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WASTE MANAGEMENT POLICY

POLICY STATEMENT

Strong waste management processes are essential for ensuring worker and client safety during service delivery. Enhanced Lifestyles (EL) and Lifestyle Assistance and Accommodation Service (LAAS) is committed to protecting all workers, clients, and other individuals present from harm resulting from exposure to waste, infectious or hazardous substances generated during delivery of supports.

The document complies with NDIS Practice Standards 2018, standard 2.2 Risk Management, 4.4 Management of Waste, and ACIS 2018, section 4.1 Safe Support and Service Environment, 4.3 Risk Management of Contaminated Waste and Sharps generated during the delivery of supports.

This document is readily available to all clients and employees of Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service including The Boards.

DOCUMENTATION

Documents related to this policy	
Related policies	Q319 – Infection Control Policy Q325 – Incident Management Policy P325 – Incident Management Procedure
Forms, record keeping or other organisational documents	M319 – Infection Control Manual

EL/LAAS endeavour to avoid generation of the waste stream by maximising, reusing and recycling where possible. Where the generation of waste cannot be avoided, EL/LAAS will dispose of waste in a manner that protects people and the environment.

Our waste management processes and use of waste minimisation principles are intended to:

- Minimise risks of contamination and the spread of infection
- Reduce damage to the environment
- Improve occupational health and safety for workers
- Comply with legislation
- Maintain our reputation and strengthen community relationships

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Definitions

Clinical waste: Clinical waste with the potential to cause injury, infection or offence.

This includes:

- Unrecognisable human tissue (excluding hair, teeth, nails and anatomical waste)
- Bulk blood or other body fluids (or body substances)
- Material and equipment visibly stained by blood or body fluids (includes incontinence pads and disposable nappies that come from an infectious patient)

Clinical waste also includes “sharps”, being any clinical object capable of inflicting a penetrating injury, which may or may not be contaminated with bloody or body substances. This includes needles, ampoules and other sharp objects design to perform penetrating procedures.

General waste: Any waste that is not a kind of clinical waste, is not chemical waste, has not been in contact with infectious agents, hazardous chemicals or radioactive substances, and does not pose a sharps hazard.

Pharmaceutical waste: Pharmaceuticals or other chemical substances specified as regulated goods under relevant state legislation, as well as any therapeutic good which is unregulated. This includes expired or discarded pharmaceuticals, filters or other material contaminated by pharmaceutical products.

Procedures

Storage and disposal of waste

Waste generated in the delivery of our services can be generally categorised in to three groups:

- General
- Clinical
- Pharmaceutical

General waste disposal

General waste constitutes the bulk of waste generated by health care organisations and is no more of a public health risk than standard domestic waste. If properly managed, it should prevent no actual risk to workers or other individuals.

Incontinence pads and disposable nappies can be treated as general waste, unless the material is judged to have come from an infectious patient, is visibly blood stained, or is disposed of in a manner likely to cause offence, such as in unusually large quantities, in which case it must be treated as clinical waste.

General waste should be contained in white or opaque bags which are labelled

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accordingly. General waste is to be placed in the general waste bin for disposal.

General waste may be further separated into recyclable or compostable streams as described by the local council waste management plan.

Clinical waste disposal

Clinical waste is waste generated in a clinical or similar setting that has the potential to cause disease, injury or public offence.

Clinical waste must be properly segregated, packaged, labelled, handled and transported to minimise risk to workers and the community, including needle stick injuries and transmission of disease. All sharps and waste containers must meet the Australian and New Zealand Standards AS/NZS 3816: *Management of clinical and related waste* and AS/NZS 4123: *Mobile waste containers*.

Clinical waste is to be placed in biohazard bags as soon as reasonably possible. Biohazard bags will be identifiable to workers by their biohazard symbol and yellow colour. Clinical waste (including sharps) can be disposed as waste for incineration, or for autoclaving and shredding. Autoclave tape and bag indicators must be used to show autoclaving has been completed.

Single-use sharps are to be placed into a sharps container, that is rigid-walled and meets the Australian and New Zealand Standards AS 4031 and AS/NZS 4261.

Reusable sharps containers must be readily emptied and cleaned before reuse, in accordance with AS/NZS 4478.

Waste handling and storage

Waste should be stored in a dedicated storage area to prevent environmental impacts. Storage areas are to be cleaned regularly and kept free of odour.

Where small quantities of clinical waste are generated, waste storage will be managed using 120/240 litre mobile garbage bins (wheelie bins), or using other waste containers, placed on a tray which has sufficient construction to prevent spills.

Mobile garbage bins must be washable, with a lid that is lockable. Mobile garbage bins must be securely closed during movement, but do not have to be locked, unless the mobile garbage bin is a pharmaceutical waste bin.

Workers should minimise the handling of waste bags and avoid decanting from one bin to another. When clinical waste is being handled, workers should hold bags away from the body by the closed top of the bag and place directly in to the appropriate bin.

Appropriate protective clothing and equipment is to be worn when closing clinical waste bags and placing them in to the bin.

Sharps must never be placed in waste bags.

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Waste must never be stored in plastic liners placed directly on floors.

Waste minimisation

EL/LAAS will aim to minimise waste without compromising work standards or client/worker safety.

Strategies may include:

- **Reduction:** through product substitution, product modifications and procedural changes.
- **Re-use:** where clinically appropriate, environmentally sound, practical and cost effective to do so. Items packaged as single-use must never be reused.
- **Recycling:** through increased volumes of recycling and assessment of additional resource recovery programs for implementation.

Incident reporting

Any incident involving infectious material, body substances or hazardous substances is to be reported on the EL/LAAS incident register.

Incidents involving hazardous materials or waste management are also to be reported promptly to the Clinical Manager or Chief Executive Officer. All reported incidents will be internally investigated and reviewed by EL/LAAS to determine the cause of the incident, and to improve organisational procedures to reduce future risk.

Any incidents that involved a Customer/Client must be assessed against the P325 - Incident Management Procedure to determine whether they should be managed under this procedure or require reporting to the NDIS Commission.

Any incidents that involved an employee must be assessed against the M400 - WHS Manual and may need to be managed as a WHS incident.

Emergency plan

Where management issues or accidents occur relating to clinical waste or hazardous substances, the following emergency plan is to be implemented:

- Apply first aid procedures and assess any injury or exposure to clinical or hazardous substances, requesting emergency services as necessary
- Staff will cordon off the affected area
- Contact Clinical and Governance Manager, on-staff Registered Nurse, or escalate to Chief Executive Officer
- Member of Clinical team conducts risk assessment of extent of the hazard
- Contact forensic cleaning service to remove the clinical waste or hazardous substances and disinfect the area

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If a Customer/Client was involved or exposed during the issue or accident, then refer to P325 – Incident Management Procedure to determine if required to record as an Incident or report to the NDIS Commission.

Conduct investigation and assessment of cause and impact of the issue/accident with any Customers/Clients affected and implement any agreed changes to mitigate the risk of a reoccurrence or mitigate the impact to affected parties.

Personal Protective Equipment (PPE)

Workers must use appropriate PPE when necessary. EL/LAAS will provide all workers who deal with waste and hazardous substances with necessary protective equipment and clothing.

Staff will be trained in the proper use of their PPE.

Worker training

All workers involved in the management of waste and hazardous substances will receive training to ensure safe and appropriate handling of substances. This includes training on:

- protective equipment and clothing required when handling waste or hazardous substances;
- approved work practices, including specific waste handling disposal, spill management etc.;
- workplace health and safety information relating to the equipment and chemicals/drugs used in the health service;
- first aid and treatment for needle stick and bloody and body fluid exposure;
- emergency response procedures.