

Waste Management

POLICY AND PROCEDURE

Purpose

This policy provides a minimum standard for waste management that is carried out by Subee Newlake to protect workers and clients from harm as a result from exposure to waste, infectious or hazardous substances generated during the delivery of client.

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

Scope

This standard applies to a provider that is required to manage waste, or infectious or hazardous substances.

All Subee Newlake staff have waste management responsibilities and need to operate in line with the minimum standards set out in this Policy.

Definitions

The definition of 'clinical and related waste' under Schedule 1 of the *Protection of the Environment Operations Act 1997* includes clinical waste, cytotoxic waste, pharmaceutical, drug or medicine waste, and sharps waste.

Related Legislation/Standards

NDIS (Provider Registration and Practice Standards) Rules 2018.

Australian Community Industry Standard ACIS:2018 4.3

The Aged Care Quality Standards (Quality Standards)

Procedure

All staff members are trained in the safe management of a contaminated waste spill. They understand the concept of removing the spill, decontaminating the area and safe disposal of waste.

All incidents involving infectious material, body substances or hazardous substances are reported to Operational Manager and Chief Financial Officer.

An Incident Report must be completed and recorded on TRACK incident register for investigation and review.

Blood and body substance exposure

All staff members are aware and trained in the process for dealing with blood or body fluid exposure. Exposure to blood, sputum.

The Registered Nurse is responsible for managing this process and is required to inform all staff members of the potential risks with needle stick and sharp injury.

A [Needlestick and Sharps Policy](#) should be available on staff website under policy and procedures.

The Quality Co-ordinator is responsible for maintaining and updating this policy.

Any staff member exposed to blood or body substances is required to report this incident immediately to the Service Co-ordinator and complete an incident form. The Service Co-ordinator will contact the Senior Management or the Chief Financial Officer (CFO)-Clinical Team Leader.

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The staff member is required to give informed consent for testing for HIV and hepatitis C and B. The results of these tests are confidential. All the required paperwork is to be completed in compliance with state-based health legislation.

If the source is known, test for HIV and hepatitis C and B with informed consent.

If the source is not known to be HIV, hepatitis C or B positive contact a doctor or the sexually transmitted diseases clinic for instructions.

Counselling is offered and recommended for the staff member and the source patient if testing is done.

Follow-up blood tests will be provided by the practice.

The results from any tests are confidential and the staff member receives them directly. These results are also forwarded to the referring practitioner. The staff member is under no obligation to inform the practice of the results.

The Human Resource Manager or Chief Financial Officer completes any insurance advice form required by the workers' compensation insurer.

Chemical and Hazardous

A hazardous material is a product or substance that has the potential to harm life, health, property or the environment.

There are a number of chemicals used in the client's home particularly for cleaning, laundry and gardening tasks.

What to consider when assessing chemical hazard risks

The risks to health and safety from exposure to hazardous chemicals must be assessed, taking into consideration the:

- product hazard information from the container label and/or SDS
- routes of exposure or entry to the body associated with the chemical. Entry routes for chemicals into the body are inhalation, ingestion or skin contact
- physical form or state of the product for example liquid vs spray or tablets vs granular
- concentration of the hazardous ingredients (for example commercial strength)
- probability that an event may occur from exposure (frequency and amount used)
- length of exposure time relating to the dose which may be delivered with each exposure and is also important information when considering exposure standards related to the chemical
- consequences that may result from exposure
- reaction with other chemicals used in the area
- clean-up process in case of a spill or leak
- first aid and any emergency response action (for example fire extinguishment)
- safe storage of the container when not in use.

Wherever possible, non-hazardous chemical products should be sought that are fit-for-purpose. Any suspected hazardous chemical without a label must not be used.

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Emergency Plan for Spillages

This procedure outlines the steps to manage a chemical spill in order to minimise the potential for injury and damage to the environment.

Ensure you are wearing correct PPCE to respond to the spill.

- Chemically resistant safety gloves;
- Enclosed footwear
- Always check the SDS for specific PPCE requirements
Chemical Spill Management Guidelines Where chemicals are kept at Subee Newlake office.
- Immediately notify others in the area of the spill. Ensure the area is kept free of traffic.
- If there is chemical exposure to a worker, respond as quickly as possible to administer appropriate first aid.
- Approach with care - many harmful chemicals lack colour or offensive odours. Avoid breathing vapours from the spill. Never assume the chemical is harmless.
- Control the source.
- Contain the spill with a barrier (damming) or use appropriate absorbent material or mop.
- If a minor spill and time permits identify the chemical/s and hazards involved (SDS, label) and use the advice of this information.
- Loose spill control materials should be distributed over the entire spill area, working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical. Don't add any other liquid except water to dilute.
- Decontaminate the affected area, equipment and clothing and dispose of any contaminated material appropriately.

- Review area when decontamination is complete. Check walkways, floors, stairs, and equipment for contamination or damage
Complete incident report

Subee Newlake has spill kits at both sites where they store chemical & hazardous material.

Spill kits are also available to be brought out to client's home when required.

Any major spills or concerns for client and staff safety, evacuate the area and ring 000.

Waste removal

All Subee Newlake employees to be aware of the following requirements and follow if required but adapt to being in a client's home generally without yellow clinical waste bags.

Clients will remove their own waste from their property.

Waste management and removal of clinical waste are important in the control of infection and contamination.

'Clinical waste' is any matter that is soiled with anybody substances.

Clinical waste is disposed of by approved waste contractors, in accordance with Australian Standards and local government regulations.

All clinical waste is bagged and placed in Red rubbish bin as soon as possible after generation.

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Clients are required to have needle sharps containers at their premises. Sharps containers are to be replaced once two thirds full.

Incontinence pads material etc to go in general RED rubbish bin.

Urinary catheters and peg tubes are to be placed in general RED rubbish bin.

Decontaminating and disinfecting

Risk of infection and cross contamination is minimised by training staff annually in infection prevention and control disinfection techniques. This training/education will be recorded in personnel files and on TRACK.

Adequately decontaminating and disinfecting all reusable medical equipment minimises the risk of cross infection.

Appropriate cleaning and decontaminating all practice equipment and the practice environment controls the possibility of infection spread.

Wearing protective clothing (gloves, impervious gowns, eye protections and hair covering) during these processes reduces the risks and ensures the safety of practice members.

Disposing of both clinical and non-clinical waste in a tied-up bag and placed in RED bin in methodical manner, and ensuring this is done regularly, also minimises the risk of infection spread.

Cytotoxic Waste Management

According to workplace health and safety guidelines, Subee has a duty of care to alert support staff that a client they are caring for is undergoing chemotherapy and direct them to the correct procedures for handling cytotoxic waste.

Support staff who work in client's homes who are being treated with cytotoxic chemicals, the most common being chemotherapy are at risk of being exposed to cytotoxic waste. Cytotoxic waste may be inhaled, ingested, absorbed by the skin or through percutaneous injury. Clients who take cytotoxic drugs excrete bodily fluids that are contaminated with cytotoxic waste. It is recommended by the NSW department of Health that these clients be considered contaminated for up to seven days, and staff must take the highest precautions.

Subee Newlake recommends extended precautions during the whole-time clients are being treated with cytotoxic drugs, not just 7 days.

As a support worker if you are unwell call the office to report, and DO NOT attend your shift. Clients immune systems are impaired when having cytotoxic treatment and they are vulnerable to catching infections.

Cytotoxic waste, because it is highly toxic, must be handled with utmost care, otherwise, it can be dangerous to those who are exposed. These guidelines include safeguarding against cytotoxic drugs that are found in the urine, vomit and stool of chemotherapy patients. When you care for someone who's receiving treatment in the home, you need to be careful about coming in contact with chemotherapy and the patient's body fluids.

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Support workers must:

- Double glove whilst doing care work or cleaning
- Clients use the toilet as usual but close the lid and flush twice. Be sure to wash hands with soap and water.
- If a bedpan, commode or urinal is used, the care giver should wear gloves when emptying it. (Two pairs of latex or nitrile gloves are recommended.) Rinse it well with water and wash with soap and water at least once per day.
- The same applies to basins used for vomiting. Use disposable containers for vomiting when possible, empty in toilet and flush
- Wash clothing and linen as usual unless it's soiled with chemotherapy or body fluids. Use gloves and immediately put the soiled laundry in the washer separate from other laundry. If you don't have a washer, put laundry in a sealed plastic bag until it can be washed.
- Any disposable items including gloves need to be double bag and place in RED bin.
- If chemotherapy is spilled on skin, irritation or rash may occur. Wash the area thoroughly with soap and water. If redness lasts more than an hour, make an appointment to see a doctor. Phone your supervisor and fill in an incident report. You can avoid contact with skin by wearing gloves when handling chemotherapy, equipment or wastes.
- Use gloves when handling all oral chemotherapy doses.
- For spills on the floor or in the home (not on your skin), use a spill kit. If the client hasn't been supplied with one call the office and one will be brought out. Fill in an incident report.

Useful Resources

Cytotoxic Drugs and Related Waste

<https://www.workcover.nsw.gov.au>

Safe handling and Waste Management of Hazardous Drugs

<https://www.eviq.org.au>

NSW Poisons Information

<https://www.poisonsinfo.nsw.gov.au>

Call 24 hours 131126

Relevant Documents to the Waste Management Policy

Infectious Control Policy

Needlestick and Sharps Policy

Incident Reporting Policy

Risk Management Policy

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