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<th>Clinical Waste Management in healthcare facilities</th>
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<td>EXECUTIVE CLINICAL SPONSOR</td>
<td>Director Clinical Governance</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>SESLHD Infection Prevention and Control Committee,</td>
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<td>Manual Working Party</td>
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<td>KEY TERMS</td>
<td>Clinical waste</td>
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<td>SUMMARY</td>
<td>To outline the procedure required for appropriate handling of Clinical Waste in accordance with relevant regulations and guidelines.</td>
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1. **POLICY STATEMENT**
To outline the procedure for management of clinical waste in accordance with relevant regulations and guidelines.

This procedure has been developed in line with NSW Ministry of Health Waste Management policy 1998 Directive and National Safety and Quality Health Service Standard No. 3 ‘Preventing and Controlling Healthcare Associated Infections, specifically Criterion 3.15.

2. **BACKGROUND**
Correct segregation of clinical waste ensures the minimisation of risk of contact with blood or body fluids, reducing harm to the environment and cost of disposal.

3. **DEFINITIONS**

- **Clinical waste:**
  Clinical waste is waste which has the potential to cause sharps injury, infection or offence. When packaged and disposed of appropriately there is virtually no public health significance. Clinical waste contains the following types of waste:
  - sharps
  - human tissue (excluding hair, teeth and nails) i.e. placenta
  - bulk body fluids and blood that needs to be confined and contained i.e. wound drains, UWSD, suction liners
  - visibly blood stained body fluids on disposable material and equipment i.e. soaked bandages, wound dressings and ‘blueys’
  - laboratory specimens and cultures
  - animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research, unless treated by a method approved by the Director General, NSW Ministry of Health

- **General Waste:** is that which is not capable of being composted, recycled, reprocessed or re-used. This stream includes incontinence pads, drained dialysis wastes, sanitary waste and disposable nappies i.e. empty urinary catheter bags, and IV giving sets

- **Sharps waste:** see sharps procedure link [SESLHDPD 121](#)

4. **RESPONSIBILITIES**

4.1 Employees will:
Report any clinical waste management issues to line managers.
4.2 **Line Managers will:**
- Ensure Healthcare workers are trained in the correct procedures for waste handling.
- Feedback clinical waste audits to staff members
- Ensure clinical waste resources available for staff

4.3 **Network Managers/ Service Managers will:**
- Ensure clinical waste audits are undertaken
- Promptly report back waste management issues to line managers
- Consider reauditing areas where breaches are identified

5. **PROCEDURE**

5.1 **General principles for the handling and management of Clinical Waste**

**Clinical Waste**
- All waste must be segregated and contained in appropriate leak proof bags/bins or containers at the source of generation
- Clinical waste bags and containers must be yellow with the internationally recognised black biohazard symbol and have sufficient strength to contain the waste safely
- Clinical waste bags and containers should only be filled to ¾ capacity. Overfilling will prevent closure and increase the risk of rupture in transit
- Excess air should be excluded without compaction, prior to bags being tied or sealed
- Bags/bins should be stored in a secure place with restricted locked access for collection by a licensed contractor
- Sharp objects must never be placed into clinical waste bags or clinical waste receptacles
- Non-reusable sharps must, immediately after use, be disposed of in a puncture resistant Australian Standard compliant sharps container
- Workers involved with waste handling must perform hand hygiene after each task.

5.2 **Disposal of blood and bulk body fluids (except vacuum-sealed containers)** Staff involved in disposal of blood or body fluids (including emptying of urine and other fluid collection bags not vacuum-sealed) should:
- Adhere to standard precautions to protect against exposure to blood and body substances during handling of waste by wearing appropriate personal protective equipment (PPE)
- Slowly pour waste e.g. urine from drainage bags, down a drain connected to a sanitary sewer system and flush immediately after disposal
- Minimise splashing or contamination to mucosa and skin
- Ensure that disposable products containing liquids (such as disposable suction liners) are sealed, not emptied, before disposal into clinical waste containers

5.3 **Transport**
- All bags and/or containers of clinical waste must be marked to identify the health care facility, ward/department/unit and the date of collection
- Clinical waste bags and containers must not be transported in chutes
Transportation routes should avoid, where possible, food preparation and heavily used areas

Trolleys and mobile garbage bins (MGBs) used for the transport of clinical waste should be:
- clearly colour coded yellow and labelled
- cleaned regularly, and at least weekly with warm water and neutral detergent
- clean trolleys and MGBs should be stored separately to soiled containers
- used only for waste transport
- never overfilled
- made of rigid material, leak proof, lidded and lockable
- locked during transit
- stored separately

Staff should avoid exposure to waste by holding bags and containers away from their body and utilising trolleys for transporting bags and containers wherever practicable

PPE must be worn when elimination, engineering and/or changes to work practice do not adequately remove the risk involved in handling clinical waste

The PPE shall be changed immediately it becomes contaminated

Contaminated PPE must be cleaned, or if disposable, placed in a clinical waste container

If not disposable, all worn protective clothing is to be thoroughly cleansed or laundered at the completion of each day’s work

5.4 Storage
Clinical waste storage facilities should:
- be situated, away from food and clean storage areas, covered and lockable
- be constructed on rigid impervious flooring
- have access restricted to personnel involved in the disposal process only
- be cleaned at least daily and immediately when soiling occurs
- have clean-up facilities, spill kits, hand washing facilities and appropriate drainage

5.6 Education
Education and training should be provided at orientation, on an ongoing basis, with the introduction of new equipment and at times of technological change. Staff education must include:
- waste handling procedures
- use of PPE
- spill procedures including the required equipment
- safety procedures
- infection control measures including hand washing
- action required in the event of accidental exposure
- employee vaccination program
- waste minimisation, segregation, labelling, containment and disposal strategies
5.7 Handling of Waste during Home visits e.g. by Community Health, Ambulatory Care, TACT, Hospital in the Home and other Domiciliary Services

- The transport of clinical waste, including sharps, by staff providing care within the client’s home, is acceptable in properly restrained containers, i.e. rigid, leak proof, spill proof and shock proof with securely fitting lids
- In general disposable materials soiled with blood and body fluid can be placed in a plastic bag and disposed of in the client’s own waste

Clinical waste (including sharps) must be separated from the driver’s compartment e.g. in the boot and be secured to prevent any movement of the container and potential spills
- The vehicle shall be securely locked when left unattended

5.8 Management of contaminated waste spills
Confine and contain clinical waste spill immediately or as practicable

- Don PPE
- Small spills (up to 10 cm) are wiped up with absorbent material (e.g. paper towels) and cleaned immediately or as soon as practical (add with detergent solution)
- Larger spills are first contained and confined with absorbent material, followed by removal of any material as required, and then cleaned as soon as practical (add with detergent solution)
- The use of disinfectants in the cleaning of clinical waste spills is based on an assessment of risk of transmission of infectious agents from the spill, and should be done in consultation with an Infection Control Professional
- If the spill is in a ward area it is the responsibility of nursing staff to pick up the bulk of the spill, using paper towels and disposing of it into clinical waste bins. It is the responsibility of the cleaning staff to clean the spill area after the bulk of the spill has been removed.

5.8.1 Clinical waste spills involving fabric or carpet

- Wear suitable PPE, confine & contain
- Clean with neutral detergent
- Remove from general use for professional cleaning
- Carpet should be shampooed with an industrial carpet cleaner as soon as possible

6. DOCUMENTATION

- Staff education records
- Clinical waste contract including responsibilities of contractor for final disposal

7. AUDIT

- Waste contractor audits
- National Standard 3 Waste audits
8. REFERENCES

- ANZCWMIG. Code of practice for the management of clinical and related wastes. 6th ed. 2010
- NSW Ministry of Health 'Waste Management Guidelines for Healthcare Facilities' PD2005_132
- NSW Ministry of Health 'Infection Control Policy' PD2007_036
- NSW EPA
- Australian Commission on Safety and Quality in Healthcare: National Safety and Quality Service Standards. 2012 (Standard No. 3, Criterion 3.15)
- ANZCWMIG. Code of practice for the management of clinical and related wastes. 4th ed. 2004

9. REVISION AND APPROVAL HISTORY

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<tr>
<th>Date</th>
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<th>Author and Approval</th>
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