

August, 2014

Disposability Legislation

- **NSW**
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New South Wales

pages 9-11

in Waste Management Guidelines for Health Care
Facilities - August 1998

issued by NSW Government | Health

3 Waste Stream Definition

3.1 About this section

This section gives an overview of the waste streams usually present in HCF. The definitions and explanations provided relate to the minimum standards to be applied.

3.2 Waste Streams

The main waste streams are Clinical Waste, Chemical Waste, Radioactive Waste, Cytotoxic Wastes, Recyclables, Organic Waste, Liquid Waste and General waste. Clinical, cytotoxic, pharmaceutical, chemical and radioactive wastes are classified as Hazardous wastes in the Waste Regulation (see Part 3, Schedule 1 Waste Regulation and section 3 Waste Guidelines).

3.3 Clinical Waste

Clinical waste is waste which has the potential to cause sharps injury, infection or offence. When packaged and disposed of appropriately there is virtually no public health significance. Clinical waste contains the following types of waste:

- sharps;
- human tissue (excluding hair, teeth and nails);
- bulk body fluids and blood;
- visibly blood stained body fluids and visibly blood stained disposable material and equipment;
- laboratory specimens and cultures;
- animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.

unless treated by a method approved by the Director General, NSW Department of Health.

Sharps: Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

3.4 Cytotoxic Waste

Cytotoxic waste means material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug, and any discarded material associated with the preparation or administration of cytotoxic drugs.

3.5 *Pharmaceutical Waste*

Consists of pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act 1966. This includes any substance that is specified in a Schedule of the Poisons List under that Act, as well as any therapeutic good which is unscheduled. Pharmaceutical waste includes expired or discarded pharmaceuticals and filters or other materials contaminated by pharmaceutical products.

3.6 *Chemical Waste*

Chemical wastes included in the Dangerous Goods Regulations and Poisons and Therapeutic Goods Act are also included in this stream. It includes mercury, cyanide, azide, formalin, and glutaraldehyde, which are subject to special disposal requirements.

3.7 *Radioactive Waste*

Radioactive waste is material contaminated with radioactive substances which arises from medical or research use of radionuclides. It is produced, for example, during nuclear medicine, radio immunoassay and bacteriological procedures, and may be in a solid liquid or gaseous form and be included in the body waste of patients under treatment. Reference should be made to the *Radiation Control Act 1990* and the Radiation Control Regulation 1993.

Radioactive waste, once lead shielded and allowed to decay to a safe level as set by the Regulatory authority, is no longer deemed to be radioactive waste. Some radioactive wastes are classified as hazardous waste in the Waste Regulation.

3.8 *Recyclable Products*

Items which are composed of materials or components, capable of being remanufactured or reused. Items are considered recyclable if facilities are available to collect and reprocess them.

3.9 *Organic Products*

This includes wood, garden, food, vegetable and natural fibrous material waste and biosolids, which are capable of composting or could be used to enhance lawns and or gardens.

3.10 *Liquid Waste*

Liquid wastes are defined in the Waste Regulation. These wastes include grease trap waste, used lubricating oil and waste normally discharged to the sewer.

3.11 General Waste

Any waste not included above and which is not capable of being composted, recycled, reprocessed or re-used. This stream includes incontinence pads, drained dialysis wastes, sanitary waste and disposable nappies.

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Queensland

pages 1-3

in Information Sheet: Waste Management

issued by Queensland Government | Department
of Environment and Heritage Protection

Information sheet

Waste management

Managing sanitary hygiene waste

This guideline provides advice on the management of sanitary hygiene waste that is generated by premises such as aged care facilities, and the geriatric and maternity care areas of hospitals. Sanitary hygiene waste from shopping centres, child care centres, family day care, public toilets, restaurants and other facilities whose primary function is not health care related, is not classed as clinical waste and may be managed as general waste, subject to any local government issues.

Definitions

Sanitary hygiene waste, for the purposes of this information sheet, means disposable nappy and incontinence product waste and sanitary products including tampons and pads.

It is recommended that premises generating sanitary hygiene waste develop procedures for managing this type of waste which provide clear guidance and information on how to handle, store, transport and dispose of the waste. Large quantities of disposable nappies may cause offence to the public and waste disposal personnel. This should be considered when developing disposal procedures.

Correct waste classification and segregation at the source of generation will ensure that waste is properly managed.

For the purposes of management and disposal, sanitary hygiene waste from shopping centres, child care centres, family day care, public toilets, restaurants and other facilities whose primary function is not health care related, is not considered to be clinical waste or nightsoil. Also, sanitary hygiene waste, when sourced from aged care facilities and the geriatric and maternity care areas of hospitals, is not considered to be nightsoil.

Management practices

Sanitary hygiene waste from shopping centres, child care centres, family day care, public toilets, and restaurants and other facilities whose primary function is not health care related and from aged care facilities and the geriatric and maternity care areas of hospitals does not need to be managed as clinical waste and the following segregation and treatment practices do not apply.

Segregation

The source of sanitary hygiene waste determines the type of treatment required before it can be disposed to landfill. Sanitary hygiene waste should be segregated on the following basis:

- if it comes from a person who is known to have an infectious disease (e.g. from an isolation area) or if it is saturated with, or containing free-flowing blood or other body fluids, must be segregated and managed as a clinical waste;
- if it comes from a person who is receiving cytotoxic drugs, it must be segregated and managed as a cytotoxic waste;
- if it comes from neither of the above, it can be segregated and managed as general waste.

Treatment

If sanitary hygiene waste is classified as clinical waste, it must be treated in an approved facility either by incineration, autoclave, chemical disinfection, or microwave options prior to landfill disposal. If the waste is generated in a scheduled area, it need not be treated but can be disposed directly to landfill through supervised burial.

If the waste is classified as cytotoxic, it must be incinerated in an approved facility before it is disposed to landfill.

If the waste is classified as general waste, it does not require any special treatment prior to disposal.

Storage

Sanitary waste classified as clinical waste or cytotoxic waste must be stored in an area that is not accessible to animals or unauthorised persons. The facility must ensure that the storage of sanitary hygiene waste, whether classified as general waste or clinical waste, does not create an environmental nuisance (e.g. odour).

Transport

Used sanitary items are not considered regulated waste for the purposes of the *Environmental Protection Act 1994*, with the exception of incontinence product waste that is:

- sourced from a person receiving cytotoxic drug treatment; or
- sourced from a person known to have an infectious disease.

A person transporting only sanitary hygiene waste that is classified as general waste is not required to hold an environmental authority to undertake this activity.

Disposal

If the waste is classified as general waste, it can be disposed of to landfill without prior treatment. However, advice should be sought from the local government in whose landfill the waste is proposed to be disposed regarding whether or not the local government will accept the waste.

A local government may choose to refuse to accept wastes into its landfills irrespective of the definitions, classification and management guidance contained in this information sheet.

Sanitary hygiene waste classified as clinical waste can be disposed to landfill if it has been treated in an approved facility. However, untreated clinical sanitary hygiene waste generated in a scheduled area can be disposed to landfill through supervised burial.

Management practices for sanitary hygiene wastes

Waste classification	Source	Disposal	Development approval (DA) or Environmental authority (EA)
General Waste	General hospital ward areas, aged care facilities, child care centres, shopping centres, public toilets	Landfill (if accepted by the local government)	Not specifically for the sanitary hygiene waste, but an EA, and possibly a DA, for the landfill
Clinical waste	Isolation ward or persons known to have an infectious disease	Treatment at an approved facility prior to landfill disposal OR Supervised burial in a landfill in a scheduled area	YES, DA and EA required for treatment and disposal. If buried in a scheduled area an EA, and possibly a DA, will be required for the landfill.
Cytotoxic waste	Persons receiving cancer chemotherapy	High temperature incineration	YES, DA and EA required.

Further information

For copies of administering authority supporting information, visit the website at www.ehp.qld.gov.au

Other information sheets in this series include:

- Clinical or Related Waste Management (EM1244¹)
- Storage and transport of clinical or related waste (EM1246)
- Clinical or related waste treatment and disposal (EM1247)
- Defining clinical waste (EM1250)
- Determining whether waste is clinical waste (EM1249)
- Pharmaceutical and cytotoxic waste management (EM2976)

If you generate, transport or treat clinical waste you may be required to obtain an environmental authority and a development approval (if required depending on the nature of the activity). Please refer to the Business and Industry Portal at www.business.qld.gov.au for more information.

Advice and support are available through a statewide network of regional administering authority offices. Contact details are available on the above website and in the White Pages.

¹ This is the publication number. This document is available at qld.gov.au using the publication number as a search term.

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South Australia

pages 1-2

in EPA Guidelines: Medical Waste - Storage,
Transport and Disposal. September, 2003
issued by Government of South Australia

EPA Guidelines

Medical waste

—storage, transport and disposal

Re-issued September 2003

EPA 044/03: This guideline replaces EPA Technical Bulletin No. 2, 'Storage, transport and disposal of medical waste' (July 1999).

Introduction

The management of wastes arising from health care establishments is a matter of continuing concern to workers in the waste industry and the general public. These concerns are based upon the potential for spread of infection, the risk of injury, chemical toxicity and aesthetics.

It is important that the medical profession, nurses, portering staff, laboratory staff and others dealing with medical wastes adopt procedures that minimise risk to the environment, public, fellow workers and people working in the waste industry.

What is medical waste?

Medical waste is defined as waste consisting of:

- a) a needle, syringe with needle, surgical instrument or other article that is discarded in the course of medical, dental or veterinary practice or research and has a sharp edge or point capable of inflicting a penetrating injury on a person who comes into contact with it; or
- b) human tissue, bone, organ, body part or foetus; or
- c) a vessel, bag or tube containing a liquid body substance; or
- d) an animal carcass discarded in the course of veterinary research or medical practice or research; or
- e) a specimen or culture discarded in the course of medical, dental or veterinary practice or research and any material that has come into contact with such a specimen or culture; or
- f) 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.

Schedule 1 Part B Environment Protection Act 1993



The following materials are **not usually** regarded as medical waste unless they fall into category (f) of the medical waste definition:

- dressings and bandages
- materials stained with or having had contact with body substances
- containers no longer containing body substances
- disposable nappies and incontinence pads
- sanitary napkins.

Environment protection legislation

Medical waste is a listed waste under Schedule 1, Part B of the *Environment Protection Act 1993* (the Act).

Under Schedule 1, Part A of the Act any person who carries on an activity in which anything listed in Part B of the Schedule is produced as or becomes waste must be licensed.

However, a licence is not required under Schedule 1, Part A of the Act if the waste is produced in the course of any of the following activities:

- *medical practice, not being the practice of pathology*
- *dental practice*
- *operation of a nursing home*
- *veterinary practice*
- *operation of a hospital with a capacity of less than 40 beds; or*
- *operation of an immunisation clinic.*

Schedule 1 Part A Activities 3 (4)

This does not mean that there is no control over the disposal methods of medical waste generated in the course of these activities. They are subject to control by the *Environment Protection (Waste Management) Policy 1994* and the general environmental duty under the Act.

The intent of the policy is to ensure that persons who generate medical waste from any of the above prescribed activities manage it in a fashion that does not cause or is likely to cause:

- environmental harm
- a risk to health and safety.

Medical waste must not be placed into the local government domestic collection service.

Requirements for storage of medical waste

- Contain medical waste in a manner that is not offensive and that minimises the threat to health, safety or the environment.
- Store all containers of medical waste in a secure location.
- Ensure all necessary equipment required to clean and disinfect the area in case of accidental spillage is easily available and accessible.
- Treat any waste mixed with medical waste, as medical waste.
- Sharps such as needles, syringes with needles and surgical instruments are to be handled as follows:

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Tasmania

pages 9-10

in Approved Management Method for Clinical and Related Waste. 2007

issued by Tasmanian Government | Department of Tourism, Arts and the Environment | Waste Management Section

Table 2: CLINICAL AND RELATED WASTE DEFINITIONS AND EXCLUSIONS

CLINICAL WASTE means waste generated in a clinical setting (refer Table 1) that is comprised of materials in one or more of the categories described below except where one or more of the listed exclusions applies.

I. CLINICAL WASTE

CLASSIFICATION	DESCRIPTION	EXCLUSIONS
I.1 Pathology and Sampling Waste	<ul style="list-style-type: none"> All specimens and associated wastes directly involved in specimen processing. This category includes tissues, disposable bench protectors, gloves and aprons, vials, test strips and cards, solid wastes from auto-analysers, specimen collection containers, suspensions of micro-organisms in tissue culture, discarded blood and blood products, cultures and contaminated material such as growth media (nutrient agars, broths), used culture dishes and so on. 	<ul style="list-style-type: none"> Urine & faecal specimens discharged directly to sewer. Hair, nails and teeth (unless contaminated with free-flowing blood) Cultures prepared for consumption in the food industry Effluent from laboratory auto-analysers where discharged directly to sewer (with prior approval from the relevant sewerage authority)
I.2 Human Anatomical Waste	<ul style="list-style-type: none"> Human tissue, organs, limbs, biopsy specimens, fetuses and placentae. 	<ul style="list-style-type: none"> Hair, nails and teeth (unless contaminated with free-flowing blood) Foetuses requested by parents for private burial Placentae requested for home retention Corpses¹
I.3 Blood and Body Fluids	<ul style="list-style-type: none"> Blood and blood products (such as sera and plasma) and other body fluids including excretions, exudates, suction fluids, fluid wastes emanating from dialysis, cerebrospinal, pleural, pericardial, peritoneal and amniotic fluids, and any fluid visibly contaminated with blood. Materials and equipment heavily saturated with blood or body fluids, or containing free-flowing or expressible blood or body fluids. May include disposable gowns, dressings, gauze sponges, lavage tubes, drainage sets, surgical gloves and so on. 	<ul style="list-style-type: none"> Blood and body fluids disposed directly to sewer. Sanitary waste² (Such as tampons, sanitary napkins, nappies, incontinence pads), unless from a person with, or suspected of having, a communicable disease, or undergoing cytotoxic drug therapy.
I.4 Animal Tissue and Carcasses	<ul style="list-style-type: none"> Tissue, carcasses, bedding materials and other waste arising from animals used in chemical, drug or microbiological laboratory investigation, or for medical or veterinary research or treatment. This includes animal waste contaminated with infectious organisms or chemical residues, and materials contaminated with urine, faeces and/or vomitus where the animal has been in contact with an infectious organism. 	<ul style="list-style-type: none"> Animals used in educational institutions for dissection purposes.
I.5 Sharps	<ul style="list-style-type: none"> Discarded items capable of cutting or penetrating the skin and includes syringes, needles, lancets, and scalpel blades, 'spikes' of intravenous sets, pasteur pipettes, microscope slides and coverslips, and broken glass. Hard plastic items such as broken plastic pipettes are also classified as 'sharps' waste. This category includes sharps generated in the home or public places commonly referred to as 'Community Sharps'. 	<ul style="list-style-type: none"> Sharps contaminated with cytotoxic substances are to be managed as: Cytotoxic Waste. Sharps contaminated with radioactive material are to be managed as: Radioactive Waste.

NOTE: In addition to the specific categories of clinical and related waste identified in this AMM, any waste may be designated clinical or related waste by the Director of Public Health or other relevant government authority and must be handled and disposed of as directed.

¹ The handling, transportation and disposal of corpses by burial or cremation is covered under the *Burial and Cremation (Handling of Human Remains) Regulations 2005*, *Burial and Cremation (Cremation) Regulations Amendment 2005* and *Burial and Cremation (Cemetery) Regulations 2005*. For further information please contact The Local Government Division within the Department of Premier and Cabinet. Further information on the handling, transport and disposal of human tissue for transplants, post mortem and research, please contact the Department of Health and Human Services.

² See requirements under 'General Waste'.

Table 2: Continued

RELATED WASTE means waste generated in a clinical or similar setting (refer Table 1) that constitutes, or is contaminated with, cytotoxic, pharmaceutical, chemical or radioactive material as described below, except where one or more of the listed exclusions applies.

2 RELATED WASTE		
CLASSIFICATION	DESCRIPTION	EXCLUSIONS
2.1 Cytotoxic	Material that is, or may be, contaminated with a cytotoxic drug (that is, one capable of impairing, injuring or killing cells) during the preparation, transport, or administration of chemotherapy. Includes cytotoxic drugs, vials, materials or equipment contaminated with cytotoxic drugs, as well as the sanitary waste from any person undergoing treatment with cytotoxic drugs ³ .	<ul style="list-style-type: none"> Urine, faeces and/or vomitus from patients undergoing cytotoxic drug therapy.
2.2 Pharmaceutical	Includes antibiotics, endocrine disruptors, medications, whether in vial, ampoule, tablet, inhaler or capsule form, arising from: <ul style="list-style-type: none"> Pharmaceuticals that are returned by patients or discarded by the public; Pharmaceuticals that are past their expiry date; Pharmaceuticals discarded by the manufacturer due to failed quality control specifications or contaminated packaging; Pharmaceuticals that are no longer wanted or required by the facility; Waste generated during pharmaceutical manufacture and administration, and Waste otherwise contaminated by pharmaceuticals. 	<ul style="list-style-type: none"> Non-hazardous materials such as, normal saline, dextrin, nutrient solutions and any intravenous fluids that do not have hazardous additives. Materials containing trace quantities of pharmaceutical – for example, used plastic syringes with sharps removed; used intravenous sets with 'spikes' removed (managed as 'sharps') and empty pill bottles. Urine, faeces and/or vomitus containing low levels of pharmaceutical or associated metabolic by-products from patients undergoing therapy.
2.3 Chemical Waste	Waste generated from the use of chemicals in medical and dental clinics, funeral parlours, veterinary, and laboratory procedures, including waste mercury and amalgams, waste solvents, waste chemical reagents, embalming and preserving fluids, spent photographic developing and fixing solutions (such as from X-rays), waste disinfectants and sterilising solutions.	<ul style="list-style-type: none"> No exclusions
2.4 Radioactive Waste	Waste which is also a radioactive material as defined in section 6(3) of the <i>Radiation Protection Act 2005</i> .	<ul style="list-style-type: none"> No exclusions

Table 3: GENERAL WASTE DEFINITIONS AND EXCLUSIONS

GENERAL WASTE means any waste that is not a 'controlled waste' and is not contaminated with a 'controlled waste' (such as clinical and related waste).

3 GENERAL WASTE		
CLASSIFICATION	DESCRIPTION	EXCLUSIONS
3.1 Sanitary	<ul style="list-style-type: none"> Disposable nappy and incontinence product waste as well as feminine hygiene sanitary products such as tampons and sanitary pads. Includes bulk sanitary waste generated from public areas or commercial premises, provided an appropriate disposal system is used.	<ul style="list-style-type: none"> Sanitary waste from patients with, or suspected of having, a communicable disease must be segregated and managed as clinical waste. Sanitary waste from any person receiving cytotoxic drugs must be segregated and managed as cytotoxic waste.
3.2 Plastics	<ul style="list-style-type: none"> Such as single-use syringe barrels, drained dialysis bags and tubing sets, naso-gastric feeding tubing, bed liners and intravenous drip equipment not containing 'sharps'. 	<ul style="list-style-type: none"> Plastics contaminated with pharmaceutical, cytotoxic, radioactive or chemical material must be segregated and managed accordingly.
3.3 Miscellaneous	<ul style="list-style-type: none"> Waste materials including paper, flowers, cardboard, textiles, packaging waste and organic waste such as garden waste, food, vegetable matter, wood fibre and other non-contaminated material. 	<ul style="list-style-type: none"> Medical records must be labelled 'Confidential' and managed through appropriate security measures.

³ Cytotoxic drugs are toxic, being known to cause carcinogenic, mutagenic and teratogenic (causing foetal and/or neonatal abnormalities) effects in both laboratory animals and in humans. Clinical manifestations of toxicity may not become evident for a prolonged period of time. Additionally, these substances have a direct irritant effect on skin, eyes, mucous membranes and other tissue, and may cause local toxic, ulceration and/or allergic reactions. For these reasons cytotoxic substances are classified separately from other pharmaceutical products and have particular handling, storage, transport and disposal requirements.

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Victoria

page 1

in Solid Waste Management Guide for Hospital
and Healthcare

issued by Government of Victoria | Department of
Health

Waste type	Description of waste type and examples of waste generated	Available alternatives	On-site management	Note: This standard is for guidance. It is not a Victorian Government mandatory requirement. It may need to be modified to suit existing waste management arrangements for the facility.		Organisation to contact for further information or referral	Legislation, policies, standards, codes and compliance
				Bin colours Australian standard AS 4123.7-2006 Mobile waste containers part 7: colours, markings and designation requirements	Off-site disposal methods		
Redundant surplus equipment	Furniture and or equipment that are unable to be repaired or are at a surplus <i>Examples:</i> <i>Chairs, tables, trolleys, beds, desks</i>	✓ Donate to a registered charity Search SV website for a recycler	Store until collection in: ✓ skip ✓ cage			SV	Environment Protection Act 1970 (Vic) Health Act 1958 (Vic) Australian Standard, AS/NZS 4360:2004 <i>Risk management</i>
<p>Note:</p> <ul style="list-style-type: none"> The department advises that a donations disclaimer should assist all donations to avoid legal implications In the case of X-ray equipment, please notify the department, radiation safety section prior to disposal; the X-ray apparatus must be made inoperable prior to disposal 							
Rubbish/general waste	Waste that is not capable of being composted, recycled, reprocessed or re-used <i>Examples:</i> <i>Incontinence pads, disposable nappies, drained dialysis waste, plastic bags, masks, gloves</i>	✓ Request less packaging	Dispose in: ✓ general waste bin ✓ garbage compactor	Body: Dark green or black Lid: Red	EPA licensed landfill	EPA SV LG	Environment Protection Act 1970 (Vic) Health Act 1958 (Vic) Australian Standard, AS/NZS 4360:2004 <i>Risk management</i>
Sanitary waste	Sanitary waste generating in non-patient areas only <i>Examples:</i> <i>Sanitary waste in ladies public and staff toilets</i>	✓	Dispose in: sanitary waste bin		EPA licensed landfill	EPA	Environment Protection Act 1970 (Vic) Health Act 1958 (Vic) Australian Standard, AS/NZS 4360:2004 <i>Risk management</i>

1. Industrial waste

Recyclable materials

Non-recyclable materials

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Western Australia

page 11

in Clinical and Related Waste Management Policy
issued by Government of Western Australia |
Department of Health

Appendix 1

Waste Descriptors

Classification	Examples	On Site Management	Disposal Option
<p>General</p> <p>Waste that is not capable of being recycled, reprocessed or reused.</p>	<p>General waste will include:</p> <ul style="list-style-type: none"> o Dressings not saturated with blood/body fluids o Sanitary napkins o Disposable nappies o Incontinence pads o Colostomy bags o Drained urine bags o Drained dialysis waste (including tubing, bags, dialyser) o Gowns, gloves, masks o IV flasks and tubing without sharps o Oxygen tubing / masks / nebulisers o Suction tubing o Disposable kidney dishes / bowls / receptacles o Emesis bags o Enteral feeding bags and tubing 	<p>General waste can be disposed of into clear / opaque or black plastic bags.</p> <p>No regulated labelling however bins shall clearly state they are for general waste.</p>	Landfill
Clinical	<p>Clinical waste includes:</p> <ul style="list-style-type: none"> o Human Tissue o Placenta o Liquid blood / body fluid o Dressings saturated with blood / body fluids o Any tubing containing blood o Anatomical waste (body parts) o - Sealed suction canisters containing blood / body fluids 	<p>All clinical waste is to be disposed of into designated Clinical Waste bins that meet the labelling and colour coding requirements of AS / NZ 3816.</p> <p>Plastic liners are to conform to colour coding.</p>	Refer OD Clinical Wastes
Sharps	Any object or device that has sharp points or protuberances or cutting edges capable of causing a penetrating injury to humans.	The User of the sharp is responsible for immediate and safe disposal into a dedicated sharps container that meets Australian Standards	Refer OD Clinical Wastes
Laboratory	<p>Microbiological cultures</p> <p>For remote areas only, where autoclaves not available</p>	<p>Bag and place in yellow bins for incineration.</p> <p>Autoclave prior to disposal in Yellow bins for incineration</p> <p>Microwave prior to removal off site.</p>	<p>Incineration</p> <p>Incineration (preferred) or supervised land fill as available</p>
	Tissue Samples	As per clinical waste	

The examples in Appendix 1 include items that are commonly produced in WA Health facilities, but **are not exhaustive** of all items that may be encountered. For any unlisted items WA Health facilities are advised to clarify correct classification and disposal options.