

# Waste Management Plan-Blayney

*For Environmental Support Services*



# *CONTENTS*

- 1 Introduction
- 2 Aims and Expected Outcomes
- 3 Waste Management Plan Statement
- 4 Key Definitions
- 5 Principles & Guidelines
- 6 Waste Management Committee
- 7 Purchasing Policy
- 8 Education and Training
- 9 Identification of waste streams and services
- 10 Audit
  - 10.1 External Audits
  - 10.2 Internal Audits
- 11 Functional Jurisdictions
- 12 Waste Management – Strategies, Minimisation & Segregation
- 13 Job Safety Analysis
- 14 Hygiene and Cleaning
- 15 Waste Handling
- 16 Sharps Container
- 17 Personal Protective Equipment
- 18 Transporters and Contractors
- 19 Hospital Vehicles Transporting Waste
- 20 Waste trolleys
- 21 General Spills Management
- 22 Types of Spills
- 23 Blood and Body Substance Spills
- 24 Chemical Spills
- 25 Cytotoxic Spills
- 26 Spill Kits
- 27 Steps of Procedures
- 28 Unidentified Spills
- 29 Blood and Body Substance Spills
- 30 Carpeted Floors
- 31 Hazardous Substance Spills
- 32 Hazardous Drug Spills
- 33 Wet Spills
- 34 Powdered Spills
- 35 Spill Kits
- 36 Determining Type and location of spill kits
- 37 Training requirements
- 38 Annual Audit Checklist

# 1 Introduction

Western NSW (New South Wales) Local Health District (LHD) is committed to ensuring the safety, health, and welfare of all workers in its workplaces. The LHD has an established process for waste management actioned within this Waste Management Plan. This Waste Management Plan should be read in conjunction with PD2020\_049 to ensure all aspects of Waste Management are adhered to.

All requirements within this document must be completed in accordance with the schedule below. It is the individual facility and/or co-located services' responsibility to ensure this is completed as required.

## The risks addressed by this Waste Management Plan

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### A failure to comply may result in corporate and clinical risks to:

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- Financial and legal standing because of prosecution for non-compliance
  - Community expectations through loss of public/consumer confidence
  - Environmental impacts because of non-compliance to waste disposal
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## 2 Aims and expected outcomes

This Waste Management Plan (WMP) aims to provide a consistent process for waste management and surveillance. This plan is guided by the Protection of the Environment Operation Act 1997 (POEO), Protection of the Environment Waste Regulations 2005 and PD2020\_049 Waste Management Guidelines for Health Care Facilities.

## 3 Waste Management Plan Statement

Waste management compliance is a legislated requirement of the Protection of the Environment Operations Act 2005.

The LHD must comply with the requirements of the POEO (Waste) Regulations 2005, Work health Safety Act 2012, Hazardous Substances Regulations and other associated policy and legislation.

## 4 Key Definitions

Waste can be divided into seven broad categories. These are defined in PD2020\_049 Waste Management Guidelines for Health Care Facilities as clinical, cytotoxic, pharmaceutical, chemical, general, recyclable, and radioactive wastes.

These wastes are classified as hazardous wastes under Part3, Schedule 1 of the POEO Act 1997.

Other key definitions are:

**Spill** - a quantity of liquid/ powder or substance that has flowed out of its container unintentionally, spilled or been spilt.

**Precautions** - a measure taken in advance such as applying personal protective equipment, warning signs to prevent something dangerous, from happening to staff and visitors.

**Personal protective equipment (PPE)** - clothing, equipment or substances designed to be worn by someone to protect them from risks of injury or illness.

**Absorbent** - ability to soak up liquid easily.

**Hazardous** – dangerous chemical, powder, or substance. A substance that is detrimental to the health of people.

**Neutralising agent** - make (an acidic or alkaline substance) chemically neutral. Refer to specific chemical Safety Data Sheets for required agent.

## 5 Principles and guideline's

A duty exists to provide waste handlers with:

- Western NSW (New South Wales) approved/developed training in basic infection control, personal hygiene, safe handling techniques, correct use and application of personal protective equipment, spill management procedures and the requirements of the work Health Safety Act 2012.
- Appropriate Personal protective equipment and be compelled to wear it whilst handling waste
- A comprehensive statement of duties and standard operating procedures manual or the equivalent
- Access to equipment and facilities, which minimizes manual handling and promote personal hygiene
- Access to and are familiar with Safety Data Sheets for all chemicals used
- Access to obtain appropriate vaccinations

## 6 Waste Management Committee (*cl. 1.3 PD2020\_049*)

Blayney incorporates waste management as an agenda item in the Work Health Safety meeting. The Hotel Services Manager is the delegated personnel to represent waste management.

Considerations need to be given to the following at each facility or co-located service:

- Transportation of collected waste via least sensitive routes through the facility
- Collection process and frequency
- Handling
- Placement of Mobile Garbage bins (MGB), bags and containers (e.g., MGB's acceptable for placement at point A, B and C only)
- Location of waste storage area
- Contractor collection points

## 7 Purchasing Policy

Purchasing and procurements must follow the Purchasing and Supply manual for Public Health Organisations

## 8 Education and training (*Section 4 Training and Information PD2020\_049*)

Staff who handle waste must complete mandatory training identified as part of the My Health Learning training. Additional training exists for Environmental Services staff who deal with waste-handling more regularly. The following training is required to be undertaken:

- Environmental Services Cleaning and Waste Induction – Once only on induction to position role
- Toolbox Talks - annually
- Waste Handlers Induction (for those staff only that are not cleaners but still handle waste as part of their duties)
- Cleaning Competencies – where relevant to position, to be completed once only

## 9 Identification of waste streams and services

It is important to identify in this plan all services/departments within the facility and the waste streams within them.

## 10 Audits Auditing (cl. 2.9 PD2020\_049)

Auditing is a tool used for measuring compliance.

### 10.1 External Audits

An annual external audit for clinical waste is to be conducted by the appointed clinical waste contractor. This audit will involve physically segregating the contents of waste bags and recording compliance. For each bag/unit audited, the report should include, but not limited to, data that states:

- Quantity of total waste in kilogram/grams audited
- Quantity of waste segregated correctly measured in grams/kilograms
- Quantity of waste segregated incorrectly measured in grams/kilograms
- Photos illustrating non-compliant/compliant waste

### 10.2 Internal Audits

Physical segregation of waste is not required for internal audit. Facilities could undertake the following checks as part of their WHS (Work Health and Safety) (Work Health and Safety) (Work Health and Safety) Hazard Inspection Checklist. Consideration given, but not limited to:

- Checking waste streams are appropriately used and managed (visual inspection only, no physical segregation of waste)
- Checking bags are not more than 2/3 full
- Checking any MGB/trolley is not more than three quarters full
- Speak to staff regarding any daily issues involved with tasks
- Review records identified within this Waste Management Plan
- Clinical waste is secure from public access
- Recommended PPE is available and utilised

It is recommended facilities complete the Annual Audit Review to ensure the facility meets expectations of PD2020\_049. See Appendix 6.2 in the PD2020\_049 for an Implementation Checklist.

## 11 Functional Jurisdictions

List below all departments and co-located services covered by this plan. This includes services off-site but presents waste to the main facility covered by this plan.

Facility	Address	Town	Contact phone
Blayney MPS- all wards/units	3 Osman Street	Blayney	0263689000
Healthone	3 Osman Street	Blayney	0263689333

## 12 Waste Management - Strategies, minimisation, and segregation (cl.1.6 PD2020\_049)

All strategies for minimisation and segregation are to be discussed at WHS meeting or equivalent and documented in minutes of the relevant meeting. Minutes of all WHS meetings are to be retained for evidence with this plan

## 13 Job Safety Analysis (JSA)

All Job Safety Analysis's need to be specifically developed at each facility. It is recommended that JSA's be developed for the following practices but not limited to:

- Removal of waste
- Cleaning general waste bins
- Spills management procedures

Each HCF (Health Care Facility) will identify within the corresponding waste handling JSA the PPE required for each waste stream. The facility only needs to hold a JSA relevant to the waste within the facility.

JSA's may need to be amended to suit site specific requirements

#### **14 Hygiene and Cleaning**

In accordance with PD2020\_049 the Health Service and co-located services must nominate the specific area for equipment cleaning in accordance with Cl.3.2.

#### **15 Waste Handling**

##### *Holding Areas*

The following standards are expected:

- Clinical waste area needs to be enclosed by a fence or other barrier and have a lockable door with impervious door.
- Access to water supply available
- Suitable drainage provided
- Adequate lighting
- Spill kits to suit chemical within the area
- Holding area not accessible to public
- Cytotoxic waste precautions are adhered to in accordance with WN\_2013\_020 Safe Handling of Cytotoxic Drugs and Cytotoxic Waste Policy

#### **16 Sharps Containers**

The LHD appointed contractor will supply, in accordance with the terms of the contract, waste collection containers that meet AS/NZS426 Reusable Containers for the collection of sharp items in Human and animal applications, AS/NZ4478 Guide to the reprocessing of reusable containers for the collection of sharp items used in Animal Clinical, medical applications and AS4031 Non-Reusable Containers for the collection of sharp medical items used in Healthcare Areas for waste containers.

#### **17 Personal Protective Equipment**

PPE for each Waste stream will be identified in the JSA for that waste stream. Each facility must ensure that the following protective barriers are available and accessible

- Eye shields
- Gloves
- Gowns with elasticized wrists
- Masks (P2 for cytotoxic)
- Aprons
- Enclosed shoes
- Impervious footwear protectors
- Waste receptacle bag (suitable for the waste stream)
- Spill pads (suitable to the waste stream)

#### **18 Transport and Contractors**

Waste services procured locally should have a service agreement detailed in writing. A copy of this should be available for review. Waste services provided as part of the Council rated service need only provide a copy of a rates notice.

#### **19 Hospital Vehicles Transporting waste**

The following minimum guidelines should be adhered to:

- Waste containers must not be transported in the driver's compartment
- Be rigid and leakproof

- Have secure fitting lids
- Be securely mounted in the vehicle
- Be cleaned regularly on a timeframe determined by the facility
- Be clearly labelled
- Vehicles must carry a suitable spill kit
- Be in a locked vehicle when unattended.

## 20 Waste trolleys (cl 2.4.1 PD2020\_049)

Waste trolleys should conform to cl 2.4.1 of PD2017\_026 Clinical and Related Waste Management for Health Care facilities AS/NZS4123:2008 Mobile Waste Containers inclusive of the following, minimum guidelines:

- Trolleys must be used exclusively for waste transport
- Must be lidded, leak-proof and made of rigid impervious materials
- Not more than three quarters full – less than 55kg
- Mobile garbage bins are to have lockable lids

### Table 3: Waste Classifications

The table below details three waste classifications, with the items that are required to be segregated:

- This list is not all-inclusive.

Clinical	General	Recyclable
Bandages & dressings contaminated with blood	Food scraps AND disposable food containers	Glass
Blood-stained gloves	Gloves (NOT stained with blood)	Paper
Blood-stained disposable surgical hardware	Disposable food utensils	Aluminum (cans, foil etc.)
Used needles & syringes	Flowers (if not compost able)	Cardboard
Used drainage & suction containers (full/empty)	Plastic bottles (non-recyclable)	Steel cans
Theatre gowns soiled with blood	Disused office supplies	Milk cartons
Bulk blood & body fluids (not capable of safe disposal to the sewer)	Personal items	PET (polyethylene Tetrachloride)
Treated Pathology waste (used culture plates/tubes etc.)	Un-used medical supplies	HDPE (High Density Poly- Ethylene)
Blood-stained disposable bed liners	Bed liners (not visibly blood stained)	Cooking oils & fats
Material and equipment visibly stained by blood or body fluids (Includes incontinence pads and disposable nappies that come from an infectious patient)	Disposable napkins (NOT visibly blood stained)	Polypropylene bottles *[5]

	Oxygen masks & tubing (clean), Bed pans covers (clean), Sterile wraps, Dressing / Treatment trays, Paper tissues & hand towel wrappings,	X-ray film
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## 21 General Spills Management

### 22 Types of spills

#### 23 Blood and body substance spill

These should be cleaned in accordance with Environmental Cleaning Standard Operating Procedures Module 4, 4.1 Cleaning blood and other body substance spills. Ensure all PPE is readily available.

#### 24 Chemical spills

Chemical spills are to be cleaned according to the Safety Data Sheet directions for that chemical. Safety Data sheets must be readily accessible and current in accordance with Work Health Safety requirements.

#### 25 Cytotoxic spills

Cytotoxic spills are to be cleaned in accordance with Environmental Cleaning Standards Operating Procedures Module 4, 4.3 Cytotoxic cleaning Table 2 - Precautions for staff cleaning rooms/areas of patients receiving cytotoxic medication.

### 26 Spill Kits

Commercially prepared cytotoxic spill kits should be purchased through stores.

PPE must be available within the waste holding area and readily accessible.

Each facility and/or co-located service needs to ensure emergency spills kits are available and readily accessible. The WMP should identify all streams that require spills kits

Spills kits required at this facility need to be listed below in Table 2.

**Table 2 Spill Kits**

Waste Stream	Locations
Blood and Body	Chemical Store room
Cytotoxics	Pan room near ambulatory care

The information in this plan is designed to assist Environmental Services staff through Western NSW LHD sites in identifying the correct equipment and undertaking the correct procedures required for cleaning and managing spills.

The procedure will aim to set out the spills management practice guidelines to ensure sites can:

- Identify the contaminant
- Determine whether the area is safe to enter
- Apply appropriate precautions

- Ensure there is access to required safety equipment
- Determine the requirements for Spill Kits

## 27 Steps of Procedure

The following procedures should be undertaken in accordance with training as advised on My Health Learning.

The following procedures should be reviewed at your facility for accuracy. Procedural steps have been listed for:

1. Unidentified spills
2. Blood/ Body Substance spills: hard floors and carpet floors
3. Hazardous drug spill: wet spill and powdered spill
4. Hazardous Substance and dangerous goods spill

## 28 Unidentified spill

**Procedure:**

*Where spill cannot be initially identified follow the procedure below:*

- Step 1 Move a safe distance away
- Step 2 Assess the danger
- Step 3 Alert others and isolate/evacuate area and unnecessary staff
- Step 4 Protect yourself, apply personal protective equipment
- Step 5 Apply Universal precautions until substance is identified
- Step 6 Notify key contact immediately
- Step 7 Determine hazard and obtain SDS (Safety Data sheet)
- Step 8 Secure equipment, spills kit and acquire materials
- Step 9 Contain the spill, limit the spread
- Step 10 Clean up the spill in accordance with required classification procedure
- Step 11 Report the incident

## 29 Blood/ Body Substance spills

**Procedure:**

### Hard Floors

- Step 1 Place hazard/warning signs around the area and minimize traffic around the spill
- Step 2 Refer to supervisor to determine the pre-mix solution required for the spill
- Step 3 Apply personal protective equipment
- Step 4 Take equipment to the area to be cleaned with prepared solution
- Step 5 Use the appropriate equipment to remove broken glass/sharps to prevent injury
- Step 6 Contain spill by covering with paper towel to absorb bulk of the spill
- Step 7 Discard paper towel in correct waste stream
- Step 8 Using wet mop prepared with cleaning solution, clean area and dry as possible
- Step 9 Leave hazard warning signs until area is dry
- Step 10 Using cloth wet with prepared solution wipe any splashes on walls or furniture
- Step 11 When finished clean equipment, perform hand hygiene and store clean equipment
- Step 12 Dispose of any used disposable cloths in clinical waste
- Step 13 Remove personal protective equipment and perform hand hygiene

**Procedure:**

### 30 Carpeted Floors

- Step 1 Place hazard/ warning signs around the area and minimize traffic around the spill area
- Step 2 Wear personal protective equipment appropriate to chemical spill

- Step 3 Take the equipment to the area to be cleaned
- Step 4 Use the appropriate equipment to remove broken glass/sharps to prevent injury
- Step 5 Confine and contain the spill by covering the spill with paper towels or other disposable absorbent material to absorb the bulk of the blood or body substance spill; discard paper towels or other disposable absorbent material in the appropriate waste stream
- Step 6 Gently pour the cleaning solution over the spill, starting at the outer edges and work towards the centre of the spill
- Step 7 Using the carpet extractor and shampoo, clean the carpet
- Step 8 Leave the hazard/warning signs out until the area is dry
- Step 9 When finished, clean the equipment, perform hand hygiene, and store clean equipment in the designated storage area
- Step 10 Place the cloths in a leak-proof bag and place in linen bag for laundering – if disposable cloths are used, dispose in clinical waste
- Step 11 Remove personal protective equipment, and perform hand hygiene

\*It is likely that products that can clean spills of blood or other body substances on fabric will cause damage to the fabric.

\*\*Spills on fabric such as carpet and soft furniture should be managed as above and in addition removed from typical use for professional cleaning and shampooed with an industrial carpet cleaner as soon as possible

### **31 Hazardous Substance and Dangerous Goods**

#### **Procedure:**

- Step 1 Assess the danger and restrict access to the site
- Step 2 Place hazard/ warning signs around the area and minimize traffic around the spill area
- Step 3 Apply personal protective equipment
- Step 4 Move equipment/ equipment trolley close to the spill as possible
- Step 5 Cover spill with absorbent material
- Step 6 Scoop and/or scrape the spill and deposit into waste bag
- Step 7 Using water and paper towel clean the spill, working from outer edge to centre
- Step 8 Dispose paper towel into waste bag
- Step 9 Apply neutralizing agent if required (refer to SDS to identify requirement)
- Step 10 Remove PPE and dispose in correct waste stream, perform hand hygiene
- Step 11 Report incident

### **32 Hazardous Drugs Spills**

#### **Procedure:**

#### **33 Wet spill**

- Step 1 Any staff initially exposed to spill should leave cleaning to others
- Step 2 Place hazard/warning signs around the area and restrict traffic around the spill
- Step 3 Assisting staff are to alert management, spill site should not be left
- Step 4 Apply personal protective equipment
- Step 5 If safe contain spill, move equipment trolley close as possible to the spill
- Step 6 Cover spill with absorbent material
- Step 7 Double bag waste bag in accordance with training
- Step 8 Use scoop and scraper to fold absorbent material into centre of spill
- Step 9 Place waste in bag
- Step 10 Clean spill site with water and paper towel
- Step 11 Clean from outer edge to centre

- Step 12 Dispose paper towel and other equipment into waste bag and the waste bag into correct waste stream
- Step 13 Remove personal protective equipment, perform hand hygiene
- Step 14 Clean area as per environmental cleaning procedures

**Procedure:**

**34 Powdered spill**

- Step 1 Any staff initially exposed to spill should leave cleaning to others
- Step 2 hazard/warning signs around the area and restrict traffic around the spill
- Step 3 Assisting staff are to alert management, spill site should not be left
- Step 4 Apply personal protective equipment
- Step 5 Move equipment trolley close as possible to the spill
- Step 6 Double bag waste bag in accordance with training
- Step 7 Cover spill carefully with absorbent material, try not to disturb powder
- Step 8 Wet paper towel with water
- Step 9 Use scoop and scraper to fold absorbent material into centre of spill
- Step 10 Place waste in bag
- Step 11 Clean spill site with water and paper towel
- Step 12 Clean from outer edge to centre
- Step 13 Dispose of used paper towel and other equipment into waste bag and the waste bag into correct waste stream
- Step 14 Remove personal protective equipment, perform hand hygiene
- Step 15 Clean area as per environmental cleaning procedures

**35 Spill Kits**

In accordance with My Health Learning training modules, *Hazardous Chemical Spill Kits* should contain the following standard items which include personal protective equipment to suit most spill types:

1. Safety glasses
2. Hairnet
3. Gloves (selection of all sizes)
4. Gown
5. Respiratory mask
6. Over shoes
7. Spill aids – chemical absorbent mats and bunding
8. Scoop and/or scraper
9. Paper towel
10. 100ml water
11. Waste bags
12. 2 x floor signs (spill cleaning in process/warning wet floor)

**36 Determining type and location of spill kit**

A risk assessment template is available through Chem Alert this should be used to:

- Determine additional personal protective equipment required for specific areas
- The spill kits contents to be specific for the types of chemicals used in the area/department
- Type of respirator required, and type of cartridge needed

Alternatively, commercially prepared spill kits are available for purchase by the facility.

**37 Training Requirements**

Staff should complete training components on My Health Learning as prescribed. Inclusive but not limited to:

- My Health Learning - Hazardous chemicals and dangerous goods

- My Health Learning - Hazardous chemical spills
- My Health Learning - Hazardous drug spills

### 38 Annual Audit Checklist

Clause reference to PD2020_049	Item	Evidence	Evidence Frequency	Reviewed & Completed date- 21 <sup>st</sup> December 2022
<i>cl1.3</i>	Waste Management Committee Established	<ol style="list-style-type: none"> <li>1. Agenda items of facility meeting\</li> <li>2. Retain at least the last 3 meetings for evidence</li> </ol>	Monthly	WHS committee-agenda covers waste
<i>cl1.4</i>	Waste Management Plan in place	Printed and completed copy. Sighted at audit	Annually	LHD Management plan is used by Blayney MPS
<i>cl1.4</i>	Waste Management Plan	<ol style="list-style-type: none"> <li>1. Sections within plan completed</li> <li>2. Sighted and reviewed audit</li> </ol>	Annually	Completed Dec 2022
<i>cl1.4</i>	Functional jurisdictions and/or co-located services	<ol style="list-style-type: none"> <li>1. Listed all departments of facility within document</li> <li>2. Verified at audit</li> </ol>	Annually	Completed Dec 2022
<i>cl 4, cl 1.6, cl 2.2, cl 3.1</i>	Training Records	<ol style="list-style-type: none"> <li>1. Training matrix of staff completion dates (HETI (Health Education and Training Institute) Online)</li> <li>2. List any specialized areas for staff that require training e.g., cytotoxic waste</li> <li>3. Retain list of staff and training completed.</li> <li>4. Refer to Standard of Practice for required training.</li> <li>5. Staff trained in Notifying incidents have completed the Toolbox Talks</li> </ol>	Annually	MT- staff complete waste training  Tool box talks on waste  Cytotoxic training IIMS training
<i>cl 1.6</i>	Identification of waste streams	<ol style="list-style-type: none"> <li>1. Listed in documentation</li> <li>2. Sighted at audit</li> </ol>	Annually	Completed Dec 2022
<i>cl 1.5</i>	Waste Management strategies	<ol style="list-style-type: none"> <li>1. Listed within plan</li> <li>2. Must address the following:</li> <li>3. Cartridges for Planet Ark</li> <li>4. Recycling</li> <li>5. Food Waste</li> </ol>	Annually	Planet ark recycling for cartridges Recycling through Cleanaway
	Job Safety Analysis	<ol style="list-style-type: none"> <li>1. Templates submitted in plan. Must include:</li> <li>2. Cleaning equipment</li> <li>3. Removal of general and clinical waste</li> </ol>	Annually	JSA's for cleaning, waste collection

		4. Identification of any other required JSA		and removal in place
<i>cl 2.1</i>	Labelling of waste	Clinical waste bins are labelled (only contractors bins used)	Annually	Waste labels on clinical waste bins
<i>cl 2.9</i>	External Audit	Completion of this self-assessment table signed and dated annually	Annually	Completed 21 <sup>st</sup> Dec 2022
<i>cl 2.9</i>	Internal Audit	Review completed and report received from District environmental Services	Annually	
<i>cl 3.2</i>	Nomination of waste equipment cleaning area	Documented within plan.	Annually	Outside on the roundabout
<i>cl 2.6, cl 2.4</i>	Waste handling holding area is compliant	<ol style="list-style-type: none"> <li>1. Sighted/inspected during audit. Meets the following:</li> <li>2. Enclosed structure, inaccessible to public, lockable door, rigid impervious floor; Or bins are lockable</li> </ol>	Annually	Cleanaway bins that can be locked Enclosed secure area for clinical and sharps waste
<i>cl 2.7, cl 2.5</i>	Transport / Contractors	<ol style="list-style-type: none"> <li>1. Sight documentation of licenses in plan. Licenses must be current or hold an anniversary date</li> <li>2. Retention of certificate of destruction for all clinical waste</li> </ol>	Annually	Licences for Cleanaway and Sterihealth
	Hospital vehicles compliant	Vehicles documentation of inspection sighted and listed within plan	Annually	Hospital vehicles are checked monthly
<i>cl 2.4.1</i>	Waste trolleys compliant	<ol style="list-style-type: none"> <li>1. Physically sight trolleys at audit.</li> <li>2. Rigid construction, clean and suitable for purpose.</li> </ol>	Annually	Yes compliant-rigid construction
<i>cl 2.8, cl 3.3</i>	Spill kits noted location	<ol style="list-style-type: none"> <li>1. Documented within plan. Spill kits sighted at audit. Verify locations</li> <li>2. Sighted PPE in areas</li> <li>3. Commercially prepared cytotoxic kit sighted</li> </ol>	Annually	Spill kit in chemical store room-sealed unit Cytotoxic spill kit stored in pan room PPE readily available

