

Waste management

For healthcare, residential care facilities, medi-hotels, COVID-19 testing clinics, airports and home environments

This document outlines the current minimum recommendations for healthcare, residential care facilities, medi-hotels, COVID-19 testing clinics, airports and home environments for the handling of waste from patients, residents, guests or passengers with suspected or confirmed COVID-19. Also refer to relevant standards (AS3816:2018 *Management of clinical and related wastes*)¹, [state](#) guidelines and local policies and procedures.

COVID-19 is caused by the SARS-CoV-2 virus, which is not currently classified by the Australian Dangerous Goods Code as a highly infectious ([Category A](#)) pathogen.

National COVID-19 guidelines recommend “Unsoiled personal protective equipment (PPE) can be discarded into general waste; if visibly soiled e.g. with blood or faeces, PPE should be disposed of as clinical / infectious waste. Local jurisdictional regulations for waste disposal should be followed.”²

SA Health Environmental Protection Agency (EPA) guidelines recommend: Medical waste is defined as waste consisting of “any other article or matter that is discarded in the course of medical, dental or veterinary practice or research and that poses a significant risk to the health of a person who comes into contact with it”³.

As per state, national and international guidelines, SA Health recommends all general and clinical (medical) waste generated in relation to care and activities involving suspected, probable or confirmed COVID-19, should be handled with standard and transmission-based precautions, as indicated. Refer to advice as follows for various settings.

Clinical/Medical waste handling advice for healthcare/residential care facilities, testing clinics, medi-hotels and airports.

Suspected/probable or confirmed COVID-19 person clinical/medical waste key points:

- > [Clinical waste](#) (also known as medical waste) is categorised by the colour yellow in South Australia and is incinerated and cannot be disposed of into the general waste or recycling waste streams.
- > Disposal of non-sharp clinical waste (e.g. contaminated PPE), heavily blood/body fluid soaked dressings, blood/body fluid containers that are a risk of splash or spray of blood or body fluids etc) should be placed in a yellow biohazard bag, which complies with Australian Standards AS 3816:2018 clause 5.3.8.
- > Yellow biohazard bags should be tied off at the point of use and disposed of into a yellow 2-wheeled mobile garbage bin (MGB) with a lockable lid. These bins are to be stored as per AS 3816:2018. Airports may choose to dispose of clinical waste in quarantine bins and should refer to local policy.
- > A medical sharp (commonly known as “sharps”) must not be put directly into MGBs. Sharps must be disposed of into a sharps container, preferably at the point of care or point of use, that meets [Australian Standard AS 4031: Non-reusable containers for the collection of sharp medical items used in health care areas](#). Sharps containers must not be overfilled and sealed when $\frac{3}{4}$ full (or designated fill line). Sharps containers are then to be placed into a yellow MGB.
- > Staff who are required to transport yellow MGBs should wear PPE e.g. disposable long-sleeved gowns, gloves, surgical masks and eye protection (goggles or face shield) as per standard and transmission-based precautions based on a risk assessment. Refer to local policy and guidelines.
- > Hand hygiene must be performed prior to donning and after doffing PPE, and after handling or transporting waste bags or bins.
- > Any waste receptacle, bin or MGB must not be overfilled. When sharps containers and/or MGBs are $\frac{3}{4}$ full, the lid should be secured/locked while awaiting collection from the secure location.

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- > The external surface of the MGB should be wiped over with a TGA listed hospital grade disinfectant prior to transporting to the waste collection area if there is evidence of visible soiling, and as per local policies.

Non-clinical / non-medical waste (e.g. general waste) handling advice for homes, hotels or other lodgings

People in self-quarantine/self-isolation with suspected, probable or confirmed COVID-19:

- > Dispose of all used personal care items such as tissues, disposable masks, gloves and other items contaminated with respiratory secretions or other body fluids in a rubbish bin inside the room which is to be lined with a plastic bag.
- > When the bin inside the person's room is $\frac{3}{4}$ full, they should "tie-off" the plastic bag to prevent spillage of the contents and place outside of the room for collection and disposal. Dispose of the bag into the general household waste bin. This waste should **NOT** go into the recycling bin.
- > After handling and disposal of waste, hands must be washed using soap and water then dried with either a clean towel that is dedicated for personal use only or disposable paper towel. Alcohol-based hand sanitiser can be used if hands are not visibly soiled.
- > For further information refer to the SA Health Self-isolation and self-quarantine advice for COVID-19 (coronavirus) web page and Guidance for accommodation service providers fact sheet located on the [SA Health website](#).

Healthcare workers conducting home visits or care of a person with suspected, probable or confirmed COVID-19:

- > Standard and, where applicable, transmission-based precautions apply at all times.
- > Service providers must ensure practices and procedures are compliant with relevant [state](#) and national guidelines and standards.^{2,3}
- > [Recommended PPE](#) must be worn during clinical care including when conducting assessments, collecting samples and when handling waste.
- > Hand hygiene must be performed as per the [5 moments for hand hygiene](#), during waste handling, before and after glove use and as per PPE use procedures etc.
- > Use disposable care equipment whenever possible, taking only the required equipment in to the person's home. Used disposable equipment is to be treated as clinical waste.
- > If the use of reusable equipment is unavoidable, this must be decontaminated after each use in accordance with the manufacturer's instructions and recommended reprocessing procedures.

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Table: Summary of general advice for waste management and COVID-19

<p>Clients / patients with NO identified COVID-19 risk factors:</p>	<ul style="list-style-type: none"> > All non-sharp related waste, items, articles or matter³ from clients / patients with no risk factors for COVID-19, should be segregated into the correct waste stream and disposed of as per usual policies and procedures.
<p>Clients / patients WITH identified COVID-19 risk factors:</p>	<ul style="list-style-type: none"> > When the client/patient has risk factors for COVID-19, any clinical waste^{2,3} (including all visibly and non-visibly soiled PPE, articles or matter, but excluding sharps) generated by the service provider during the course of clinical care/service provision, should be disposed of in an infectious (biohazard) waste bag. The biohazard bag should be closed off and disposed of into a clinical waste mobile garbage bin (MGB). > Where there is no MGB available at the point of waste generation (e.g. home visit), the closed off biohazard bag can be transported in a rigid sided container with a secure fitting lid in the boot of the provider's car back to a central medical/clinical waste collection point. > Waste generated that is not considered to be clinical waste, (including non-visibly soiled PPE that has not been used in the course of clinical care / service provision) can be treated as general waste (this waste must not go into recycling waste stream).^{2,3}
<p>Notes:</p> <ul style="list-style-type: none"> > If in doubt regarding the level of contamination and required waste stream, default to the clinical waste stream for waste and items (including PPE) used during service provision or contact with a COVID-19 client / patient. > All sharps waste regardless of COVID-19 risk factors must be disposed of into a sharps container which is compliant with Australian Standards. Sharps must not be disposed of directly into a MGB, and must be disposed of into a sharps container first which when ¾ full is placed into the MGB. 	

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References

1. Standards Australia, AS 3816:2018 *Management of clinical and related wastes*
<https://www.standards.org.au/standards-catalogue/sa-snz/health/he-011/as--3816-colon-2018>
2. Australian Government Department of Health, CDNA National guidelines for public health units
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
3. EPA South Australia. Medical waste definition:
https://www.epa.sa.gov.au/community/waste_and_recycling/medical_waste

For more information

Infection Control Service
Communicable Disease Control Branch
www.sahealth.sa.gov.au/COVID2019

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