



**2019 March TOPIC # 2 - AS 3816 Management of Clinical and related wastes - three points to note
(released December 2018 and includes a National definition – not yet adopted)**

So please note the national definition below (3.8, page 3) of the newly released above standard when it is adopted

1. ...clinical waste

Any waste that has the potential to cause injury, infection or offence arising from but not limited to, medical, dental, podiatry and veterinary practice, pathology and pharmaceutical laboratories, health care and supported care services, medical emergency services, blood banks, mortuaries, brothels, tattooing and body piercing establishments.

This includes, but is not limited to, any of the following:

- (a) Anatomical waste*
- (b) Bulk body fluids or blood*
- (c) Visibly blood-stained body fluids, materials or equipment*
- (d) Laboratory specimens or cultures*
- (e) Animal tissue or other waste from animals used for medical research*
- (f) Sharps (other than sharps contaminated with cytotoxic waste)*

Then for sharps 3.36 on page 5

2.sharp

Objects or devices having sharp points or protuberances or cutting edges, capable of penetrating human skin or the package into which the object or device is disposed

(Note 1 to entry - This includes fragile items with the potential to break and form sharps during handling or transport)

Further... all users should be able to see down into the opening of the sharps container (if standing, generally 1.1-1.2 m from floor to opening)

3. Clinical waste storage

7.2.2.1 – UN 3291 Clinical waste shall be stored in an enclosed structure such as a shed, room, cage or separate loading bay that has a lockable door, is not accessible to the public and access to which shall be limited to authorized persons.

To give this some practical meaning, any visibly bloodied waste from the above facilities is to be placed in the yellow clinical waste container and if sharp, is placed in an approved sharps bin. Waste is to be securely stored till collection – on reading storage requirements, I doubt a clinic carpark with open gates and a bin chained to a tap would pass!

Your current state definition stands. Once adopted, if your current state definition is more onerous than the national definition then you must follow that. Note the inclusion of offensive waste from medical facilities. I would therefore be continuing to include all vomit bags. Of course all PPE used in the examination/testing of a person suspected of a significant communicable disease e.g. measles, would be clinical waste (referring to any waste that has the potential to cause infection). As someone who performed clinical waste audits for 12 years, I can assure you that this tighter definition will put an end to clinics deciding themselves what is general waste or sharps waste – this will assist protection of waste handlers.