



Waste Management Policy

1. Background

The WA Country Health Service (WACHS) is committed to a waste management system that adheres to the principles of sustainability, achieves a reduction in waste generation and disposal, delivers cost savings and promotes a safer working environment that minimises risks to the community, consumers and employees.

WACHS manages and disposes of waste in accordance with Commonwealth and State legislation, the Department of Environment and Conservation, the Environmental Protection Authority, Government Policy, Local Government and Australian Standards. Each WACHS site is responsible for waste from the point of generation to disposal.

The Australian Standard AS3816:2018 Management of clinical and related wastes and the Department of Health (DoH) [DoH Code of Practice for Clinical and Related Waste Management](#) and [MP 0139/20 Medicines Handling Policy](#) are mandatory WACHS requirements and must be adhered to in the management of waste and read in conjunction with this policy.

2. Definitions

Waste is defined by the [Department of Water and Environmental Regulations; Landfill Waste Classification and Waste Definitions 1996 \(as amended 2019\)](#) “as one or more of the following:

- any substance that is discarded, emitted or deposited in the environment in such volume, constituency or manner as to cause an alteration in the environment
- any discarded, rejected, unwanted, surplus or abandoned substance
- any otherwise discarded, rejected, unwanted, surplus or abandoned substance intended for sale or for recycling, reprocessing, recovery, or purification by a separate operation from that which produced the substance
- any substance described in regulations under the *Environmental Protection Act 1986* as waste”. Waste is further defined in the Schedule 1 of the Environmental Protection (Controlled Waste) Regulations 2004.

Clinical Waste is defined in the [DoH Code of Practice for Clinical and Related Waste Management](#) as “waste that has the potential to cause disease, sharps injury or public offence including sharps, human tissue waste, laboratory waste and animal waste as specified by the WA Health facility.” For a further description of clinical and related waste refer to the [DoH Code of Practice for Clinical and Related Waste Management](#) or AS 3816:2018.

[Appendix 1](#), Waste Guidance Notes provides more detailed definitions of waste streams and associated guidance notes.

3. Labelling of Waste

Appropriately colour coded and labelled containers in accordance with AS/NZS 3816:2018 are to be used for containment of all healthcare waste. Similar coloured bin liners should be matched and used with each container (e.g. yellow bin liner with yellow bin; purple bin liner with purple bin). Further details contained in the [DoH Code of Practice for Clinical and Related Waste Management](#) and the attached [Appendix 1](#).

4. Waste Segregation

WACHS recognises that many parts of regional and remote Western Australia do not have the Infrastructure to handle recyclable waste and or other potential waste streams and any identified constraints must be taken into consideration when determining waste stream segregation. Sites are encouraged to be engaged with their Local Government Authority (LGA) to understand local capabilities.

Waste generated is to be separated into the specified waste streams and disposed of in the approved containers by the approved contractors. At the source of generation, clinical waste must be separated from general and recyclable waste. Single stage segregation, where appropriate is preferred for the management of clinical waste.

The separation of waste into categories is not always clear and there may be more than one type of waste category, i.e. clinical and cytotoxic waste. The method of disposal needs to manage the most hazardous of the substances.

5. Waste Handling, Storage and Transport

The transport of waste both on and off site must meet safety and legislative requirements.

Waste segregation must be maintained during handling and transport.

Trolleys used for transport of clinical waste contained in plastic bags or non-mobile rigid containers in the sites are to be:

- constructed to contain accidental leakage
- dedicated for that use
- cleaned on a regular basis or when visibly soiled.

Waste must be stored in approved locations that have restricted access, are lockable and away from other hazardous substances and sensitive facilities.

Hazardous waste must be stored in approved containers in approved areas for the minimum time period prior to being removed by an approved contractor.

Sites are to ensure that clinical and related wastes are transported by licensed contractors utilising approved transport.

For further information on the storage, handling and transport of waste refer to: [DoH Code of Practice for Clinical and Related Waste Management](#)

6. Occupational Health and Safety

Staff must comply with all legislation, policies, procedures, codes and designated work practices for waste management. Manual handling of waste will be minimised through approved containment methods and must comply with safe work practices.

WACHS sites must ensure that appropriate personal protective clothing and equipment such as relevant spills management kits and cleaning equipment is readily accessible to staff involved in the management of waste and they are educated in its correct use.

Each health site in WACHS is to have in place an Emergency Response Plan to manage accidental and deliberate spillage of clinical waste, including emergency spill kits.

7. Infection Prevention and Control

WACHS sites must ensure that appropriate Infection Prevention and Control policies and practices are adhered to.

8. Education

All staff employed within WACHS, who are involved in waste management as part of their employment, must receive training on the management of waste. The training is to be tailored to the requirements of their role. An annual training schedule must be maintained by the Regions.

9. Waste Disposal

Waste in WACHS is disposed of by methods that manage the risks associated with the type of waste product that is generated and utilise, contractors who are licensed to accept particular wastes. This includes domiciliary healthcare settings.

Disposal of confidential waste must comply with the relevant privacy and confidentiality requirements; and records management legislation and policy.

Waste disposal must comply with the [DoH Code of Practice for Clinical and Related Waste Management](#)

10. Management/Audit of Waste Management Policy

Each WACHS Region is to have a Waste Management Committee or Operational Management meetings that assists and provides governance for waste management, including auditing, usage reporting, classification, reduction, contracting of services, disposal, re-use and recycling.

Site audits must be carried out annually using the endorsed Waste Audit Tool. An annual audit schedule must be maintained by the Regions.

11. Roles and Responsibilities

The Chief Executive is required to ensure the minimum standards of this policy are met.

WACHS Executive team members and Regional Infrastructure and Support Services Managers are to ensure implementation of the requirements of this policy including the regular audit of waste management practices to ensure compliance with the [DoH Code of Practice for Clinical and Related Waste Management](#) via the governance framework of the Environmental and Sustainable Committees.

Managers/supervisors are required to ensure personal protective clothing and equipment, education and processes are in place to meet the requirements of the policy.

An annual 'Statement of Compliance' must be completed by Respective Regional Directors and Regional Manager, Infrastructure & Support Services to provide assurance of compliance.

All staff have the responsibility to handle and safely dispose of waste as outlined in this policy.

12. Compliance

This policy is a mandatory requirement under the *Health Services Act 2016*. Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

Exemptions may be provided to sites identified as non-compliant due to their remote location and lack of local services and infrastructure. Any sites identified as non-compliant must be added to the appropriate Register in the first instance. Exemptions will be assessed on a case by case basis via the Environment and Sustainability Committee.

13. Standards

AS 3816:2018 Management of clinical and related wastes.

Refer to the WACHS library for access to all current [SAI Global online](#) standards.

[National Safety and Quality Health Service Standards](#) 1.29.

14. Legislation

[Environmental Protection Act 1986 \(and Environmental Protection \(Controlled Waste\) Regulations 2004\)](#)

[Waste Avoidance and Resource Recovery Act 2007](#)

[Occupational Safety and Health Act 1984 \(and Occupational Safety and Health Regulations 1996\)](#)

[State Records Act 2000](#)

15. References

WACHS [Recordkeeping Plan](#)

[Department of Water and Environmental Regulations; Landfill Waste Classification and Waste Definitions 1996 \(as amended 2019\)](#)

16. Related Forms

WACHS [Safety Risk Report Form](#)

WACHS [Waste Management Audit Tool](#)

17. Related Policy Documents

WACHS [Occupational Safety and Health Policy](#)

WACHS [Hazard-Incident Management Procedure](#)

WACHS [Personal Protective Equipment \(PPE\) Procedure](#)

WACHS [Hand Hygiene Policy](#)

WACHS [Infection Prevention and Control Policy](#)

WACHS [Environment & Sustainability Framework - The WACHS Environment and Sustainability Framework outlines the strategic goals in relation to waste management and aims to reduce treat and safely dispose of Healthcare Waste in line with the Global Green and Health Hospitals initiatives.](#)

18. Related WA Health System Policies

[DoH Code of Practice for Clinical and Related Waste Management](#)

19. Policy Framework

[Public Health Policy Framework](#)

20. Appendix

[Appendix 1: Guidance Notes](#)

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Appendix 1: Guidance Notes

Local sites are responsible for adhering to the Waste Management Policy and developing localised processes. The [DoH Code of Practice for Clinical and Related Waste Management](#) must be adhered to and used in conjunction with these guidance notes.

The guidance notes do not provide an exhaustive list of possible waste streams and WACHS services/facilities are encouraged to seek information as required from waste treatment/disposal contractors, Local Government Authorities (LGA) and the regulatory authorities regarding waste management and to manage their clinical waste streams in an appropriate manner to render the waste non-harmful.

Clinical Waste

Waste that has the potential to cause disease, sharps injury or public offence and includes sharps, human tissue waste, laboratory waste, and any other relevant waste specific to an establishment.

- Items such as: dressings and bandages, materials stained with or having had contact with body substances, containers simply emptied of body substances, disposable continence nappies, and sanitary napkins, present no significant risk and may therefore be discarded as 'general waste'.
- If the patient is known or suspected to be an infection control risk, follow transmission-based precautions as per [the Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#).

Disposal:

- Clinical waste bins must be clearly labelled and yellow.
- Anatomical Waste (recognisable body parts) must be disposed of by high temperature incineration.
- Clinical Waste bins are placed at collection points such as disposal rooms in clinical areas.
- Blood and body fluids may be flushed into the sewer if this can be done in a way that poses no occupational safety or health risk to personnel involved in the disposal.

Sharps

WACHS facilities are to have a variety of sharps containers which may be single use sharps containers or reusable sharps containers for the disposal of all used sharps objects. WACHS is committed to sharps safety and minimising the risk of occupational exposure.

It is the responsibility of the user of the sharp to handle and dispose of sharps safely.

Construction of Sharps Containers

Sharps containers are to conform to current Australian Standards, whether [AS/NZS - 1994/Amdt 1 -1997 \(reusable containers\)](#) or [AS 4031-1992/Amdt 1-1996 \(Non-reusable containers\)](#). Safer entry style containers must be used where practical. These containers reduce the risk of overfilling and prevent hands from entering the container.

Placement of Sharps Containers

Sharps containers should be available at the point of use when practicable. In patient accessible areas, sharps containers should be placed:

- out of reach of young children
- attached to walls by brackets, or
- attached to trolleys, under direct supervision of staff using the trolley
- under direct supervision of a staff member while a procedure is being undertaken;

Pharmaceutical Waste

Pharmaceutical waste is material that may arise from pharmaceutical products that are: out-of-date, off specification batches, contaminated or have damaged packaging, drugs returned by patients or discarded by the public, drugs that are no longer required by the health care unit and waste generated during the manufacture of pharmaceuticals.

Empty bottles or packages are excluded as pharmaceutical waste.

Pharmaceutical and related waste disposal arrangements

- Pharmaceutical goods that need disposal are placed in a pharmaceutical waste receptacle by pharmacy or authorised hospital staff as per local regional policies and procedures.
- Pharmaceutical waste from hospitals or health centres without a pharmacy is to be placed into a clearly labelled receptacle which is then transported to the Regional Pharmacy, or to be managed in line with local regional policies and procedures.

Cytotoxic Waste

Cytotoxic waste is any residual cytotoxic drug following patient treatment or any material associated with its preparation or administration, which may contain traces of the drug, and includes ampoules, vials, syringes and needles, swabs, IV bags and giving sets.

- Cytotoxic waste must be contained in labelled, sealed, impervious containers that are strong enough to protect from spillage, leakage or breakage during transport. The container must be protected by secondary containment for capture of spills during transit.
- Reusable containers must not be used for the collection of cytotoxic waste.
- Except when waste is being placed in them, these containers must be capped at all times.

General waste (non-recyclable waste)

Waste which because of its nature, presents no significant risk to staff, employees within the waste industry, or the public at large, and which by its nature will not give rise to public concern. The following are defined as general waste:

- Dressings, bandages, and other materials stained with or having had contact with body substances.
- Disposable nappies and sanitary napkins, incontinence sheets and other heavy damp items.
- Containers, tubing, IV bags and syringes **without sharps attached** provided they are emptied of liquid substances (these containers do not need to be washed clean; simple emptying will suffice).
- Kitchen waste.

Disposal arrangements:

- General waste is to be placed directly into the general waste bins.
- Recyclable waste is to be segregated from the non -recyclable waste if practicable.
- Batteries are not to be placed into general waste.
- Local processes to be in place for the transportation of this waste from the ward/departmental to the waste disposal point.

Recyclable waste

Are those products, packages or element thereof that can be diverted from the waste stream and through existing processes, be collected, processed and returned to use in the form of raw materials or products.

Waste minimisation is an important part of the WACHS Waste Management Policy and the recycling program aims to minimise WACHS impact on the environment. WACHS recognises that many parts of regional and remote Western Australia do not have the Infrastructure to handle recyclable waste and sites/services are encouraged to liaise with LGAs in regard to recycling programs.

'Recyclable waste' is defined as waste which can be effectively reused in the making of other materials and products and consists of:

- newspaper, old telephone books and magazines
- aluminium cans
- glass clear and coloured
- plastics designated type 1, 2, 3.
- cardboard.
- theatre plastics.

Disposal arrangements

- Information pertaining to the articles able to be recycled is displayed on the recycling bins.
- At no time should confidential information be placed within a recycling bin.

Confidential Documents

Documents containing sensitive information, including personal information and internal decision making records are classified as confidential. Examples of this include documents containing identifiable patient information, personnel details and high level planning and committee records.

Departments are to identify confidential documentation specific to their area and these must be disposed of in accordance with an approved Records Disposal Authority or General Disposal Authorities (as advised by WACHS Records & TRIM Services (RTS)). For advice on the disposal process and classification of original documents refer to RTS.

Copies, reference material and working drafts of confidential documents can be disposed of without destruction authorisation. These are regarded as ephemeral records.

Disposal arrangements (ephemeral records):

- It is the responsibility of the individual to dispose of confidential waste in the appropriate manner.
- If a shredder is available in the area confidential waste can be shredded. The shredded paper can then be placed in the recyclable waste bin.
- Confidential documents may be placed for shredding into secure, locked, and labelled 'Confidential Bins'. Confidential Bins must be disposed of in accordance with policy and procedures.

Disposal arrangements (original records):

- Authorisation to dispose of original records must be obtained via RTS process.
- If a shredder is available in the area confidential waste can be shredded. The shredded paper can then be placed in the recyclable waste bin.
- Confidential documents may be placed for shredding into secure, locked, and labelled 'Confidential Bins'. Confidential Bins must be disposed of in accordance with policy and procedures.
- A destruction certificate referencing the authorised destruction report must be provided by the disposal contractor or where this service is not available signed by at least two personnel after shredding has been completed (refer to RTS).

Chemical Waste

Chemical waste includes liquid and solid substances, such as powders, which are known to have an adverse physiological effect on biological systems including humans, animals and the environment. Chemical waste must be handled, stored and disposed of in accordance with the product's Safety Data Sheets (SDS).

Other

A variety of other waste streams are possible and include but not limited to recycling of printer cartridges, fluorescent tubes, recycling programs for disposable instruments, batteries, garden and building waste. The overarching principles of identifying potential waste streams and achieving a reduction of waste for the organisation in a safe manner are to be applied.