

Local Procedure



Health
Hunter New England
Local Health District

Waste Management Plan – Hunter Valley Sector

Sites where Local Procedure applies	Hunter Valley Sector Facilities – Merriwa MPS, Denman MPS, Murrurundi Hospital, Singleton Health Service, Muswellbrook Health Service, Scone Health Service.
This Local Procedure applies to:	Staff involved in administration, supply, storage, and disposal of pharmaceuticals
Target audience	HVS Clinical, Pharmacy, Non-Clinical Staff
Description	Minimise adverse environmental and health impacts from handling and/or disposal of clinical and related wastes Disposal of pharmaceutical waste in accordance with legislation and policy

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Keywords	Pharmaceutical, waste, cytotoxic, recycling, sustainability, environment
Document registration number	
Replaces existing document?	Yes
Registration number and dates of superseded documents	HVS 2017_024 Pharmaceuticals Waste Management, HVS Waste Management Plan 2017-2020
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics: <ul style="list-style-type: none"> Clinical and Related Waste Management for Health Services PD2017_026 NSW Government Resource Efficiency Policy NSW Protection of the Environment Operations Act 1997 No. 156 Work Health and Safety Act 2011 no. 10 Work Health and Safety Regulation 2017 NSW Health PD 2017_013 Infection Control Policy NSW Health PD2017_026 Clinical and Related Waste Management for Health Services NSW Health PD2013_043 Medication Handling in NSW Public Health Facilities PD2017_027:PCP 2 District Waste Management Plan 	
Prerequisites (if required)	NIL
Local Procedure note	<p>This document reflects what is currently regarded as safe and appropriate practice. This is a supporting document to the District Waste Management PCP. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate.</p> <p>This procedure is to provide information to staff regarding the management of different waste streams across the Hunter Valley Sector.</p> <ul style="list-style-type: none"> There are both environmental and health impacts from clinical and related wastes Pharmaceutical and cytotoxic wastes can present hazards to people and the environment. <p>Exposure to hazardous clinical and related wastes may occur at</p>

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any stage from generation to final disposal and could influence the occupational health of the workforce involved in waste management

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PURPOSE AND RISKS

This plan describes the systems and procedures that are in place throughout the Hunter Valley Sector. The aims and objectives are to ensure compliance with and ongoing improvements in all aspects of waste management, including the generation, handling, storage and disposal of all forms of waste. The Sector is committed to minimising waste, in accordance with legislation, policy & community expectations.

Risk Category: *Safety & Security*

GLOSSARY

Acronym or Term	Definition
Hazard	A source or a situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these
Hazard Identification	The process of recognising a hazard exists and defining its characteristics
Corrective Action	In relation to a risk to health and safety, means an action taken to eliminate or minimise the risk

PROCEDURE

This procedure requires mandatory compliance.

SECTION 1 - Introduction

To ensure its effectiveness, this plan is consistently and widely promoted throughout the Sector.

1.1 Aims

- To protect public health and safety.
- To provide a safe work environment.
- To minimize the environmental impact of waste generation treatment & disposal.
- Reduce waste handling & disposal volumes/costs without compromising health care.
- To ensure compliance with legislative requirement.

1.2 Objectives

- To adopt and implement the Waste Management Guidelines throughout the Sector hospitals and facilities.
- To monitor performance and review the Waste Management Plan annually.
- Adopt a waste minimization policy which incorporates realistic purchasing guidelines.
- Develop concise waste segregation principles and promote practical guidelines for re-usable products.
- Foster commitment from all staff and management to actively participate in waste avoidance, reduction, reuse, and recycling programs.
- Introduce a continuing waste management education program for all staff to increase awareness of Work Health & Safety issues and waste minimization principles.
- Adopt policies and procedures to minimize the environmental impact of waste treatment and disposal.

SECTION 2 – WASTE DEFINITIONS

Facility Waste can be divided into broad categories which are defined in the NSW Health Department's [Clinical and Related Waste Management for Health Services](#). Clinical, cytotoxic, pharmaceutical, chemical and radioactive wastes are classified as [clinical and related waste EPA's Waste Classification Guidelines](#).

2.1 Clinical Waste including Anatomical Waste

Clinical waste is waste which has the potential to cause sharps injury, infection, or offence. When packaged and disposed of appropriately, there is virtually no public health significance. Clinical waste contains the following:

- Sharps
- Human tissue (excluding hair, teeth, and nails)
- Bulk body fluids and blood
- Visibly blood-stained body fluids and visibly blood-stained disposable material and equipment
- Laboratory specimens and cultures
- Animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research

Definitions:

- **Sharps:** Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.
- **Bulk free flowing liquids** normally contained within a disposable vessel or tubing, not capable of being safely drained to the sewer.

2.2 Confidential Waste

This includes any documentation relating to patients / clients, including loose sheets, or unused clinical forms that may have a patient's identification attached. Even scrap paper containing a patient's name must be disposed of securely. Confidential waste can also include business documents produced by the facility. Confidential waste must be disposed of in the Secure document Bins that are collected by contractor for secure destruction. Lids of bins should remain locked, apart from in the Clinical Information Departments where the large records being disposed of may not fit through the slot in the lid. Failure to dispose of patient related documents securely may result in a breach of privacy in accordance with the [NSW Health Records & Information Privacy Act 2002](#) and may result in fines or even imprisonment of the staff concerned.

2.3 Cytotoxic Waste

Cytotoxic waste means material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug, and any discarded material associated with the preparation or administration of cytotoxic drugs.

Cytotoxic waste needs to be destroyed by incineration at a licensed controlled waste facility.

- It is recommended that clinical areas have a small cytotoxic waste bin in their treatment room.
- Cytotoxic waste includes any residual cytotoxic drug following a patient's treatment, and the materials or equipment associated with the preparation, transport or administration of the drug therapy. It includes:
 - cytotoxic pharmaceuticals past their recommended shelf life, unused or remaining drugs in all forms, contaminated stock, and cytotoxic drugs returned from a patient
 - contaminated waste from preparation processes
 - sharps and syringes, ampoules and vials

- intravenous infusion sets and containers
 - empty cytotoxic drug bottles
 - cotton wool from bottles containing cytotoxic drugs
 - used HEPA or chemical filters and other disposable contaminated equipment
 - contaminated personal protective equipment – e.g. gloves, disposable gowns, shoe covers, respirators
 - swabs, cloths, mats and other materials used to clean cytotoxic contaminated equipment, or to contain spills
 - contaminated body substance receptacles – e.g. disposable vomit bags
- Cytotoxic waste should be managed separately from other types of pharmaceutical waste and from other wastes generated in a clinical setting that are not assessed or classified as hazardous.
 - Disposal unit should be clearly labelled 'CYTOTOXIC SHARPS' and available at point of use. Seal bin when $\frac{3}{4}$ full.
 - All other waste contaminated with cytotoxic substances must be placed directly into a purple plastic cytotoxic waste bag. Do not overfill bags – when $\frac{3}{4}$ full tie the top securely by tying the corners together whilst wearing full cytotoxic PPE and place in purple rigid walled bin for transport and disposal.
 - Units involved in preparation or administration of cytotoxic substances must have ready access to a purple rigid walled waste bin.
 - Further information relating to the management of cytotoxic waste in a clinical setting is found in Waste management guidelines for health care facilities.

Removal of cytotoxic waste from clinical units

- It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, and documentation practices. Ensure alcohol hand gel is available.
- Cytotoxic waste must be transported to a dedicated, secure storage area to await collection for disposal and treatment. Bins should be sealed, or otherwise secured, prior to waste collection – and not re-opened while on-site.
 - Ensure personal protective equipment is being worn - protective eye wear, gloves and coveralls or impervious apron.
 - Collect transport bin and proceed to waste collection area

Clinical Units

- Personal Protective Equipment relevant for specific procedure – long sleeve impervious gown, safety goggles, respirator P2 mask, and gloves (purple nitrile, blue chemo safe gloves or double glove).
- Purple cytotoxic waste bag - **can be ordered as a stock item**
- Purple sharps disposal bin marked cytotoxic
- Waste skip/bin
- Cytotoxic spill kit (check expiry date)

HealthShare Staff

- Personal Protective Equipment – safety eyewear, gloves and coveralls or impervious apron.
- Rigid walled cytotoxic waste bin for storage and transport of waste designated area in Waste Room

Audit Review of Compliance:

- 1) Waste streaming review for hospital to include whether any pharmaceutical waste is found in general waste.
- 2) Questions on handling of pharmaceutical waste are included in Medication Safety online competency questions for nurses/midwives
- 3) A selection of clinical staff to be surveyed at least annually for knowledge around management of pharmaceutical waste as part of medication safety ward audit.

2.4 Pharmaceutical Waste

Consists of pharmaceuticals or other chemical substances specified in the Poisons List under the Poisons and Therapeutic Goods Act 1966. Pharmaceutical substances include expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

- Pharmaceutical waste 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
- Includes filters or other materials contaminated by pharmaceutical products
- Pharmaceutical waste awaiting disposal should be stored with the same level of security as pharmaceuticals in use.
- High temperature incineration is currently the **only option** that can be used for the treatment of pharmaceutical waste. The incineration process renders the waste inactive and unrecognisable. Within the HVS only cytotoxic waste undergoes high heat incineration.
- Pharmaceutical waste should be placed in cytotoxic waste containers.
- Pharmaceutical waste does not include empty capsules, empty bottles (containing no liquid) or uncontaminated wrapping (packaging boxes and empty blister packs). This waste may be disposed of as general or recyclable waste.
- Expired stock should not, under any circumstance, be collected for the purpose of donation for humanitarian relief.
- Patient confidentiality should be considered if labelled empty containers could identify the patient (e.g. black out name prior to disposal in general waste).

Unusable Scheduled Medicines (NOT Schedule 8 or S4D, or cytotoxic medicines)

- Solid dosage forms such as tablets and capsules should be disposed of into a cytotoxic waste bin.
- Oral liquid medications should be poured onto absorbent paper and then this disposed of into a cytotoxic waste bin.
- Ampoules or vials containing medication should be disposed into a cytotoxic waste bin.
- Antibiotics (i.e. S4 substances) must not be disposed to sewer or landfill to avoid unnecessary additional environmental exposure to the development of resistance forming organisms
- Intravenous solutions containing glucose, saline solutions, liquid food preparations and electrolytes may be disposed of via the sewer, with the IV bags and tubing then being able to be disposed of as general waste
- Gaseous Anaesthetics: Residual gas should be released in a well ventilated area as per manufacturer's recommendations.

Destruction of Expired, Unusable or Unwanted Schedule 8 and S4D Medicines

Discarding expired, unusable or unwanted S8 medicines

- A record of the destruction of the medication must be made in the patient care area drug register, signed and dated by the registered pharmacist destroying the medication (documenting their AHPRA registration number) and with the registered nurse/midwife.
- Discard into Cytotoxic bin

Discarding Partly Used Schedule 8 Medications:

- All procedures involving Schedule 8 and S4D medicines by an authorised person in a patient care area must be carried out with a witness, other than those conducted by an anaesthetist in an operating theatre.

Transdermal patches:

- The used transdermal patch must be removed in the presence of a witness, even if the patch is not to be replaced.
- Discarded transdermal patches must be folded in half so that the medication is trapped within the adhesive surface. Fentanyl patches, even after being used or when expired, contain sufficient fentanyl to cause life-threatening respiratory depression in an opioid-naïve person if absorbed. If in the disposing of fentanyl patches the active layer comes into contact with the skin or other body surface, immediately wash off thoroughly with soap and water.
- Particular care must be taken to ensure that a Schedule 8 transdermal patch is not left in the patient's clothes/bed linen or dropped onto the floor, thereby providing the opportunity for someone, such as a child, to apply or swallow the patch.

Part Tablets or Ampoules:

- Where only a portion of a dose form of a Schedule 8 medication is required for administration, the unused portion must be rendered unusable and discarded in the presence of the witness to the administration.

- To render a part tablet or capsule unusable crush in a mortar with a small amount of water or alcohol and pour slurry onto absorbent paper.
- A separate entry recording the discard must be made in the drug register on the next available line following the record of the administration.
- Any unused portion of an injectable medication must not be discarded in the original container but drawn up into a syringe and the contents expelled into a sharps disposal container in the presence of the witness.
- The discarding of any unused portion of a Schedule 8 medication by an anaesthetist must also be recorded in the patient's anaesthetic record.

Partially used infusions

- Any remaining Schedule 8 medications in replaced or discontinued infusions (for example, intravenous, epidural, or patient controlled analgesia preparations) must be discarded in the presence of a witness in a safe manner that renders the drug unrecoverable.
- To render the infusion unrecoverable pour onto absorbent paper and discard.
- A large volume may have to be discarded into the sewer.
- The quantity of the discarded portion must be recorded in the patient's health care record (as applicable in the circumstance), signed and dated by the registered nurse/midwife and countersigned and dated by a witness to the procedure.

Partially Used S8 Lozenges (e.g. fentanyl)

- The discarding of a partially used S8 lozenge must be recorded in the patient's health care record, signed and dated by the administering registered nurse/midwife and countersigned and dated by the witness.

PD2020_049 [Clinical and Related Waste Management for Health Services](#)

PD2013_043 [Medication Handling in NSW Public Health Facilities](#)

2.5 Chemical Waste

Chemical waste is generated from the use of chemicals in medical applications, domestic services, maintenance, laboratories, during sterilisation processes and research. It includes mercury, cyanide, azide, formalin, glutaraldehyde which are subject to special disposal requirements. Chemical wastes included in the [Protection of the Environment Operations \(Waste\) Regulation 2014](#) and [Poisons and Therapeutic Goods Act](#) are also included in this stream.

Chemical waste should be classified in accordance with the step-by-step waste classification process in [Waste Classification Guidelines](#) Part 1: Classifying waste and the ADG Code.

These wastes should be managed and disposed of as per the Safety Data Sheet (SDS) for the hazardous chemical and recommended handling precautions, PPE and disposal.

All containers containing chemical waste must have labelling classification, packaging and labelling requirements of Part 7 of the [WHS Regulation 2017](#) and the Labelling of Workplace Hazardous Chemicals Code of Practice.

This applies for a waste product that is reasonably likely to be a hazardous chemical. The waste should be packed in a container with a label in English including the following for the hazardous chemical:

- (a) the product identifier,
- (b) the name, and the Australian address and business telephone number of:
 - (i) the manufacturer, or
 - (ii) the importer,
- (c) a hazard pictogram and hazard statement consistent with the correct classification of the chemical.

2.6 Radioactive Waste

Radioactive waste is material contaminated with radioactive substances which arises from medical or research use of radionuclides. It is produced, for example, during nuclear medicine, radio immunoassay and bacteriological procedures, and may be in a solid liquid or gaseous form and includes the body waste of patients under treatment. Reference should be made to the [Radiation Control Act 1990](#) and the [Radiation Control Regulation 2013](#).

Radioactive waste, once lead shielded and allowed to decay to a safe level as set by the Regulatory authority, is no longer deemed to be radioactive waste. Certain radioactive wastes are classified as hazardous waste in the Waste Regulation.

NOTE: HVS does not handle any radioactive waste

2.7 Recyclable Products

Items which are composed of materials or components, capable of being remanufactured or re-used. Items are considered recyclable if services are available to collect and reprocess them.

2.8 Organic Products

This includes wood, garden waste, food and vegetable scraps and natural fibrous material which are biodegradable.

2.9 Liquid Waste

Liquid wastes are defined in the Waste Regulation. These wastes include grease trap waste, used lubricating oil and waste normally discharged to the sewer.

2.10 General Waste

Any waste not included above, which is not capable of being composted, recycled, reprocessed or re-used. This stream includes incontinence pads, sanitary waste and disposable nappies.

SECTION 3 - Organisational Issues

The Hunter Valley Sector comprises of Singleton Health Service, Muswellbrook Hospital, Scone Hospital, Murrumbidgee Hospital, Denman MPS, Merriwa MPS, Hunter Valley Community Health, Cessnock/Kurri Kurri Community Health - SNF and Palliative Care Services.

The Sector has approximately 300 beds and provides the following services -

- Aged Care
- Emergency Departments
- Inpatient Medical and Surgical Services
- Short Stay/Day Only Surgical Services
- Obstetric Services
- Renal Dialysis
- Chemotherapy Day Unit
- Community Health Services
- Allied Health Services
- Diagnostic Services: Radiology, Pathology (collection only)
- A range of outpatient and clinical services

3.1 PCBU's Legal responsibilities

PCBU's have a number of legal responsibilities which include:

- Developing and maintaining a safe work environment and safe work practices (Work Health Safety Act 2011) (WHS Policy [HNELHD Pol 20_01](#))
- Ensuring hospital activities do not breach environmental standards prescribed in the State and Federal legislation;
- Providing workers with training and education for the safe handling of waste.

3.2 Worker's Responsibilities

- Workers also have responsibilities which include:
- Complying with safety instructions and use safe work practices for their own protection and for the protection other staff and the public (Work Health and Safety Act 2011)
- Actively supporting environmental initiatives introduced by the HVS Executive Managers Forum.
- Be aware and comply with the requirements for the handling of chemical substances according to Safety Data Sheets (SDS) and [ChemAlert](#).

3.3 Licensing Requirements

Previous License No. 11345

As of 28 April 2008 it is no longer necessary to hold an Environment Protection License under the “Waste Activities” category.

While a license is no longer required the DECC (Department of Environment & Climate Change) will continue to monitor all facilities that generate and store waste.

SECTION 4 – Waste Management Strategies

4.1 Waste Minimisation

4.1.1 Waste Avoidance

Avoidance initiatives:

- Disposable crockery / cutlery will be used only in the event of a power failure
- Double sided printing of paperwork
- Soft copy sharing of meeting minutes and agendas

NB: No Unit/Service in the Hunter Valley Sector re-uses single use items that have penetrated the skin.

Reuse initiatives introduced:

- Avoidance of single use items except where clinically indicated
- Hotel Services: Portion Control Project
- Recycling of stationery products where possible

Methods of cleaning/disinfection/sterilisation:

- Steam
- Dry heat
- Low temperature

4.1.3 Waste Reduction

Reduction initiatives introduced:

- Low energy light bulb – gradual replacement program
- Sensor lighting

4.1.4 Recycling

NB: Recycling program conducted on behalf of HVS facilities through current contractual arrangements.

On site recycling initiatives introduced:

- Batteries
- Printer Cartridges
- Cardboard
- Non-confidential used paper recycled for notepaper
- Soft plastics

4.2 Audits

Auditing is an essential management tool for measuring the level of compliance with the Waste Management Guidelines and Plan. Waste audit incorporates the components of:

4.2.1 WHS Audit

Waste Management practices are a subject of the bi-annual WHS Audit conducted at all NSW Health facilities.

4.2.2 Segregation Audit

Segregation of types of general waste is managed on behalf of the Sector under the terms of current contractual agreement.

4.2.2.1 Clinical Waste Audit

- Designated contractors conduct annual audits of clinical waste management and sharps management across the Sector.
- Results are attributed individually to the areas concerned.
- Action Plans are developed for each audit
- Focus of the audit is to identify inappropriate disposal of general waste, reusable or recyclable item into clinical waste and sharps receptacles

NB: Current standard waste classifications are the criteria for the audit.

4.2.3 Energy Audit

Energy usage and costs are monitored regularly, and results are tabled at HVS Executive Managers Forum and discussed as a Key Performance Indicator.

4.2.4 Water Audit

Water usage and costs are monitored regularly, and results are tabled HVS Executive Managers Forum and discussed as a Key Performance Indicator.

4.2.5 HVS Clinical and Cytotoxic Waste Audit

- Annual audit conducted in May
- Action Plans are developed and completed for each unit/department audit

SECTION 5 - Waste Handling, Containment and Transport

Hunter Valley Sector hospitals and facilities have an adequately trained team responsible for the handling, internal transport, spill management and disposal of clinical and related wastes.

5.1 Review

The HVS Executive Managers Forum is responsible to ensure the annual review of the collection process including manual handling and transportation

The review considers:

- Transport via least sensitive routes;
- Collection process and frequency;
- Handling;
- Placement of mobile garbage bins, bags and containers;
- Location of waste storage area;
- Contractor collection points.

5.2 Waste Handling

Across the Hunter Valley Sector

Waste is handled in accordance with legislative requirements

Sharps are handled in accordance with:

- Infection Prevention and Control Policy [PD2017_013](#)
- [Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention](#)

Manual handling of waste is managed in accordance with:

- [Work Health and Safety: Better Practice Procedures](#)
- [Hazardous Manual Tasks Incident Prevention HNELHD PD2018_013:PCP 19](#)
- Work Health and Safety Policy [HNELHD Pol 20_01](#)

Hand washing and hand care is in accordance with:

- Infection Prevention and Control Policy [PD2017_013](#)

Management of Needlestick Injuries is in accordance with:

- [Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention](#)
- Notification

5.3 Sharp Containers

Across the Hunter Valley Sector, sharps containers are handled through contractual agreement with Daniels.

5.4 Waste Bags

Across the Hunter Valley Sector, the following principles apply to the handling of waste receptacles:

- Bags are not overfilled
- Workers are wearing appropriate PPE and uniforms
- Bags are sealed at the point of generation/collection
- Waste bags are free of heavy metals (inorganic dyes)

5.5 Waste Trolleys & Mobile Garbage Bins (MGBs)

Across the Hunter Valley Sector, the following principles apply to the handling of waste trolleys:

- Waste trolleys are used exclusively for waste transport.
- All trolleys are lidded, leak proof and made of rigid material.
- It is unacceptable and reportable to overfill MGBs and trolleys
- All contaminated MGBs have lockable lids.

Trolleys / MGB Cleaning frequency:

Trolley and MGB Cleaning Procedure:

- Thorough scrub with pH neutral detergent
- Clean or flush with bleach
- Left to dry in air
- Cleaned trolleys and bins are stored separately from soiled containers
- Appropriate personal protective equipment is worn when cleaning trolleys and MGB's
- Wastewater is not discharged to storm water outlet.

5.6 Tracking

All waste bags, MGBs and sharps containers are clearly labelled in accordance with requirements.

5.7 Holding Areas

Across the Hunter Valley Sector, the following principles apply to holding areas for waste:

- Clinical waste is stored in an enclosed structure with lockable door and smooth impervious floor, and access to holding area is controlled
- Water supply is available
- Suitable drainage provided via sewer
- Permanent natural ventilation provided
- Adequate lighting provided

5.8 Storage areas

Storage areas are to be cleaned regularly and to be kept free from odour and vermin.

All HVS facilities provide an enclosed structure such as a shed, garage, cage, fenced area or separate loading bay to store waste.

The storage area for anatomical and/or clinical waste may require refrigeration to prevent decomposition of the waste, if the waste is not removed on a frequent basis.

The holding area must be located away from food and clean storage areas, be inaccessible to the public, have a lockable door and rigid impervious flooring. If it is not practicable to lock the area, all bins in that area are to be locked. Where practicable, loading and unloading should occur within the storage area. Clean up facilities, spills kits, appropriate drainage and bunding (i.e. retaining walls within the storage area to contain any material that has escaped) should be provided.

5.9 Personal Protective Equipment (PPE)

Across the Hunter Valley Sector, the following protective barriers are available and accessible:

- eye shields
- gloves
- gowns
- masks
- footwear

5.10 Spill Management

5.10.1 Spill Kits Location

Across the Hunter Valley Sector each Department Head is responsible for maintaining spill kits. A Spill kit audit will be conducted on an annual basis in each facility in June of each year and the results will be monitored by the WHSC and tabled at the HVS Executive Managers Forum.

- HVS Facilities must manage waste spills as they occur in the facility, ensuring that:
- Personnel involved in spill management are trained in emergency procedures and handling requirements, including use of spill kits.
- Spill kits should be readily accessible throughout the health service and clearly labelled and mapped
- Health services have personal protective equipment and emergency spill kits that are appropriate to the waste streams handled, so staff can safely and effectively clean spills and dispose of the waste
- Spill kit contents should be disposed of with the relevant waste stream following use
- Spill kits are restocked with the necessary components immediately after use, returned to their locations and regularly inspected for malfunctioning or missing components.

The HVS Executive Managers Forum is responsible for identifying other types of spill kits that might be needed to address spills from other waste streams.

5.10.2 Management of Blood or body substance spills

SMALL SPILLS – up to 10cm in diameter

In patient-care areas, small spills can be managed by putting on appropriate PPE (gloves and safety eyewear) and cleaning with D1 solution or detergent wipes.

LARGE SPILLS – greater than 10 cm in diameter

For spills containing large amounts of blood or other body substances, the spill should be managed by:

- removing visible organic matter with absorbent material e.g. disposable paper towels;
- removing any broken glass or sharp material with tongs;
- soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules).

5.10.3 Management of spills – Hazardous substances

Managers are responsible for identifying any spill risks, ensuring spill kits are available and workers are trained to contain and manage spills.

If a spill occurs of a flammable liquid:

- Avoid/shut off all sources of ignition and ventilate area as much as possible;
- Contact NSW Fire and Rescue on 0-000 and state the HAZMAT Team is required.
- State building and location of spill and what chemical has been spilt.
- Cordon off area where spill has occurred.
- Contain any runoff of the chemical with bunding.
- All non-essential personnel must be removed from immediate danger and remain in a safe location until all clear is given by NSW Fire & Rescue.
- Allow access to the area only to emergency personnel. • Notify relevant agencies of the spill if required e.g. EPA.
- Clean-up equipment used to clean up spill must not result in discharge of pollution into waterways or drains.

5.10.4 Management of spills – Cytotoxic Spill

See Appendix 1.

5.11 Transport

Transport of waste from the Hunter Valley Sector hospitals to its final destination is managed in accordance with contractual agreements and local regulations.

SECTION 6: Special

6.1 Disposal of Products of Conception and Non-viable Foetuses

- Maternity – Removal of Placenta from Hospital by Parents [PD2016_001:PCP 2](#)
- In accordance with Maternity Early Pregnancy Complications [PD2012_022](#)
- [Maternity and Gynaecology – Handling of Fetal and Placental Tissue Passed by Women who Miscarry\(<20 weeks\) HNELHD CG 15_31](#)

6.2 Community Sharps

Community sharps disposal service is provided at all HVS facilities and authorised outlets of the Needle and Syringe Program, with the cost to be met from existing Health Service budgets. A shared responsibility approach to community sharps management requires that all LHDs provide appropriate services to manage the environmental impact of community sharps, including their ultimate disposal.

To minimise the risk of occupational exposure of hospital staff to community sharps during disposal, the preferred model is to provide a secure disposal bin capable of accepting the most commonly used sizes of sharps containers in a readily accessible part of the hospital grounds. This model removes the necessity for hospital staff to handle sharps containers, allows direct and confidential disposal by community members, and enables 24-hour access. It also avoids any inconvenience to members of the public if a designated staff member is not available to assist them with disposal. While there is no regulation or standard in NSW that applies to the design and construction of community sharps bins.

Community Sharps Management Guidelines for NSW Councils (page 40) provides design criteria for large public place disposal bins to address duty of care and occupational health and safety considerations.

There is no legislative or other requirement in NSW that individuals use a sharps container that conforms to an Australian Standard for the storage, transport or disposal of community sharps. To stipulate the use of such containers for community sharps disposal at public hospitals may act as a significant disincentive to community members to follow safe disposal practice and potentially places other members of the community at risk of injury from inappropriate disposal.

It should be noted that there is no requirement to provide a replacement sharps container to members of the public who choose to use the disposal service.

SECTION 7: Work Health and Safety

All waste handling injuries and incidents are reported through ims+ by relevant personnel and investigated fully by their managers, in consultation with the Work Health Safety Coordinator. Preventive action is initiated as soon as practical.

All HVS workers who handle waste and recyclable materials:

- Receive training in infection control, personal hygiene, safe handling techniques, correct use of Personal Protective Equipment, spill management procedures and the requirements of the Work Health and Safety Act 2011 and Work Health and Safety Regulation 2017
- Are issued with appropriate Personal Protective Equipment and mandatory compliance to wear it while handling waste is expected
- Are issued with a comprehensive statement of duties and have access to Safe work practice manuals.
- Have access to equipment and facilities which minimise manual handling and promote personal hygiene.
- Have access to ChemAlert and are familiar with Safety Data Sheets (SDS) for all chemicals used.
- Are aware of the requirements of the Infection Control Policy
- Are offered appropriate vaccination.

IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT

The level of implementation, monitoring or compliance and audit will be based on the risk rating of the document.

- 1. The Procedure will be communicated and implemented by managers through normal HVS processes;
- 2. The Service Managers will be responsible for communicating this Procedure to workers, ensuring that training is provided and monitoring of compliance.
- 3. Waste Audits will be attended and reviewed to ensure compliance with National Safety and Quality in Healthcare Standards and local regulations.

APPENDICES

Appendix 1 – Management of a Cytotoxic Spill

Appendix 2 – Waste Streaming Poster

REFERENCES

[Work Health and Safety Act 2011 no. 10](#)

[Work Health and Safety Regulation 2017](#)

NSW Health Department's [Clinical and Related Waste Management for Health Services](#)

[EPA's Waste Classification Guidelines](#)

[Clinical and Related Waste Management for Health Services](#) PD2020_049

[Medication Handling in NSW Public Health Facilities](#) PD2013_043

[Protection of the Environment Operations \(Waste\) Regulation 2014](#)

[Poisons and Therapeutic Goods Act](#)

[Radiation Control Act 1990](#)

[Radiation Control Regulation 2013.](#)

[ChemAlert](#)

[Hazardous Chemical Management](#) PD2018_013:PCP20

[PD2017_013](#) Infection Prevention and Control Policy

[Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention](#)

[Work Health and Safety: Better Practice Procedures](#)

[Hazardous Manual Tasks Incident Prevention HNELHD](#) PD2018_013:PCP 19

Work Health and Safety Policy [HNELHD Pol 20_01](#)

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

Management of a Cytotoxic Spill

- 1) Restrict access to the spill area and alert people in immediate vicinity. Seek assistance of another staff member if required.
- 2) Open spill kit
- 3) Display spill signs
- 4) Don respirator mask first and then other PPE as instructed in spill kit instructions ensuring all skin is covered
- 5) Cover spill using chemosorb pads in kit to prevent aerosol inhalation. If the spill is in powder or tablet forms dampen the pad to prevent dust particles escaping into the atmosphere.
- 6) Open waste bags and roll down the top so items can be placed inside without touching their exteriors. Ensure waste bag with cytotoxic labelling is used as the outer waste bag for easy identification by all staff
- 7) If spill involves linen place linen in cytotoxic waste bag for disposal as per local procedure Cytotoxics: Management of cytotoxic contaminated linen LP 11-??
- 8) Scoop up chemosorb pad slurry using scoop and scraper and dispose of slurry in the inner waste bag
- 9) Using towelettes moistened with water, start from the spill's outside edge to carefully wipe towards the spill's centre and dispose of towelettes in the inner waste bag
- 10) Using extra cleaning cloths, water and detergent wash area several times and dispose of cloths in inner waste bag
- 11) Dry area with remaining towelettes and dispose in the inner waste bag
- 12) Remove all PPE in the following sequence – overshoes, outer gloves being careful not to contaminate the inner gloves, chemo gown, safety glasses and then place in inner bag
- 13) Carefully tie bag at the top using a cable tie
- 14) Place inner waste bag into outer cytotoxic labelled waste bag then remove inner pair of chemo safe gloves and respirator mask and place them in the outer cytotoxic labelled waste bag
- 15) Use the second cable tie to secure the cytotoxic waste bag
- 16) Wash your hands thoroughly with soap and water. DO NOT use alcohol based solution to clean hands after handling cytotoxic drugs or waste. Alcohol can bind to these drugs and contaminants and spread contamination.
- 17) Notify domestic services to attend terminal clean of area involved
- 18) Report incident to manager and attend ims+ reporting
- 19) Replace Spill Kit

Appendix 2:

 Waste Management Streaming 					
 Recycling			 Clinical Grossly contaminated infectious waste		 Cytotoxic
Paper  <ul style="list-style-type: none"> • Newspaper • Magazines • Paper packaging • Non-confidential paper items 	Confidential  <ul style="list-style-type: none"> • All papers deemed confidential • Non-fileable patient records 	Glass  <ul style="list-style-type: none"> • Non-contaminated glass where no recycling available 	Non-Sharps  <ul style="list-style-type: none"> • Bulk blood & body substance & heavily contaminated waste • PPE heavily soiled with blood or body substance • Giving sets – do NOT disconnect from IV flask • Diarrhoea soiled pads • Drains removed from wounds • Dressing material heavily soiled with blood or exudate • Vomitus & sputum containers • Used syringes – including those with interlink cannula attached • Pharmaceutical waste when unable to return to Pharmacy Dept 		Sharps  <p>SHARPS ONLY</p> <ul style="list-style-type: none"> • Needles, syringes, lancets • Scalpels • Giving sets if disconnected from IV flask – cut off sharp point and dispose in Sharps bin • Broken drug vials
General Recycling  <ul style="list-style-type: none"> • Glass bottles • Metal/tin cans • Plastic bottles • Paper Towel • Newspapers • Magazines 					Non-Sharps  <ul style="list-style-type: none"> • All waste contaminated with cytotoxic agents
					Sharps  <ul style="list-style-type: none"> • All sharps contaminated with cytotoxic agents
					 <p>Anatomical waste</p> <ul style="list-style-type: none"> • Recognisable body parts, amputated limbs, digits, placenta • If Anatomical waste bin not available bag and place into Cytotoxic waste bin
General  <ul style="list-style-type: none"> • Food/food scraps • Non-recyclable packaging • Paper hand towels • Urine testing strips • Flowers • PPE NOT heavily soiled with blood or body substance • PPE after entering isolation rooms • Pan covers • Urine soaked pads 			Pharmaceutical   <ul style="list-style-type: none"> • Return to Pharmacy Department (available in some locations) • If necessary, dispose as Cytotoxic Waste 		Hazardous Material  <p>Any material identified as hazardous must be disposed of according to legislative requirements</p> 

Reviewed: Aug 2020