



## **2017 Infection Control learning sheet #2 March 2017- Defining Clinical Waste according to your state**

There are current Australian national and state guidelines<sup>1</sup> to inform on definitions and healthcare facilities are required to follow them. Note that the national guideline withdrew any definition that referred to expressible blood some years ago and its current definition includes all body fluids (contentious as most states do not generally include urine) The RACGP recommends to use expressible blood as the default definition where a state/territory has no definition - most states have one. There is a hefty fine for incorrectly disposed waste so please bring these definitions to your colleagues.

So why does it matter what the definition is? The definition is built on a few factors which explains why states differ e.g. access to waste treatment points, cost for transporting it long distances and storing it cold/frozen in between collections when these may be months apart

- duty of care to waste handlers
- increasing risk of waste being infectious with bulking of body substances from multiple patients
- risk to the public if such waste is disposed at landfill

**Victorian EPA** definition includes

- all visible blood
- genital fluids e.g. pap smear equipment contaminated with secretions
- exudates e.g. wound dressings with material on them.

Also included is any item from a patient suspected of having a significant communicable infection e.g. PPE from suspect flu, measles, gastro and items that may cause public offence e.g. vomit bags and faeces.

**NSW EPA** also defines any visible blood and any waste from medical premises etc that can cause injury, infection or offence so that would reasonably include vomit, contaminated dressings and vaginal specula etc.

**WA definition** - unfortunately this quotes as its basis a now withdrawn federal government publication that referred to free flowing or expressible blood (withdrawn over 10 years ago) but also includes waste that may cause infection, offence or injury. I would advise therefore to go with the national guideline.

### **Queensland Definition**

Wastes categorised as human tissue waste include discarded waste human blood/plasma/serum, containers of free-flowing blood or blood components, or discarded material heavily contaminated with blood whether free-flowing or dried. Human body fluids such as saliva, mucus, pleural fluid, cerebrospinal fluid, pericardial fluid and any other fluid that is visibly contaminated with blood, and all body fluids generated from circumstances where there is potential for the presence of infectious agents, are included in this category. Urine, faeces and vomitus are not generally included as clinical waste, unless they ..... are visibly contaminated with blood. However, waste items that may be slightly contaminated with dried blood should not be considered to be clinical waste by generating premises. This may include a light blood smear on a disposable gown or a spot of blood on cotton wool from a blood test.

### **Tasmania from 2007 (unable to locate a more recent definition)**

'Clinical Waste' which includes: • Pathology and sampling waste directly involved in laboratory testing; • Human anatomical waste; • Blood and body fluids and materials or equipment containing human blood or body fluids  
Then under AMM requirements 3.1.3 Blood and Body Fluids. 4 i. Bulk blood, body fluids (such as 24-hour urine collections) and liquids visibly contaminated with blood, and other body fluids must not be disposed of to landfill.