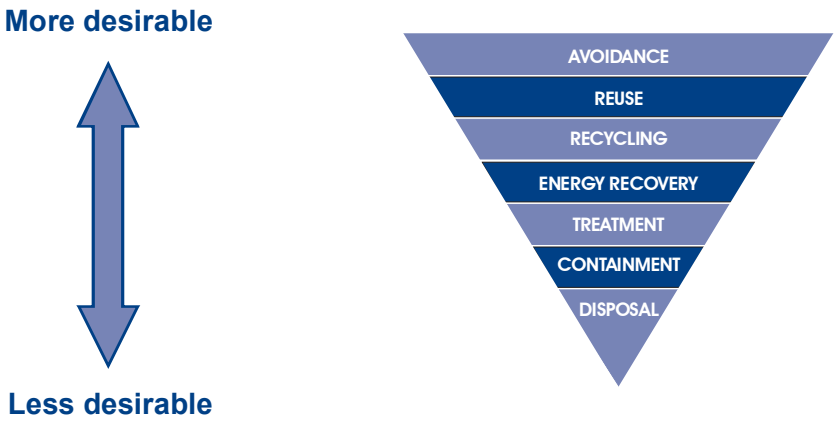
As part of the waste management process it is important that waste generators benchmark their waste generation both internally and externally with similar facilities to ensure that progress towards correct segregation and waste

minimisation is enhanced. Waste generators should be able to demonstrate their level of performance against these similar facilities and other benchmarking data.

There are many benefits associated with implementing a waste minimisation program for all waste generators. These include:

- Reduced environmental impacts
- Improved health and safety
- Reduced operating costs

Waste management legislation and guidelines are based on the waste management hierarchy (EPA Victoria hierarchy illustrated below), and so should waste management strategies for all waste generators. The basic approach is that options for avoiding or reducing waste should be implemented first, followed by reusing where possible then recycling what remains. Only then once all opportunities for reducing wastes and/or diverting from landfill, should wastes be sent for treatment and/or disposal.



5.1 Waste Management Plans

5.1.1 All generators of clinical and related waste should employ waste management plans/protocols; conduct waste audits and implement waste minimisation policies, segregation systems and encourage resource recovery within their organisations.

5.2.2 Waste management companies should also implement waste management plans to ensure that waste are collected, treated and disposed of in a manner that strives to reduce risks to human health and to the environment.

5.2 Waste Audits

Due to the inherent risks it is essential that any person undertaking waste audits be appropriately trained in both safe auditing techniques and that all personnel undertaking audits shall have necessary immunisations.

5.2.1 Waste audits should be conducted prior to developing or updating a waste management plan. Information acquired on waste types and quantities will assist in the implementation of successful waste minimisation practices.

5.2.2 All generator facilities should use waste audits as the basis for reviewing purchasing polices, examining procedures and recommending product substitution so as to minimise waste streams and implement safe, environmentally sound waste management practices.

5.2.3 All generators should use waste audits to confirm clinical and related waste is correctly segregated and to encourage waste minimisation practices.

5.2.4 Organisations that undertake waste audits should develop action plans to demonstrate improvements identified from the audit.

5.2.5 Waste audits should be used to help identify appropriate wastes for effective and efficient reuse, recycling or disposal.

5.2.6 Waste audits should also be conducted randomly, to ensure that only waste acceptable for a specified type of treatment/ disposal is being sent by the generator, also to ensure that clinical and related waste are not being disposed of via the general waste stream. The waste generators should be involved in the planning and conduct of these waste audits.

5.2.7 Results and any other relevant feedback of all waste audits should be provided to the generator for distribution and education of staff.

5.3 Waste Minimisation

5.3.1 When purchasing products, waste generators should assess the cost, appropriateness for the intended purpose and the product's overall contribution to the waste stream through packaging, use or disposal. Life cycle analyses should be adopted to identify where product substitutions, product changes, procedural changes and reuse/recycle strategies are more environmentally acceptable. Generators should actively implement programs that result in conserving resources and avoiding/reducing waste generation.

5.3.2 ANZCWMIG encourages all waste generators to approach manufacturers of clinical products and packaging to adopt practices consistent with the principles of waste avoidance and minimisation, such as;

(a) Reduce volume and weight of packaging and/or products without adversely affecting their use;

(b) Minimise packaging without compromising the safe transport and handling of the product; and

(c) Develop safe reusable products (without compromising patient health or worker safety).

6. Responsibilities

This Section identifies and describes the responsibilities of the generators, transporters and treatment/disposal companies in relation to the environmentally responsible management of clinical and related waste.

At all times it is the waste generator's responsibility to ensure that wastes are forwarded to a treatment facility that is licence/approved to receive/treat those wastes. Advice should be sought from the relevant regulatory authorities and/or the treatment facility operator.

Both the generators and waste transport/disposal companies shall observe and comply with all regulatory control requirements enforced by the responsible jurisdictions.

ANZCWMIG does not support the use of chutes within healthcare facilities for the transport of waste.

All parties involved in any stage of the management of clinical and related waste must ensure that they are fully aware of, and comply with all specific responsibilities for the safe and effective management of these wastes.

6.1 Wastre Transport/Disposal Companies' Responsibilities

6.1.1 Waste transport/disposal companies are responsible for:

(a) Notifying existing and potential clients of the intended treatment/disposal pathway for their waste;

(b) Notification of any limitations that the proposed disposal pathway might have on the acceptance of waste from the client;

(c) When requested, supplying an adequate number of containers which are sanitised, clearly identifiable, labelled (consistent with Sections 7.2 and 7.3) and suitable for securely containing the waste during transport and handling for storage, treatment and/or disposal;

(d) Providing an efficient and reliable transport service to their clients;

(e) The safe transportation of all collected clinical and related waste in dedicated and suitably equipped vehicles with relevant government approvals to licenced treatment/disposal premises;

(f) Refusing to collect any waste container that is overflowing, obviously contains the wrong waste, wastes that are not identifiable, or which have been tampered with;

(g) Training and supporting staff employed in the delivery of a responsible waste transport and treatment/disposal service. For further detail refer to Sections 9, 10 and 13;

(h) Providing advice to waste generators in appropriate waste segregation;

(i) Assisting in the conduct of waste audits and in the development of waste management plans as part of the provision of a complete waste management service (a sample waste management plan is attached in Appendix Three);

(j) Reporting all poor generator practices as soon as practical to a representative of the generator to alert the generator to the risks associated with poor practice and to enable the generator to modify procedures if necessary;

(k) Providing advice to generators regarding alternative management options;

(l) Maintaining a contingency plan in case the waste cannot be collected as scheduled;

(m) Notifying the generator if unable to collect the waste;

(n) Assisting the treatment/disposal facility in identifying the sources and types of waste; and

(o) Have procedures in place for the management of materials deemed not acceptable at the facility when detected.

6.2 Generators' Responsibilities

6.2.1 Generators of clinical and related waste have the responsibility for:

(a) Ensuring institutional administrators are aware of all legal liability and ethical accountability issues relating to the production, handling and disposal of clinical and related waste;

(b) Ensuring all clinical and related waste is properly contained;

(c) Ensuring that due diligence procedures are implemented so that there is awareness of waste disposal pathways – from cradle to grave;

(d) Ensuring that all applicable licences are maintained by the generator and that all contracted waste transporters and storage/ treatment/disposal facilities have current licences;

(e) The development and implementation of waste management plans to assist to minimise waste through improved purchasing and reuse practices and to achieve cost-effective, environmentally sound source segregation, transport and treatment/disposal of all waste streams generated;

(f) That institutional administrators ensure all relevant Occupational Health and Safety policies and procedures are pertinent and effectual and facilitate both waste segregation and minimisation procedures, without compromising staff and/or patient/client safety or care (as applicable);

(g) Ensuring all employees are aware of, and made accountable for, their individual responsibilities in relation to waste management and to provide appropriate education and training in conjunction with a system of audits and reviews to ensure correct procedures are adhered to;

(h) Employing all possible measures to reduce the risk of injury to healthcare workers (staff and contract), waste industry employees and the community;

(i) Ensuring that all relevant measures be taken to reduce environmental risks (all transport, treatment and disposal practices shall be managed in an environmentally acceptable manner to prevent contamination of groundwater, surface water, stormwater, soil and air);

(j) Ensuring an adequate supply of the correct bins is available in all storage areas for the amount(s) of waste generated;

(k) Nominating an individual responsible for the co-ordination of all waste management activities;

(l) Developing and implementing a clinical and related waste training program for all staff who may generate or handle any clinical and related waste; and

(m) Conducting regular audits of contractor's equipment and premises to ensure that wastes are managed in accordance with all legal and contractual requirements.

(n) Advising waste contractors should there be any variations as to types of clinical and related waste generated.

For further details refer to the appropriate Sections of this Code, and relevant standards, guidelines and local statutory requirements.

6.3 Waste Handling Techniques

6.3.1 All generators of clinical and related waste shall ensure their staff are trained in safe handling practices and consult the policies and procedures detailed in Sections 12 and 13 of this Code when developing standard operational procedures for their waste handlers.

6.3.2 For safety and risk minimisation purposes waste transport/treatment/disposal companies shall:

(a) Reduce human contact with clinical and related waste (eg. by using non-manual handling techniques and not decanting waste into larger containers);

(b) Establish simple, standardised procedures for waste transport, treatment and disposal operations;

(c) Load waste directly into purpose dedicated transport vehicles for immediate transfer to a licenced treatment/disposal facility;

(d) Ensure that waste is safely contained during transport;

(e) Ensure that employees are trained in the appropriate handling of clinical and related waste (eg. avoiding double handling of waste, spill management, identification of non-conforming waste loads);

(f) Ensure that employees wear appropriate personal protective equipment and are trained in its correct use;

(g) Adhere to safe work practices outlined in Sections 12 and 13;

(h) Ensure that employees do not manually compact waste;

(i) Instruct generators to not undertake manual compaction of waste under any circumstances – particularly in trying to "fit" more waste into a specific container; and

(j) Establish procedures and reporting mechanisms to deal with spills and inappropriate storage and segregation practices.

6.3.3 There shall be no decanting of any clinical and related waste from one container to another.

6.3.4 All clinical and related waste containers removed from any premises to treat and/or dispose of the contents shall have the lid of the container secured prior to transport.

6.3.5 Any clinical and related waste container that has been removed from any premises due to the need to send the contents to an approved treatment/disposal facility shall not be returned to any facility unless it has been effectively sanitised.

7. Waste Containment

This Section identifies and describes the responsibilities of all stakeholders to ensure that all clinical and related waste are contained in appropriate containers and that manual handling of wastes are avoided.

7.1 Source Segregation

7.1.1 It is recognised that in all cases, standard precautions to prevent and or contain the spread of infectious organisms take precedence over waste management principles if procedural conflict arises. However, source segregation of wastes is usually compatible with, and supportive of, good infection control.

7.1.2 As part of an overall waste management program, generator facilities shall segregate their wastes at the point of generation into different waste streams to facilitate resource recovery (reuse, recycling and energy recovery), more efficient treatment, and appropriate disposal.

7.1.3 Waste segregation shall be practiced by both generators and waste management companies for efficient waste management.

7.1.4 Some treatment technologies require the use of additional bins to allow source segregation of components of the waste stream, which cannot be treated by that particular technology. Waste generators should ensure that they are aware of any waste acceptance restrictions applied to any transporter and/or treatment/disposal facility they use.

7.1.5 Separate bins are required for each additional waste stream (ie. recycling or resource recovery).

7.1.6 Sharps contaminated with cytotoxics shall be segregated from other sharps waste and shall be classified as cytotoxic waste (see Section 7.3.1 b).

7.1.7 All clinical and related waste outer containers shall be of the appropriate colour and have the appropriate symbol and wording printed on the container for the waste types deposited into the container.

7.1.8 Wastes with a high heavy metal content shall be segregated at the waste generation point.

7.2 Containers and Packaging

7.2.1 The correct packaging of wastes is the responsibility of the generator. However, the waste transporter should advise the generator of any problems associated with the packaging of waste.

7.2.2 All outer containers used for clinical and related waste shall be of a rigid design with a lid that is able to be secured and prevent spillage of the contents during transport under normal operating conditions. This container shall be designed to have a means to enable it to be easily handled or moved, and be easily identifiable by its colour and have the correct labeling and symbols for the waste type contained within. If a spill occurs from any container, then there shall be an appropriate means of containment of the spilt material.

7.2.3 All generator facilities shall, as a minimum:

(a) Use containers which meet the requirements as specified by Australian/New Zealand Standards and/or Australian/New Zealand Dangerous Goods Code and/or any regulatory authority (where applicable), for each type of clinical and related waste that they generate;

(b) Secure and place in clearly labelled containers/liners all solid waste and sharps generated in their premises; and

(c) Meet any legislative requirements that may be applicable.

7.2.4 The materials used to construct containers shall not produce emissions or residues, which persist in the environment in a manner unacceptable to the appropriate regulatory authority when disposed.

7.2.5 Waste generators shall use sharps containers that comply with the either Australian Standards, AS: 4031. "Non-reusable Containers for the Collection of Sharp Medical Items used in the Healthcare Areas", 1992; or Australian/New Zealand Standards, AS/NZS: 4261. "Re-usable Containers for the Collection of Sharp Items in Human and Animal Medical Applications, 1994".

Note: Where sharps containers require assembly, generators of sharps waste shall ensure the assembly process is such so that containers maintain their integrity during use and transport.

7.2.6 Cytotoxic sharps waste shall only be deposited in disposable sharps containers that are coloured purple and contain the cytotoxic waste symbol.

7.2.7 Waste transport companies shall be aware of the requirements of AS 4031:1992, AS/NZS 4261:1994 and AS/NZS 4478:1997 with regards to containers for the transport of sharp medical items. It should be emphasised that waste transport companies who supply, collect, service for reuse or dispose of sharps containers are responsible for the implementation of occupational health and safety practices which will minimise the risk of injury to their employees. This applies during the handling, transport and disposal of full containers or their contents (in the case of reusable containers). Safe practices shall extend also to the cleaning and maintenance of reusable containers.

7.2.8 Waste transport companies who supply, collect, and/or service non-reusable sharps containers shall ensure compliance with Australian Standard (AS 4031:1992) "Non-reusable Containers for the Collection of Sharp Medical Items used in Healthcare Areas".

7.2.9 Waste transport companies who supply, collect and/or service reusable sharps containers shall ensure compliance with Australian and New Zealand Standard (AS/NZS 4261:1994) "Reusable Containers for the Collection of Sharp Items in Human and Animal Medical Applications" and AS/NZS: 4478. "Guide to the Reprocessing of Reusable Containers for the Collection of Sharp Items used in Animal Clinical/Medical Applications".

7.3 Container Labelling

7.3.1 Correct labelling practices shall be adopted by both generator and waste transport/treatment/disposal companies. It is the waste generator's responsibility to ensure that waste containers used to store and transport waste is appropriately labelled. The following labelling shall be used (this is also compulsory under Dangerous Goods requirements).

In Australia the following identification and labelling shall apply:

(a) Clinical Waste - all containers and plastic liners are to be yellow and are to be marked with the international biohazard symbol in black and wording, which complies with local regulations. The words "Clinical Waste" shall be clearly displayed.

(b) Cytotoxic Waste - all containers and liners are to be purple and marked with the cell in telophase symbol in white. The words "Cytotoxic Waste" shall be clearly displayed. "Cytotoxic Waste" must be incinerated.

In New Zealand the following identification and labelling shall apply:

Table 1 - Identification of waste

Waste category/ type	Colour code for container	Making for internal facility use	Transport Label
Infectious	Yellow		
Cytotoxic	Purple		
Radioactive	Red or Yellow		
All other waste	Not specificed	As specified by relevant regulations	As specified in NZS NZS 5433

7.3.2 All symbols and words are to be easily legible.

7.3.3 The following should also be included on waste container labels (the provisions of this Section do not apply in New Zealand):

(a) 'DO NOT OVERFILL BEYOND THIS LINE' or words to that effect;

(b) Words or a symbol to warn against placing hands in the bin or touching waste; and

(c) Words indicating that once a container is full it shall be secured.

7.3.4 In Australia, the following should also be included on sharps containers:

(a) Manufacturer's name or trademark;

(b) The bio-hazard symbol specified in "AS 1319 Safety Signs for the Occupational Environment", or where appropriate, the cytotoxic symbol;

(c) Adequate description of contents, eg. 'sharps', 'clinical waste';

(d) 'DO NOT OVERFILL BEYOND THIS LINE' or words to that effect;

(e) Assembly instruction, where appropriate; and

(f) Words or a symbol to warn against placing hands in the container or touching contents.