

1. Introduction

1.1. Purpose

The purpose of this Waste Management Policy is to safeguard all participants, workers, and any other individuals from potential harm arising from exposure to waste, infectious, or hazardous substances produced during the provision of support. This policy aims to ensure safety by promoting the safe storage, handling, and disposal of waste and hazardous materials. It underscores the importance of adherence to current legislation, local health requirements, and the requirements set by the NDIS Waste Management Practice Standard.

1.2. Scope

This Policy is applicable to all Workers affiliated with Mildura Disability Support. It is the responsibility of every individual, regardless of their employment status, to fully comprehend and comply with the commitments outlined in this policy. All Workers must acknowledge that they have read, understood and will comply with the contents of this Policy.

1.3. NDIS Indicators (Objectives)

In alignment with our commitment, Mildura Disability Support Services endeavours to demonstrate the following quality indicators by implementing and adhering to this policy and other related documentation.

Management of Waste

Outcome: Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

To achieve this outcome, the following indicators should be demonstrated:

- a) Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.
- b) All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.

- c) An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
 - d) Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.
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2. Policy Statement

At Mildura Disability Support, we are committed to establishing and implementing robust policies, procedures, and practices to manage waste and hazardous substances. This includes the recording, investigation, and review of all incidents involving infectious or hazardous materials. We maintain an effective emergency plan to address issues or accidents related to clinical waste or hazardous substance management which is assessed and reviewed for effectiveness. We also ensure that all Workers involved in waste or hazardous substance management are appropriately trained in their safe handling, including the use of Personal Protective Equipment (PPE).

2.1. Relevant legislation

All relevant legislation to this Policy is outlined in the Legislation Register.

2.2. Related documents

- a) Waste Management Report
 - b) Waste Management Register
 - c) Emergency Waste Management Plan
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3. Responsibilities and Roles

- a) Narelle Margaret Fraser is responsible for the development and review of this policy. It is expected that Narelle Margaret Fraser ensures this Policy remains compliant with all applicable laws, regulations and standards.
- b) Key Management Personnel play a vital role in ensuring the effective implementation of this Policy throughout Mildura Disability Support. It is the responsibility of all Key Management Personnel to not only assist Workers in understanding and complying with this policy but also to comply with it themselves. By leading by example, they demonstrate the importance of adherence to the policy and foster a culture of compliance within the organisation.

- c) Workers are responsible for understanding the contents of this policy and complying with all procedures applicable to them.

4. *Definitions*

Mildura Disability Support Services means AUS DISABILITY SUPPORT PTY LTD ABN 61 684 083 574.

Key Management Personnel means Narelle Margaret Fraser and other key management personnel involved in Mildura Disability Support Services from time to time.

Director means Narelle Margaret Fraser.

Worker means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by Mildura Disability Support Services and includes the Director.

An incident is defined as an act, omission, event, or circumstance. It may mean any of the following:

- a) Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability.
- b) Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person.
- c) Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability

PPE is Short for Personal Protective Equipment.

Sharps are objects that can inflict a penetrating injury, potentially contaminated with blood and/or body substances. Sharps include hypodermic needles, intravenous sets ('spikes'), Pasteur pipettes, broken glass, and scalpel blades. Certain hard plastic items like intact amniotic membrane perforators and broken plastic pipettes are also classified as sharps.

General Waste includes waste that does not pose any risk of infection, hazard, or sharps injury. It can be disposed of similarly to household waste and includes items like incontinence pads, sanitary waste, disposable diapers, saline, dextrin, oxygen masks, drained IV bags and tubing, gloves that are not stained with blood, napkins, and sterile wraps.

Clinical Waste, also known as medical waste, means waste that could potentially lead to infection, disease, or sharps injury.

Cytotoxic Waste refers to materials contaminated or potentially contaminated with a cytotoxic drug during chemotherapy preparation, transportation, or administration. Cytotoxic drugs are toxic

compounds with known carcinogenic, mutagenic, or teratogenic properties. Direct contact may cause skin, eyes, and mucous membranes irritation, or even ulceration and necrosis of tissues. The exact route of exposure is not clear, but dermal exposure is considered a primary pathway. A direct correlation has been identified between dermal exposure levels and sources across all tasks.

Pharmaceutical Waste comprises expired or discarded pharmaceuticals or other chemical substances, as well as filters or materials contaminated by pharmaceutical products.

Related Waste means waste that is composed of or contaminated with chemicals, cytotoxic drugs, human body parts, pharmaceutical products, or radioactive substances.

5. *Procedures*

5.1. **Waste and Hazardous Substance Handling**

a) **Segregation and Handling**

- 1) Waste should be divided as per their nature for appropriate handling.
- 2) All waste must be properly segregated at the point of generation.
- 3) When different waste streams overlap, disposal should be determined based on the most hazardous component.
- 4) Suitable containers, labels, and bags will be provided for waste segregation. Each type of waste will have designated containers that are clearly marked to prevent confusion, as per appendix 1.

b) **Waste Disposal**

- 1) Waste management at Mildura Disability Support Services will strictly adhere to VIC legislation, licensing agreements, waste management contracts, and waste minimization practices. The disposal of all waste will be executed as outlined below:
- 2) **General Waste Management Disposal**
 - (i) All general waste will be disposed of in designated waste bins. Waste bins should be emptied regularly and should not be overfilled.
- 3) **Used PPE Handling Disposal**
 - (i) Used PPE, including gloves, masks, and aprons, should be carefully removed to avoid contamination.
 - (ii) They should be disposed of in designated, clearly labelled waste containers immediately after removal.

- (iii) Hands should be thoroughly cleaned following the removal and disposal of PPE.

4) Cytotoxic Waste Disposal

- (i) Cytotoxic waste consists of items contaminated with cytotoxic drugs and requires careful disposal.
- (ii) Workers handling such waste must use appropriate personal protective equipment (PPE) for safety.
- (iii) This waste should be discarded in colour-coded, puncture-resistant, and leak-proof containers that are not overfilled.
- (iv) Containers should be securely stored in a well-ventilated and designated area away from general waste until collected by licensed waste disposal contractors.

5) Clinical Waste Disposal

- (i) In order to minimise health risks, such as needle-stick injuries and disease transmission, all clinical and related wastes at Mildura Disability Support Services will be accurately segregated, packaged, labelled, handled, and transported.
- (ii) Clinical waste, such as bandages, sharps and dressings, should be carefully handled with appropriate personal protective equipment (PPE).
- (iii) Waste containers, including sharps containers, should be compliant with Australian Standards, colour-coded, clearly marked.
- (iv) All clinical waste containers should be stored in a clean, secure, and well-ventilated area.
- (v) Collection and disposal should be conducted by authorised clinical waste disposal contractors.

6) Pharmaceutical Waste Disposal

- (i) Unused or expired pharmaceuticals must be placed in a separate, clearly marked container.
- (ii) They should not be disposed of with general waste but should be returned to the pharmacy or a licensed pharmaceutical waste disposal contractor.

7) Hazardous Waste Disposal

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- (i) Waste identified as hazardous, such as chemicals, solvents, or batteries, must be stored in clearly marked, dedicated hazardous waste containers, separate from general waste.
- (ii) Only an authorised hazardous waste disposal contractor should dispose of hazardous waste.

c) **Laundry Management**

- 1) Linen soiled with blood or body substances will be handled and processed in a way that averts exposure to skin, contamination of clothing, and spread of microorganisms.
- 2) Used or soiled linen should be bagged using clear, leak-proof bags for heavily soiled linen.
- 3) Patient care areas should not be used for rinsing or sorting used or soiled linen.
- 4) Domestic washing machines may only be used for the individual patient's personal items, with each patient's items laundered separately.

d) **Storage**

- 1) Every waste type should be stored securely to prevent access by unauthorised individuals, including pests.
- 2) Areas used for waste storage should be kept clean, well ventilated, and, where possible, temperature-controlled to prevent the proliferation of bacteria and viruses.
- 3) The process of handling waste should be done with minimal manual handling to reduce the risk of injury and infection.
- 4) All waste storage, transport, and disposal should be documented for traceability.

e) **PPE Provision and Training**

- 1) Mildura Disability Support Services will provide Workers with appropriate PPE based on identified hazards.
- 2) We will also ensure that Workers are fully trained about hazard identification, risk minimization methods, correct PPE selection, fitting, storage, and maintenance, and proper use of spill kits.
- 3) We will ensure, wherever possible, that all contractors, including waste collectors, comply with WHS and other legislative requirements, such as wearing suitable PPE.

5.2. Immediate Exposure Emergency Procedures

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- a) In the event of immediate exposure to different types of hazardous materials, the following emergency procedures should be adhered to:

1) **Cytotoxic Waste Exposure**

- (i) **Skin:** Immediately strip off contaminated clothing or PPE, cleanse the affected area thoroughly with ample soap and water. Seek medical attention if irritation continues.
- (ii) **Eyes:** Flush eyes with clean water for a minimum of 15 minutes. Medical attention should be sought immediately.
- (iii) **Inhalation:** Relocate to a place with fresh air at once, and seek medical attention.
- (iv) **Skin or body contact with penetrating objects:** Carefully cleanse the area of concern with soap and plenty of lukewarm water, avoid creating friction. Immediately report the incident to a supervisor and seek medical guidance.

2) **Clinical Waste Exposure**

- (i) **Needlestick injury:** Wash the wound immediately with soap and water, lightly press to encourage minor bleeding, cover it with a sterile dressing, and promptly seek medical advice.
- (ii) **Contact with contaminated sharps:** Follow the same protocol as for needlestick injuries.
- (iii) **Eye or other mucosal exposure to contaminants:** Immediately cleanse the affected area with saline or tap water. In the case of the eyes, keep them open during the rinse. If blood is present in the mouth, rinse multiple times and seek medical attention.

3) **Pharmaceutical Waste Exposure**

- (i) **Ingestion:** Do not induce vomiting. Rinse mouth thoroughly with water and seek immediate medical attention.
- (ii) **Skin contact:** Wash the skin thoroughly with soap and water, then seek medical attention if irritation persists.
- (iii) **Eye contact:** Rinse eyes thoroughly with water for at least 15 minutes and seek immediate medical attention.

4) **Hazardous Waste Exposure**

- (i) **Chemical spill on skin:** Remove any contaminated clothing, rinse skin thoroughly with water for at least 15 minutes, then seek immediate medical attention.

- (ii) Chemical splash to the eye: Rinse eye immediately with water for at least 15 minutes, then seek immediate medical attention.
 - (iii) Inhalation: Move to an area with fresh air immediately, and seek medical attention.
- b) In all cases, immediate reporting of the incident is required to ensure appropriate follow-up actions, including medical examination if necessary.

5.3. Spill Management

- a) For all spills, the immediate response should be containment, clean-up, and proper disposal of waste.

b) Emergency Plan to Hazardous Spills

- 1) In emergency situations involving hazardous substances, follow the subsequent steps:
 - (i) Evacuate the contaminated zone and decontaminate affected personnel.
 - (ii) Notify the designated person, usually the Narelle Margaret Fraser, to coordinate actions.
 - (iii) Identify the nature of the spill, and if highly hazardous, evacuate non-involved personnel.
 - (iv) Provide medical attention to injured individuals and secure the area.
 - (v) Equip cleaning Workers with adequate PPE.
 - (vi) Contain and clean the spill as per relevant spill procedures listed below.
 - (vii) Neutralise or disinfect the spill if indicated and collect all spilled and contaminated material.
 - (viii) Decontaminate the area and clean used tools.
 - (ix) Remove and decontaminate PPE if necessary and seek medical attention if exposed to hazardous material.
- c) Depending on the nature of the spill, different procedures apply:
 - 1) **Minor Body Substance Spills**
 - (i) Workers should don disposable gloves, clean the affected area immediately with a damp cloth, and dispose of contaminated materials in a clinical waste bag.
 - (ii) Following clean-up, thorough hand washing is required.

2) Significant Body Substance Spills

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- (i) For larger spills, utilise a designated spill kit and employ proper PPE, including gloves, eyewear, mask, and apron.
- (ii) Absorb the spill, clean the area with a detergent solution, followed by a chlorine solution.
- (iii) Dispose of used clinical materials accordingly, disinfect the cleaning tools, and thoroughly wash hands.
- (iv) If the spill occurs on carpet, absorb as much spillage as possible and arrange for professional carpet cleaning.

3) **Cytotoxic Spills**

- (i) In the event of a cytotoxic spill, avoid alcohol-based agents and use sodium hypochlorite or Milton solutions.
- (ii) Immediately contain the spill, don appropriate PPE (including a P2 respirator and double gloves) and use absorbent material to soak up the spill while avoiding splashes.
- (iii) Clean the area with warm water and detergent.
- (iv) Dispose of contaminated waste in a cytotoxic waste bag, wash exposed skin, and complete an incident report.
- (v) Ensure that the used spill kits are promptly replenished. After an emergency response, a review of the process's effectiveness will be conducted by management, making necessary changes to the Emergency Plan.

5.4. Incident reporting

- a) All incidents involving infectious material, body substances, or hazardous substances are considered serious and must be managed effectively and promptly to ensure safety and minimise harm.
- b) Reporting
 - 1) Any Worker who identifies or is involved in an incident must promptly report it.
 - 2) The report should provide as much information as possible, including the nature of the incident, the substances involved, the people affected, and the immediate actions taken.
 - 3) This can be reported to the supervisor or directly into our incident reporting system, as appropriate.
- c) Recording

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- 1) Each reported incident should be properly documented in the incident reporting system using the Incident Report Form.
- d) Investigation
- 1) Following the reporting and recording of the incident, an investigation should be initiated to understand the circumstances leading up to the incident and identify any contributing factors.
 - 2) The purpose of this investigation is not to apportion blame, but rather to learn from the incident and improve our practices.
- e) Review
- 1) After the investigation, the incident and the findings of the investigation should be reviewed by relevant team members, including supervisors, health and safety officers, and management.
 - 2) The review process should focus on understanding how similar incidents can be prevented in the future.
- f) Follow up actions
- 1) Based on the review, appropriate follow-up actions should be identified and implemented. This could include changes to procedures, additional training for Workers, or improvements in equipment or facilities.
 - 2) All follow-up actions should be recorded, implemented as soon as possible, and communicated to all relevant parties.

6. Policy review and updates

This Policy is to be amended and updated according to the requirements to comply with the applicable laws and Regulations.

Approval Authority: Narelle Margaret Fraser

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APPENDIX 1

The table below details the Australian Standards for the correct colouring of bin bodies and lids per each waste type. These should be referred to when purchasing or procuring bins, as well as, for the colouring of signage.

Australian Standard 4123.7-2006 Mobile Waste Containers

Types of material	Body	Lid
Garbage / General waste	Dark Green or Black	Red
Paper/cardboard	Dark Green or Black	Blue
Green waste/organics	Dark Green or Black	Lime Green
Recyclables	Dark Green or Black	Yellow
Metal cans	Dark Green or Black	Light Grey
Food waste	Dark Green or Black	Burgundy
Clear glass	Nature Green	White
Brown glass	Nature Green	Brown
Green glass	Nature Green	Nature Green
Mixed glass bottles	Nature Green	Yellow
Plastics	Dark Green or Black	Orange
Office paper	Blue	Blue
Electronics	Dark Green or Black	White
Clinical and related—incineration	Yellow	Orange
Clinical and related—technologies other than incineration	Yellow	Yellow

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*Cytotoxic	Purple	Purple
*Radioactive	Red	Red

**Appropriate hazard warnings shall be affixed.*