




**ACT Health**

# ACT Health Directorate Waste Management Plan

<b>Document number</b>	<b>AHDPD-91:2021</b>
<b>Effective date</b>	June 2022
<b>Review date</b>	June 2026
<b>Author branch</b>	AHD Strategic Infrastructure
<b>Endorsed by</b>	Corporate Governance and Finance Committee
<b>Audience</b>	ACTHD managers, staff and visitors at ACTHD controlled workplaces
<b>Version number</b>	1

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# Introduction

ACT Health Directorate procures a Domestic and Environmental Services (D&ES) contractor to carry out a variety of facility related services e.g. cleaning, hygiene services, waste management etc, at the specified ACT Health Directorate facilities. One of the requirements of the D&ES contractor is to develop and implement waste management strategies that align with this ACT Health Directorate Waste Management Plan (WMP).

The purpose of a WMP is to:

- prevent or reduce waste generation and its harmfulness
- recover waste by means of recycling, re-use or reclamation or any other process with a view to extracting secondary raw materials, or to use waste as a source of energy, which can be addressed at a Whole of Government level.
- Provide for the minimisation of waste, the recovery, recycling and re-use of resources, and for other purposes.

The D&ES contractor will ensure that waste is recovered or disposed of without endangering human health and without using processes or methods, which could harm the environment.

This WMP addresses the management of waste and recyclables on specified ACT Health Directorate facilities. This WMP will achieve industry best-practice waste management by focusing on systems that allow for correct segregation and safe handling of all wastes/recyclables.

The WMP is based on the following principles:

- efficient management of waste from point of generation to final disposal
- source segregation: where wastes/recyclables are separated at the point of generation to minimise contamination and waste to landfill
- due diligence: ensuring that waste is managed in accordance with statutory and corporate regulations.

This WMP will aim to achieve consistent waste management practices across all ACT Health Directorate sites.

## Aim

The aim of the WMP is to establish a waste management regime for all ACT Health Directorate sites that minimises the environmental impact of waste generation, treatment and disposal.

## The Sites Covered by this Plan

This WMP includes, but is not limited to, the following ACT Health Directorate sites:

- Specified ACT Health Directorate Facilities:
  - 2-6 Bowes Street Offices
  - Health Protection Services – 25 Mulley Street Holder
  - Ngunnawal Bush Healing Farm
  - DSD Hume Warehouse
- Any new ACT Health Directorate sites as they come on line.

## Scope

This WMP addresses the following:

- Requirements
- Governance
- Quality
- Waste management system
- Movement and collection of waste
- Waste management principles
- Implementation of WMP

## Requirements

To meet the aim of the WMP, the following requirement will be addressed:

- Annual report produced on activities/programs to reduce waste and increase landfill diversion and data related to stated key performance indicators (KPIs)/targets.

## Governance

### Overview

An effective waste management system requires the participation and support of all staff working in and around ACT Health Directorate. The D&ES contractor is responsible for managing and operating the waste function for ACT Health Directorate. Accordingly, a number of relevant parties are nominated to oversee the waste management initiatives and opportunities for ACT Health Directorate. These parties will ensure that there is a strategic and balanced approach to waste practices to ensure that patient and staff safety are not compromised.

### Relevant Overseeing Parties

The relevant parties responsible for overseeing implementation of the WMP include:

- D&ES contractor staff:
  - D&ES contractor Waste Management Coordinator
  - D&ES contractor Key Account Manager
  - D&ES Support Officer
- ACT Health Directorate staff:
  - ACT Health Directorate D&ES Contract Manager
  - ACT Health Directorate Responsible Program Manager – Strategic Infrastructure

## Responsibilities of Relevant Overseeing Parties

All relevant overseeing parties will develop a culture of environmentally responsible waste management through information sharing.

The relevant overseeing parties will:

- monitor performance of the WMP against KPIs/targets and identified action plans
- seek commitment for the implementation of various waste management actions and necessary resources (e.g. staff time and budget)
- review ACT Health Directorate policies, protocols and guidelines
- monitor training.

## ACT Health Directorate Staff Responsibilities

ACT Health Directorate has a responsibility to conduct its activities in a manner that will minimise the impact on the environment and provide a safe and healthy environment for patients, staff and the community.

ACT Health Directorate will:

- consider the potential impact on the environment when planning any activities, and undertake strategies to minimise the impact as much as possible
- develop policies and plans to manage waste according to statutory legislation and Australian standards
- encourage staff to have respect for, and consider the impact on the environment, when disposing of their waste
- proactively implement strategies to reduce the amount of waste generated from all activities thereby reducing carbon emissions, this is achieved by:
  - reusing items rather than disposing of them via the waste stream
  - recycling when it is safe and practical to do so
- conduct annual compliance checks against waste transport and treatment facilities.

## D&ES Contractor Staff Responsibilities

D&ES contractor staff are key to ensuring the efficacy of the waste management program. It is essential that D&ES contractor staff understand the rationale for waste material segregation and play an active role in monitoring the effectiveness of segregation practices.

D&ES contractor will have a process in place for the lodgement of waste service requests; i.e. Help Desk.

D&ES contractor staff will implement specific waste reduction programs as identified and prescribed by ACT Health Directorate.

D&ES contractor staff will facilitate the removal of material left in recycling, clinical or residual waste receptacles and boxes/material clearly labelled as 'rubbish to be removed'. D&ES contractor staff cannot be responsible for any paperwork or material inadvertently placed in a recycling or residual waste bin.

D&ES contractor staff will not remove or touch any waste designated as chemical, radioactive or hazardous material.

The Waste Management System will be monitored by the cleaning supervisor and site management during the term of the contract.

In addition, D&ES contractor staff will provide feedback to ACT Health Directorate D&ES Contracts Manager on any non-compliance issues observed during cleaning activities. This may include contamination of recycling, non-participation in the recycling system, or missing/damaged bins. In this way, management can promptly address issues.

D&ES contractor will ensure that all bins/receptacles are emptied in a timely manner before becoming full and dispensing odours.

D&ES contractor will conduct waste services in accordance with contract requirements including but not limited to:

- the safe management and segregation of all wastes
- benchmarking and waste audits.

## Quality

To ensure consistency is applied across all ACT Health Directorate sites in the management of waste, quality measures must be adhered to; to provide a reduction in waste to landfill. D&ES contractor will institute the following quality measures in its management of waste:

- waste reduction targets
- waste streaming targets aimed at increasing recycling and reducing waste to landfill
- waste audits
- benchmarking
- performance measures
- Implementation of findings to achieve continuous improvement.

## Waste Reduction Targets

D&ES contractor will set targets in accordance with ACT Health Directorate mandates and the D&ES contract. These targets incorporate:

- Legislative requirements
- Government policy
- ACT Waste Management Strategy 2011-2025
- ACTSmart requirements
- D&ES contract specified targets for diverting waste to landfill
- ACT Health Directorate reporting requirements.

## Waste Audits

Waste audits will be conducted in accordance with contract requirements.

Audit reporting will address performance against KPIs.

D&ES contractor will compile all the audit information into a report for ACT Health Directorate, which will:

- provide tonnes measures of specified wastes
- identify streams / types of waste generated
- identify areas where wastes are generated
- identify waste streaming facilities in areas
- identify type and locations of signage

The waste audit report from D&ES contractor will include waste streaming gaps and recommendations to improve.

## Accreditation

D&ES contractor will align waste initiatives to address and comply with the relevant ACHS standards.

## Performance Measures

D&ES contractor will report regularly against identified performance measures and as determined by ACT Health Directorate.

Key Performance measures for the ACT Health Directorate WMP are at Annex A.

## Implementation of findings to achieve continuous improvement

Findings that are identified through audits and benchmarking are to be included in an Action Plan (which includes responsible parties and timeframes) to achieve identified improvements

# Waste Management System



## Waste Management Hierarchy

To manage waste effectively, the following hierarchy will guide all waste initiatives:

- minimise the generation of waste
- maximise the recovery and re-use of resources
- minimise the amount of waste that goes to landfill

## Signage

The success of the waste/recycling system will depend on having a clearly identified container for each type of material. This is achieved by the use of colour-coded containers, symbols and wording.

## Policy and Procedure

Waste policies, guidelines and standard operating procedures governing waste management will be made available to staff by ACT Health Directorate.

A review of documents governing waste management will be conducted by ACT Health Directorate annually.

## Target

A reduction in landfill through the implementation of initiatives to increase waste streaming and recycling.

## Waste Streams

The waste management system provides for all waste streams including but not limited to following waste streams:

- clinical and related wastes, including sharps
- confidential documents
- residual waste (landfill – non recyclable)
- food (organic waste)
- paper
- cardboard
- paper handtowel/soiled paper waste
- co-mingled recyclables
- construction/demolition waste
- other waste, including:
  - toner cartridges
  - e-waste
  - office supplies
  - fluorescent tubes
  - batteries
  - used cooking oil.

# Movement of Waste & Waste Collection Areas

## Mobile Garbage Bins

Mobile Garbage Bins (MGBs) are designated for specific materials based on the colour and/or symbols/wording on the MGB. No MGB will be used for any material other than for which it has been designated.

Signage will assist to advise on the waste stream for which the bin is intended.

Transport of MGBs will be carried out with the lid closed. Any MGB removed from a department will be cleaned at the bin-washing facility before being returned to the department.

Waste must be moved in the mobile bins in which waste is deposited. A dedicated trolley may be used to assist in the movement of MGBs.

All MGBs (excepting confidential waste) containing waste are located at temporary collection stations throughout facilities. These stations facilitate the collection of waste from smaller office containers.

All MGBs (excepting confidential waste) are moved frequently from the temporary collection areas to a designated location where wastes are removed from the facility.

D&ES contractor staff will transport MGBs (excepting confidential waste) from across ACT Health Directorate facilities and between temporary collection areas.

D&ES contractor must not mix waste streams in bins for transport purposes.

## Office Waste Bins

Small bins are located throughout office areas to collect recyclables and landfill. These bins are to be co-located to facilitate waste streaming.

Boxes to collect recyclable paper are positioned in offices across all ACT Health Directorate sites. These boxes are to be used for non-secure paper only. ACT Health Directorate staff will empty these boxes into the paper recycling MGBs.

D&ES contractor staff will service office waste bins. Office bin waste is decanted into MGBs.

D&ES contractor staff will not mix streams of waste from office waste bins.

## Maintaining Collection Areas

Waste collection areas may consist of MGBs or smaller office waste bins.

The temporary collection stations located within each building will be maintained in a clean and hygienic manner in accordance with the Contract, including cleaning of any spillage that occurs.

All waste collection areas (including office areas) will be clearly identified so that wastes/recyclables can be stored correctly. Each stream will be located in the designated bin.

D&ES contractor will ensure adequate number of bins are provided at all collection areas.

D&ES contractor will ensure all bins supplied have no cracks, are free of marks and all parts (wheels, lids) where applicable are fully operational.

All small waste bins and MGBs will be cleaned regularly to minimise odour and address infection control requirements.

Floor, ground and wall surfaces in collection areas will be cleaned regularly and in accordance with cleaning standards.

Safety advices will be posted in areas as required.

Operating procedures and safety advices will be provided and co-located with any mechanical waste equipment such as a compactor or bin lifter.

Spill kits for clinical and cytotoxic waste will be located in the collection areas as required.

## Waste Management Principles

All waste will be classified in accordance with *Environmental Standards: Assessment and Classification of Liquid and Non-Liquid Wastes*.

### Clinical and Related Wastes

Due to the inherent risks to humans generating and handling clinical and related wastes, the environment and the wider community, extreme care must be taken when handling, packaging, transporting and disposing of clinical waste.

Clinical and related waste must be:

- handled by staff with appropriate training and knowledge and access to appropriate personal protective equipment (PPE)
- transported and disposed of in accordance with all legislation and guidelines
- managed in accordance with the *Clinical Waste Act 1990* and the *Industry Code of Practice for the Management of Biohazardous Waste (including Clinical and Related Wastes)*
- clinical and related waste streaming bins and identifications include:
  - clinical waste – yellow bags/bins
  - sharps – yellow reusable hard sided containers (labelled sharps)
  - anatomical waste for incineration – bin colour may vary (labelled anatomical waste)
  - cytotoxic waste for incineration - purple bags/bins

- cytotoxic sharps for incineration - purple disposable hard-sided containers (labelled sharps)
- pharmaceutical waste for incineration - bin colour may vary (labelled pharmaceutical waste).

## Recyclables

It is essential to ensure that all recyclables generated across ACT Health Directorate sites are deposited into the appropriate recycling container.

The benefits of recycling include:

- recovery of valuable resources
- energy and environmental impacts are reduced including carbon emissions
- reduction in the amount of waste requiring disposal to landfill
- reduction in the cost of waste disposal.

The system that will be used for many of the recyclable materials is termed a “co-mingled” system. This means that all designated recyclables can be deposited into the one container.

## Residual Waste

Landfill will remain the repository for materials that are not able to be recycled or are not classified as clinical and related wastes or hazardous/liquid wastes. This material (referred to as residual waste) will require:

- A container for wastes to be deposited for storage awaiting collection. This container must be designed so that waste cannot leak out or escape causing litter/spills, be of a suitable size for the amount of residual wastes being generated (but not be so large it encourages indiscriminate disposal of other materials), and be able to be collected from ACT Health Directorate sites.
- The D&ES contractor is responsible for safe collection of the waste and transportation to a disposal site that has been agreed to by the waste generator.
- The role of landfill is to stabilise waste products in a controlled manner. In order to achieve this, it is vital that non-residual waste items such as hazardous waste are excluded from the waste stream. These, if present, can affect the landfill processes and/or cause occupational health and safety risks to all waste handlers and landfill staff.

As landfill space is a resource to be conserved. It is essential to ensure that items that either do not need to be land-filled (e.g. recyclables) and those that have alternate management routes (e.g. organic / food waste) are excluded from the residual waste stream at the point of “source segregation”.

# Implementation of Waste Management Plan

## Responsibilities

The relevant overseeing parties will oversee implementation and progress of the WMP against the performance measures at annex A.

The D&ES contractor has responsibility to provide waste services in accordance with the performance measures at annex A of this WMP and the sites in scope under the Domestic and Environmental Services Contract.

Other contractor staff (apart from the D&ES contractor) have responsibility to provide waste services in accordance with requirements of this WMP including performance measures at annex A and all associated policies, guidelines and procedures.

All ACT Health Directorate staff are responsible to conduct waste practices in accordance with this WMP and all associated policies, guidelines and procedures.

## Action Plan

The D&ES contractor must draft and implement an action plan that delivers a waste service which meets;

- ACTSmart accreditation requirements.
- Contract requirements/targets for diverting waste from landfill.
- The Australian Council on Healthcare Standards (ACHS) accreditation requirements.
- The requirements of this WMP.

## References and Related Documents

### References

- ACT Waste Management Strategy 2011-2025
- Environmental Standards: Assessment and Classification of Liquid and Non-Liquid Wastes
- Industry Code of Practice for the Management of Biohazardous Waste (including Clinical and Related Wastes)

### Legislation

- *Clinical Waste Act 1990*
- *Waste Management and Resource Recovery Act 2016*
- *Radiation Protection Act 2006*
- *Environment Protection Act 1997*
- *Work Health and Safety Act 2011*
- *Medicines, Poisons and Therapeutic Goods Act 2008*

### Supporting Documents

- National Occupational Health and Safety Council 'Storage and Handling of Workplace Dangerous Goods' National Standard [NOHSC: 1015 (2001)]

- Australian Standard 3816 (AS/NZS 3816):1998 2018 Management of Clinical and Related Wastes
- National Safety & and Quality Health Service Standard 3: Preventing and Controlling Infections Standard Preventing & Controlling Healthcare Associated Infections
- Environmental Standards: Assessment and Classification of Liquid and Non-Liquid Wastes
- Environment, Planning and Sustainable Development Directorate - ACTSmart Programs
- HB 202 – 2000: A Management System for Clinical and Related Wastes – Guide to Application of AS/NZS 3816:1998 Management of Clinical and Related Wastes
- The Australian Council on Healthcare Standards National Safety and Quality Health service Standards

## Definitions

Term	Definition
Additional Precautions	<p>Precautions used for patients known or suspected to be infected or colonised by highly transmissible pathogens that can be transmitted by airborne, droplet or contact transmission.</p> <p>Additional precautions are designed to interrupt transmission of infection by these routes and should be used in addition to Standard Precautions when transmission of infection might not be contained by using standard precautions alone.</p>
Anatomical Waste	Limbs, organs, placenta, pathological specimens, biopsy specimens and body tissue taken during laboratory testing, surgery or autopsy and/or resulting from investigation or treatment of a patient. It does not include corpses.
Clinical waste	Means any waste which has been defined as such in the <i>Clinical Waste Act 1990</i> .
Co-mingled collection	Collection of mixed recyclables.
Container	This refers to any rigid walled receptacle designed for clinical and related waste (or other wastes) to be deposited into it. Retractable syringes are not considered as sharps container in their own right.
Cytotoxic Waste	<p>Any substance contaminated with any residues or preparations that contain materials that are toxic to cells, principally through their action on cell reproduction.</p> <p>Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy.</p>

Term	Definition
	Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential.
Hazardous waste	Waste that is classified as hazardous waste in accordance with the <i>Environmental Standards: Assessment and Classification of Liquid and Non-Liquid Wastes</i>
KPI	Key Performance Indicator.
Landfill	Land used for the burial of waste.
MGB	Mobile Garbage Bin.
Non-recyclable	Material that is not recyclable.
Organic waste	Component of the waste stream derived from living organisms.
Package/packaging	Material or item that is used to protect or contain a product during transport, storage, marketing or use.
Pharmaceutical waste	Consists of pharmaceutical (drug, remedy/medicinal substance) or other chemical substance specified in the Poisons List under the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and where appropriate, any waste that has been generated by activities carried out for business or other commercial purposes and that is listed as a regulated substance or regulated therapeutic good under Part 3.1 of the <i>Medicines, Poisons and Therapeutic Goods Act 2008</i> .
PPE	Personal Protective Equipment.
Recycled materials	Materials recovered and manufactured into new products of the same general type (which may be manufactured from virgin recycled materials).
Recycle/recycling	Set of processes (including biological) for converting recovered materials that would otherwise be disposed of as wastes, into useful materials and or products.
Residual waste	Non-hazardous or clinical or related waste materials that cannot be recycled and needs to be disposed of to landfill
Waste	Any solid, liquid or gas, or any combination of them, that is a surplus product or unwanted by-product of an activity, whether the product or by-product is of value or not.
Waste generator	Any person or organisation that consumes goods and services resulting in contributing to the waste stream.

Term	Definition
Waste management	Entire process of monitoring process of monitoring, collecting, sorting, storing and transporting for processing and reclamation of materials and energy resources and disposal of waste.
WMP	Waste Management Plan

## Version Control

Version	Date	Comments
1	August 2022	This document replaces DGD17-026.

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## Annex A – Performance Measures and KPIs

Performance measure	Indicator of performance	Timing	Evidence of compliance
Waste Reporting	D&ES contractor to provide waste weight reports to ACT Health Directorate and other waste reports as determined by ACT Health Directorate from time to time.	End of each month unless otherwise agreed and each year in an annual report.	Waste report as agreed proved at the end of each month and each year in an annual report.  Data to be provided in tonnes, for co-mingle containers, residual waste, paper and cardboard and paper.
Waste Audits	D&ES contractor develops an annual waste audit schedule for acceptance by ACT Health Directorate. All waste audits conducted in accordance with agreed schedule.	Annual schedule of audits completed October of each year.	Annual Waste Audit report provided to ACT Health Directorate in October of each year.
ACTSmart accreditation	D&ES contractor has program in place (as agreed to by ACT Health Directorate) to achieve ACTSmart Accreditation across all ACT Health Directorate sites.	Program to be agreed to by ACT Health Directorate.	Program in place and timelines /milestones being met. Progress reported monthly to ACT Health Directorate.
Waste diverted from landfill	D&ES contractor has program in place (as agreed to by ACT Health Directorate) to achieve increases in diversion of waste to landfill.	October of each year	Progress against the program reported to ACT Health Directorate monthly.  Landfill diversion targets: <ul style="list-style-type: none"> <li>• 80% by 2022/23</li> <li>• 85% by 2025/26</li> </ul>

Performance measure	Indicator of performance	Timing	Evidence of compliance
Waste Management Training	All contractor staff receive training in waste management.	Ongoing	100% of contractor staff receive training in waste management. Training records provided by D&ES contractor.
Waste Streaming Facilities	Adequate waste streaming facilities are accessible to all staff throughout all ACT Health Directorate sites.	Ongoing	Waste streaming facilities are established/upgraded.
Waste Collection and Storage	At no time will there be a build up of waste.	Ongoing	Waste collection and storage
Licensing and Insurance	Licences and insurances for the transport and management of waste are current. Includes trucks & facilities.	October each year	Copies of all annual licences and insurances collected by D&ES contractor and presented to ACT Health Directorate (Contract's Manager)