WASTE MANAGEMENT POLICY AND PROCEDURE

Version 2.0: June 2026

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Purpose and Scope

The purpose of this policy and procedure is to ensure consumers, Bilingual Care staff and others are protected from harm resulting from exposure to waste, or infectious or hazardous substances generated during the delivery of supports.

It applies to all staff and meets relevant legislation, regulations and Standards. It should be read in conjunction with Bilingual Care's *Work Health and Safety Policy and Procedure.*

Applicable Strengthened Aged Care Quality Standards

- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 5. Clinical Care*

Definitions[1] [2]

Body Fluids - including but not limited to: amniotic, cerebrospinal, synovial, pleural, pericardial and peritoneal fluids, as well as breast milk, semen and vaginal secretions. Note that body fluids do not include faeces, urine, vomit, sputum or meconium.[3]

Bulk - free flowing liquids normally contained within a disposable vessel or tubing, not capable of being safely drained to the sewer.

Chemical Waste – waste generated using chemicals in medical, veterinary and laboratory procedures. Chemical waste should be classified in accordance with the step-by-step waste classification process in the *Australian Dangerous Goods Code* (ADG Code).

Clinical and related waste - waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection, or offence. It includes:

- clinical waste
- cytotoxic waste
- pharmaceutical, drug or medicine waste and
- sharps waste.

Clinical waste (including pathological waste) - waste that has the potential to cause sharps injury, infection, or offence. Includes:

- sharps

[1] NSW Environment Protection Authority (EPA) 2014, *Waste Classification Guidelines Part 1: Classifying Waste*, New South Wales Government, Sydney.
[2] NSW Department of Health 2007, *Clinical and Related Waste Management for Health Services*, New South Wales Government, Sydney.
[3] Victorian Health and Human Services Building Authority, Victorian Government (2020) Clinical and Related Waste Guidance, accessed 15 October 2024, https://www.vicniss.org.au/media/2129/clinical-waste-guidelines-supplement-for-healthcare-staff.pdf

- human tissue (excluding hair, teeth, and nails)
- bulk body fluids and blood
- visibly blood-stained body fluids and disposable material and equipment
- laboratory specimens and cultures and
- animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.

Cytotoxic waste - material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug, and any discarded material associated with the preparation or administration of cytotoxic drugs.

Generator of waste – a person conducting work in a Bilingual Care workplace, including consumers' homes, where waste (for the purpose of this policy and procedure) is created.

Hazardous waste - waste arising from medical, nursing, dental, veterinary, pharmaceutical, or similar practices, and wastes generated in clinical or other facilities resulting from the investigation or treatment of patients or research projects. Typical hazardous waste includes sharps, anatomical waste, clinical waste, chemically contaminated waste, infectious waste, human tissue, cytotoxic waste, pharmaceutical waste, animal waste, laboratory waste, chemical waste, and radioactive waste (or items contaminated with this material such as paper towels, gloves, etc).

PPE – personal protective equipment.

Pharmaceutical waste - pharmaceuticals or other chemical substances specified in the Poisons List. Pharmaceutical substances include expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

Safety Data Sheet (SDS) – a document prepared by the manufacturers of chemicals that provides information about a hazardous chemical to ensure users can work safely with the substance. Information in SDSs includes the substance's physical properties (e.g., melting/boiling point, toxicity, reactivity), health effects, first aid response requirements and safe handling procedures (e.g., personal protective equipment, safe storage/disposal, and spills management).

If not provided in physical form with a chemical, SDSs should be located on the manufacturer's website. SDSs are valid for 5 years but should be checked at least annually in the event the manufacturer has made updates.

Sharps - any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

Policy

Bilingual Care may generate waste that is unsafe to dispose of with general waste, as part of its delivery of aged care services. Appropriate waste disposal is important for infection control. Different types of waste have different waste management procedures that need to be followed.

When specific waste is appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues is minimised.

Bilingual Care's *Emergency and Disaster Management Plan* includes responding to clinical waste and infectious or hazardous substance management issues and accidents.

Staff involved in the management of waste and infectious or hazardous substances are trained to ensure safe and appropriate handling. This includes training on any PPE or other clothing required when handling waste and infectious or hazardous substances.

Procedures

General

While delivering its services, Bilingual Care is likely to produce Clinical (including PPE), Pharmaceutical and Sharps Waste. Staff must ensure they dispose of waste as per the procedures described below. Any instances where they are not able to do so should be reported to the Managing Director, and any incidents (e.g., exposure) should be reported immediately in accordance with Bilingual Care's *Incident Reporting* policies and procedures.

Bilingual Care will develop and implement a *Waste Management Plan* relevant to the types of waste it is likely to generate. The *Waste Management Plan* must be developed in consultation with other co-located services such as pathology services, and will cover:

- who has overall responsibility for the plan as well as the functions/responsibilities within the plan
- strategies for:
    - ensuring waste is disposed of safely - to prevent contact with people and minimise environmental risks
    - minimising waste
    - training and waste management promotion
    - work health and safety requirements
    - auditing
    - measuring waste management performance and
    - incident management
- procedures for segregating, collecting, transporting, storing, and disposing of waste from various areas of the service
- spills management
- contract management, including contractor details, contact arrangements, auditing, safe operating, and spill management procedures and
- relevant insurances.

Waste Segregation

Segregation of various streams of waste is an important part of efficient waste management. Bilingual Care will ensure waste is effectively segregated through:

- education and training to all staff who generate waste
- reviewing *Safety Data Sheets* (SDS) for waste classified as hazardous (e.g., hazardous chemicals and dangerous goods) to ensure that waste components are handled safely, including storage and disposal
- ensuring there is identifiable colour coding and labelling for waste
- providing suitable containers and bags in appropriate locations
- incorporating quick and efficient waste disposal methods into consumer care procedures and
- ensuring all waste can be easily, safely, and correctly segregated at the point of generation.

Minimum Requirements for Waste Disposal

Disposal of any contaminated or hazardous waste generated by Bilingual Care activities must:

- be disposed of in accordance with the legislative requirements for the type of waste
- be conducted and implemented in consultation with relevant staff and
- occur based on a risk management process that is used when planning and implementing hazardous waste disposal.

Disposal

This policy and procedure covers disposal of Clinical, Pharmaceutical and Sharps waste, given this is the waste most likely to be produced in the delivery of Bilingual Care's aged care supports.

Should general waste be mixed or contaminated with any of the above listed waste it must be then treated as the contaminated or hazardous waste.

To determine how to treat waste, use the ***CAPS-BBI*** check[4]. If the item is/contains:

Cytotoxic	***B***lood	Any of these must go into a cytotoxic, anatomical, pharmaceutical, sharps or clinical waste bin. See procedures below.
Anatomical	***B***ody fluid	
Pharmaceutical	***I***nfectious	
Sharp		

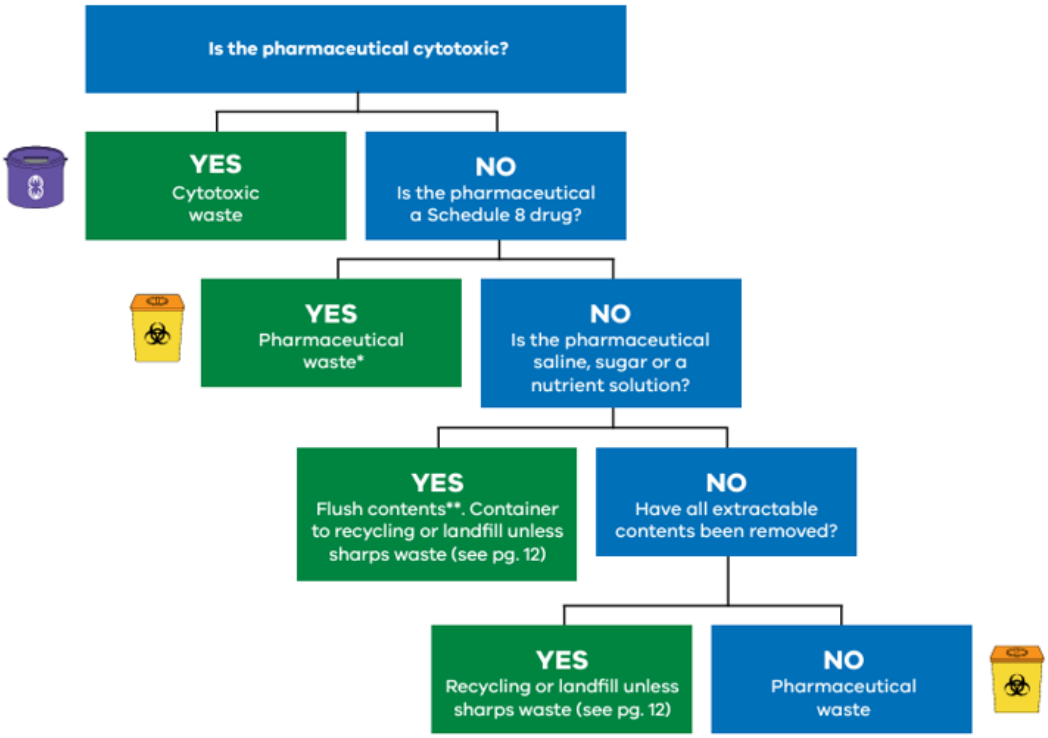
The following Decision Trees[5] can be used to determine the correct disposal method.

[4] Victorian Health and Human Services Building Authority, Victorian Government (2020) Clinical and Related Waste Guidance, accessed 27 October 2025, https://www.vicniss.org.au/media/2129/clinical-waste-guidelines-supplement-for-healthcare-staff.pdf

[5] Victorian Health and Human Services Building Authority, Victorian Government (2020) Clinical and Related Waste Guidance, accessed 27 October 2025, https://www.vicniss.org.au/media/2129/clinical-waste-guidelines-supplement-for-healthcare-staff.pdf

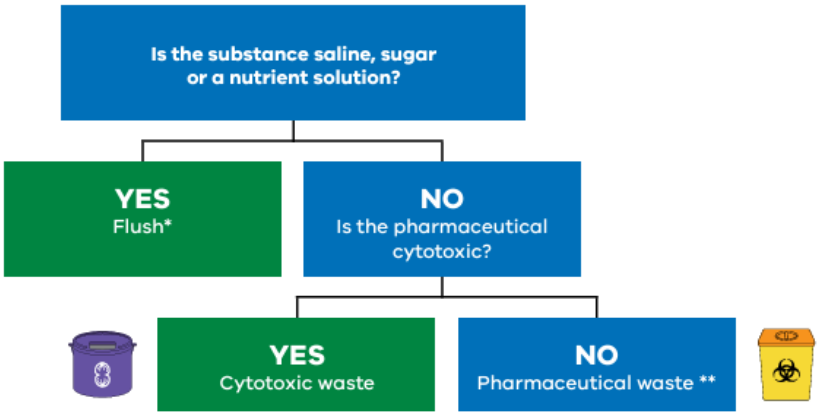
Pharmaceutical Container Disposal

WARNING: Unless it is saline, sugar or a nutrient solution pharmaceutical substances **must not** be flushed, poured down sinks or disposed of directly to the environment.



Pharmaceutical Substance

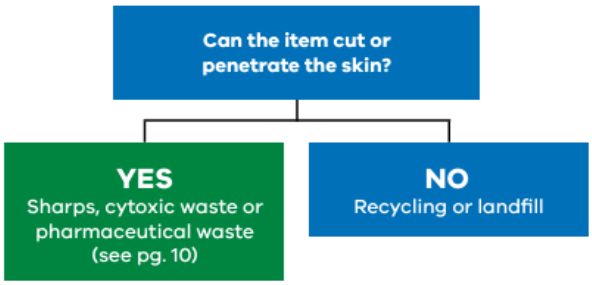
WARNING: Unless it is saline, sugar or a nutrient solution, pharmaceutical substances **must not** be flushed, poured down sinks or disposed of directly to the environment.



Sharps

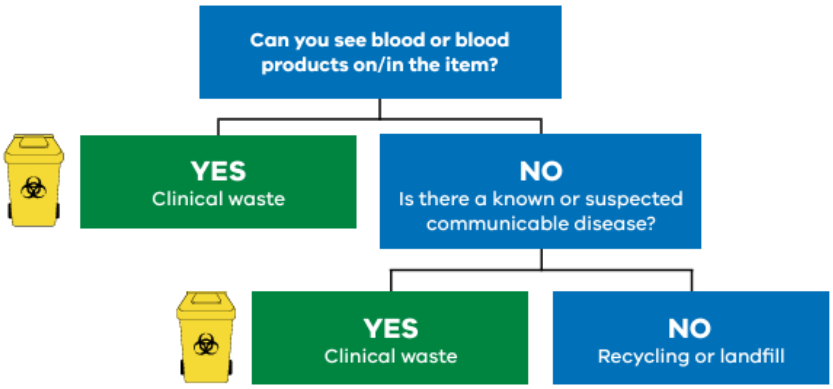
Note: A syringe without a needle is not classified as a sharp.

A sharp is any item capable of cutting or penetrating the skin.



Blood and Blood Products (including items contaminated with blood and blood products)

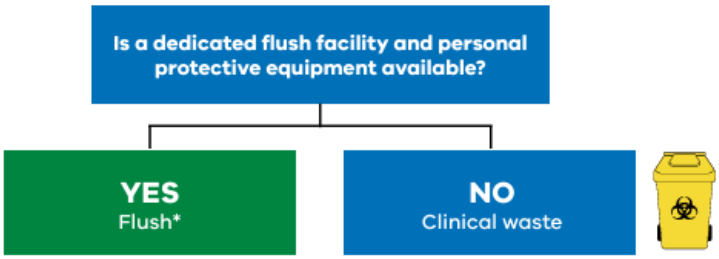
Albumin, plasma, serum and so on



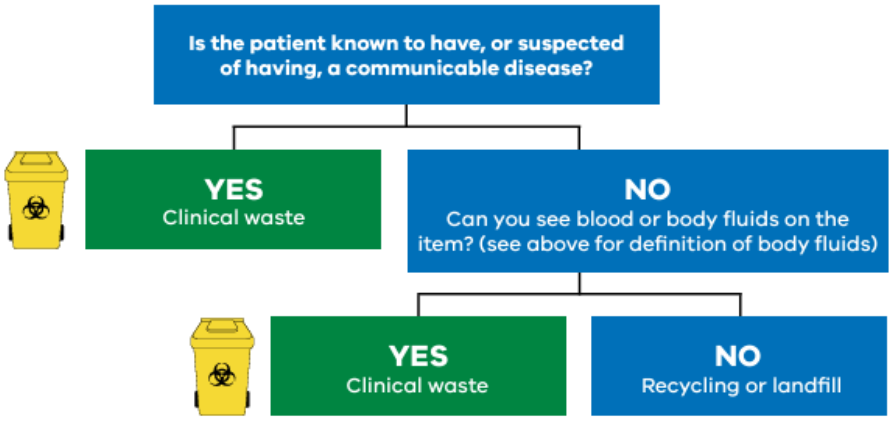
Body Fluids and Bulk Body Fluids (including contaminated with body fluids)

Note: faeces, urine, vomit, sputum and meconium are **not** body fluids.

Including but not limited to: amniotic, cerebrospinal, synovial, pleural, pericardial and peritoneal fluids, as well as breast milk, semen and vaginal secretions.

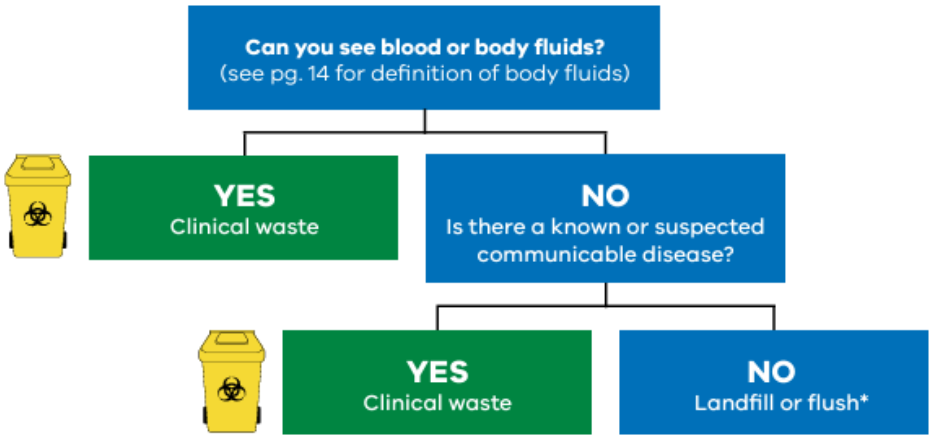


Items from a consumer with a Communicable Disease (known or unknown)



Faeces, Urine, Vomit, Sputum or Meconium

Note: Faeces, urine, vomit, sputum and meconium **are not** body fluids.



Continence Aids (non-infectious) Disposal

- Gloves, apron, and protective eyewear must be worn. If a consumer has symptoms of a communicable disease (e.g., gastroenteritis), face masks must also be worn.
- Where there is an excess of faecal matter, gently tip as much matter as possible into the toilet and flush. This will help to reduce odour and manage waste more hygienically.
- Place the used continence aid into a scented waste bag. Waste bags must not be filled to more than two-thirds of their capacity and contents are to be secured within the bag when closing.
- Before closing the bag, excess air should be excluded without compacting the waste in the bag.
- If the continence aid is heavily soiled, ensure the waste is double bagged. That is, once

the waste is bagged, place that bag inside another bag and close securely.

- Perform hand hygiene.
- Waste bags should be taken out to the Council bin as soon as possible, or at the end of the shift.
- *Never dispose of continence aids by flushing them in the toilet.*

Clinical Waste

PPE and Waste Disposal

Single-use PPE worn during regular daily activities, in settings that do not have a suspected, or diagnosed, case of an infectious disease, can be disposed of in general household waste bins.

PPE worn while looking after a person suspected of having, or diagnosed with, an infectious disease is considered clinical waste that must be disposed of in an appropriate clinical waste bin. Any items that have been soiled with blood or body fluids (including PPE) should also be treated as clinical waste.

Clinical waste is generally categorised as an Infectious Substance, and staff should minimise the handling of waste bags and avoid decanting waste from one bin to another. When clinical waste bags must be handled, they should be held away from the body by the closed top of the bag and placed directly into a bin appropriate to the waste. Gloves, apron, and protective eyewear must be worn. If a consumer has symptoms of a communicable disease (e.g., gastroenteritis), face masks must also be worn.

Waste bags must not be filled to more than two-thirds of their capacity and contents are to be secured within the bag when closing. Before closing the bag, excess air should be excluded without compacting the waste in the bag. If the waste is heavily soiled, ensure it is double bagged. Waste bags should be taken out to the Council bin as soon as possible, or at the end of the shift.

Pharmaceutical Waste

Disposal

Pharmaceutical waste must be disposed of safely and in a manner that is not harmful to the environment. Medication to be destroyed (i.e., out of date, no longer required or incorrectly dispensed) must be labelled and disposed of in an appropriate bag and returned to the local pharmacist for disposal under the Return Unwanted Medicine program.[6]

If the consumer, their supporter or family is unable to return pharmaceutical waste, Bilingual Care's staff will dispose of it on their behalf. Bilingual Care will provide staff with address and contact details of nearby pharmacies that are registered to accept unwanted medicines.

[6] Return Unwanted Medicines 2023, *Return Unwanted Medicines*, The National Return and Disposal of Unwanted Medicines Limited, accessed 27 March 2023, < https://returnmed.com.au/>.

Labelling

Pharmaceutical waste packages/containers must be marked with the label PHARMACEUTICAL WASTE. No symbols or signage are required.

Sharps Waste

Sharps injuries are a common cause of getting infected by a blood-borne virus. The following basic requirements should apply if sharps are used or found:

- whoever uses the sharp, disposes of it
- do not pass sharps by hand - use tongs
- use disposable sharps
- do not put a used needle back in its cover, put it in a sharps container
- do not separate a needle from a syringe
- do not break, burn, or manipulate a sharp
- do not clean re-usable sharps by hand, use a long-handled brush and tongs
- do not put hands or fingers into garbage bags, laundry bags, crevices etc. where you suspect there are sharps – use tongs
- do not manually compress garbage bags – use the tie-straps to lift and carry the bag and
- ensure that any containers are kept out of reach of children.

Disposal

Sharps must be disposed of in an approved sharps disposable container (yellow with biohazard symbol). Sharps containers that are resistant to impact, penetration, and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used. PPE must be worn when handling sharps, including gloves and safety glasses.

Bilingual Care prefers that consumers who use sharps have an appropriate sharps disposable container in their residence to reduce the risk of Bilingual Care staff handling sharps waste. However, where this is not practicable, staff will be provided with a disposable sharps container that can be used if they do need to handle and dispose of sharps waste. Full disposal containers will be taken to local pharmacies in the service delivery area for appropriate disposal.

Staff MUST NOT use drinks cans, bottles, or cardboard boxes to dispose of sharps – they may find their way into domestic waste and present a hazard to council workers and the public.

Staff should never try to retrieve anything from a sharps container or press down on the contents to make more room. Containers must be labelled and regularly emptied.

Labelling

Sharps disposable containers must bear the Division 6.2 label:



and be marked with the label CLINICAL SHARPS.

Chemical Waste

Disposal

When disposing of chemicals and containers that have contained hazardous chemicals:

- check the label for advice on disposal of chemicals or containers
- triple rinse empty containers to remove all traces of the chemical and
- uncap, puncture and/or crush all rinsed containers.

Ensure that appropriate PPE (e.g., gloves and safety glasses) are worn before handling or rinsing the empty containers.

Labelling

Chemical waste packages/containers must be labelled with the product identifier (name) and the relevant hazard pictogram/symbol depending on the type of hazard classification (e.g., corrosive, flammable, toxic). It must also include the Australian name, address, and contact details of the manufacturer.

Labelling requirements do not apply to household consumer products, however, if the original label is faded, worn or illegible, a replacement label/sticker must be applied so that the contents can be easily identified.

See also Bilingual Care's *Chemical Use and Storage Policy and Procedure* for further details.

Internal Transport and Tracking

Bilingual Care must optimise the waste collection process, reduce handling and transportation, and promote safe work practices.

When removing waste, staff should avoid walking through food preparation and heavily used areas (e.g., kitchen) taking a direct route to the outside bin if possible. This further reduces the risk of contamination should an accident occur (e.g., slip/trip/fall).

Waste collection must be routine to facilitate effective housekeeping and waste disposal practices.

Managing Spills

Bilingual Care must ensure that:

- its *Waste Management Plan* sets out procedures for waste spills
- staff involved in spill management are trained in emergency procedures and handling requirements, including use of spill kits
- spill kits are readily accessible and clearly labelled and mapped
- it stocks PPE and emergency spill kits appropriate to the waste handled
- spill kits are disposed of with the relevant waste and
- spill kits are restocked with the necessary components immediately after use, returned to their locations and regularly inspected for malfunctioning or missing components.

The process for cleaning spills will depend on the nature of the spill and volume. The following table from the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* can be used for guidance:

Volume of spill	Process
Spot cleaning	• Select appropriate personal protective equipment (PPE) • Wipe up spot immediately with a damp cloth, tissue or paper towel • Discard contaminated materials • Perform hand hygiene
Small spills (up to 10cm diameter)	• Select appropriate PPE • Wipe up spill immediately with absorbent material • Place contaminated absorbent material into impervious container or plastic bag for disposal • Clean the area with warm detergent solution, using disposable cloth or sponge • Wipe the area with sodium hypochlorite and allow to dry • Perform hand hygiene
Large spills (greater than 10cm diameter)	• Select appropriate PPE • Cover area of the spill with an absorbent clumping agent and allow to absorb • Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances • Place all contaminated items into impervious container or plastic bag for disposal • Discard contaminated materials • Mop the area with detergent solution • Wipe the area with sodium hypochlorite and allow to dry • Perform hand hygiene

Depending on the substance that has been spilled, such as blood or body fluids, staff may use disinfectant after the area has been cleaned with a detergent solution.

When choosing a disinfectant, it is essential to use a product that is compatible with the surface material to avoid damage to the surface.

If the spill has occurred on a soft furnishing, such as a lounge chair, use a detergent solution to thoroughly clean the area. It may also be appropriate to vacuum the area. Do not use disinfectant on a soft furnishing as it may stain the area.

Alcohol solutions should not be used to clean spillages.

Personal Protective Equipment

Bilingual Care will supply the necessary Personal Protective Equipment (PPE) for the types of waste that may be handled. Staff must use appropriate PPE when handling waste, including gloves, safety eyewear and in some cases, an apron.

Reporting

Incidents relating to waste management and disposal should be reported in accordance with Bilingual Care's *Incident Management* policies and procedures.

Workers who sustain a needlestick injury or are exposed to blood and/or body fluids may need to be notified to the Regulator – refer Bilingual Care's *Workplace Incident Management Policy and Procedure* for further guidance.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Work Health and Safety Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Chemical Use and Storage Policy and Procedure*
- *Emergency and Disaster Management Plan*
- *Waste Management Plan*
- *Safety Data Sheets (SDS)*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, participant and other stakeholder feedback, where relevant.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
2.0	26/06/2026	MD
Version History		
Version No.	**Reviewed Date**	**Revision Description**