

### WASTE MANAGEMENT POLICY

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## WASTE MANAGEMENT POLICY

## **Policy Statement**

CASS Disability Services is committed to providing a safe and healthy work environment that is free from workplace injury and illness. Each participant, staff member and any other person in the workplace is protected from harm by avoiding exposure to the waste, infectious and hazardous substances generated during the delivery of support. CASS Disability Services provides clear guidelines around the management of waste, in a manner that meets both the Work Health and Safety Act 2011 and environmental requirements.

## **Responsibilities**

CASS Disability Services staff must understand how to manage waste products correctly and procedurally, ensuring all participants accessing, or using our services, are in safe environments.

CASS Disability Services will ensure that all staff are trained to respond to emergencies and incidents appropriately.

### Types of Waste commonly found in the workplace

- Clinical Waste Includes bodily fluids and blood, human tissue, contaminated personal protective equipment (PPE) and sharps;
- Pharmaceutical Waste Includes pharmaceuticals or other chemical substances;
- Recyclable Products Items which are composed of materials or components, capable of being remanufactured or reused;
- General Waste Any waste not included above. Which is not capable of being composted, recycled, reprocessed or re-used. This stream includes incontinence pads, sanitary waste and disposable nappies.

### Waste Handling and Disposal

- Clinical Waste all clinical waste is to be handled using the appropriate PPE and disposed of in biohazard bags and bin(s) as soon as possible. Biohazard bags and bins have a biohazard symbol and are currently coloured yellow. The biohazard bin(s) will be collected by a contractor (Rentokil Initial) within a set timeframe or upon request. Staff should wipe up the spot immediately with a damp cloth, alcohol, or paper towel and wash hands thoroughly after the waste has been removed. Sharps will be disposed of under guidelines set where sharps will be used;
- Pharmaceutical Waste All Pharmaceutical Waste should be stored in accordance with the Management of Medication Policy. When uncertain about how to dispose of leftover pharmaceuticals, staff should return to the pharmacy for correct disposal;
- Recyclable Products Where possible recyclable waste should be disposed of in designated



Council recyclables waste bin(s) using the appropriate PPE;

• General Waste – This kind of waste must be placed in a sealed waste bag or container. Bags should not be overfilled and should be carried away from the body. Once filled waste bags should be placed in a location ready for collection.

General waste includes incontinence pads, disposable sanitary items and nappies. These should be sealed in a plastic bag and placed either in a designated sanitary bin inside or taken directly out to the rubbish if no sanitary bin is available. This type of general waste should not be disposed of in locations where food is handled such as the kitchen or in general living areas or sleeping quarters. Appropriate PPE should be used at all times when handling incontinence aids and sanitary items and hands should be washed immediately afterwards.

## Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- Reported to the Coordinator / Team Leader / Executive Officer / Senior Executive Officer
- Recorded on the DS Incident Registrar and Incident Report Form
- Investigated by the Executive Officer / Senior Executive Officer
- Reviewed and added to the Continuous Improvement Plan

# Emergency plans and procedures are in place to respond to clinical waste or hazardous substance management issues

- All staff should follow the waste handling and disposal procedures in accordance with the type of waste or substances as described above;
- In the instance where the waste comes into contact with a person and is either an infectious or hazardous substance an Incident Registrar / Incident Report should be written and the incident should be reported to the management. First aid should be applied as required and in accordance with the type of waste. For chemical substances, the Safety Data Sheets (SDS) should be followed. If the premises must be evacuated for Health and Safety reasons, the Emergency and Disaster Management Policy and Procedure should be followed;
- Evacuate participants, ensuring that correct processes are implemented for assisting any hearing, vision or mobility-impaired people;
- Follow the Emergency Evacuation Diagram in the workplace which illustrates the location of fire protection equipment, emergency exits and assembly points;
- If in a home environment, take the participant(s) and others to a safe location away from the home;
- A Hazard Report Form should be completed for any hazards that are identified in the workplace including hazards caused by clinical waste or hazardous substances;
- A risk assessment should be completed for each new location that is visited by staff to identify any hazards and the risks they present; and
- All measures possible should be taken to reduce, minimise or eliminate any contact with dangerous waste and substances.



After the emergency, the Coordinator will:

- Record the incident;
- Contact the Executive Officer / Senior Executive Officer who will notify the regulator, if applicable; and
- Organise trauma counselling or medical treatment, if applicable.

## **Personal Protection Equipment**

Types of PPE that may be required when in contact with waste include:

- Gloves
- Gowns
- Aprons
- Eye protections
- Masks
- Shoe covers

### **Reviewing and Evaluating**

- Staff will be trained in the necessary process and procedures regularly.
- The Executive Officer / Senior Executive Officer will analyse the emergency and inform of any updates required to the Continuous Improvement Policy.

### Staff training

CASS Disability Services will undertake the training of all staff members who are involved in handling waste or hazardous substances. This training will include:

- Safe handling of hazardous materials and substances, including:
  - ➢ Body waste;
  - > Infectious materials (e.g. Used dressings, contaminated PPE); and/or
  - > Hazardous substances (e.g. Chemicals, toxic or corrosive substances, blood-borne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps injuries)
- Use of personal protective equipment;
- Clothing requirements (e.g. leather shoes, face masks or similar);
- Removal or mitigation of the hazard and reporting procedure to the management of any problems/issues; and
- Correct use of the off-site work kit which includes emergency contact details, gloves, aprons, and eye/face/shoe protection.

#### Management will:

• Ensure that staff are aware of their obligations and responsibilities in the safe handling and disposal of waste;



- Provide a policy for staff to follow;
- Supervise staff to ensure work activities are performed safely;
- Consult with and involve staff on matters relating to health, safety and wellbeing including appropriate training in the handling and disposal of waste or hazardous substances;
- Provide appropriate safety equipment and personal protective equipment;
- Inform staff of any changes to waste management and the waste management policy;
- Monitor and review the Waste Management Policy regularly; and
- All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.

### **Staff Members will:**

- Take reasonable care for their health and safety;
- Follow safe work procedures, instructions and rules in accordance with current legislation;
- Participate in training and update skills as required;
- Report health and safety hazards and incidents;
- Use safety equipment and personal protective equipment as instructed; and
- Stay current with the Waste Management Policy.

Documents related to this policy	
Related Policies	<ul> <li>Management of Medication</li> <li>Emergency and Disaster Management Policy and Procedure</li> <li>NDIS Incident Management</li> <li>Infection Control</li> <li>Continuous Improvement Policy</li> </ul>
Forms, record keeping or other organisational documents	<ul> <li>DS Incident Registrar</li> <li>DS Incident Report Form</li> <li>Hazardous Substance Register</li> <li>Continuous Improvement Plan</li> </ul>

Reviewing and approving this policy				
Frequency	Person responsible	Approval		
3 years	Unit Head	HAS & DS Committee		

Policy review a	nd version tracking		
Review	Date Approved	Approved by	Next Review due
Version 1	12 September 2022	HAS & DS Committee	12 September 2025