

WASTE MANAGEMENT PLAN

CLIENT	PROJECT ADDRESS	PROJECT NO. / DATE
FAMILY PLANNING NSW	8 HOLKER STREET NEWINGTON	7070 02.08.2020

1. INTRODUCTION

The Waste Management report has been prepared to notify the construction contractors of their responsibilities with regard to waste management during the construction phase of the development

It discusses the types and volume of waste that will be generated from the project, how the waste is to be stored or treated on-site, and will identify the available options that will enable the waste to be reused or recycled. It also reviews how the residual is to be disposed of.

2. SCOPE OF WORKS



- Demolition of existing internal built environment.
- Removal of existing roller entry door and replacement with opening door.
- Extension of existing amenities on each level including disabled toilet.
- Incorporation of new lift connecting both floors, using existing void.
- Alteration of existing services to suit new layouts.
- Sundry demolition of minor exterior structures where redundant.

3. EMISSIONS

Contractors must not:

- Release any refrigerants/hazardous gases;
- Burn any open fires;
- Discharge any liquids other than potable water to any storm drain/sewer.
- Place or wash any solids into any storm drain/sewer;
- Dispose of any liquids/solids (except domestic waste) in any toilet/urinal.

Contractors must;

- Report accidental spills immediately to the Nominated Manager;
- Contain and clean up all liquid spills using suitable methods, and report to the Site Manager; and
- Always minimize noise levels, and obey statutory requirements for noise emissions.

This will be achieved by the following:

- The Head Contractor must use only prequalified Trade Contractors who have passed specific requirements regarding the environment.
- All Trade Contractor are inducted to site specific requirements regarding safety and the environment.
- All Trade Contractor producing liquefied waste ie: paint, plaster, concrete slurry bring containers to place brushes and waste for removal and disposal for clean-up and disposal off site.
- The Head Contractor's Site Manager is to carry out daily inspections to ensure that site rules are being adhered to on site and confirms that tool clean-up and waste removal is in line with site requirements.
- This report provides estimated waste quantities and is based on information obtained from construction statistics publications. Actual waste quantities will vary. The contractor must allow for the appropriate disposal of waste as directed by this report.
- During construction works, ALL WASTE RECEIPTS will be kept to assist with future estimations and for auditing and future verification.

4. PROJECT OVERVIEW

The proposed development will be identified as 8 Holker Street, Newington NSW

The Head Contractor will be committed to the implementation of a Waste Management strategy in order to ensure waste is to be reused or recycled where possible.

5. DEMOLITION SUB-CONTRACTOR

The project does not include demolition of any existing structures. It does include strip out of part of the existing internal fitout. This scope will be completed by an appropriately qualified sub-contractor licensed under the POEO (1997) Act to transport, store, recycle, reprocess and dispose of waste removed from site. An example environmental policy is attached to this document. Where possible, existing furniture fittings and equipment will be reused by the incoming occupants.

Prior to strip out, a hazardous materials survey of the site will be completed. Should any classified material be identified a specialist contractor will be engaged to dispose of the waste, in accordance with Authority requirements. Due to the age of the building it is not expected to find any asbestos.

6. WASTE QUANTITY

This report provides estimated quantities of volumes of waste generated from construction works. The estimated waste volumes generated from the construction of the office will be based on the following rates developed from on information obtained from construction statistics publications. Actual waste quantities will vary. The contractor must allow for the appropriate disposal of waste as directed by this report. During construction works, ALL WASTE RECEIPTS will be kept to assist with future estimations and for auditing and future verification.

Refurbishment/Fitout (per 1000 m2)

Waste Type	Tonnes
Cardboard & Paper	0.03
Timber	0.02
Metal	0.75
Polystyrene & Insulation	0.02
Concrete, Bricks & Tiles	2
General Waste	1
Plasterboard	0.5
Glass	0.2
Carpet	0.2
Ceiling Tiles	0.05

The completed Construction Waste Summary Sheet presented in section 8 is based on the above figures.

7. WASTE MINIMISATION

The following measures should be taken to facilitate the minimisation of waste during the construction process.

a. Training of employees and Trade Contractors

- Careful attention when ordering the right quantities of materials;
- Careful source separation of off-cuts to facilitate re-use, resale or efficient recycling;
- Reuse of material where possible; and
- Use of durable material

Provide sufficient space for recyclable bins and waste materials on site. Site inductions will include the location of on-site storage facilities for material to be reused onsite and for materials to be recycled off-site.

b. Preparation

Allowance will be made for on-site source separation. The separation of waste material is to be conducted by all site employees.

c. Reuse

Consideration will be made for the re-use of material on-site, otherwise waste should be taken off site for processing.

d. Methods

Common methods of re-use of material are listed below. Approval will be sought by the Clients representative prior to reuse of material.

Timber

Reuse wood on-site in framework, bridging and propping. Recycle timber as mulch, temporary furniture and fences.

Plasterboard

Reduce by providing accurate measurement. Keep waste board clean for recycling into new plasterboard.

Metal

Reuse beams, roofing and components of doors and windows. Scrap metal can be recycled into steel reinforcing and metal studs. Aluminium and copper are readily recycled.

Glass

Reuse where possible, especially glass that is high performance or has multiple glazing as this cannot be recycled. Glass can be recycled into insulation, aggregate for concrete or for compaction fill

Carpet & Underlay

Reduce by accurately estimating the amount of carpet needed and having it cut in the factory. Facilitate reuse by using carpet squares which can be individually relayed. Reuse off-cuts elsewhere. Excess can be recycled into weed barriers or mulch, and other carpet or plastic products

Fittings

Salvage carefully and reuse or recycle in the new building or sell to a building centre for others to reuse

Paper/Cardboard

Reduce by sending it back to the manufacturer Send pallets and wrapping back to the manufacturer for reuse. Recycle into mulch or compost or new paper products

8. WASTE STORAGE AREA

During construction, waste and recyclable materials will be placed within clearly labelled 220L and 440L co-mingled otto bins located around the construction site. The contents of these will be regularly transferred into Marrel bins located in the carpark which will be collected and sorted by the Specialist Waste Contractor. A waste management plan will be prepared prior to construction detailing the locations for otto bins, marrel bins and access.

Allowance will be made for on-site storage with space provision for:

- Materials for re-use on-site;
- Waste bins for materials to be recycled off-site; and
- Waste bins for materials to be sent for disposal/landfill.

Vehicle access to the site and to the above storage and container areas will be maintained at all times. Waste material will be sorted and placed into clearly marked and colour coded bins. Allowance will be made for bins in the waste storage area for the following material:

- Cardboard & Paper;
- Timber; Metal;
- Soft Plastic; Polystyrene & Insulation;
- Concrete & Bricks;
- Glass; and
- General Waste

a. Construction Waste Material Summary Sheet

The table below provides a schedule of estimated construction waste expected to be generated during the works. Waste material will be placed in colour coded waste bins described above and transported to the waste collection areas described below. Subject to commercial negotiations all offsite recycling will be conducted by Bingo Industries

WASTE MATERIAL	ESTIMATED QUANTITIES		ONSITE Proposed Reuse Recycling Method	OFFSITE Recycler Recycling Outlet	DISPOSAL Contractor Destination
	Vol (m³)	Wt (t)			
Cardboard & Paper		0.075	-	Recycled via specialist contractor	-
Timber		0.05	Reuse small amount for propping etc	-	Landfill
Metal		1.875	-	Recycled via specialist contractor	-
Concrete, Bricks & Tiles		5.00	-	Recycled via specialist contractor	-
Polystyrene & Insulation		0.05	-	-	Landfill
General Waste		2.50	-	-	Landfill
Glass		0.50	-	Recycled via specialist contractor	-
Carpet		0.50	-	Recycled via specialist contractor	-
Ceiling Tiles		0.125	Reuse where clean and serviceable	-	Landfill
Plasterboard		1.25	-	Recycled via specialist contractor	-

9. MINIMUM LEVEL OF RECYCLING

Based on the previous table, our aspiration is to have waste sent to landfill at <1kg/m2.

This will best be achieved through the separation and appropriate disposal of Carpet, Plasterboard, Vinyl, Glass and Metal.

10 RECORDS

During demolition and construction works, the contractor will collect, and maintain all waste receipts and issue periodic reports to the project manager including a summary sheet of all waste.

This summary sheet is to include disposal method, weight, and a current total figure and percentage for waste by weight diverted from landfill.

During fitout all construction waste will be minimised and records kept of all materials ordered, and installed. Where possible the trade contractor will supply invoices confirming this. In addition, all materials installed must have confirmations that they are of low environmental impact where available for example low VOC paints, glues etc.

These confirmations must be received and submitted periodically to the project manager to ensure targets are being met, confirmations of waste recycling will also be submitted monthly as part of the general status report.

11 ONGOING OPERATIONAL WASTE MANAGEMENT

The operational waste management systems of Family Planning NSW will be consistent with their current practices and systems in use at their current Ashfield facility which comply with the relevant NSW Health guidelines. These are as follows:

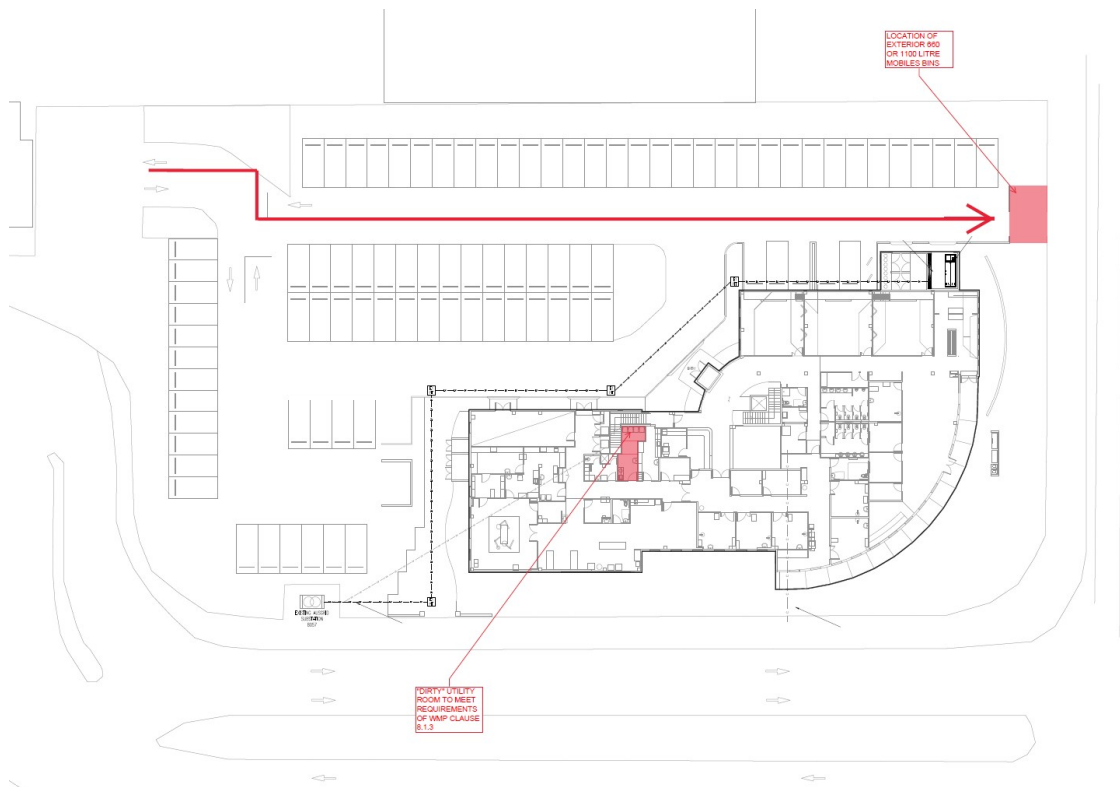
- Clinical waste is removed from the site securely by Cleanaway Daniels.
Cleanaway Daniels policies and processes reference the following:
Australian Code for the Transport of Dangerous Goods by Road & Rail 2011 (7th Edition).
Australian Standards, AS: 3816. Management of Clinical and Related Wastes
Australian Standards, AS: 4031. Non-reusable Containers for the Collection of Sharp Medical Items used in Healthcare Areas
Australian Standards, AS/NZS: 4261. Re-usable Containers for the Collection of Sharp Items in Human and Animal Medical Applications
Australian Standards, AS: 4123. Mobile Waste Containers
Cleanaway Daniels NSW EPA Licence can be found on;
<http://www.epa.nsw.gov.au/prpoeoapp/Detail.aspx?instid=3245&id=3245&option=licence&searchrange=licence&range=POEO%20licence&prp=no&status=Issued>
- General waste is managed through conventional Council waste disposal arrangements. Current volume is x3 220l Otto bins collected weekly for putrescible waste and x1 220l for container recycling. A further x2 220l bins are used for green waste.
- Recyclables are managed through a contract with Visy which will be moved to the new site. Current volume is x7 Visy bins
- Secure paper disposal is managed through a periodic contract with Iron Mountain and is contained within x2 “wheelie” bins stored within the premises
- Removal and disposal of sanitary waste is managed through a contract with Flick Anticimex. X1 bin per ladies and unisex cubicle.

Section 8.0 of the Parramatta Council Waste Management Guidelines for new Development Applications 2016 states that the facility is required to comply with NSW Health Publication “Clinical and Related Waste Management for Health Services)”. Specifically under clause 8.1.3:

A designated waste storage room is to be provided on the premises. The room must be:

- a) provided with a hose tap connected to a water supply*
- b) consisted of rigid impervious flooring*
- c) inaccessible to the public and secured with a lockable door*
- d) graded and drained to floor waste connected to sewer*
- e) sufficiently ventilated and well lit*
- f) proofed against pests*
- g) designed to allow for segregation of waste into correct streams.*

This requirement is met by the provision of a clean and dirty utility space, plus externally located bin storage readily accessed by collection vehicles, as noted on this plan below.



In addition, Family Planning NSW has a documented policy for management of clinical waste, attached.

POLICY: MANAGEMENT OF CLINICAL WASTE

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REVISION HISTORY

VERSION	AUTHORED BY/ APPROVED BY	AMENDMENT NOTES	REVISION DATE
V3.0	Approved IH-RM 24/2/20 Endorsed Exec 17/03/20	Reviewed to reflect: <ul style="list-style-type: none">• updated internal policies and scope• updated Australian Standard 3816:2018 from 2018• NSQHS standards	March 2025
V2.0	Approved CRM 20/5/14 Endorsed Exec May 2014	Reviewed to reflect: <ul style="list-style-type: none">• relevant guidelines• Australian Standards• Report from Infection Control Consultant• Infection Control training	May 2019

PURPOSE OF POLICY

All health care organisations create clinical waste. Family Planning NSW is committed to managing clinical waste in way that is safe, efficient, and cost-effective. Family Planning NSW is also considerate of the environmental impact associated with clinical waste destruction. This policy will detail the steps taken to manage clinical waste in Family Planning NSW clinics.

This policy is in alignment with the requirements of the National Safety, Quality and Healthcare Service (NSQHS) standards and the Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2019).

SCOPE OF POLICY

All FPNSW clinical staff.

DEFINITIONS AND ACRONYMS

TERM	MEANING
Anatomical waste	Pathological specimens, biopsy specimens and body issue and other recognisable body parts other than teeth, hair and nails
Clinical Waste	Clinical waste is any waste that has the potential to cause injury, infection or offence, arising from but not limited to medical practice, pathology and pharmaceutical laboratories, health care and supported care services, medical emergency services and blood banks. This includes, but is not limited to, any of the following: <ul style="list-style-type: none">• anatomical waste bulk body fluids or blood• visibly blood-stained body fluids, material and equipment• laboratory specimens or cultures• sharps (other than sharps contaminated with cytotoxic waste)
Cytotoxic waste	Any substance comprised of, or item (including sharps) contaminated with, any residues or preparations that contain materials that are toxic to cells, including any drug known to have cytotoxic, carcinogenic, mutagenic or teratogenic potential.
General waste	Waste which is not recycled or reused and does not pose a threat or risk to

	public health or safety and meets landfill acceptance criteria.
Pharmaceutical waste	Waste which may arise from expired or discarded pharmaceuticals.
Recyclable waste	Product, package 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.
Sharps	Objects or devices having sharp points or protuberances or cutting edges, capable of penetrating human skin or the package into which the object or device is disposed. This includes fragile items with the potential to break and form sharps during handling or transport.

BACKGROUND

When specific waste streams are appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination or other health and safety issues is minimised. The accurate categorisation of waste, and appropriate disposal practices can reduce risk to personnel involved in waste management, reduce costs to the organisation and reduce environmental degradation.

RELATED DOCUMENTS / LINKS

For further information, refer to:

- Australian Standard 3816:2018 *Management of clinical and related wastes*
- Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2019)

Family Planning NSW policies:

- Infection control (including the Infection Control Quarterly Audit)
- Standard precautions
- Sterilisation procedure
- Management of needlestick injuries, blood and body fluids exposure
- Documentation and reducing risk in clinical handover policy
- Safe use of contraceptive devices
- Incident management procedure
- Management of medications and contraceptive devices

POLICY

Waste management governance

Family Planning NSW has an infection control committee with membership that includes the Clinical Quality Assurance Nurse and identified infection control representatives for each fixed clinic. These representatives have completed training in infection control and take responsibility for leading the implementation of the infection control policy and procedures in their clinic. Infection control audits are completed quarterly by this group, these audit findings are reported to the infection control committee and minutes are reported to the Integrated Health Services Risk Management committee.

Identifying clinical waste items

Clinical waste has the potential to cause injury, infection or offence. To reduce public health risk, clinical waste must be packaged and disposed of appropriately. In the Family Planning NSW clinical setting, clinical waste includes the following:

- used sharps
- all disposable and non-disposable material and equipment visibly stained with blood and body fluids
- all disposable and non-disposable equipment that has been used in the collection of a specimen
- all collected specimens that have not been transported to the partnered laboratory
- products of conception (not currently produced from clinical service delivery)

Non-disposable equipment which could be otherwise classified as clinical waste must be processed for sterilising as per the *Sterilisation Procedure*.

Cytotoxic waste

Family Planning NSW does not provide care associated with cancer treatment provision. Therefore, there are no cytotoxic waste disposal facilities in our services. Clients who are completing cancer treatment and have been advised that their bodily fluids are cytotoxic are asked to follow current recommendations for toileting in shared environments such as double flushing of the toilet after use.

Pharmaceutical waste

Pharmaceutical waste is waste generated from expired or unused medical supplies or medication. Medication stock is closely monitored in Family Planning NSW all expired medication, must be returned to the pharmacy warehouse as per the *Management of Medication and Contraceptive Devices* policy, to be disposed of by an external provider.

Non clinical waste

All clinics have receptacles for recyclable waste and general waste that are labelled as such and readily accessible. General and recyclable waste is removed from the premises by an external provider.

Waste disposal

The generator of any form of waste, clinical or otherwise, is responsible for the management and disposal of the waste. This includes the correct identification of the waste's category. All staff should be familiar with the definitions of waste and dispose of waste appropriately.

All staff handling clinical waste must wear gloves and other PPE as appropriate. When transporting clinical waste, staff must wear gloves and aprons, and carry the waste bag away from the body.

Clinical waste is placed in yellow containers, bags and bin liners. Clinical waste bags and bins must have the "biohazard" symbol printed on the bag. Clinical waste bags and containers must not be overfilled. Clinical waste bags must be sufficient strong to safely hold waste as required. All clinical waste bins should be able to be opened without manually touching the lid e.g. a foot pedal bin.

No waste items other than clinical waste should be disposed of in these bins.

Urine specimen jars containing urine must be disposed of into clinical waste bins. Staff must ensure that lids of urine specimen jars containing urine are sealed securely, to avoid splash and spillage exposure.

Each clinic has a large yellow external bin for storage of clinical waste, which **must** be kept locked at all times. These yellow external bins are emptied regularly by an external provider, the frequency of emptying is based on waste volume.

Disposal of sharps

In the FPNSW setting, used endocervical brushes (Cytobrushes), needles (and attached syringes), blood collection devices, implant insertion devices and medication ampoules are treated as sharps for disposal purposes.

All sharps should be disposed of as soon as practical after use by the clinician who has used them. Gloves are to be worn when using and disposing of sharps. Sharps must be deposited into a yellow disposable sharp container labelled "Medical Sharps Waste" This container must be puncture resistant, waterproof, and leak-proof.

The sharps container must have an opening that is wide enough to allow sharps to be dropped into the container by a single hand operation. It must be kept as close as practical to the point of use to limit the distance between use and disposal. Sharps containers should be wall mounted to reduce risk of clinic visitors, particularly children, accessing them. Sharps containers **must never** be overfilled.

Sharps containers must be closed securely with the lid provided when three quarters full. This prevents overfilling and reduces risk of injury from sharps close to the opening or sharps failing to fall into the container. These types of injuries must be managed according to the *Management of needlestick injuries, blood and body fluids exposure* policy.

Sharps containers that are three quarters filled and appropriately sealed are removed from Family Planning NSW premises by the approved pathology provider.

Environmental cleaning

Clinical waste bins and sharps containers (including brackets) should be cleaned with detergent when they are visibly soiled on surfaces that staff may come into contact with. Appropriate PPE must be worn during cleaning.

Any clinical waste spillages should be cleaned up as soon as possible, while using appropriate PPE and if available, a spill kit. Used PPE and spill kits must be disposed of in the clinical waste stream if contaminated.

All blood and body fluid exposures should be actioned as per the *Management of needlestick injuries, blood and body fluids exposure* policy.

COMPLIANCE STRATEGY

ITEM	AUDIT FREQUENCY / EVIDENCE	PERSON RESPONSIBLE AND DESIRED OUTCOME
Quarterly Infection Control Audit	Quarterly	CQAN and delegated Infection Control representative