



Waste Management Procedure

Procedure Number

CHC-PG-0033

Version Nos:

7

1. Purpose

This Procedure outlines the process for the management of waste within West Coast District Health Board (WCDHB) facilities that will protect people, property, and the environment by:

- Identifying and correctly categorising waste generated from health care services to ensure safe and proper waste segregation from source to disposal;
- Facilitating compliance with regulatory requirements and best practice in the management of healthcare waste; and
- Minimising waste generation and the environmental impact of healthcare waste generation, treatment and disposal.

2. Application

This Procedure is to be followed by all WCDHB staff members.

3. Definitions

For the purposes of this Procedure:

Hazardous Waste is taken to mean any waste exhibiting characteristics posing a threat or risk to the safety and of persons, and/or the environment;

Controlled Waste is taken to mean healthcare waste that is recognizable as coming from a healthcare facility which may be contaminated or soiled with potentially infectious human body fluids that is not expressible under compaction or healthcare waste that is not infectious but may be considered aesthetically offensive.

Non-Hazardous Waste is taken to mean any waste that does not meet the criteria to be classified as Hazardous Waste or Controlled Waste.

Sharps are taken to mean any needle, syringe, scalpel blade, suture needle, or sharp disposable items.

4. Responsibilities

For the purposes of this Procedure:

the **WCDHB Facilities Co-Ordinator** is required to:

- oversee all aspects of this Procedure.

WCDHB Staff Members are required to:

- ensure they abide by the requirements of this Procedure.
- abide by all WCDHB Health and Safety Policy and Procedures

5. Resources Required

This Procedure requires:

- i) Blue bins (for Confidential Waste)
- ii) Paper, Yellow and Green Bags
- iii) Sharps Containers
- iv) Approved Incineration Appliance
- v) Protective Clothing
- vi) Rubbish Skips
- vii) Transport Vehicles



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6. Process

- 1.00 All waste generated from administration offices will be classified as non-hazardous waste.
- 1.01 Because administration office waste may include confidential material, Blue bins are situated in many areas where paper known to be confidential can be placed.. A Security Firm will remove the Blue bins and shred the contents.
- 1.02 Non-hazardous waste that contains recyclable material is to be disposed of at the local District Council recyclable area.
- 1.03 Non-recyclable non-hazardous waste is to be disposed of at the local District Council Sanitary Landfill or burnt by incineration in an approved appliance at Grey Hospital.
- 1.04 Healthcare waste that is classified as controlled waste is to be disposed of at the local District Council's Sanitary Landfill or burnt by incineration in an approved appliance at Grey Hospital. Drainage collectors must be emptied of contents via the ward sluices (i.e. haemovacs, colostomy equipment, minivacs, urinary bags) prior to disposal.
- 1.05 Sharps are to be disposed of in yellow sharps containers (See the *WCDHB Sharps Containment Procedure*), which are then burnt by incineration in an approved appliance at Grey Base Hospital. Sharps containers can be obtained from Stores Department. The sharps container is to be considered for disposal when $\frac{2}{3}$ full. Staff members are not to be tempted to force a sharp into the container. The $\frac{2}{3}$ full container is then sealed by securely pressing the lid on until an audible click is heard. It is then sent to Stores (Grey Base Hospital) for incineration. If the container cannot be picked up immediately, it should be stored in a secure area to prevent tampering.
- 1.06 Cytotoxic waste (classified as hazardous waste) is to be collected into purple containers (obtained from Pharmacy) and labelled with Telophase symbol and sent to Grey Base Hospital Pharmacy for expert disposal to NRL C3 Code of Practice.
- 1.07 Radioactive waste (classified as hazardous waste) is to be packed and labelled with international symbol and sent to Greymouth Hospital Laboratory for expert disposal to NRL C3 Code of Practice.
- 1.08 All non-hazardous waste is to be placed into Green plastic bags that are to be collected into a rubbish skip and then transported to the local District Council Sanitary Landfill.
- 1.09 Controlled waste is to be placed into Yellow bags with biohazard symbol and yellow sharps containers. Bags and containers are to be collected and transferred to Grey Base Hospital for incineration.
- 1.10 All staff members are to be provided with adequate protective clothing when handling waste. This will vary with the type of hazard. (See *WCDHB Personal Protective Equipment Procedure*)
- 1.11 All hazardous waste is to be moved in a suitable vehicle with appropriate hazard identification and driven by a suitably qualified staff member.



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- 1.12 Vehicles used for transport of waste are to be suitably cleaned after disposal of the waste by the driver.
- 1.13 Stored waste awaiting disposal is to be held in appropriate containers in a locked area suitable screened from various infestation and that can be washed on a 14-day cycle with a germicidal detergent solution.
- 1.14 The Manager of the Service/Department/Unit generating the waste is responsible for ensuring that:
- i) all staff members working within the Service/Department/Unit are aware of the categorisation of the waste generated and that the waste is correctly handled;
 - ii) all disposal methods are adhered to and that staff members are adequately protected during the disposal;
 - iii) they advise staff members of the approved method of disposal and arrange for the appropriate equipment to carry out waste disposal safely and economically;
 - iv) they advise the WCDHB Facilities Co-Ordinator if additional hazardous materials are required to be disposed of;
- 1.15 The WCDHB Facilities Co-Ordinator is responsible for ensuring that all contractors abide by the requirements of this Procedure.
- 1.16 It is the responsibility of all staff members that waste for disposal is handled in such a manner as not to cause injury or harm to those involved in waste collection and disposal.
- 1.17 If there are any queries or problems regarding waste disposal, all enquires are directed to the WCDHB Facilities Co-Ordinator .
- 1.18 All waste management practices are to be audited every two years. The audits should be based on, but not limited to:
- i) Significant changes in the nature or quantity of waste generated;
 - ii) Areas, practices or staff involved in incidents, accidents, or complaints involving waste;
 - iii) Significant changes to the waste management policy; and
 - iv) Significant changes in contractors or staff.
- 1.19 Where the Grey Hospital site is unable to dispose of healthcare waste via incineration (because the Incinerator is undergoing maintenance), the Facilities Department will arrange for suitable contractor (such as Interwaste - Free Phone: 0800 102 131 - Email: info@interwaste.co.nz) to collect and dispose of this waste.

7. Precautions And Considerations

- ➔ Waste is to be disposed of in a manner appropriate to the type of waste
- ➔ Stored waste awaiting disposal is to be held in appropriate containers in a locked area suitable screened from various infestation
- ➔ It is the responsibility of all staff members that waste for disposal is handled in such a manner as not to cause injury or harm to those involved in waste collection and disposal.



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8. References

Management Of Healthcare Waste (NZS 4304:2002)

9. Related Documents

WCDHB Sharps Containment Procedure

WCDHB Personal Protective Equipment Procedure

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