



# **WASTE MANAGEMENT PLAN**

**FOR**

**ACT HEALTH**

# ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

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## ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

### Introduction

1. ACT Health procures an External contractor for cleaning. The External contractor is responsible for the provision of Domestic and Environmental Services for ACT Health at the Canberra Hospital (TCH) and the Specified ACT Health Facilities, which includes the requirement to develop and implement a Waste Management Plan (WMP) for ACT Health.
2. The purpose of a WMP is to:
  - (a) Prevent or reduce waste generation and its harmfulness; and
  - (b) Recover waste by means of recycling, re-use or reclamation or any other process with a view to extracting secondary raw materials, or to use waste as a source of energy.
3. The External contractor will ensure that waste is recovered or disposed of without endangering human health and without using processes or methods, which could harm the environment.
4. This plan addresses the management of waste and recyclables on the Canberra Hospital campus and other specified ACT Health facilities. This plan will achieve industry best-practice waste management by focusing on systems that allow for correct segregation and safe handling of all wastes/recyclables.
5. The plan is based on the following principles:
  - (a) Managing waste from point of generation to final disposal;
  - (b) Source segregation: where wastes/recyclables are separated at the point of generation to minimise contamination and waste; and
  - (c) Due diligence: ensuring that waste is managed in accordance with statutory and corporate regulations.
6. This plan will ensure that waste management practices are consistent across all ACT Health sites.

### Aim

7. The aim of the WMP is to establish a waste management regime for all ACT Health sites that minimises the environmental impact of waste generation treatment and disposal.

### The Sites Covered by this Plan

8. This plan addresses the following ACT Health site:
  - (a) Canberra Hospital campus

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- (b) Specified ACT Health Facilities:
- (1) Belconnen Community Health Centre;
  - (2) Dickson Health Centre;
  - (3) Phillip Health Centre;
  - (4) Tuggeranong Community Health Centre;
  - (5) Independent Living Centre – Weston;
  - (6) Lanyon Family Care Centre;
  - (7) Ngunnawal Family Care Centre;
  - (8) Brian Hennessy Rehabilitation Centre – Bruce;
  - (9) The Cottage – Bruce;
  - (10) Health Protection Services – Holder;
  - (11) Moore Street Health Building, 1 Moore Street – Civic;
  - (12) Supply Warehouse Mitchell;
  - (13) Sterilising Services Mitchell;
  - (14) Village Creek Aged Care and Rehabilitation Services;
  - (15) Gungahlin Community Health Centre.

### Scope

9. This plan addresses the following:
- Requirements;
  - Governance;
  - Responsibilities;
  - Education;
  - Quality;
  - Waste Management System;
  - Protocols for Effective Waste Management;
  - Management principles; and
  - Implementation.

### Requirements

10. To meet the aim of the WMP, the following requirements will be addressed:
- (a) Written procedures for management of all waste/recyclables made available to all ACT Health staff via Health intranet;
  - (b) Provision of suitable receptacles and establishment of systems that support the principles of landfill reduction by reducing, reusing and recycling;
  - (c) Periodic review conducted of all relevant waste management policies and procedures;
  - (d) Waste audits conducted of wards/departments as per audit schedule as agreed by the WMC;

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- (e) ACT Health staff provided with reports on waste audit/assessment results and responses obtained from ward/department managers as to issues of non-compliance;
- (f) Waste audit data used to support annual reporting and benchmarking activities;
- (g) Regular reporting against KPIs/targets prepared for submission to the Waste Management Committee (WMC), including waste quantities and benchmarking. Refer to **Annex D**;
- (h) Annual report produced on activities/programs to reduce waste and increase landfill diversion and data related to stated KPIs/targets;
- (i) Benchmarking activities established;
- (j) Consultation and reports of liaison with waste contractors to increase landfill diversion rates and types of materials;
- (k) Any ACT Health vehicles used for transport of waste will meet all relevant environmental and WPS legislation, policies and standards;
- (l) Written confirmation that wastes transported to appropriately licensed treatment facilities;
- (m) Provision of containers/equipment that meet all minimum standards: maintenance, visual appearance, and cleaning/hygiene;
- (n) All External contractor cleaning staff are trained in appropriate safe handling practices, segregation disposal of waste and legislative requirements and a statement that all staff attended in-service training each year is available;
- (o) E-learning package that supports the key objectives of the WMP developed and made available to ACT Health staff;
- (p) Regular meetings with stakeholders to discuss service delivery; and
- (q) Annual consultation with relevant ACT Government authorities regarding legislative and other requirements.

## **Governance**

### **Corporate Oversight**

#### ***Waste Management Committee (WMC)***

11. An effective waste management system requires the participation and support of all staff working in and around ACT Health. The External contractor is responsible for managing and operating the waste function for ACT Health. Accordingly, a WMC will be established to oversee the waste management initiatives and opportunities for ACT Health. This Committee will ensure that there is a balanced approach to waste practices to ensure that patient and staff safety are not compromised. The composition of the committee may change from time to time to ensure membership best reflects organisational structure.

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### ***Composition***

12. The composition of the Committee will be:
  - (a) External contractor manager (Waste Management Coordinator);
  - (b) ACT Health Domestic and Environmental Services Contract Manager;
  - (c) Purchasing Officer, Central Supply;
  - (d) External contractor Facilities Manager;
  - (e) Finance Officer;
  - (f) Domestic and Environmental Services Support Officer;
  - (g) TCH campus Divisional Nursing Representatives;
  - (h) Health Centre Representative; and
  - (i) Co-opted members as required.

### **Responsibilities**

#### ***The Committee***

13. The Committee will develop a culture of environmentally responsible waste management through information sharing and education.
14. The Committee will monitor the implementation of the WMP.
15. The Committee will assume responsibility for the development and implementation of the plan, including implementation of ongoing staff education programs.
16. The responsibilities of the WMC are:
  - (a) Monitor performance of the WMP against KPIs/targets (**Annex B**);
  - (b) Seek commitment for the implementation of various waste management actions and obtain the necessary resources (e.g. staff time and budget);
  - (c) Prioritise resources and/or operations to be applied for the assessment and development of specific waste reduction programs;
  - (d) Conduct technical, economic and environmental feasibility analyses of waste reduction options;
  - (e) Establish and review waste reduction and recycling targets;
  - (f) Specify External contractor waste reporting requirements for the WMC;
  - (g) Collect data on resources generated/consumed as provided in regular reports and forward reports to Executive management on a regular basis;
  - (h) Ensure staff/contractor waste management education sessions are conducted at induction courses and on a regular basis;
  - (i) Ensure Waste Management initiatives are in accordance with the relevant criteria as specified in the Australian Council on Healthcare Standards (ACHS);
  - (j) Ensure committee representation at stakeholder meetings include relevant ACT Government regulatory authorities;
  - (k) Review and endorse policies, protocols and guidelines from ACT Health and the contractor, including those identified for attention through the annual review process conducted by External contractor;

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- (l) Support and monitor the development and maintenance of benchmarking activities; and
- (m) Ensure records of meetings are maintained.

### ***ACT Health Responsibilities***

- 17. ACT Health has a responsibility to conduct its activities in a manner that will minimise the impact on the environment and provide a safe and healthy environment for patients, staff and the community.
- 18. ACT Health will:
  - (a) Consider the potential impact on the environment when planning any activities, and undertake strategies to minimise the impact as much as possible;
  - (b) Develop policies and plans to manage waste according to statutory legislation and Australian standards;
  - (c) Encourage staff and patients to have respect for, and consider the impact on the environment, with respect to waste disposal;
  - (d) Actively implement strategies to reduce the amount of waste generated from all activities thereby reducing carbon emissions. This is achieved by:
    - reusing items rather than disposing of them via the waste stream, and
    - recycling when it is safe and practical to do so.

### ***External contractor Staff Responsibilities***

- 19. External contractor staff are key to ensuring the efficacy of the waste management program. It is essential that External contractor staff understand the rationale for waste material segregation and play an active role in monitoring the effectiveness of segregation practices.
- 20. External contractor staff will implement specific waste reduction programs as identified and prescribed by the WMC.
- 21. External contractor staff will remove material left in recycling, clinical or general waste receptacles and boxes/material clearly labelled as '*rubbish to be removed*'. External contractor staff cannot be responsible for any paperwork or material inadvertently placed in a recycling or general waste bin.
- 22. External contractor staff will not remove or touch any waste designated as chemical, radioactive or hazardous material.
- 23. The Waste Management System will be monitored by the cleaning supervisor and site management during the term of the contract.
- 24. In addition, External contractor staff will provide feedback on any non-compliance issues observed during cleaning activities. This may include contamination of



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recycling, non-participation in the recycling system, or missing/damaged bins. In this way, management can promptly address issues.

25. External contractor staff will be responsible for appropriate disposal of all waste in the appropriate stream.
26. External contractor will ensure that all bins/receptacles are emptied in a timely manner before becoming full and dispensing odours.
27. External contractor management will:
  - Provide suitable receptacles;
  - Conduct waste audits;
  - Establish and maintain a register of waste management legislation, policies and protocols;
  - Conduct education sessions for contractor and ACT Health staff;
  - Provide regular waste management activity reports as specified by the WMC;
  - Obtain and provide volumetric waste data;
  - Provide compliance documentation to the WMC as required; and
  - Maintain the records (minutes) of the WMC meetings.

### ***Food Services Staff***

28. Food Services staff will be responsible to ensure that all food preparation areas have food waste and any other perishable materials removed to the waste storage area at least twice per day or as required in accordance with food safety regulations.

### ***On-Site Shops and Cafe Staff***

29. Staff working in on-site shops and cafe will be responsible for ensuring all wastes and recyclables are segregated and managed as per the requirements of the WMP.

## **Education**

### **Waste Management Education Program**

30. Waste management education focuses on the protection of the environment and the safety of people. Staff need to gain appropriate knowledge and skills and evaluate their attitudes to the various work practices that lead to the generation of waste if waste minimisation is to succeed.
31. There are three streams relevant to imparting knowledge of waste in the environment:
  - (a) Education in the environment: this describes learning outside the traditional classroom.

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- (b) Education about the environment: this provides information on the environment and environmental issues. This gives a basic understanding of problems and solutions for decision making on a daily basis.
- (c) Education for the environment: this develops attitudes and values, therefore enabling choices to be made which will maintain and improve the quality of the environment. By encouraging participation, people believe that their efforts have an impact on the quality of the environment.

### ***Course***

32. A course presented by the External contractor to ACT Health staff on waste management could include the following topics:
- Introduction;
  - Importance of good waste/environment management and why we should recycle;
  - Waste management hierarchy;
  - Waste minimisation principles;
  - Brief overview of legislation pertaining to waste management;
  - ACT Health policies on environment/waste management;
  - Overview of ACT Health waste types;
  - Definition of what constitutes clinical waste;
  - Definition of what constitutes sharps;
  - The different types of bins used;
  - Issues relating to waste reduction for ACT Health;
  - Identification of, and hazards associated with the different types of wastes generated by ACT Health;
  - Management responsibilities;
  - Importance of effective waste segregation;
  - Appropriate disposal of clinical waste;
  - Why clinical waste should not be combined with non-clinical waste;
  - Waste, handling, packaging and disposal routes for the different types of wastes generated at ACT Health; and
  - Cost of disposal from a triple bottom line approach including carbon emission.

### ***Implementation***

33. All External contractor staff will be required to attend a waste management training session annually. Attendance records will be maintained.
34. E-learning package that supports the key objectives of the WMP developed and made available to ACT Health staff.

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### Quality

35. To ensure consistency is applied across all ACT Health sites in the management of waste, quality measures must be adhered to. External contractor will institute the following quality measures in its management of waste:
- (a) Staff education programs;
  - (b) Waste reduction targets;
  - (c) Waste streaming targets aimed at increasing recycling and reducing clinical waste;
  - (d) Appropriate receptacles to enhance waste streaming;
  - (e) Timely removal of waste so that bins are never full or overflowing;
  - (f) Waste audits;
  - (g) Benchmarking; and
  - (h) Delivery of key performance indicators (KPIs).

### ***Continuous Improvement Program***

36. External contractor will establish a Continuous Improvement Program to ensure that waste is managed effectively with the aim of reducing waste to landfill across all sites.
37. As part of the Continuous Improvement Program, resource segregation activities will be monitored. Ongoing independent monitoring and reporting to the WMC will ensure that any issues identified are addressed, corrected and KPIs are achieved.
38. External contractor staff/supervisor staff will monitor individual ward/department compliance with the WMP through scheduled audits.

### ***Staff Education Programs***

39. It is essential that all External contractor staff, ACT Health staff, and contractors are educated in waste management principles including recycling and streaming.

### ***Waste Reduction Targets***

40. External contractor will set targets for improved waste streaming and recycling practices that will be achievable and measurable. Improved streaming practices will reduce landfill waste and clinical waste volumes. Targets must be measurable and achieved within a set timeframe.
41. These targets will incorporate:
- (a) Legislative requirements;
  - (b) Government policy;
  - (c) Community expectations;
  - (d) Maximum use of recycling;

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- (e) General site needs;
- (f) ACT Health policy;
- (g) Volumes and types of waste;
- (h) Waste with highest cost/greatest hazard;
- (i) Minimal waste of water;
- (j) Current levels of performance;
- (k) ACHS requirements;
- (l) Office Smart requirements;
- (m) ACT Health reporting requirements; and
- (n) Baseline data from 2014.

42. Waste streaming targets:

### Reduce Recyclables in Landfill Stream

Material/Stream	Baseline 2014	2015	2016	2017
Volume (%) of recyclables in landfill stream.	%	10% reduction	10% reduction	10% reduction

### Reduce Recyclables & Landfill in Clinical Waste Stream

Material/Stream	Baseline 2014	2015	2016	2017
Volume (%) of recyclables & landfill in clinical waste stream	%	10% reduction	10% reduction	10% reduction

### Waste Audits

43. Waste audits will be conducted each year by the External contractor at ACT Health sites as per audit schedule as agreed by the WMC. The audit will provide detailed information on ACT Health's performance against long term goals as well as identify any further resource minimisation initiatives that could be undertaken.
44. External contractor will compile all the audit information into a report for ACT Health, which will:
- (a) Provide volumetric measures of specified wastes;
  - (b) Identify streams / types of waste generated;
  - (c) Identify areas where wastes are generated;
  - (d) Identify waste streaming facilities in areas;
  - (e) Identify type and locations of signage;
  - (f) Identify sources (who) of waste generated;
  - (g) Identify staff waste streaming / management knowledge and gaps;
  - (h) Identify non compliances (legislation and policy);
  - (i) Identify waste management risks;

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- (j) Measure achievements against specified waste streaming targets; and
  - (k) Identify waste streaming trends.
45. Waste audit report will provide volumetric measures for:
- (a) Recyclables in landfill;
  - (b) Recyclables and landfill in clinical waste;
  - (c) Food waste in landfill; and
  - (d) Wastage;
46. The waste audit report recommendations from External contractor will include (as required) strategies to:
- (a) To improve/upgrade waste streaming facilities (includes signage);
  - (b) Address knowledge gaps and non compliance issues;
  - (c) Improve waste streaming practices and outcomes; and
  - (d) Address waste management risks;

### ***Benchmarking***

47. External contractor will benchmark ACT Health's waste management against like institutions that will provide a firm foundation on which to set goals and parameters for the management of waste across all ACT Health sites. Benchmarking provides an opportunity to improve waste management by learning from experiences at other like sites. Benchmarking will be undertaken regularly on an agreed schedule with other like facilities, with a minimum of one activity undertaken every six months.
48. Benchmarking will take into account the following:
- (a) Outputs i.e. volumes/streams/recycling;
  - (b) Number of staff and beds and outpatients;
  - (c) Occupied bed days;
  - (d) WMC reporting requirements;
  - (e) Different "treatment" activities;
  - (f) Resources and task allocations;
  - (g) Quality assurance programs/procedures;
  - (h) Age and type of equipment; and
  - (i) Implementation of waste management programs.

### ***Key Performance Indicators***

49. Key Performance Indicators (KPIs) have been established for the WMP. These KPIs are at **Annex B**.

## Waste Management System

### Waste Management Hierarchy

50. To manage waste effectively, the following hierarchy will guide all waste initiatives:
1. **Reduce**
  2. **Reuse**
  3. **Recycle**

#### ***Reduce***

51. Reduction of waste to landfill is the most effective waste management option and forms the first aspect of the Waste hierarchy. The amount of waste to landfill can be reduced by effective streaming, purchasing and using recyclables, reducing the purchase and use of non-recyclables and reusing rather than disposing.

#### ***Reuse***

52. Reuse forms the second aspect of the Waste hierarchy and requires an item that is to be disposed of, being used again either for the same or new purpose. Reuse of items reduces the environmental impact of waste disposal by reducing landfill.

#### ***Recycle***

53. Recycling is the third aspect of the Waste hierarchy. Waste such as glass, paper, metal and plastics can be recycled. Recycled products reduce the environmental impact of waste disposal by reducing landfill and the depletion of natural resources.

#### ***Signage***

54. The success of the waste/recycling system will depend on having a clearly identified container for each type of material. This is achieved by the use of colour-coded containers, symbols and wording. Recommended waste management signage is indicated in 'waste streaming table' below.

#### ***Target***

55. External contractor will strive to ensure a reduction in landfill through the implementation of initiatives to increase waste streaming, recycling and reuse as determined by the WMC.











## Protocols for Effective Waste Management

56. Waste can only be successfully managed by adherence to specific protocols. For the purposes of this plan, these protocols are:
1. Movement of waste;
  2. Mobile Garbage Bins (includes cleaning and maintenance);
  3. Paper boxes;
  4. Waste flows (streaming);
  5. Compliance reporting;
  6. Throughput and volumes; and
  7. Waste storage.

### Movement of Waste

57. Waste must be moved either in the bins in which waste is deposited or on dedicated trolleys so that no waste material or spillage can spill or leak from the container or trolley.

### Mobile Garbage Bins

58. Mobile Garbage Bins (MGBs) are designated for specific materials based on the colour and/or symbols/wording on the MGB. No MGB will be used for any material other than for which it has been designated.
59. Transport of MGBs will be carried out with the lid closed. Any MGB removed from a ward or department will be cleaned at the bin-washing facility before being returned to the ward or department.
60. MGBs are colour coded across ACT Health sites. The colour codes are:
- |    |                                                                                     |                                                                                     |                                                                                     |                                                                      |
|----|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. |  |  |  | Black, green with red lid or green: general waste                    |
| 2. |  |  |                                                                                     | Blue with white lid or blue: recyclable paper                        |
| 3. |  |                                                                                     |                                                                                     | Blue: secure paper                                                   |
| 4. |  |  |                                                                                     | Green bin with yellow lid or red bin: commingled waste for recycling |
| 5. |  |                                                                                     |                                                                                     | Yellow: clinical waste                                               |
| 6. |  |                                                                                     |                                                                                     | Purple: cytotoxic waste                                              |

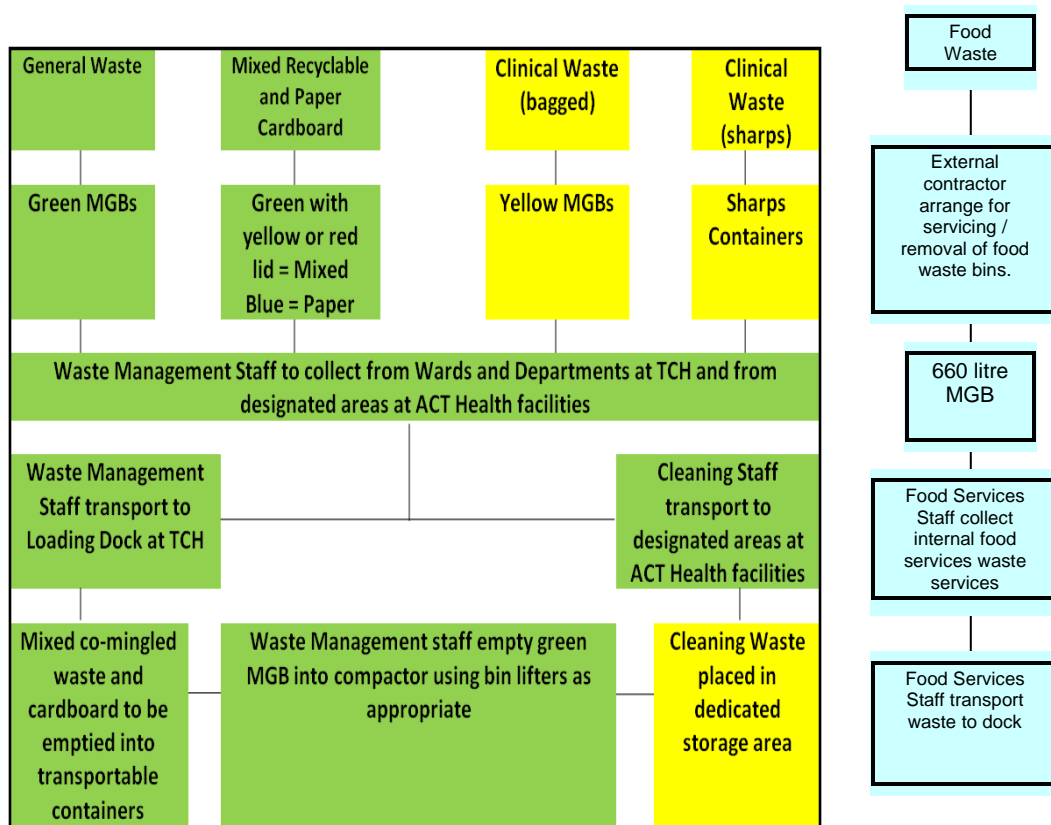
### Paper Boxes

61. Boxes to collect recyclable paper are positioned in wards and departments across all ACT Health sites. These boxes are to be used for non-secure paper only. ACT Health staff will empty these boxes into the paper recycling bins.

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### Waste Flows

62. The following summarises the flow of waste from wards/departments (for the major waste/recyclable types generated by ACT Health):



### Waste Storage

63. Waste storage areas have been allocated within the loading dock area at Canberra Hospital and at each ACT Health site.
64. External contractor staff will deposit materials collected from across the sites into the correct container within the appropriate storage area.
65. The storage areas located within each building will be maintained in a clean and hygienic manner in accordance with the Contract, including cleaning of any spillage that occurs. In the event of a spill ACT Health should contact the waste contractor to remove the spill.

#### **Storage Area Management**

66. The waste storage areas will be clearly identified so that wastes/recyclables can be stored correctly. Each stream will be located in a designated area. This will assist in easy identification of correct bins.



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67. Legislative and workplace safety requirements will be adhered to for the storage of any hazardous materials and clinical waste.
68. Manufacturer's instructions will be adhered to at all times and will assist in development of Standard Operating Procedures (SOPs) for the operation of all waste equipment such as the compactor and bin lifter.
69. The following conditions relating to security of clinical, food and related waste will be strictly followed:
  1. Loading and unloading of waste will be carried out in accordance with designated safety procedures and standards of cleanliness will be maintained;
  2. Relevant records will be completed and maintained;
  3. Containers in which clinical, food and related waste are stored will be secured when loading/unloading is not taking place;
  4. All odours will be monitored and controlled; and
  5. Spill kits for clinical and cytotoxic waste will be located in the storage areas.

### ***Waste Streams***

70. The waste streams to which the plan refers are:
  1. Clinical waste, including sharps;
  2. Anatomical waste;
  3. Cytotoxic waste;
  4. Pharmaceutical waste;
  5. Radioactive waste;
  6. Laboratory/chemical waste;
  7. Confidential documents;
  8. General waste (landfill – non recyclable);
  9. Food (organic waste);
  10. Paper;
  11. Cardboard;
  12. Paper handtowel/soiled paper waste;
  13. Co-mingled recyclables;
  14. Construction/demolition waste; and
  15. Other waste, including:
    - Toner cartridges;
    - E-waste;
    - Office supplies;
    - Fluorescent tubes;
    - Batteries; and
    - Used cooking oil.
71. The waste protocols for these streams are detailed at **Annex D**.

## Management Principles

### *Clinical and Related Wastes*

72. Due to the inherent risks to humans generating and handling clinical and related wastes, the environment and the wider community, extreme care must be taken when handling, packaging, transporting and disposing of clinical waste.
73. Clinical and related waste must be:
1. Handled by staff with appropriate training and knowledge and access to appropriate personal protective equipment (PPE);
  2. Transported and disposed of in accordance with all legislation and guidelines;
  3. Managed in accordance with *the Clinical Waste Act 1990* and the Code of Practice for the Management of Clinical and Related Wastes, 6<sup>th</sup> edition, 2010; and
  4. Clinical and related waste streaming bins and identifications include:
    - Clinical waste – yellow bags/bins;
    - Sharps – yellow reusable hard sided containers (labelled sharps);
    - Anatomical waste for incineration – bin colour may vary (labelled anatomical waste);
    - Cytotoxic waste for incineration - purple bags/bins;
    - Cytotoxic sharps for incineration - purple disposable hard-sided containers (labelled sharps); and
    - Pharmaceutical waste for incineration - bin colour may vary (labelled pharmaceutical waste).

### *Recyclables*

74. It is essential to ensure that all recyclables generated across ACT Health sites are deposited into the appropriate recycling container.
75. The benefits of recycling include:
1. Recovery of valuable resources;
  2. Energy and environmental impacts are reduced including carbon emissions;
  3. Reduction in the amount of waste requiring disposal to landfill; and
  4. Reduction in the cost of waste disposal.
76. The system that will be used for many of the recyclable materials is termed a “co-mingled” system. This means that all designated recyclables can be deposited into the one container.

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### *General Waste*

77. Landfill will remain the repository for materials that are not able to be recycled or are classified as hazardous/liquid wastes. This material (referred to as general waste) will require:
1. A container for wastes to be deposited for storage awaiting collection. This container must be designed so that waste cannot leak out or escape causing litter/spills, be of a suitable size for the amount of general wastes being generated (but not be so large it encourages indiscriminate disposal of other materials), and be able to be collected by the waste transporter.
  2. The waste transport contractor is responsible for emptying the general waste container and ensuring that the contents are disposed of onto a site that has been agreed to by the waste generator. The contractor assumes responsibility for safe collection of the waste, both during collection and in transport to the disposal site.
  3. The role of landfill is to stabilise waste products in a controlled manner. In order to achieve this, it is vital that non-general waste items such as hazardous waste are excluded from the waste stream. These, if present, can affect the landfill processes and/or cause occupational health and safety risks to all waste handlers and landfill staff.
78. As landfill space is a resource to be conserved. It is essential to ensure that items that either do not need to be land-filled (e.g. recyclables) and those that have alternate management routes (e.g. composting) are excluded from the general waste stream at the point of “source segregation”.

### **Implementation**

79. The WMP is implemented by the WMC in accordance with the Milestone Schedule at **Annex A**. It is incumbent on the External contractor and ACT Health to facilitate the implementation of this plan to realise the waste management hierarchy of “Reduce, Reuse, Recycle” so that waste is managed effectively for the safety of the environment and people at all ACT Health sites.
80. The success of the plan is dependent on External contractor achieving its stated goals in the Contract of:
1. Investigating resource efficiencies associated with recycling programs and implementing them;
  2. Initiating and maintaining consumer participation and feedback mechanisms;
  3. Research into technologies which will enable ACT Health to lessen its impact on the environment through reduced waste output;
  4. The implementation of and ongoing compliance with ACT Health Waste Management Policy and other relevant ACT Government strategies;

## **ACT HEALTH WASTE MANAGEMENT PLAN (WMP)**

5. Recommending an efficient and effective process for the removal of all waste (other than clinical waste) from the Canberra Hospital campus and specified ACT Health sites, including any requirements for a central collection and disposal point that may include a general waste compactor;
6. Initiating data collection and analysis for planning and service improvement;
7. Designing and implementing training and development programs to minimise waste and increase waste streaming activity per patient episode; and
8. Contributing to the Environmental Services Committees and forums as directed/required.

### **Annexes:**

- A. Milestone Schedule
- B. Key Performance Indicators
- C. Waste Protocols for Specific Materials
- D. External contractor Implementation/Action Plan
- E. Glossary

## ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

### ANNEX A TO WMP

#### Milestone Schedule

1. The WMP is to be implemented in accordance with the Milestone Schedule as agreed to by the WMC.
2. A Milestone Schedule is provided below. The schedule is revised by the Waste Management Committee (WMC).

Serial	Task
1.	Convene the WMC monthly
2.	Implement the Waste Plan
3.	Review contractor staff training and education
4.	Implement ACT Health staff training and education
5.	Table WMC 'waste report' at meetings
6.	Implement benchmarking activities
7.	Roll out waste streaming facility upgrades
8.	Implement food (putrescibles) recycling
9.	Monitor waste audit program annually
10.	Review legislation, policy, protocol register (LPP) annually
11.	Implement annual waste audit report recommendations as agreed to

## ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

### ANNEX B TO WMP

#### Key Performance Indicators – WMP

Performance	Standards to be Achieved	Indicators	Compliance
Waste Management Committee (WMC) Reporting	External contractor report on waste service information as prescribed by the WMC and in accordance with the WMP requirements.	WMC Report	Report provided on a scheduled basis as specified by the WMC.
Waste Audits Reporting	External contractor develops a waste audit report that provides information as prescribed in the WMP or as specified by the WMC.	Waste Audit Report	Waste audits conducted as agreed to by the WMC. Audit recommendations reported & implemented as agreed to by WMC
Establish & Maintain Legislation, Policy and Protocol (LPP) Register	All waste legislation, policy and protocol compiled into a register.	LPP Register	LPP register maintained by External contractor, LPP register reviewed and reported on (annually) to WMC by External contractor.
Legislation, Policy and Protocol Register Review	External contractor conduct a review of the waste legislation, policy and protocol register to identify policies and protocols that require updating. Review includes liaising with relevant government authorities.	WMC Report Policy and Protocol Register	External contractor submit a report (annually) that informs the WMC on findings of the legislation, policy, protocol review. Policies and protocols meet current needs.

### ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

Performance	Standards to be Achieved	Indicators	Compliance
Waste Management Training & Education	All contractor staff receive training in waste management. External contractor provide ACT Health staff training and education.	Training Registers Attendance Sheets	100% of contractor staff receive training in waste management. External contractor provide training/education activities for ACT Health Staff as requested by WMC.
Benchmarking Activities	External contractor compares and reports on ACT Health waste management practices/outcomes with other like healthcare facilities in accordance with WMP requirements.	WMC Report	External contractor provide benchmarking reports to the WMC at intervals as specified by the WMC.
Waste Streaming Facilities	Adequate waste streaming facilities are accessible to all staff throughout all ACT Health sites.	Streaming Facilities Audit Report	Waste streaming facilities are established/upgraded in accordance with waste audit report recommendations.
Waste Targets	Reduce recyclables entering landfill streams annually. Reduce recyclables and landfill entering clinical waste streams annually.	Audit Report	10% reduction per year of recyclables entering landfill stream. 10% reduction per year of recyclables & landfill entering clinical waste streams.

### ACT HEALTH WASTE MANAGEMENT PLAN (WMP)

Performance	Standards to be Achieved	Indicators	Compliance
Waste Collections	All waste bins / containers collected prior to being full or as requested (within 30 mins). All containers meet minimum standards (includes no cracks, looks clean, nil odour)	Incident Reports Environmental Audits	Bins are never overfilled and collected upon request within 30 mins. All containers meet stated standard
Waste Services Risk/Hazard Management	All waste incidents, risks, hazards and non-compliances identified and reported for follow up.	Risk Audits Environmental Audits Waste Audit Report WMC Report	Systems in place to monitor & report waste management safety issues.
Licensing and Insurance Compliance	Licences and insurances for the transport and management of waste are current. Includes trucks & facilities.	Copies of current licenses and insurances	Copies of all annual licences and insurances collected by EXTERNAL CONTRACTOR and presented to ACT Health (Contract's Manager)
ACHS Accreditation	Meet ACHS requirements against all waste related criterion.	Equip/ACHS Evaluation Report	MA rating or better.



## ANNEX C TO WMP

### Waste Protocols for Specific Materials

#### Section A - Waste Management Identification, Streaming and Safe Handling

**NB: Please refer to ACT Health Policies**

##### **Basic Principals - Personal Protective Equipment (PPE) and Infection Control (IC)**

Precautionary measures such as the use of PPE are required for the management and handling of all types of waste. There are two levels of precautions as defined by ACT Health Infection Control; Standard Precautions and Additional Precautions.

**Standard precautions (defined below) are recommended for the handling of all waste streams.**

**Standard Precautions** are work practices that are required to maintain the basic level of infection prevention and control. Standard precautions include good hygiene practices, particularly hand hygiene and the use of protective barriers against exposure to blood and bodily substances during the handling and management of clinical waste. PPE may include some or all of the following depending on the task being performed and risk of exposure:

- Gloves;
- Gowns;
- plastic aprons;
- masks; and
- eye shields or goggles.

**Additional Precautions are used where standard precautions are insufficient to prevent transmission of infection or risk of injury. If required additional precautions are used *in addition* to standard precautions providing a high level of protection for patients, staff and others.**

The use of additional precautions as per Infection Control recommendations can be tailored to suit individual patient's needs. Signage is generally displayed where applicable that indicate what precautions are required, including PPE.

*Further advice or guidance if needed should be sought from ACT Health Infection Control.* Waste should be segregated at point of use into appropriate containers and labelled correctly as described in Waste Streaming.

There are five main categories of waste including:

- 1. General waste;**
- 2. Recyclable waste;**
- 3. Clinical waste;**

4. Radioactive waste; and
5. Dangerous Substance Waste.

## General waste

### *Identification*

General waste is the solid component of the waste stream, which is not recyclable or classified as hazardous waste. This stream is often referred to as garbage. Examples of general waste include: foam packaging, soiled plastics, nappies, floor sweepings and any other material for which there is not a reuse or recycling option available. Materials and energy, which have no further use, are released to the environment as a means of disposal.

### *Streaming*

All general waste is to be deposited into designated ward/department general waste bins, Mobile Garbage Bins (MGBs) are generally green and may be lined with a black, white or clear plastic liner. In clinical areas there are white (50 litre) bins with a clear liner for general waste.

### *Safe Handling*

Care should be taken when depositing waste into any MGB container to ensure that the lid can be securely closed so that no waste is deposited onto the ground or falls out during the emptying process.

### **Recyclable Waste**

- (a) Paper (non-secure);
- (b) Co-mingled; and
- (c) Paper (secure).

## Paper (non-secure)

### *Identification*

Recyclable paper includes printed/typed reports, used files, photocopy paper, computer paper, envelopes (even with windows), bond stock, phone books, manila folders, invoices, newspapers, magazines and brochures.

### *Streaming*

Paper is to be disposed of into the Blue MGB containers. The bins may have white or blue lids and should be clearly marked and labelled as non-secure waste.

### *Safe Handling*

All paper products should have any contaminants removed by the generator prior to disposal (e.g. staples, binders, sticky tape).

## Co-mingled

### *Identification*

Co-mingled recyclables include glass bottles, aluminium and steel cans, clean aluminium foil, HDPE & PET plastic bottles and liquid paperboard.

### **Streaming**

All commingled recyclables should have any contaminants removed (e.g. food, drink, straws).

All co-mingled recyclables should be deposited by the generator into the dedicated co-mingled recycling MGB (generally red colour) at the ward/department level.

### **Safe Handling**

The MGB should be sufficiently clean so as to not contaminate the recyclables or attract vermin such as ants and mice. This may mean that the container needs to be washed on a regular basis.

*Glass should be deposited so that it does not break. If broken should be disposed of in a sharps bin.*

## **Paper (Secure)**

### **Identification**

A confidential document is determined at the discretion of the staff member responsible for disposal. This could be patient information, accounts, prescriptions or hospital information. It also includes any document that identifies a staff member.

### **Streaming**

All confidential documents should be either shredded or placed into a secure, lockable storage 240 litre MGB located at each ward/department throughout ACT Health. This storage container is to be labelled "Confidential Documents".

If a shredder is available, the person disposing of the document must be responsible for the shredding of confidential documents. Shredded material must be placed into one of the paper-recycling floor boxes located around the office. Procedures for handling and disposal of shredded material are the same as for recycled paper.

### **Safe Handling**

Confidential documents are still public records and the Public Record Office (PRO) disposal schedules should be consulted to determine whether disposal or archiving is appropriate.

***Patient, staff and medical records may only be destroyed by the relevant departments or personnel.***

Some documents may be destroyed under Normal Administrative Practice, meaning notification is not necessary, whilst others require a form to be completed and forwarded to the PRO. If there is any doubt, departments should make inquiries with the Archivist.

In cases of patient related documents that might be required under PRO guidelines to be attached to the patient's medical record, contact the Operations Manager Health Information Services.

Ensure that any contaminants are removed prior to disposal (e.g. staples, binders, sticky tape).

## **Clinical and Related Wastes**

- (a) Clinical waste;
- (b) Sharps;
- (c) Anatomical Waste;
- (d) Cytotoxic Waste; and
- (e) Pharmaceutical Waste.

## **Clinical Waste**

### ***Identification***

General clinical waste for the purposes of this document is all the waste generated by the definition above of clinical waste and does not fall into the categories of sharps, anatomical, cytotoxic, pharmaceutical, radioactive or chemical waste. E.g. any gowns/masks used in dealing with infectious patients, any tubing used in administering drugs, any colostomy bags from infectious patients, any waste with blood or other bodily fluids on/in it.

### ***Streaming***

Clinical waste should be disposed of in the yellow MGB or designated yellow bags. Each MGB, in addition to being colour-coded, should be clearly marked and bear the clinical waste sign.

### ***Safe Handling***

When handling any clinical waste, staff must wear the appropriate Personal Protective Equipment (PPE). Please refer to the ACT Health PPE policy.

When necessary clinical waste deemed particularly infectious or soiled may be double bagged. Waste bags must not be over filled (approx 2/3 of capacity). Bags (temporary containers) must be a weight that is within the staff member's physical ability & that the staff member is comfortable with. All bags should be held by the closed top of the bag, and away from the body when decanting from a small waste bin (to reduce the risk of sharps exposure) then placed directly/immediately into a mobile garbage bin or trolley.

## **Sharps**

### ***Identification***

Sharps include any waste resulting from medical, nursing, dental, veterinary, pharmaceutical, skin penetration or other related clinical activity, broken glass or crockery instruments or devices that:

- (a) Have sharp points or edges capable of cutting, piercing or penetrating the skin (e.g. needles, syringes with needles or surgical instruments);
- (b) Are designed for such a purpose; and
- (c) Have the potential to cause injury or infection.

### ***Streaming***

Place used sharps in designated puncture-resistant yellow sharp containers immediately after use.

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Each container is clearly marked in conjunction with ACT Health policies of infection prevention and control.

Sharps containers must conform to AS 4031-1992 or AS/NZS 4261-1994.

### **Safe Handling**

Note: The potential for transmission of blood-borne diseases is greatest when needles, scalpels and other sharp instruments or devices are used.  
Special care must be taken to prevent injuries.  
Wherever possible, eliminate the use of sharp devices, especially 'butterflies' and replace with a safety product e.g. safety syringes/cannulas or needleless systems.

When disposing of sharps:

- **Don't** recap used needles;
- **Don't** remove used needles from syringes by hand; and
- **Don't** bend, break, or manipulate used needles by hand.

### **ALERT**

**All persons using a sharp object are responsible for its immediate and proper disposal.**

Sharps containers should:

- Not be filled above the line indicated on the container;
- Not be double-handled from one container to another;
- Be out of reach of children (opening should be approximately 1.2m from floor level; and
- Be closed before disposal.

## **Anatomical Waste**

### **Identification**

Anatomical waste includes limbs, organs, placenta, pathological specimens, biopsy specimens and body tissue taken during laboratory testing, surgery or autopsy and/or resulting from investigation or treatment of a patient. It does not include corpses.

### **Streaming**

Anatomical waste will be deposited into burgundy coloured containers. The biohazard symbol and the words "clinical waste" and/or "anatomical waste" are to be written on the container.

### **Safe Handling**

Once deposited into an MGB, no bin liner is to be removed. The lid is to remain closed at all times. The MGB is moved by the waste management staff to a designated secure storage area until it is removed for destruction

## Cytotoxic Waste

### **Identification**

Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential.

### **Streaming**

All sharp and non-sharp cytotoxic waste is to be deposited by the generator into a purple container or MGB and marked with the cell in telophase symbol in white. The words "Cytotoxic Waste" should be clearly displayed on bags and containers.

Sharp cytotoxic waste will only be deposited into a sharps container that is purple, has the telophase symbol and the words "Cytotoxic Waste" clearly displayed.

### **Safe Handling**

The lids of mobile bins should be kept closed at all times. Once deposited into an MGB, no bin liner is to be removed. The MGB is moved by waste management staff to a designated secure storage area until it is removed for destruction.

## Pharmaceutical Waste

### **Identification**

Pharmaceutical waste includes pharmaceutical (drug, remedy/medicinal substance) or other chemical substance specified in the Poisons List under the *Poisons and Therapeutic Goods Act 1996*. Pharmaceutical waste, excluding cytotoxics, 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. For streaming and safe handling purposes see below the four categories:

- (a) Drugs of Addiction (DA Schedule 8);
- (b) General Pharmaceuticals;
- (c) Pharmaceutical Containers; and
- (d) Pharmaceutical Aerosols.

## General Pharmaceuticals

### **Streaming**

All unused, partly used or out of date pharmaceuticals should be returned to the Pharmacy Department. **These can be put in the pharmacy return bin located in each ward drug cupboard.**

### **Safe Handling**

Do not reopen or readminister any left-over drugs.

## Pharmaceutical Containers

### **Streaming**

Large quantities of plastic containers that have had liquid pharmaceutical should be placed in orange infectious waste bags.

Plastic containers that have contained dry tablets or capsules and are totally empty can be disposed of as general waste.

Glassware that has contained liquids should be disposed of as contaminated glassware (see Contaminated Glass).

Glassware that has contained dry tablets or capsules and are totally empty can be disposed of as uncontaminated glassware (see Uncontaminated Glass).

### **Safe Handling**

Do not pierce any container which holds drugs.

## Pharmaceutical Aerosols

### **Streaming**

There are special containers for pharmaceutical aerosol disposal in the waste disposal area of the Pharmacy Department.

### **Safe Handling**

Store all aerosols away from heat or sources of combustion. Because pharmaceuticals are incinerated, it is necessary to separate pharmaceuticals aerosols to be picked up separately by the waste contractor.

## Radioactive Waste

### **Identification**

Radioactive waste includes any object, material, paper, linen or other substance that has had any direct contact with ionising radiation. This includes urine spills on linen, incontinence pads, etc., samples prepared for gamma or liquid scintillation counting, and low-level radioactive materials that have been placed in storage.

### **Streaming**

The waste is to be placed in a red waste bag with the radiation symbol and sealed tightly with a plastic or similar tie by Radiation staff.

All radioactive waste will be placed into red containers that have the trefoil symbol and the words "Radioactive Waste" printed on it.

### **Safe Handling**

**Note: Radioactive Waste is handled by an appropriately qualified Radiation Technicians ONLY in accordance with relevant legislation and radiation safety protocols.**

## **Dangerous Substances**

### ***Identification***

Dangerous substances may be elements, compounds or mixtures and can be in solid, liquid or gaseous form and include some cleaning substances. Chemicals may be classified as Dangerous Goods or Hazardous Substances.

### ***Streaming***

Chemicals for disposal must be kept in the department and clearly labelled with the name of the substance and the quantity.

A Chemical Disposal Manifest form is to be completed by the department wanting to dispose of chemicals and faxed to the current chemical disposal contractor listing the chemicals/chemical containers for disposal.

If unsure, contact the Dangerous Substance Coordinator on 6244 3778.

Chemical containers that have been cleaned, had all labels relating to the Dangerous Goods or Hazardous Material removed or obliterated, can then be disposed of as general waste or uncontaminated glass.

Disposal of chemicals to the sewer (i.e. down the sink, toilet or pan flusher) should only be undertaken when this is the advised method of disposal and meets current Trade Waste and Occupational Health and Safety requirements. Laboratory sinks connected to a neutralising pit should be clearly identified (glass waste pipes).

### ***Safe Handling***

All chemicals must be approved for use and storage and handled according to the Dangerous Goods and Hazardous Substances Regulations.

An appropriate and current Material Safety Data Sheet (MSDS) for each chemical must be available to all staff and visitors. If the disposal method is unclear in the MSDS, or if special handling and disposal are required, a departmental spill procedure should be implemented and accompany spill procedure materials and personal protective equipment.

Chemical containers should be emptied and disposed of carefully. According to Dangerous Goods and Hazardous Substances legislation, all empty containers that have contained dangerous goods are to be disposed of in the same manner as the contents unless the chemicals have been cleaned out of the container.

Containers must not be punctured and must be sealed for safe handling. Where empty containers have stored dangerous substances deemed inappropriate for cleaning/decontaminating they must be provided to the Dangerous Substance Coordinator for disposal at a cost to the originating unit.











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For all other containers, they are to be either placed in a yellow clinical bag or contaminated glass pail for high temperature incineration or in a black bag for disposal to landfill according to the instructions in the MSDS.

## Waste Streaming

All waste in table below must be streamed by the generator at the point of origin. Bin/container colours may vary from below table

No	Type of waste		Container / Additional Information	PPE used to transport / manage waste (not at point of origin)	Signage
1.	Clinical & Related Wastes	Clinical Waste	<b>Yellow Bin</b> Yellow MGB or designated yellow bags should be clearly marked and bear the clinical waste sign.	Gloves/Apron	 
		Sharps	<b>Thick Yellow Container</b> Needle stick proof containers. Clearly marked as sharps containers.	Needle proof Gloves	 Sharps
		Anatomical Waste	<b>Burgundy Bin</b> Biohazard symbol and the words "clinical waste" and/or "anatomical waste" are to be displayed on the container.	Gloves/Apron/mask	
		Cytotoxic Waste	<b>Purple Bin</b> Purple container or MGB marked with the cell in telophase symbol in white.	Gloves/Apron/Mask	
		Pharmaceutical Waste		Should always be secured and locked.	Gloves/mask
2.	General Waste		<b>Green MGB, red lid</b> Colours may vary (may be black or green).	Gloves	

No	Type of waste		Container / Additional Information		PPE used to transport / manage waste (not at point of origin)	Signage
3.	Recyclables – Main Streams	Paper - Non secure	<b>Blue MGB</b>	Bin commonly blue with white lid. Colours may vary.	Gloves	 Reduce Reuse Recycle
		Cardboard		Cardboard	Gloves	
		Co-mingled	<b>Green MGB, yellow lid</b>	Colours may vary (may be red).	Gloves	
		Paper – Secure	<b>Blue MGB</b>	Bin commonly blue. Colours may vary.	Gloves	
4.	Radioactive Waste		<b>Red Bags / yellow ties</b>	This waste stream is managed by Radiation Oncology Physicists.	Gloves/Apron/mask/goggles	
5.	Dangerous Substances		<b>Various</b>	Must be handled, stored and transported in accordance with current legislation.	Gloves/Apron/Goggles/Mask	

## Section B - Transportation, Storage & Maintenance

### Transportation

MGBs and trolleys should be used when transporting waste to decrease spills, minimise collector contact with waste and minimise manual handling. Loads contained in MGBs and trolleys should be less than 55kgs. All bins must be colour coded and marked in accordance ACT Health policies.

The MGB clinical waste will be transported by the External contractor staff to the ward/department waste storage area. The External contractor staff will transport the MGB to the loading dock and place into the dedicated storage area.

Waste collection times should be routine. Waste bags being collected must not be over filled (approx 2/3 of capacity). Bags (temporary containers) must be a weight that is within the staff member's physical ability & that the staff member is comfortable with. All bags should be held by the closed top of the bag, and away from the body when decanting from a small waste bin (to reduce the risk of sharps exposure) then placed directly/immediately into a mobile garbage bin or trolley.

Where waste bags are sealed and stored pending collection, they should be in a secure place with restricted access.

After transportation of waste, all MGBs should be washed and cleaned thoroughly. When cleaning trolleys and MGBs:

- Rinse with cold water then wash with warm water and a neutral detergent;
- Trolleys and MGBs should then be drained to sewer and left to dry;
- Clean trolleys and bins should be stored separately to soiled containers;
- Appropriate personal protective equipment should be worn when cleaning MGBs; and
- Waste water may only be diverted to the sewer.

### Storage & Containment

Storage areas are to be free from odour and must discourage the harbourage of vermin. The holding area should be located away from food and clean storage areas. It must not be accessible to the public, have a lockable door and rigid impervious flooring. Clean up facilities, spills kits, appropriate drainage and bunding should be provided. Where wastes are stored in bins, the bin must be locked. A specific area, with adequate drainage, for washing equipment should be designated.

Clinical waste should be transported at the earliest available opportunity for processing. It should be noted that clinical waste is also classified as hazardous waste. Clinical waste

will be collected from the loading dock by the contractor (currently SteriHealth), as required.

Waste bags must not be over filled (approx 2/3 of capacity). Bags (temporary containers) must not be excessive in weight (3 kg – 5 kg). Excess air should be excluded without compaction, prior to closure using a bag tie at the point of waste generation. When necessary, clinical waste deemed particularly infectious or soiled may be double bagged. Clinical waste bins must have lids on them. The lids must remain closed at all times in conjunction with *Infection Prevention and Control* and *Dangerous Substance* guidelines and protocols.

Trolleys and MGBs must be dedicated singularly for collecting waste and must be made of rigid material, lidded, lockable (if used for storage), leak proof and washable. Dedicated MGBs and trolleys should be labelled according to the type of wastes contained, cleaned regularly and must never be overfilled.

## **Maintenance of the Waste Management System**

Maintaining the Waste Management System includes:

### **A. Management and removal of waste -**

Waste Service providers are responsible for:

- i. The collection of wastes as per the agreed schedule;
- ii. Ensuring no build up of waste occurs;
- iii. Provision and cleaning of bins as required and maintaining cleanliness of waste areas; and
- iv. Arranging for the removal of waste from site.

### **B. Maintaining and replacing bins -**

Waste Service providers are responsible for ensuring all equipment is serviceable and meets required standards for the management, storage and transportation of wastes. This includes repairing or replacing damaged equipment as required.

### **C. Reporting Service issues -**

All staff are responsible for reporting waste service issues (including but not limited to: damaged equipment, dirty or smelly bins, waste service not delivered as per agreed schedule). Service issues should be reported to the waste contractor.

## ANNEX D TO WMP

### External Contractor Implementation / Action Plan (Template)

External Contractor to update implementation / action plan against milestone activities and provide to the WMC as requested by the WMC

Item No.	Strategy	Actions	Start Date	Status — Complete or Open	Progress
1	<b>Convene the ACTG ACT Health Waste Management Committee</b>	Invite attendees as per WMP			
2	<b>Develop &amp; commence the implementation plan for the WMP</b>	Develop plan in conjunction with stakeholders and in accordance with WMP milestone schedule.			
3	<b>Review and maintain waste education training for Contractor and ACT Health Staff</b>	<p>Develop an on-line waste management education package for ACT Health. Contractor to develop and deliver waste management induction training to all new contractor staff.</p> <p>Induction training to include both EXTERNAL CONTRACTOR training requirements and ACT Health waste management induction training requirements.</p> <p>Signage to be reviewed annually and updated as required.</p> <p>Training to be reviewed annually and</p>			

Item No.	Strategy	Actions	Start Date	Status — Complete or Open	Progress
		<p>updated as required.</p> <p>ACT Health &amp; contractor staff to attend ACT SMART waste education training as per schedule as agreed to by the WMC.</p>			
4	<b>Develop WMC Report</b>	<p>Establish report that includes an updated implementation /action planner – progress report, internal / External benchmarking information (against WMP reduction targets of 10% &amp; KPIs) and results of annual waste audits (when required).</p> <p>Provide annual report</p>			
5	<b>Establish internal and external benchmarking activities</b>	<p>Obtain waste weights from local provider to establish internal benchmarking / database.</p> <p>Obtain waste weights from other states to establish External benchmarking /database.</p>			
6	<b>Upgrade waste streaming stations/capacity</b>	<p>Identify current streaming stations/capacity at local &amp; ward level and temporary storage bays (mobile bins).</p> <p>Upgrades to include TCH and other specified sites under the contract.</p> <p>Identify/secure additional infrastructure</p>			

Item No.	Strategy	Actions	Start Date	Status — Complete or Open	Progress
		<p>(bins, signage) required.            Rollout bins and signage where required.            Ensure streaming stations are built into all new facilities.            Align with the ACT SMART program that supports and provides accreditation for recycling in the ACT.</p>			
7	<b>Implement Waste Audit Program</b>	<p>Develop annual schedule of clinical and non-clinical areas for audit.            Develop waste audit guidelines including reporting requirements.            Conduct audits in accordance with guidelines.            Implement waste audit report/recommendations where required.</p>			
8	<b>Implement Food Recycling</b>	<p>Identify and confirm food recycling / EPA requirements with relevant authorities.            Provide documentation/information to the relevant authorities to facilitate approvals.</p> <p>Upon receipt of approval; indentify recycling processes including infrastructure/ service provider requirements.</p>			



Item No.	Strategy	Actions	Start Date	Status — Complete or Open	Progress
9	<b>Establish &amp; maintain on-line Legislation, Policy, Waste Protocol Register</b>	<p>Conduct a review to identify all relevant waste protocols, policies and legislation.</p> <p>Develop comprehensive register/catalogue of waste governance framework documents.</p> <p>Place register/catalogue on Domestic &amp; Environmental Services website.</p> <p>Review annually.</p> <p>Liaise with relevant ACT govt authorities annually regarding legislative requirements.</p>			
10	<b>Waste Targets</b>	Report against compliance requirements			
11	<b>Waste Collections</b>	Report against compliance requirements Including all containers meet minimum standards (includes no cracks, looks clean, nil odour)			
12	<b>Waste Services Risk/Hazard Management</b>	Report against compliance requirements			
13	<b>Licensing and Insurance Compliance</b>	Report against compliance requirements			
15	<b>ACHS Accreditation</b>	Report against compliance requirements			

## ANNEX E TO WMP

### Glossary

Abbreviation/Term	Meaning
Additional Precautions	Precautions used for patients known or suspected to be infected or colonised by highly transmissible pathogens that can be transmitted by airborne, droplet or contact transmission. Additional precautions are designed to interrupt transmission of infection by these routes and should be used in addition to Standard Precautions when transmission of infection might not be contained by using standard precautions alone.
Anatomical Waste	Limbs, organs, placenta, pathological specimens, biopsy specimens and body tissue taken during laboratory testing, surgery or autopsy and/or resulting from investigation or treatment of a patient. It does not include corpses.
Biodegradable	Capable of being decomposed by the action of micro-organisms, macro-organisms, or both.
Chemical Waste	Chemical waste generated by the use of chemicals in medical, veterinary and laboratory procedures.
Clinical waste	Means any waste which has been defined as such in the <i>Clinical Waste Act 1990</i> .
Co-mingled collection	Collection of mixed recyclables.
Compactor	Mechanical equipment which compresses materials and reduces its volume.
Container	This refers to any rigid walled receptacle designed for clinical and related waste (or other wastes) to be deposited into it. Retractable syringes are not considered as sharps container in their own right.
Contamination	Any item not designated under the contract as a recyclable.
Cytotoxic Waste	Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential.

Abbreviation/Term	Meaning
General Waste	Assorted waste materials put into the recycling stream, usually characterised by being contained in plastic “garbage” bags. There may or may not be recyclable materials in the bag.
Hazardous waste	Component of the waste stream which poses a danger to humans, the environment, equipment and physical structures.
Landfill	Land used for the burial of waste.
LPB	Liquid Paperboard – a paperboard used for milk and other drink cartons and some detergent packages.
Material Recovery Facility (MRF)	Plant and equipment for sorting and pre-processing materials from the waste stream for resource recovery.
MGB	Mobile Garbage Bin.
Non-recyclable	Material that is not recyclable.
Organic waste	Component of the waste stream derived from living organisms.
Package/packaging	Material or item that is used to protect or contain a product during transport, storage, marketing or use.
Pharmaceutical Waste	Consists of pharmaceutical (drug, remedy/medicinal substance) or other chemical substance specified in the Poisons List under the <i>Poisons and Therapeutic Goods Act 1996</i> . Pharmaceutical waste, excluding cytotoxics, 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.
PPE	Personal Protective Equipment.
Recycled materials	Materials recovered and manufactured into new products of the same general type (which may be manufactured from virgin recycled materials).
Recycle/recycling	Set of processes (including biological) for converting recovered materials that would otherwise be disposed of as wastes, into useful materials and or products.
Resource recovery	Process that extracts material or energy for a useful purpose.

Abbreviation/Term	Meaning
Sharps waste	<p>Any waste resulting from medical, nursing, dental, veterinary, pharmaceutical, skin penetration or other related clinical activity, and that contains instruments or devices:</p> <ul style="list-style-type: none"> <li>• that have sharp points or edges capable of cutting, piercing or penetrating the skin (e.g. needles, syringes with needles or surgical instruments)</li> <li>• that are designed for such a purpose</li> <li>• that have the potential to cause injury or infection.</li> </ul>
CH	Canberra Hospital
Waste	Materials and energy which have no further use and are released to the environment as a means of disposal.
Waste generator	Any person or organisation that consumes goods and services resulting in contributing to the waste stream.
Waste management	Entire process of monitoring process of monitoring, collecting, sorting, storing and transporting for processing and reclamation of materials and energy resources and disposal of waste.
WMC	Waste Management Committee
WMP	Waste Management Plan
<b>Plastics</b>	
PET	<p>A plastic material – Polyethylene Terephthalate. Clear, tough material that may also be used as a fibre. Can come in different colours (i.e. green).</p> <p>Used in soft drink bottles, as filling for pillows and sleeping bags and other textile fibres.</p>
HDPE	A plastic material - High Density Polyethylene. Very common plastic usually white or coloured, used for milk and cream bottles, shampoo and cleaners, freezer bags and milk crates.
PVC, UPVC, PPVC	<p>Plastic materials in the polyvinyl chloride class.</p> <ul style="list-style-type: none"> <li>• UPVC is Unplasticised Polyvinyl Chloride, which is usually made into clear cordial and juice bottles, blister packs and plumbing pipes and fittings.</li> <li>• PPVC is Plasticised Polyvinyl Chloride and is usually made up into items such as garden hose, shoe soles and blood bags and tubing.</li> </ul>

Abbreviation/Term	Meaning
LDPE	A plastic material – Low Density Polyethylene, a soft flexible plastic that is made into the lids of ice cream containers, garbage bags, garbage bins and black plastic sheet material.
PP	A plastic material – Polypropylene, a hard but flexible plastic that has many uses. Examples of uses are icecream containers, potato crisp bags, drinking straws and hinged lunch boxes.
PS & UPS	A plastic material – Polystyrene <ul style="list-style-type: none"> <li>• PS is a rigid brittle plastic that may appear clear and glassy. It is used for yoghurt containers, plastic cutlery and imitation “crystal” glassware.</li> <li>• UPS – expanded polystyrene is the white material that is made into hot drink cups, food containers, meat packaging trays and fruit boxes.</li> </ul>
Other Plastic	There is another category of plastic – category 7, which includes all other plastics including acrylic and nylon.