

Waste Management Policy

1. Introduction

1.1 Purpose

This Policy and the Policies and Procedures and related documentation set out in section 1.5 below (**Related Documentation**) supports CDNI Care Pty Ltd to apply the Management of Waste NDIS Practice Standard.

1.2 Policy Aims

CDNI Care Pty Ltd is committed to ensuring that 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.

1.3 NDIS Quality Indicators

In this regard, CDNI Care Pty Ltd aims to demonstrate the following quality indicators through the application of this Policy and the relevant systems, procedures, workflows and other strategies referred to in this Policy and the Related Documentation:

- (a) Policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply 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) Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

1.4 Scope

- (a) This Policy applies to the provision of all waste management at CDNI Care Pty Ltd.
- (b) All permanent, fixed term and casual staff, contractors and volunteers are required to take full responsibility for ensuring full understanding of the commitments outlined in this Policy.
- (c) The relevant persons specified in the column corresponding to a procedure described in this Policy have the responsibility to implement the relevant systems, procedures, workflows and other strategies referred to in the relevant procedure.

1.5 Related Documentation

The application of the above NDIS Practice Standard by CDNI Care Pty Ltd is supported in part by and should be read alongside the Policies and Procedures and related documentation corresponding to this Policy in the Policy Register.

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2. Definitions

2.1 Definitions

CDNI Care Pty Ltd means CDNI Care Pty Ltd ABN 32 640 960 658.

Client means a Client of CDNI Care Pty Ltd (including an NDIS participant) and includes current, future and former Clients.

Key Management Personnel means Armour Ncube, Saneliso Sibanda, Blessing L Ncube, Beatitute N Ncube and other key management personnel involved in CDNI Care Pty Ltd from time to time.

Legislation Register means the register of legislation, policy frameworks, regulations, rules and guidelines maintained by CDNI Care Pty Ltd.

Policy Register means the register of policies of CDNI Care Pty Ltd.

Principal means Armour Ncube.

Procedures means the procedures which are intended to clarify the responsibilities of the board, Principal, Key Management Personnel and other Workers and make explicit the underlying principles of this Policy.

Related Documentation has the meaning given to that term in section 1.1.

Worker means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by CDNI Care Pty Ltd and includes the Principal.

2.2 Defining waste

Clinical waste – (medical waste) is waste which has the potential to cause sharp injury, infection or disease.

Cytotoxic waste – Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic (causing foetal and/or neonatal abnormalities) potential. Direct contact with cytotoxics may cause irritation to the skin, eyes and mucous membranes, and ulceration and necrosis of tissue. The actual pathway through which exposure occurs was still unknown, however dermal exposure has been suggested to be the main route of exposure. A clear relationship has been found between dermal exposure levels and direct sources of exposure for all tasks.

General Waste – Waste that does not have the potential to cause sharp injury, infection or hazard. Such waste may be disposed of in the same way as domestic waste. This stream includes incontinence pads, sanitary waste, disposable nappies, saline, dextrin, oxygen masks, drained IV bags and tubing, gloves (not blood stained), napkins and sterile wraps.

Pharmaceutical Waste – pharmaceuticals or other chemical substances including expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

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

PPE – Personal Protective Equipment

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Sharps – Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes hypodermic needles, intravenous sets ('spikes'), Pasteur pipettes, broken glass, and scalpel blades. Various hard plastic items, such as intact amniotic membrane perforators and broken plastic pipettes, also contribute to sharps.

3. Policy

- (a) Clinical and related wastes can present problems in handling, storing, transporting and/or disposing for the following reasons:
 - (1) the potential risk to personnel involved in the disposal of some of these wastes, and to the public, if it is not managed correctly; and
 - (2) the potential for pollution of the environment or visual offence if wastes are not disposed of properly.
- (b) CDNI Care Pty Ltd will minimise harm to the health and wellbeing of its staff, its clients and the general public by complying with regulations concerning waste management. Specifically, CDNI Care Pty Ltd seeks to ensure:
 - (1) the safety of its service delivery staff by providing them with the information, processes, and equipment needed for personal protection and the safe handling of hazardous materials;
 - (2) the safety of clients, their families and carers, by building capacity to effectively manage clinical waste generated in their homes;
 - (3) the safety of the general public by minimising the opportunity for the spread of disease and accidental injury arising from the handling and disposal of clinical waste;
 - (4) the potential for environmental pollution is minimised by the correct disposal of hazardous chemicals;
 - (5) the effectiveness of CDNI Care Pty Ltd's clinical management by reviewing and continually improving waste handling and safety processes.

4. Procedure

This Policy is supported by the following Procedures. The Procedures work together dynamically and are relevant to all parts of CDNI Care Pty Ltd. The Procedures are not ordered in priority and all are important to achieving the aims of this Policy.

Procedure	Responsibility
<p>4.1 Compliance Requirements</p> <p>Where services generate clinical waste, CDNI Care Pty Ltd is responsible to:</p> <ul style="list-style-type: none"> (c) ensure that staff are appropriately trained and/or qualified to deliver services; (d) work with service-delivery personnel to assess the risks associated with clinical wastes generated; 	<p>All Workers</p>

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- (e) ensure that appropriate clinical waste disposal methods are available to service-delivery personnel;
- (f) review waste management practices regularly;
- (g) develop an emergency plan to respond to clinical waste or hazardous substances issues and incidents (and, if implemented, to review and revise the plan as needed);
- (h) supply staff with:
 - (1) appropriate Personal Protective Equipment;
 - (2) appropriate waste disposal materials and spills kits;
 - (3) information (where available) about particular client risks regarding transmissible infections and hazardous substances in clinical waste;
 - (4) information about identifying, handling, transporting and disposing of all clinical waste streams generated in service delivery;
 - (5) information about emergency procedures, incident management, and use of spill kits appropriate to the risks and hazards presented by the clinical waste streams generated in service delivery.

4.2 Staff responsibilities

Where services generate clinical waste, staff are responsible to:

- (a) understand the hazards presented by clinical waste;
- (b) handle and dispose of clinical waste appropriately;
- (c) appropriately store and use the PPE supplied;
- (d) notify their supervisor where the clinical waste generated exceeds (or is likely to exceed) the equipment supplied; and
- (e) report all incidents appropriately.

4.3 Segregation and Handling

- (a) Specific waste streams must be managed in line with Victorian legislation, licensing, waste management contract and waste minimisation practices.
- (b) Failure to segregate waste is an offence under the WRR Regulation.
- (c) Waste should be segregated at the point of generation.
- (d) Waste streams are divided into the following categories for appropriate handling:
 - (1) Clinical waste
 - (2) Related waste
 - (3) General Waste

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- (e) Where waste streams overlap, the most hazardous component should determine labelling and disposal: e.g., sharps that are contaminated with cytotoxic materials must be labelled and disposed of as cytotoxic waste (by high temperature incineration).
- (f) CDNI Care Pty Ltd will ensure that all staff generating waste understand how to segregate materials through:
 - (1) monitoring and training;
 - (2) providing suitable containers, labels and bags;
 - (3) ensuring all waste can be easily, safely and correctly segregated at the point of generation.

4.4 Labelling

- (a) Clinical and related wastes must be properly segregated, packaged, labelled, handled and transported to minimise risk to waste handlers and the community, such as needle stick injuries and transmission of infectious diseases.
- (b) All sharps and other waste containers should meet the specific Australian Standards requirements. Clinical and related waste must be segregated and identified by following colour coding and markings:
- (c) Container labels must be displayed on at least two sides

4.5 General waste

- (a) General waste is any waste that does not present a risk of infection or hazard.
- (b) General waste should be handled in a manner consistent with domestic waste, and disposed of at point of waste generation using domestic waste disposal facilities or flushed down domestic toilets into sewer lines.
- (c) Standard precautions should be taken as appropriate:
 - (4) gloves and other personal protective equipment as required;
 - (5) double bagging sanitary waste
 - (6) flushing fluids with the toilet seat down.

4.6 Disposal of clinical waste

- (a) All medical waste, other than sharps, must be placed in clearly labelled heavy-duty yellow plastic bags. Bags intended for domestic use are unsuitable for this waste.
- (b) Any bulk fluids should be emptied into domestic sewerage systems.
- (c) Clinical waste must be:
 - (1) incinerated in a registered facility;
 - (2) collected for disposal by:

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(3) a person licensed for the collection and transport of medical waste; or

(4) a council.

Or transported by a person employed or engaged in the business producing the waste directly to:

(5) a waste depot licensed to receive medical waste

(6) a hospital.

4.7 Laundry

To minimise the risk of disease transmission via exposure to contaminated linen, used linen or linen soiled with blood or other body substances should be handled, processed and disposed of in a manner that prevents exposure to skin and mucous membranes, contamination of clothing and transfer of microorganisms to other persons and the environment:

- (a) used, soiled or wet linen should be bagged at the point of generation;
- (b) linen that is heavily soiled with blood, other body substances or other fluids (including wet with water) should be bagged in clear leak-proof bags;
- (c) linen bags should not be filled completely as this will increase the risk of rupture in transit and injury to bag handlers.
- (d) used or soiled linen are not to be rinsed or sorted in patient care areas;
- (e) domestic washing machines are only to be used to launder patients' personal items and only one patient's personal items can be washed per cycle.

4.8 Clinical Waste: Sharps

All sharps pose a potential hazard and can cause injury through cuts or puncture wounds. Discarded sharps may be contaminated with blood, body fluid, microbiological materials, and toxic, cytotoxic or radioactive substances. There is disease potential if the sharp was used in the treatment of a patient with an infectious disease.

- (a) It is important that all staff are aware of the inherent risk of injury associated with the use of sharps such as needles, scalpels and lancets. When handling sharps the following principles apply:
 - (1) the person using the sharp is responsible for its safe disposal;
 - (2) dispose of the sharp immediately following its use and at the point of care;
 - (3) dispose of all sharps in designated puncture resistant containers that conform to relevant Australian Standards (AS/NZS 4261:1994 reusable; AS 4031:1992 non-reusable);
 - (4) dispose of sharps disposal containers when they are $\frac{3}{4}$ full or reach the specified fill line, seal appropriately and place in the clinical waste stream;

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- (5) never pass sharps by hand between health care workers;
- (6) if carrying a sharp is unavoidable, then it must be carried in a container such as a kidney dish, so as to minimise the likelihood of a sharps injury;
- (7) never recap used needles unless an approved recapping device is used;
- (8) never bend, break or otherwise manipulate by hand a needle from a syringe.

4.9 Sharps containers

Sharps containers must comply with AS 4031/1992 or AS/NZS 4261:1994 and must:

- (a) be designed and constructed to reduce the possibility of injury to handlers during collection and transport of sharps for disposal;
- (b) be resistant to impact, penetration and leakage;
- (c) be stable,
- (d) have integrity of the handles/other carrying features and closure device, and
- (e) have a capacity indicator (fill line) marked on the outside wall of the container;
- (f) be strategically placed so as to minimise the distance sharps are carried to the disposal point;
- (g) in non-clinical community settings, such as within a patient’s home, be placed out of the reach of children (1.4m above the floor);
- (h) be transported within a compartment in the car separated from the driver’s compartment; and
- (i) be transported to a hospital, community health centre or multi-purpose service for final disposal.

Reusable sharps containers must be readily emptied and cleaned before reuse

Reusable sharps containers must not be used to store cytotoxic waste.

Related Waste

4.10 Related Waste: Cytotoxic

Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. It includes:

- (j) cytotoxic pharmaceuticals past their recommended shelf life, unused or remaining drugs in all forms, contaminated stock, and cytotoxic drugs returned from a patient
- (k) contaminated waste from preparation processes

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- (l) sharps and syringes, ampoules and vials
- (m) intravenous infusion sets and containers empty cytotoxic drug bottles
- (n) cotton wool from bottles containing cytotoxic drug
- (o) used HEPA or chemical filters and other disposable contaminated equipment
- (p) contaminated personal protective equipment (for example – gloves, disposable gowns, shoe covers, respirators)
- (q) swabs, cloths, mats and other materials used to clean cytotoxic contaminated equipment or to contain spills
- (r) contaminated body substance receptacles (for example – disposable vomit bags)
- (s) dressings, bandages, nappies, incontinence aids and ostomy bags
- (t) heavily soiled and contaminated bedding that is determined to be disposed
- (u) contaminated specimens from the laboratory.
- (v) gloves, gowns, dosing cups and all equipment used in the preparation and administration of chemotherapy or anti-neoplastic drugs;
- (w) bodily fluids of chemotherapy patients and equipment used to manage bodily fluids;
- (x) soiled linen and clothing of chemotherapy patients;
- (y) napkins and other cleaning materials used to collect bodily fluid spills and wipe surfaces such as bed rails, toilet seats, grab rails which chemotherapy patients touch.

CDNI Care Pty Ltd will:

- (z) advise staff where a client is undergoing cytotoxic drug treatment
- (aa) provide appropriate spill kits;
- (bb) provide information on the contents of a spill kit;
- (cc) provide written instructions on how to manage a spill in a home situation;
- (dd) provide precautionary information to carers who are pregnant or breastfeeding;
- (ee) provide the opportunity for staff members to opt-out of working with clients undergoing cytotoxic drug treatment.

Staff caring for clients undergoing treatment with cytotoxic drugs will:

- (ff) avoid skin contact with the patient's body substances;
- (gg) prevent generating aerosols when handling the patient's body waste

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- (hh) dispose of waste, such as urine, faeces, vomitus, the contents of ostomy bags, incontinence aids and disposable nappies
- (ii) contain waste generated from drug administration in a dedicated container;
- (jj) keep waste containers secure and appropriately labelled;
- (kk) clean-up spills immediately using provided spill kits;
- (ll) transport cytotoxic waste in sealed containers in the boot (not cabin) of a vehicle.

4.11 Disposal of cytotoxic waste

- (a) Hard waste: Cytotoxic waste generated in the home may include dressings, nappies, incontinence aids, ostomy bags, catheters, catheter bags and the like. Health care workers should bag these items (purple bag) and remove the bags following their visit. The waste should be disposed of in a cytotoxic waste bin and taken back to the health care facility, in the boot of a vehicle, for disposal in a cytotoxic waste bin.
- (b) If waste consists of a mixture of cytotoxic and other waste it must be incinerated at the temperature recommended for cytotoxic waste.
- (c) In the absence of a health care worker, a patient or carer should dispose of the waste into a sealed plastic bag, then into the household rubbish.
- (d) Soft waste: Cytotoxic contaminated body waste – i.e., urine, faeces, vomitus, the contents of ostomy bags and the like – should be disposed of into a household toilet by using a full flush and with the lid down.

4.12 Laundry

- (a) All linen should be handled with care, placed with minimal handling into leak-proof bags for transport to laundry facilities.
- (b) Grossly contaminated linen should be discarded as cytotoxic waste.
- (c) Recommended PPE:
- (d) Once laundered, contaminated linen can be reused.

4.13 Related Waste: Pharmaceutical

- (a) Pharmaceutical waste may arise from:
 - (1) pharmaceuticals that have passed their recommended shelf life;
 - (2) pharmaceuticals discarded due to off-specification batches or contaminated packaging;
 - (3) pharmaceuticals returned by patients or discarded by the public;
 - (4) pharmaceuticals that are no longer required by the establishment; and

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(5) waste generated during the manufacture and administration of pharmaceuticals.

(b) Non-hazardous materials such as normal saline or dextrin need not be considered as pharmaceutical wastes.

(c) Excess stock of pharmaceuticals, either current or expired, may be returned to a relevant authority or collection centre for appropriate disposal or distribution. The disposal method depends on the chemical composition of the material. This must be checked with the manufacturer. The components must be interpreted/classified according to the known toxicity of the pharmaceutical involved, and the degree of contamination. If in doubt, consult the pharmacist.

4.14 Storage

(a) Clinical and related waste must be stored in a manner that is not offensive and that minimises the threat to health, safety or the environment.

(b) Any waste mixed with medical waste must be treated as medical waste.

(c) Where it is necessary to store clinical waste, CDNI Care Pty Ltd will provide an enclosed structure such as a shed, garage, cage, fenced area or separate loading bay to store waste.

(d) CDNI Care Pty Ltd will ensure that provided storage areas:

(1) are cleaned regularly and to be kept free from odour and vermin

(2) are located away from food and clean storage areas,

(3) are inaccessible to the public,

(4) have rigid, impervious flooring;

(5) have a lockable door or, if not practicable, locks on all bins in the area;

(6) have, where practicable, loading and unloading space within the storage area;

(7) have clean up facilities, spills kits, appropriate drainage and bunding (i.e. retaining walls within the storage area to contain any material that has escaped).

4.15 Personal Protective Equipment (PPE)

(a) CDNI Care Pty Ltd will supply staff with PPE suitable for the nature and degree of the identified hazard.

(b) CDNI Care Pty Ltd will ensure staff understand:

(1) the hazards identified and the means of minimising risk;

(2) the proper selection, fitting (donning/doffing, or putting on/removing), storage and maintenance of PPE;

(3) the proper use of spill kits.

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- (c) CDNI Care Pty Ltd will ensure – where possible – that all contractors, such as waste collectors, comply with all WHS and other legislative requirements, e.g. wearing appropriate PPE.

4.16 Spills- Blood or body substance spills

- (a) Spot Cleaning
 - (1) Put on disposable gloves
 - (2) Wipe up the spot immediately with a damp cloth, alcohol, or paper towel may be used.
 - (3) Discard contaminated materials in the Clinical waste bag.
 - (4) Wash hands thoroughly.
- (b) Other spills
 - (1) Collect appropriate spill kit from designated location
 - (2) Wear disposable gloves, eyewear, mask and apron
 - (3) Remove the bulk of the blood and body substances with absorbent material
 - (4) Use pan and scraper to scoop up absorbent materials and unabsorbed blood or body substances
 - (5) Discard clinical materials in clinical waste bag for disposal
 - (6) Wash hands thoroughly
 - (7) Mop the area with a detergent solution
 - (8) Wipe the site with disposable towels soaked in a solution of 1% (10,000 ppm) available chlorine.
 - (9) Clean and disinfect pan, scraper, mop and bucket
 - (10) Reusable eyewear and apron should be cleaned and disinfected after use
 - (11) Replace any used items and return the spill kit to the designated location
- (c) If a spill occurs on a carpeted area, mop up as much of the spill as possible using disposable towels then clean with a detergent. Arrange for the carpet to be shampooed as soon as possible.

4.17 Cytotoxic Spills

- (a) Do not use alcohol-based agents to clean cytotoxic spills as some drugs can bind to alcohol and increase the area of contamination. Use sodium hypochlorite (liquid bleach) or Milton tablets or solution where possible.
- (b) Spills of cytotoxic materials should be immediately contained and cleaned using the following procedure:

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- (1) Collect cytotoxic spill kit from designated location
- (2) Put out a sign to notify of potential hazard
- (3) Don a particulate (P2) respirator, then appropriate personal protective equipment
- (4) Double glove with latex inner and heavy duty outer gloves
- (5) For liquid spills, wait a few seconds for aerosols to settle, then cover the spill using available absorbent material, taking care not to generate any splashes (aerosols)
- (6) Scrape up any broken glass and absorbent materials and place in cytotoxic waste bag
- (7) Mop the area with warm water. Detergent may be applied as a final step, washing from area of least contamination
- (8) Dry the affected area with absorbent towels or other suitable materials
- (9) Remove shoe covers, outer gloves, disposable overalls, mask and goggles and place in waste bag/container
- (10) Discard the contaminated cleaning waste into the cytotoxic plastic waste bag
- (11) Seal the waste bag and place it in a cytotoxic waste bin or have it collected in the usual manner.
- (12) Wash hands and any exposed skin
- (13) Complete an incident report
- (14) Replace any used items and return the spill kit to the designated location

4.18 Incidents - Immediate response

(a) Penetrating injury/needlestick injury:

- (1) Induce bleeding by gently squeezing
- (2) Wash promptly and thoroughly with soap and water

(b) Mucosal Splash:

- (3) Rinse copiously with water
- (4) If eyes are affected rinse while open with tap water or saline
- (5) If blood gets in the mouth, spit out and rinse with water and spit out again Repeat several times.

(c) **Cytotoxin Contamination**

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Clothing and personal protective equipment

- (1) Immediately remove outer gloves, gown and any contaminated clothing
- (2) Place disposable personal protective equipment in the cytotoxic waste bin
- (3) Contaminated clothing should be bagged separately, machine washed separately and line dried
- (4) Remove and dispose of inner gloves.

(d) Skin exposure

- (1) Remove contaminated clothing as above
- (2) Wash the affected skin with soap and clean thoroughly with copious amounts of water
- (3) Report to supervisor immediately
- (4) Seek immediate medical advice and further medical attention as necessary.

(e) Penetrating injuries, skin and other body contact

- (1) Wash the affected skin with soap and clean thoroughly with copious amounts of tepid water and do not scrub or create friction in the area of concern
- (2) Do not administer anaesthetic drops or ointments
- (3) Report to supervisor immediately
- (4) Seek immediate medical advice and further medical attention as necessary
- (5) Document incidents.

(f) Mucosal exposure

- (1) Immediately flush the affected area (for example – eye) with an isotonic saline solution for at least 15 minutes – continuous irrigation may be facilitated with an intravenous infusion set connected to an intravenous normal saline
- (2) Report to supervisor immediately
- (3) Seek immediate medical advice and further medical attention as necessary
- (4) Document incidents.

(g) Initial Evaluation

- (1) Staff should attend an Accident/Emergency facility to assess their exposure to risk and appropriate treatment.

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<p>(2) For initial and/or subsequent blood screening staff should attend the Accident/Emergency Department or their GP.</p> <p>4.19 Internal Reporting</p> <p>Staff should report <u>all</u> incidents internally to their supervisor.</p> <p>(a) Report incident to Principal</p> <p>(b) Complete incident Report Form</p> <p>(c) Complete Worksafe notification form (if required – see below).</p> <p>(d) Return form/s to your Supervisor immediately.</p> <p>4.20 Notifying Incidents: Occupational Health & Safety VIC</p> <p>(a) All incidents should be reported as per the Incident Management Policy and Procedure.</p> <p>(b) An incident involving clinical or related waste it must be reported to by:</p> <p>(1) calling 13 23 60</p> <p>(2) completing an online incident notification form</p> <p>4.21 Incident recording, investigation and reviews</p> <p>(a) All incidents will be recorded, investigated and reviewed as per the Incident Management and Reporting Policy.</p> <p>4.22 Review</p> <p>(a) The Principal (or delegate) will review processes for handling and disposal of clinical waste as per the Internal Review and External Audit Schedule or as circumstances change.</p> <p>(b) All reviews will be conducted in reference to:</p> <p>(1) an assessment of current risks and hazards;</p> <p>(2) an audit of current practices and compliance;</p> <p>(3) consultation with relevant staff;</p> <p>(4) current legislation and regulations;</p> <p>(5) relevant incident reports and complaints.</p>	
<p>4.23 Workers to commit to Policy</p> <p>(a) All Workers are provided with a copy of this Policy in their orientation and induction materials.</p> <p>(b) Under their employment, contractor agreement or binding letter agreement, each Worker at CDNI Care Pty Ltd is required to take responsibility for ensuring:</p>	<p>All Workers</p>

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<p>(1) full understanding of the commitments outlined in this Policy as well as procedures and other strategies designed to ensure that the principles of this Policy are upheld; and</p> <p>(2) ensuring that the principles and procedures and other strategies within this Policy are applied in their daily work.</p>	
<p>4.24 Train Workers</p> <p>(a) Training and supporting Workers to understand and apply the Legislation.</p> <p>(b) Training staff to recognise the importance of complying with the Legislation and committing to the reduction and elimination of RRP's through this Policy and Procedures.</p>	<p>Principal and Key Management Personnel</p>
<p>4.25 Complementary policy adoption</p> <p>Adopt and maintain the Policy and Related Documentation which assists CDNI Care Pty Ltd to demonstrate the relevant NDIS Quality Indicators related to the Specialist Behaviour Support NDIS Practice Standard.</p>	<p>Principal and Key Management Personnel</p>

5. General

5.1 Relevant Legislation, Regulations, Rules and Guidelines

Legislation, Rules, Guidelines and Policies apply to this Policy and supporting documentation as set out in the Legislation Register.

5.2 Inconsistency

If and to the extent that the terms of this Policy are or would be inconsistent with the requirements of any applicable law, this Policy is deemed to be amended but only to the extent required to comply with the applicable law.

5.3 Policy Details

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