

# Approved Management Method *for* Clinical *and* Related Waste

## APPENDIX 2 *Legal requirements of the AMM* 2007

This Approved Management Method (AMM) for Clinical and Related Waste was approved by the Director of Environmental Management in accordance with regulation 12A (1) of the *Environmental Management and Pollution Control (Waste Management) Regulations 2000* (the Waste Management Regulations). Notice of Approval was published in the *Tasmanian Government Gazette* of the 4<sup>th</sup> of April 2007 and this AMM takes effect from that date.

Regulation 6 of the Waste Management Regulations provides that a person must not remove from a site, arrange for the removal from a site, receive, store, reuse, recycle, reprocess, salvage, incinerate, treat, dispose of or use for energy recovery a controlled waste otherwise than:

- as approved within the meaning of Regulation 3 of the Waste Management Regulations;
- in accordance with an environmental approval; or
- in accordance with an approved management method

Accordingly a person may remove from a site, arrange for the removal from a site, receive, store, reuse, recycle, reprocess, salvage, incinerate, treat, dispose of or use for energy recovery clinical or related waste without specific approval (within the meaning of Regulation 3 or under Regulation 12), if the waste is managed in accordance with the following requirements.

Clinical and related waste is defined as 'controlled waste' under section 3 of the *Environmental Management and Pollution Control Act (EMPCA) 1994* and is therefore subject to the relevant requirements of both the EMPCA and the Waste Management Regulations.

For the purposes of this AMM, clinical and related waste is comprised of the following categories and sub-categories:

**I. 'Clinical Waste'** which includes:

- > Pathology and sampling waste directly involved in laboratory testing;
- > Human anatomical waste;
- > Blood and body fluids and materials or equipment containing human blood or body fluids;
- > Animal tissue, carcasses or other associated animal waste arising from laboratory investigation, or from medical or veterinary research or treatment; and
- > Discarded sharps (i.e. an object capable of cutting or penetrating the skin).

**II. 'Related Waste'** which includes:

- > Cytotoxic;
- > Pharmaceuticals;
- > Chemical; and
- > Radioactive waste.

## Section A – DEFINITIONS AND CLASSIFICATIONS

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**‘Approved Crematorium’** means a crematorium approved to operate under relevant Local Government legislation.

**‘Approved High Temperature Incineration’** means treatment technology involving destruction of waste by controlled burning at high temperatures. To be approved (in accordance with Regulation 12B (3) Waste Management Regulations) by the Director, such a facility must meet minimum operating standards, and must operate in accordance with the permit conditions pertaining to an individual facility.

**‘Approved Landfill Facility’** means a landfill facility approved by the Director. The facility must operate in accordance with the permit conditions pertaining to an individual facility.

**‘Approved Waste Transporter’** means a waste transport business operator approved by the Director to transport the controlled waste category of clinical & related waste, or a transporter approved by another state or territory.

**‘Approved Treatment Process’** means a waste treatment process in accordance with the requirements of this AMM, or other treatment process as approved by the Director.

**‘Clinical Waste’** means waste generated in a clinical setting that is comprised of materials in one or more of the categories described below, except where one or more of the listed exclusions applies. Clinical and related waste is a ‘controlled waste’ under the provisions of the EMPCA and includes the following sub-categories:

### **‘Pathology and Sampling Waste’**

#### *Description*

- > All specimens and associated wastes directly involved in specimen processing.
- > This category includes used tissues, disposable bench protectors, gloves and aprons; vials, test strips and cards, solid wastes from auto-analysers, specimen collection containers, suspensions of micro-organisms in tissue culture, discarded blood and blood products, cultures and contaminated material such as growth media (nutrient agars, broths), used culture dishes and so on.

#### *Exclusions*

- > Urine & faecal specimens discharged directly to sewer.
- > Hair, nails and teeth (unless contaminated with free-flowing blood).
- > Cultures prepared for consumption in the food industry.
- > Effluent from laboratory auto-analysers where discharged directly to sewer (with prior approval from the relevant sewage authority).

### **‘Human Anatomical Waste’**

#### *Description*

- > Human tissue, organs, limbs, biopsy specimens, foetuses, and placentae.

#### *Exclusions*

- > Hair nails and teeth (unless contaminated with free-flowing blood).
- > Foetuses requested by parents for private burial.
- > Placentae requested for home retention.
- > Corpses.

### **‘Blood and Body Fluids’**

#### *Description*

- > Blood and blood products (such as sera and plasma) and other body fluids including excretions, exudates, suction fluids, fluid waste emanating from dialysis, cerebrospinal, pleural, pericardial, peritoneal and amniotic fluids, and any fluid visibly contaminated with blood.
- > Materials and equipment heavily saturated with blood or body fluids or containing free-flowing or expressible blood and body fluids. May include disposable gowns, soiled dressings, gauze sponges, lavage tubes, drainage sets, surgical gloves and so on.

#### *Exclusions*

- > Blood and body fluids disposed directly to sewer.
- > Sanitary waste (such as tampons, sanitary napkins, nappies, incontinence pads), unless from a person with, or suspected of having, a communicable disease, or undergoing cytotoxic drug therapy.

### **‘Animal Tissue and Carcasses’**

#### *Description*

- > Tissue, carcasses, bedding materials and other waste arising from animals used in chemical, drug or microbiological laboratory investigation, or for medical or veterinary research or treatment.
- > This includes animal waste contaminated with infectious organisms or chemical residues, and materials contaminated with urine, faeces and/or vomitus where the animal has been in contact with an infectious organism.

#### *Exclusions*

- > Animals used in educational institutions for dissection purposes.

**‘Sharps’***Description*

- > Discarded items capable of cutting or penetrating the skin and includes syringes, needles, lancets, and scalpel blades, ‘spikes’ of intravenous sets, Pasteur pipettes, microscope slides and coverslips and broken glass. Hard plastic items such as broken plastic pipettes are also classified as ‘sharps’ waste.
- > This category includes sharps generated in the home or public places commonly referred to as ‘Community Sharps’.

*Exclusions*

- > Sharps contaminated with cytotoxic substances are to be managed as: Cytotoxic Waste.
- > Sharps contaminated with radioactive material are to be managed as: Radioactive Waste.

**‘Related Waste’** means waste generated in a clinical or similar setting that constitutes, or is contaminated with, cytotoxic, pharmaceutical, chemical or radioactive material as described below, except where one or more of the listed exclusions applies. Clinical and related waste is a ‘controlled waste’ under the provisions of the EMPCA and comprises the following sub-categories:

**‘Cytotoxic Waste’***Description*

- > Material that is, or may be, contaminated with a cytotoxic drug (that is, one capable of impairing, injuring or killing cells) during the preparation, transport, or administration of chemotherapy.
- > Includes cytotoxic drugs, vials, materials or equipment contaminated with cytotoxic drugs, as well as the sanitary waste from any person undergoing treatment with cytotoxic drugs.

*Exclusions*

- > Urine, faeces and/or vomitus from patients undergoing cytotoxic drug therapy.

**‘Pharmaceutical Waste’***Description*

- > Includes antibiotics, endocrine disruptors, medications, whether in vial, ampoule, tablet, inhaler or capsule form arising from:
  - Pharmaceuticals that are returned by patients or discarded by the public;
  - Pharmaceuticals that are past their expiry date;
  - Pharmaceuticals discarded by the manufacturer due to failed quality control specifications or contaminated packaging;
  - Pharmaceuticals that are no longer wanted or required by the facility;
  - Waste generated during pharmaceutical manufacture and administration, and
  - Waste otherwise contaminated by pharmaceuticals.

*Exclusions*

- > Non-hazardous materials such as, normal saline, dextrin, nutrient solutions and any intravenous fluids that do not have hazardous additives.
- > Materials containing trace quantities of pharmaceutical – for example, used plastic syringes with sharps removed; used intravenous sets with ‘spikes’ removed (managed as ‘sharps’) and empty pill bottles.
- > Urine, faeces and/or vomitus containing low levels of pharmaceutical or associated metabolic by-products from patients undergoing therapy.

**‘Chemical Waste’***Description*

- > Waste generated from the use of chemicals in medical and dental clinics, funeral parlours, veterinary, and laboratory procedures, including waste mercury and amalgams, waste solvents, waste chemical reagents, embalming and preserving fluids, spent photographic developing and fixing solutions (such as from X-rays), waste disinfectants and sterilising solutions.

*Exclusions*

- > There are no exclusions.

**‘Radioactive Waste’***Description*

- > Waste which is also a radioactive material as defined in section 6(3) of the *Radiation Protection Act 2005*.

*Exclusions*

There are no exclusions.

**‘Controlled Waste’** has the meaning prescribed under section 3(1) of the *Environmental Management and Pollution Control Act 1994 (EMPCA)*.

**‘Healthcare Facility’** means premises used in the delivery of health services. These include hospitals, community health clinics and medical, veterinarian and dental practices. Such facilities are likely to produce waste of a medical or clinical nature.

**‘Sharps’** means discarded objects or devices having acute rigid corners, edges, points or protuberances capable of cutting or penetrating the skin.

**‘Waste Generator’** means an individual, group or organisation at a facility which produces controlled waste.

## Section B – WASTE SEGREGATION & PACKAGING

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### 1. Colour Coding and Labelling

- 1.1** Waste generators must ensure that clinical and related waste is segregated at source into discrete waste categories in accordance with the Australian and New Zealand Standard AS/NZS 3816:1998 *Management of Clinical and Related Wastes* (Table 1).
- 1.2** Waste generators must ensure clinical and related waste that presents as a 'mixed' waste stream is managed according to the highest risk category of its constituents.
- 1.3** Waste generators must ensure that waste containers used for the storage and transport of clinical and related waste, are accurately labelled with details relating to the waste.

### 2. Containers and Packaging

- 2.1** Waste generators must ensure that containers used for the disposal of clinical and related waste meet the requirements as specified by Standards Australia (where applicable) for each type of clinical and related waste generated.
- 2.2** Reusable rigid-walled containers (such as mobile garbage bins), must be resistant to leakage, impact rupture and corrosion.
- 2.3** Rigid-walled containers must have interiors of smooth impervious construction to contain spills and so they may readily be cleaned, sanitised and inspected.
- 2.4** All collection containers (including drums, plastic bags and sharps containers) must be securely sealed once filled.
- 2.5** Collection containers for pharmaceutical waste must be:
  - I. Tamper-proof;
  - II. Designed and constructed to contain any accidental spillage of liquid or ointment preparations through breakage or other foreseeable events;
  - III. Designed to cater for standard medicine containers whilst preventing their removal from the container once disposed of; and
  - IV. Lined with non-PVC plastic liners if they are to be incinerated.
- 2.6** Reusable containers must not be used for the collection of cytotoxic waste.

**Table 4: COLOUR CODING AND LABELLING OF CLINICAL AND RELATED WASTES**

(AS/NZ 3816:1998)

<b>CLINICAL AND RELATED WASTES</b>					
Waste Category	COMMENTS	Container Colour Code	Container Type	Marking	Sign
<b>Clinical</b>	Foetuses knowingly obtained through medical procedures, regardless of appearance, and visually recognisable body tissues; such as limbs; not requiring legal burial; should be specifically packaged and labelled.	YELLOW	Plastic bag	<b>Black Biological Hazard</b> and clearly labelled as 'Biohazard'	
<b>Sharps</b>	Waste generators must use sharps containers that comply with either <i>AS 4031-1992 Non-Reusable Containers for the Collection of Sharp Medical Items used in Healthcare Areas</i> , or <i>AS/NZS: 4261-1994 Reusable Containers for the Collection of Sharp Items used in Human or Animal Medical Applications</i> . Waste collection companies who supply, collect and/or service, reusable sharps containers should ensure compliance with <i>AS/NZS 4478-1997 Guide to the Reprocessing of Reusable Containers for the Collection of Sharp Items used in Animal Clinical/Medical Applications</i> .	YELLOW	Rigid-walled sharps container meeting appropriate Australian Standard		
<b>Chemical</b>	Chemical waste should be retained in their original labelled containers. If materials must be removed from their original containers, the receiving container must be compatible with the intended contents and must be fully labelled with specific chemical details, together with appropriate warning symbols.	Not specified	Appropriate container	Not specified	
<b>Cytotoxic</b>	Cytotoxic wastes must be packaged inside either; a heavy duty, puncture resistant, leak-proof container, or, a multi-walled paper bag with a poly-liner. Bag and container must have secondary containment for capture of spills during transit. Containers for the collection of cytotoxic waste are not to be re-used.	PURPLE	Containers and plastic bags (not re-usable)	<b>White Telophase</b> symbol and clearly labelled as 'Cytotoxic Waste'	
<b>Pharmaceutical</b>	Pharmaceutical waste must be collected into tamper-proof containers designed to resist impact-rupture, capture spills, and prevent the removal of waste, once disposed.	Not specified	Tamper-proof containers	Not specified	
<b>Radioactive</b>	Radioactive waste must be packaged in accordance with the <i>Commonwealth Code of Practice for the Safe Transport of Radioactive Material</i> (2001). The Health Physics Branch of DHHS should be contacted to ensure compliance with legislative requirements.	RED	Containers and plastic bags	<b>Black Radioactive</b> symbol and clearly labelled as 'Radioactive Waste'	

**Note:** The requirements for colour coding and labelling of clinical and related waste are subject to AS/NZS 3816:1998 and as such, may be amended from time to time.

### 3. Waste Handling

- 3.1** Waste generators must ensure that waste is correctly classified and segregated at source and managed in accordance with the relevant level of risk.
- 3.2** Clinical and related waste must not be manually compacted, mulched or shredded prior to disposal unless as part of an approved treatment process.
- 3.3** Wastes must be moved from point of generation or initial storage, to consolidated storage or treatment area, by means of solid-base garbage trolleys or handcarts designed to prevent leakage, reduce the need for manual handling and facilitate easy cleaning and disinfection.
- 3.4** Clinical and related wastes must be contained during transit off-site in purpose-designed bags, boxes, bins or drums. Containers and bags must be sealed prior to moving the waste to prevent accidental spills and contamination. Very wet waste must be contained in a manner that prevents or captures spills. The lid of the drum, box or garbage trolley must be able to be closed securely with a good seal to avert discharge of the contents.
- 3.5** Adequate supplies of absorbent and cleansing materials must be readily available in the area of preparation or administration of cytotoxic drugs, as well as in transit, to cater for accidental spills. Suitable materials include sawdust, commercially available absorption granules, detergents or cytotoxic spill kits. Waste that is, or might reasonably be expected to be, contaminated with cytotoxic material, must be treated as cytotoxic.
- 3.6** Chutes must not be used for the transport of clinical and related wastes.

## Section C – STORAGE

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### I. On-Site Storage

- 1.1** Clinical and related waste that cannot immediately be removed for treatment or disposal must be managed to avoid spills, noxious odours or offence.
- 1.2** Body parts must be immediately refrigerated until removed from the site.
- 1.3** Storage areas for clinical and related wastes must have an impervious base, be under cover, and bunded to prevent site run-off of spills and wastewater. The base and walls of the bunded area must be free of gaps and cracks.
- 1.4** Any wash water resulting from routine cleaning of collection containers, mobile garbage trolleys, storage areas and such like, must be directed to sewer or to an on-site wastewater treatment system.
- 1.5** Storage facilities must:
  - I. Be located away from patient and public access areas, food preparation and dining areas, windows opening into these areas and air conditioning intakes.
  - II. Be segregated from areas used to store other materials;
  - III. Be able to be locked to restrict access to unauthorised persons;
  - IV. Display appropriate signage (for example, 'Clinical Waste' and the black, 'Biohazard' symbol) and ensure wastes destined for different treatments are kept in separate labelled containers in appropriately signed areas;
  - V. Have adequate lighting and ventilation to prevent noxious odours, offence or nuisance;
  - VI. Have adequate spill containment measures within the storage area (such as bunding and/or a sump) to prevent off-site migration of spills;
  - VII. Be equipped with readily accessible spill clean-up equipment (spill kit) in all waste storage and waste loading/unloading handling areas;
  - VIII. Be designed and fitted out to facilitate cleaning and disinfection, hygiene maintenance and post-spill decontamination, and
  - IX. Be vermin-proof and maintained in a clean and tidy condition.
- 1.6** Temporary storage containers and storage facilities for pharmaceutical waste must be secure.
- 1.7** All returned medications must be placed into a locked or otherwise secure container for immediate storage in an area separated from dispensary stock.
- 1.8** All drugs, poisons and other pharmaceutical preparations must at all times be separated from food, and animal or human contact, and must be incapable of mixing with or contaminating any foodstuffs should a container leak or break.
- 1.9** Pharmaceutical waste must not be compacted or mixed with other rubbish.
- 1.10** The handling and storage of radioactive wastes must be in accordance with the *Radiation Protection Regulations 2006*.

### 2. Off-Site Storage

- 2.1** Offsite bulking/transfer facilities which accept more than 100 tonnes per year of clinical and related waste for storage must be referred to the Director of Environmental Management as level 2 activities under *EMPCA*.
- 2.2** Off-site storage of clinical and related waste below the level 2 activity threshold must be referred to the local council.

# Section D – TRANSPORT

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## I. Transport Containers

- 1.1** Loose waste bags must be placed into secondary containers that are clearly marked as 'clinical and related waste' for transport to receival facilities.
- 1.2** Containers used for the transport of clinical and related wastes must be:
  - I. 'Fit for purpose' with respect to strength, design (covered, sealed and rigid-walled) and construction;
  - II. In good serviceable condition, with smooth, clean interiors, free from cracks, protuberances or defects that may damage packages during transit;
  - III. Fully bunded and configured to collect and contain any liquid spills,
  - IV. Easy to clean and disinfect on a regular (weekly) basis, and
  - V. Subject to regular (weekly) inspections.
- 1.3** Clinical and related waste must not be compacted, unless compaction occurs during and/or following an approved treatment process.
- III. Smooth and seamless walls and floor of the compartment for easy cleaning and disinfection, and, free of defects and protrusions which may damage containers and packages in transit;
- IV. A bunded floor and/or drainage sump which can be emptied and cleaned
- V. Provision of adequate and appropriate equipment and materials for spill management.
- 3.2** Routine cleaning of the vehicles must be carried out in a bunded area, with a sump drain connected to the sewerage system, or some equivalent means of collection and disposal incorporated.
- 3.3** Clinical and related waste that is also considered to be a dangerous good must be transported in accordance with the *Dangerous Goods Act 1998 (Tasmania)* and the *Australian Code for the Transport of Dangerous Goods by Road and Rail*. This includes displaying appropriate placarding at the front and rear of the vehicle in accordance with the Code.

## 2. Off-Site Transport

- 2.1** It is the responsibility of the waste generator to engage the services of an approved controlled waste transporter where the transport activity is to be conducted for fee or reward.
- 2.2** The transport of clinical and related waste must be conducted in accordance with the terms and conditions of the approval issued by the Director of Environmental Management.
- 2.3** The waste generator must fully inform transport contractors of the nature of all waste they are required to transport and whether it has been pre-treated, and be satisfied that the intended treatment and/or disposal facility is approved for the waste.
- 2.4** It is the responsibility of the waste generator (or an Agent acting on behalf of a waste generator) and waste transport contractors to complete their relevant sections of all transport documentation.

## 3. Road

- 3.1** Vehicles for the transport of controlled waste must have the following:
  - I. An approved design, construction, material and strength for intended service;
  - II. A lockable, fully enclosed load compartment, physically separated from the driver by a solid partition;

## 4. Rail

Waste transport by rail must be in accordance with the Australian Code for the Transport of Dangerous Goods by Road and Rail (ADG Code), as amended from time to time.

## 5. Shipping

Waste transport by sea must be in accordance with the International Maritime Organisation (IMO) International Maritime Dangerous Goods Code (1995).

## 6. Air Transport

Waste transport by air must be in accordance with the *International Air Transportation Association (IATA) Dangerous Goods Regulations (2005)*.

## 7. Interstate Transport

- 7.1** The interstate transport of controlled wastes, including clinical and related waste, must be conducted in accordance with the requirements of the *National Environment Protection (Movement of Controlled Waste between States and Territories) Measure (NEPM)*.
- 7.2** Waste generators that transport clinical and related wastes from Tasmania to another jurisdiction must obtain a prior Consignment Authorisation from the relevant authority in the receiving jurisdiction.

## Section E – TREATMENT AND DISPOSAL

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### I. Landfill Disposal

- 1.1** Untreated clinical and related waste may continue to be disposed of to an approved landfill facility until the end of September 2008 (except where otherwise specified in this AMM), only if the requirements of sections E.1.3 and E.3 are complied with.
- 1.2** From the 1<sup>st</sup> of October 2008, clinical and related waste may be disposed of to an approved landfill facility (except where otherwise specified in this AMM), only if the requirements of sections E.1.3 and E.3 are complied with, and provided that the waste is subject to prior treatment in accordance with the requirements of section E.2.
- 1.3** The following requirements apply to any landfill disposal of clinical and related wastes.
- I. The waste must not contain; cytotoxic, pharmaceutical and chemical waste, unsterilised microbial cultures or suspensions in tissue culture and any equipment or materials which have contacted such, and recognisable human anatomical parts, (collectively; 'prohibited wastes').
  - II. The waste must not comprise of, or include, liquid wastes (prior approval for disposal of liquid wastes to sewer should be sought from the relevant sewage authority).
  - III. Waste generators must have systems in place to ensure the at-source segregation of prohibited wastes and that these systems are subjected to periodic review and audit.
  - IV. Managers of healthcare facilities that are likely to generate prohibited wastes must complete the *Self Audit Tool for Health Care Facilities* available from DTAE or implement an equivalent audit system.
  - V. The waste is disposed at an approved landfill facility, in accordance with all environmental management requirements pertaining to the management of that facility and with prior approval from the operator of that facility.
  - VI. Public access to the point of disposal of the waste is restricted during the active disposal period.
  - VII. The person or agent responsible for disposal must be appropriately trained. They must deposit the material at the lower edge of the working face of the landfill or in an excavation, and supervise immediate covering of the waste to a depth of one metre. Soil or other solid waste may be used as cover.
  - VIII. The waste must be disposed of in accordance with the *Landfill Sustainability Guide 2004*.

### 2. Treatment

- 2.1** Any clinical and related waste treatment technology must meet the following minimum operational standards, as is appropriate to the waste being treated.
- I. Elimination of biological hazard by rendering the waste non-infectious. Treatment must achieve a ten thousand-fold or greater reduction ( $\log_{10}$  kill rate = 4) in bacterial spores, and a million-fold or greater reduction ( $\log_{10}$  kill rate = 6) in vegetative cells on test organisms appropriate for the treatment process;
  - II. Elimination of any chemical hazard by destroying chemicals and pharmaceuticals;
  - III. Be of proven technology for the particular waste stream to be treated, in terms of effectiveness, and for which the social and environmental risks are characterised and publicly available;
  - IV. Render sharps incapable of causing penetration injury;
  - V. Render the waste unrecognisable and inoffensive;
  - VI. Not result in unacceptable levels of hazardous or toxic by-products, or contribute to secondary environmental problems;
  - VII. Ideally achieve a significant volume and mass reduction;
  - VIII. Have automatic controls and built-in fail-safe mechanisms;
  - IX. Constitute closed loop systems that ensure the waste cannot by-pass the treatment process;
  - X. Have continuous automatic monitoring and recording;
- 2.2** A hospital or other producer of clinical and related waste wishing to install on-site waste treatment equipment must contact the Director of Environmental Management for advice regarding the legislative requirements of such activities.

### 3. Specific Disposal and Treatment Requirements

#### 3.1 CLINICAL WASTE

##### 3.1.1 Pathology and Sampling Waste

- I. Pathology and sampling waste characterised as potentially containing micro-organisms which are pathogenic and transmissible, must be sterilised by suitable autoclave and/or disinfection process, before they leave the control of laboratory personnel. This includes faecal or urine specimens not disposed directly to sewer.
- II. Effluent from large, automated, laboratory testing analysers may go straight to sewer (prior approval for the disposal of liquid wastes to sewer, should be obtained from the relevant sewerage authority).

##### 3.1.2 Human Anatomical Waste

- I. Biopsy specimens and visually recognisable anatomical waste such as limbs and human tissue (other than that requiring legal burial) must be specifically packaged and labelled in accordance with the specified standards. (refer: section B)
- II. Anatomical waste – including unretained foetal or placental tissue – must only be disposed of by approved high temperature incineration under supervision, or disposed of at an approved crematorium.
- III. Teeth containing amalgam (mercury) fillings must not be incinerated (refer: section E 3.2.3).

##### 3.1.3 Blood and Body Fluids

- I. Bulk blood, body fluids (such as 24-hour urine collections) and liquids visibly contaminated with blood, must not be disposed of to landfill.
- II. Large volumes of blood, body fluids or other liquids disposed to sewer, must have prior written approval from the relevant sewerage authority.
- III. Materials or equipment containing free-flowing or expressible blood and/or body fluids, as defined in Section A, must be disposed to an approved landfill facility.

##### 3.1.4 Animal Tissue and Carcasses

Animal tissue and carcasses must be disposed of by approved high temperature incineration or to an approved landfill facility.

##### 3.1.5 Sharps

- I. Prior to treatment and/or disposal, discarded sharps must be contained within a sharps container that meets the packaging and labelling standards specified in this AMM (refer: section B).
- II. Sharps must be disposed by approved high temperature incineration or to an approved landfill facility.
- III. Sharps contaminated with cytotoxic materials must be clearly labelled and disposed of in accordance with the relevant standards in this AMM.
- IV. Sharps contaminated with radioactive materials must be clearly labelled and disposed of in accordance with the relevant standards in this AMM.

## 3.2 RELATED WASTE

### 3.2.1 Cytotoxic Waste

- I. Cytotoxic waste must be disposed of only by approved high temperature incineration. It must not be disposed of to sewer or landfill.

### 3.2.2 Pharmaceutical Waste

- I. All pharmaceutical waste, (including unwanted and out of date medicines, but excluding drugs of dependence or Schedule 8 pharmaceuticals), must be disposed of only by approved high temperature incineration. It must not be disposed of to sewer or landfill.
- II. Schedule 8 pharmaceuticals must be disposed of in accordance with the *Poisons Act 1971* and subordinate legislation. Drugs scheduled under the *Standard for Uniform Schedule of Drugs and Poisons (SUSDP)* are subject to special arrangements.
- III. Liquids must be collected separately from solid dose forms and must be retained in their original containers to ensure proper identification, and therefore suitable disposal.
- IV. Used or partly used vials and ampoules must be disposed of via sharps containers that are destined for incineration, or returned to a central pharmaceutical store for packaging and collection.
- V. Non-flammable liquids that are uncontained (such as spills of antibiotic solutions) must be absorbed by surplus absorbents such as sawdust, cellulose or other granulated absorbents, and subsequently placed in a compatible, moisture-resistant bag, plastic bag or other sealable combustible container for incineration.
- VI. Liquids, semi-solid preparations or other substances considered an explosive hazard, or any other substance not suited to destruction by incineration must be identified and separated from the waste stream.
- VII. Prior arrangements must be made with incineration facilities for the destruction of collected materials.

- VIII. Unwanted pharmaceuticals (other than Schedule 8 and cytotoxic drugs) may be returned, under supervision, to a community pharmacy for collection and disposal.

### 3.2.3 Chemical Waste

- I. Disposal of chemical waste must be managed to avoid risks to public health, safety and the environment.
- II. Chemical waste must be disposed of in accordance with relevant public health, safety and environmental legislation.
- III. Chemical waste must not be disposed of to sewer unless explicitly approved by the relevant sewerage authority.
- IV. Chemical waste must be appropriately contained within suitable containers, and chemicals from differing processes must not be mixed.
- V. Chemical waste must be labelled with chemical name, total quantity and concentration of substance/s, appropriate risk and safety information, and dangerous goods labelling as applicable.
- VI. Mercury and other chemicals, such as esters of acrylic acid used in the preparation of restorative amalgams, must not be incinerated or disposed of via domestic waste disposal systems.
- VII. After 1<sup>st</sup> of October 2008, dental practices must employ amalgam separators capable of at least 95% separation, to treat all wastewater streams containing mercury amalgam residues.

### 3.2.4 Radioactive Waste

- I. The handling and storage of radioactive material and disposal of any such waste must be in accordance with the *Radiation Protection Regulations 2006* and any requirements of the Department of Health and Human Services (DHHS).

## Section F – MANAGEMENT OF CLINICAL WASTES IN THE HOME

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### **I. Wastes Arising From Home Healthcare Visits**

This category includes clinical and related waste generated during home visits by health professionals such as community nurses, doctors and palliative care staff. The minimum requirements of this AMM for the management of clinical and related waste generated in this manner are the following:

- 1.1.** The healthcare facility (such as hospitals and community health clinics) has primary responsibility for ensuring waste generated through home healthcare activities is properly managed.
- 1.2.** Waste must be deposited into containers that comply with standards outlined in this AMM (refer: section B. 2) and the requirements of any relevant Australian Standard.
- 1.3.** Waste must be labelled and colour-coded in accordance with the standards of this AMM (refer: section B. 1) sealed and secured in a rigid-walled container for transport and returned to the primary healthcare facility.
- 1.4.** The waste must be managed and disposed of through the standard clinical and related waste streams in accordance with the individual facility's waste management plan.
- 1.5.** Spill kits must be available in vehicles transporting waste, and the responsible staff trained in their correct use.
- 1.6.** The healthcare provider must keep records of all wastes transported back to the primary healthcare facility, including dates, types of waste, quantity and disposal pathway.



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