Appendix 7:
Waste management plan

encycle consulting

waste less, achieve more

St John of God Subiaco Hospital Redevelopment

Waste Management Plan

19 October 2022

Project No. 20-1087

Rev_4

encycle consulting

waste less, achieve more

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Glossary of terms and acronyms

Clinical and related waste (CRW)	(a) clinical waste, or (b) cytotoxic waste, or (c) pharmaceutical, drug or medicine waste, or (d) sharps waste. Clinical waste means any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence, and includes waste containing any of the following: (a) human tissue (other than hair, teeth and nails), (b) bulk body fluids or blood, (c) visibly blood-stained body fluids, materials or equipment, (d) laboratory specimens or cultures, (e) animal tissue, carcasses or other waste from animals used for medical research, but does not include any such waste that has been treated by a method approved in writing by the Director-General of the Department of Health.
Commingled recycling	Common recyclables, mostly packaging; such as glass, plastics, aluminium, steel, and liquid paper board (milk cartons). Commingled recycling may include paper but often, and particularly in offices, paper and cardboard are collected separately.
Cytotoxic waste	Material which is, or may be, contaminated with a cytotoxic drug during preparation, transport, or administration of cytotoxic therapy. This includes any residual cytotoxic drug remaining after administration to patients, equipment used in the administration of cytotoxic drugs, disposable protective equipment (PPE) used in administration of cytotoxic therapy or in handling cytotoxic waste, urine, faeces and vomitus of patients receiving cytotoxic therapy, and any used or expired cytotoxic drugs.
Dirty Utility room	Rooms within a hospital ward or floor to contain products that have been used on patients, including bins for various waste streams and used linen.
E-waste	Electrical, IT and associated equipment. Much of this is re-useable or recyclable.
General waste	Any waste not included in other waste categories, which is not capable of being composted, recycled, reprocessed or reused. Examples of this stream in a hospital setting include incontinent pads (unless blood contaminated), stoma bags, urinary catheters, suction catheters, gloves, hand towels, medical disposals, and disposal nappies.
Organic waste	Separated food and/or 'green' material (e.g. grass clippings or vegetation prunings).
Pharmaceutical Waste	Pharmaceutical substances include expired or discarded pharmaceuticals, those no longer required by patients or departments and waste materials/substances generated during the manufacture and administration of pharmaceuticals.
Recyclable products	Items that are composed of materials, components or compounds, capable of being remanufactured or reused i.e. plastic bottles, cans, cardboard boxes, glass, clean office paper (that is not confidential). Items are considered recyclable if facilities are available to collect and reprocess them.
Recycling	Where a material or product undergoes a form of processing to produce a feedstock suitable for the manufacture of new products.

Reuse	The transfer of a product to another user, with no major dismantling or processing required. The term "reuse" can also be applied in circumstances where an otherwise disposable item is replaced by a more durable item hence avoiding the creation of waste (e.g. using a ceramic coffee mug in place of disposable cups).
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. Sharps include: · Glass ampoules · Needles · Glucometer lancets · Scalpel blades · Razor blades · Stitch cutters · Suture needles · Syringes with needles attached · IV tubing spikes
Waste	includes: (a) any substance (whether solid, liquid or gaseous) that is discharged, emitted or deposited in the environment in such volume, constituency or manner as to cause an alteration in the environment, or (b) any discarded, rejected, unwanted, surplus or abandoned substance, or (c) any otherwise discarded, rejected, unwanted, surplus or abandoned substance intended for sale or for recycling, processing, recovery or purification by a separate operation from that which produced the substance, or (d) any processed, recycled, re-used or recovered substance produced wholly or partly from waste that is applied to land, or used as fuel, but only in the circumstances prescribed by the regulations, or (e) any substance prescribed by the regulations to be waste.
Waste compound	Area within St John of God Subiaco Hospital at the Level 3 loading dock accessible from McCourt St that includes: • Main bin store including cardboard baler • Outside bin-storage area • Secure bin store • General waste compactor

1 Introduction

This Waste Management Plan (WMP) has been prepared for Silver Thomas Hanley on behalf of their client, St John of God Healthcare Inc., for the proposed St John of God Subiaco Hospital (SJGSH) Redevelopment. The redevelopment consists of the following new buildings/areas, located on the existing SJGSH site:

- New Clinical Block (NCB), consisting of:
    - Emergency department
    - Cardiology / CCU / Radial lounge
    - NICU / Birthing / MAFU
    - Inpatient ward (maternity)
    - Inpatient ward (general)
    - Peri-operative
    - Retail space
    - Office space
    - New Chapel
- Medical Suites Education and Research (MSER)
- Site energy plant (SEP)
- Expansion of the multi-story carpark (MSCP)

This WMP has been prepared based on the following information:

- Accommodation Schedule Summary dated 4 October 2021 and Architectural plans for MSER from Silver Thomas Hanley received 19 October 2021, 24 November 2021 and 4 October 2022
- Architectural plans for NCB from Silver Thomas Hanley received 4 November 2021
- Town of Cambridge Waste Management Planning Guidelines for Multi-unit Dwellings (MUDs), Mixed Use and Commercial Developments (2019)
- WALGA Commercial and Industrial Waste Management Plan Guidelines (2016)
- Guidance documents listed in Appendix A
- Meeting and site visit with Jayden Smith – Bridge 42, Nathan Limpus – Silver Thomas Hanley, Blake Anning – St John of God Subiaco Hospital, 3rd November 2021
- Meeting with Jayden Smith – Bridge 42, Nathan Limpus – Silver Thomas Hanley, Gary Heinz and Darren Jones – St John of God Subiaco Hospital, 18th November 2021
- Data provided from existing waste service providers (Daniels and Suez); Suez data was for the period October 2020 to September 2021 inclusive
- Statistics on Operational Bed Days for the period October 2020 to September 2021 provided by St John of God Healthcare

This WMP:

- Provides a description of the likely waste streams to be generated by the redevelopment;
- Describes the measures to be implemented to manage, reuse, recycle and safely dispose of this waste; and
- Identifies appropriate servicing arrangement for the site.

2 Description of the SJOGSH Redevelopment

SJOGSH is a 550 bed facility with 23 theatre beds, offering maternity, cardiology, orthopaedic, oncology, neurology care, and rehabilitation services.

The redevelopment involves the demolition of an existing chapel and car parking areas (Figure 1) and the construction of a New Clinical Block (NCB) with Chapel; Medical Suites, Education and Research (MSER) centre; a site energy plant (SEP) and expansion of the multi-story carpark (MSCP) (Figure 2). The redevelopment will improve facilities for patients, provide three (3) additional floors of parking, increase the hospital wards and theatres, and provide clinical space for a range of medical professionals.

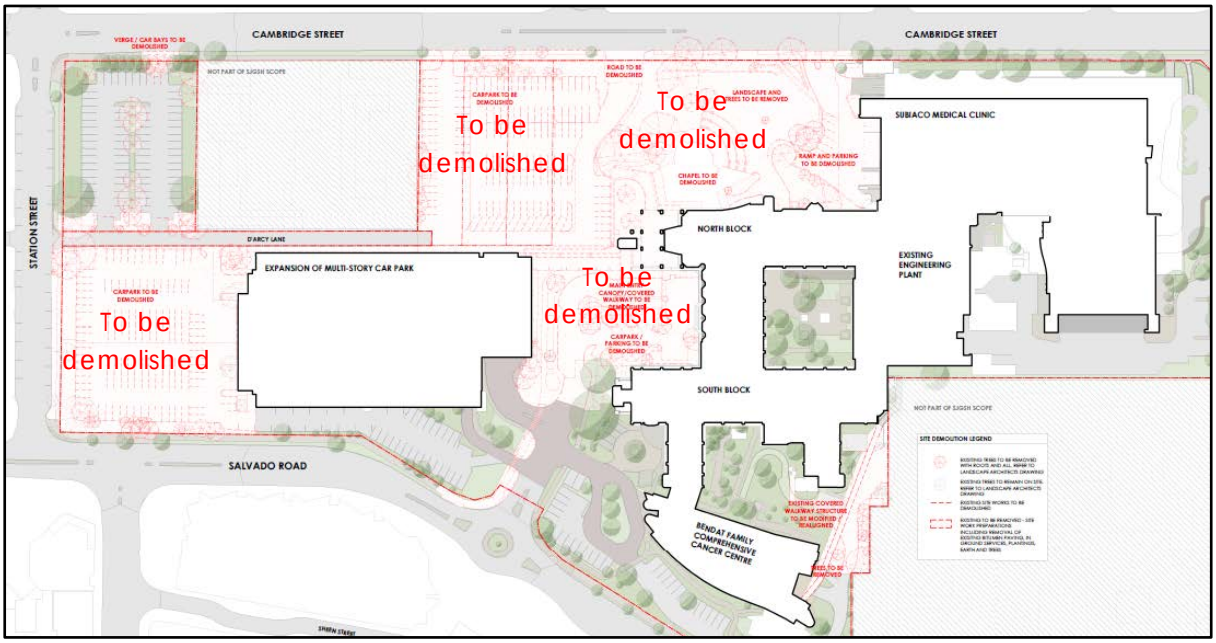


Figure 1: Buildings at the existing hospital to be demolished (Chapel and car parking areas)

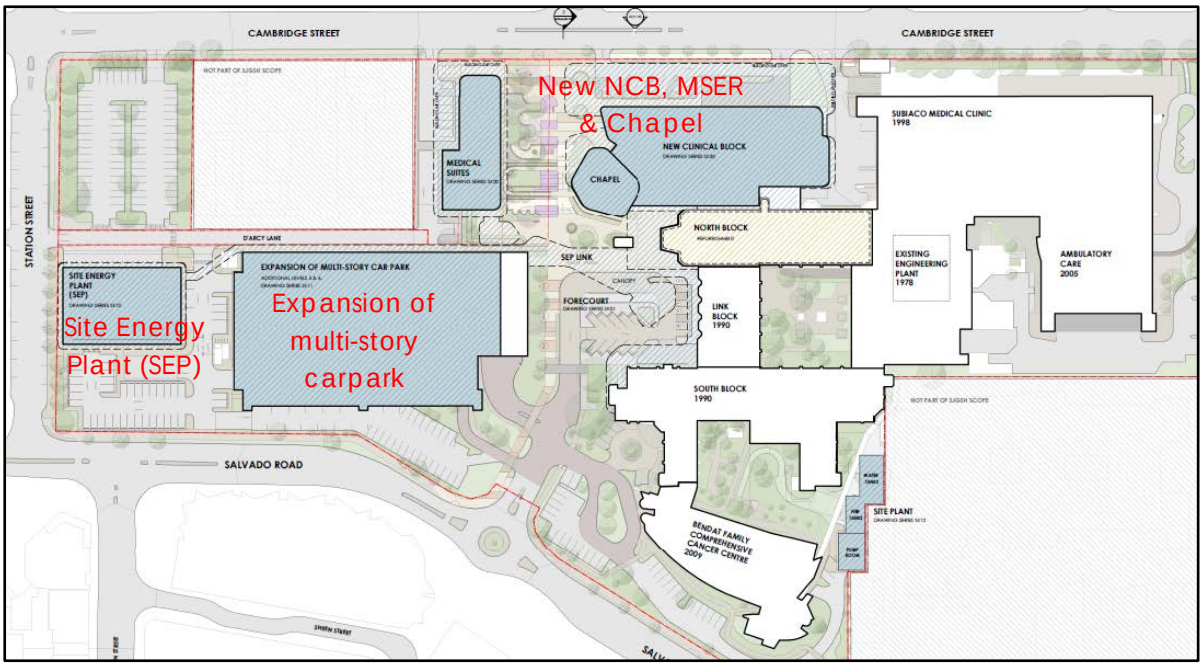


Figure 2: Proposed redevelopment

The main areas of the redevelopment that will impact waste production on the site are the NCB and MSER buildings; these are described in detail below.

2.1 NCB and Chapel

The NCB will consist of 180 beds and 6 theatres across 8 floors and provide the following services:

- Emergency department
- Cardiology / CCU / Radial lounge
- NICU / Birthing / MAFU
- Inpatient ward (maternity)
- Inpatient ward (general)
- Peri-operative

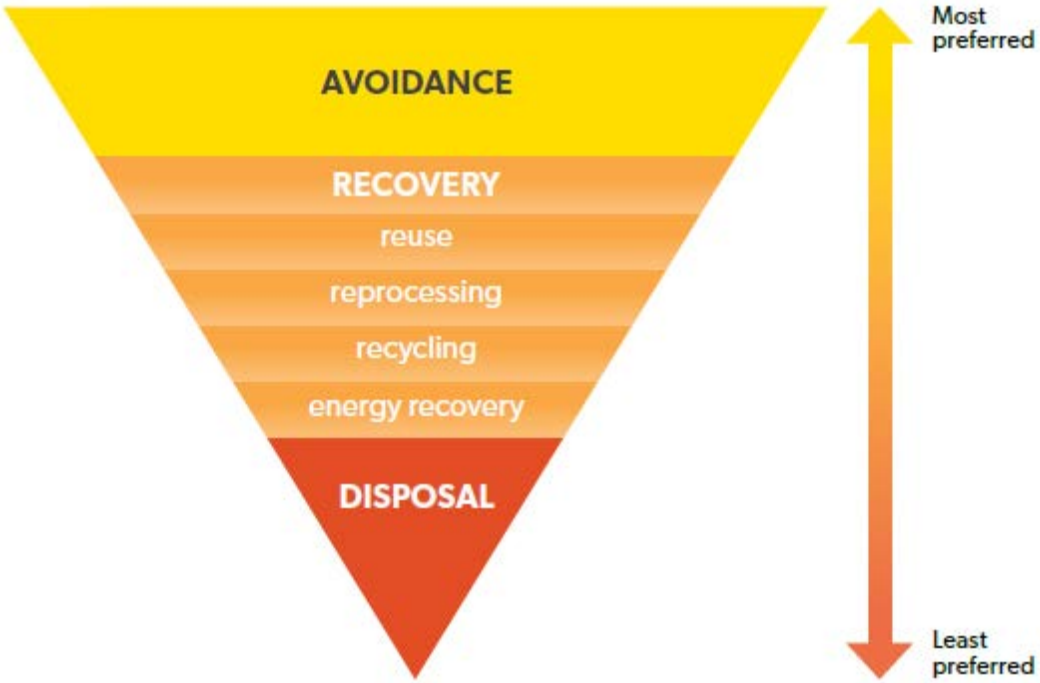
The NCB will also include retail and office space and a new Chapel.

2.2 MSER

The MSER will consist of 51 medical tenancies, plus two (2) floors of education and research facilities, a café, retail tenancy and rooftop terrace / function area. The building will be across 10 levels plus the roof terrace and two (2) basement car parking levels.

3 Waste management principles

The following waste management hierarchy[1] has been used as a guiding principle in the development of this WMP:



It is recognised within the healthcare sector there are a number of issues that need to be factored into the decision making process in regards to the resultant generation and management of waste. These include:

- Patient treatment regimes
- Infection control
- Workplace health & safety for staff, patients and visitors as well as waste management contractors
- Availability of alternative products
- Costs for products and waste management services

Opportunities and requirements for managing waste will include:

- Staff education programs
- Purchasing materials that will result in less waste, which have minimal packaging, are pre-cut or fabricated
- Not over ordering products and materials
- Identify all waste products that can be reused

[1] WA Waste Avoidance and Resource Recovery Strategy 2030

- Implementing systems to separate and store reusable items
- Identifying the potential applications for reuse both onsite and offsite and facilitate reuse
- Identifying all recyclable waste products that will be produced on site
- Providing systems for separating and storing recyclables prior to collection
- Provide clear signage to ensure recyclable materials are correctly separated
- Ensure the chosen waste disposal contractor(s) comply with regulatory requirements
- Implement regular collection of bins and compactors

4 Waste Management Plan

4.1 NCB

The waste streams and systems for the NCB are based on the streams and systems that are currently in place at the existing SJOGSH. SJOGSH undertakes a continual improvement process for their waste management systems. They have implemented various recycling streams and improved waste handling and collection processes and are keen to do more in the future.

4.1.1 Waste streams

The following are the main waste streams that are expected to be generated within the NCB on a daily basis:

- General waste
- Commingled recycling
- Cardboard recycling
- Confidential documents
- Non-confidential paper recycling
- Soft plastics (packing and kitchen waste)
- PVC recycling (i.e. fluid bags, tubing, oxygen masks)
- Clinical and related waste (CRW) (includes anatomical waste)
- Sharps
- Syringe recycling
- Metal instruments recycling (e.g. scissors)
- Pharmaceutical waste
- Cytotoxic waste

4.1.2 Estimated waste generation

Waste and recycling generated at the existing SJOGSH, based on Suez waste collection data, average bed occupancy rates from Oct 2020 – Sep 2021 (inclusive) and Encycle's experience and knowledge of the use of the new buildings have been used to estimate waste generation rates for the NCB. Average waste generation data from the existing hospital includes kitchens, theatres and other areas of high waste generation and is very likely to be an overestimate when applied to the NCB.

The existing SJOGSH includes:

- 550 beds
- 23 theatre rooms
- On average, 426 beds were occupied per day in 2020 (average operational bed days based on SJOGSH data)

The NCB includes inpatient beds, theatre beds, and retail and office space as shown in Table 1.

Table 1: Summary of beds/areas

Bed types	No. beds
Inpatient beds	180
Theatre bed	6
Total beds	186
Other areas	Floor area (m^2)
Retail	1161
Office	1404
General (e.g. waiting areas)	342
Sub-total other floor areas	2907

The estimated waste and recycling generation for the NCB was calculated using average volume / bed / day.

Table 3 shows the high-level estimated volume of waste anticipated to be generated from the new NCB. Please note that waste from other existing buildings on the site is excluded from these totals. For the purpose of this WMP, the systems in Table 2 align with current practice.

Table 2: Estimated volume (m^3) of waste and recycling streams generated by the NCB

Waste/recycle stream	Estimated volume per day (m^3)	Estimated volume per week (m^3)
General waste	13.4	94.0
Commingled recycling	1.4	9.5
Cardboard recycling	3.9	27.6
Confidential documents	0.2	1.2
Non-confidential paper recycling	<0.1	0.5
Soft plastics	<0.1	0.1
PVC recycling	0.3	2.2
CRW	0.4	2.6
Syringe recycling	<0.1	0.3
Metal instruments recycling (e.g. scissors)	<0.1	<0.1

Table 3 summarises the estimated types of waste bins/receptacle numbers required and the collection frequency proposed for the various waste and recycling streams. The number of bins filled daily is a representation of the volume of waste and recycling streams that will be generated. Not all bins will be stored in the bin store. For example, general waste 240 L bins will be stored in dirty utility rooms and brought to the 23 m^3 compactor unit in the loading dock for emptying and swapping with a clean bin. After emptying, bins will be cleaned and are then available for swapping out as needed.

It is estimated that the increase in general waste entering the compactor will increase the collection frequency from 3 x per week to every 1-2 days. The additional sharps containers produced by the NCB will be accommodated within the existing secure storage for reusable sharps containers.

Table 3: Summary of waste bins/receptacles required and collection frequency

Waste/ recycling stream	Bin size (L)	Collection frequency	Number of bins filled daily	Number of spare bins for rotating with bins in disposal rooms on wards
General waste	240 L bins (tipped into 23 m^3 compactor unit)	1-2 days	~56	16
Commingled recycling	240 L	Daily (Mon-Fri)	~17	1
Cardboard recycling	Bales (from bale press)	Twice weekly	~7 bales	N/A
Non-confidential paper recycling	240L	Daily (Mon-Fri)	1	1
Soft plastics	240 L	Weekly	1	1
PVC recycling	240 L	Daily (Mon-Fri)	4	4
CRW	240 L	Daily (Mon-Fri)	5	5
Syringe recycling	20 L	Twice weekly	9	9
Metal instruments recycling (e.g. scissors)	15 L buckets	Daily (Mon-Fri)	1	1

Note that actual types and volumes of the various waste streams will be dependent on the type of patient services provided, treatments delivered, number of inpatients (occupied bed days) and number of outpatients. With healthcare, this can fluctuate according to time of year and changes in treatments and services provided.

4.1.3 Internal storage: wards and departments

As per the existing hospital building, dirty utility rooms within wards and departments (approximately two per floor) and disposal rooms (1 per floor) will be used to store bins for disposal of waste by hospital staff.

4.1.4 Internal storage: non-clinical and back of house areas

General waste and commingled recycling bins will be located in non-clinical and back of house areas (e.g. hospital Chapel, hospital waiting areas, office spaces, security, cleaner's rooms, etc.) as required for the activities conducted in each specific area. Cleaners will transfer waste and recycling to the waste compound for collection.

4.1.5 Internal waste transfer

Hospital staff will place waste and recyclables into appropriate receptacles in the dirty utility rooms. On each level, Hospital staff will rotate full bins from dirty utility rooms with empty bins from the disposal room on an as needs basis. Full bins from the disposal rooms will be transferred to the waste compound for tipping in the compactor (general waste) or to await collection by the service provider (other streams).

Bins in non-clinical and back of house areas will be serviced by cleaners and the waste and commingled recycling transferred directly to the appropriate bins in the waste compound.

4.1.6 Clinical waste transfer

Department of Health guidance on transfer of clinical and related waste will be adhered to. All clinical and related wastes will be:

- Handled by staff with knowledge and access to appropriate Personal Protective Equipment
- Packaged so that there is no risk of waste escaping
- Transported and disposed of in accordance with WA Department of Health and EPA legislation and guidelines and relevant Codes of Practice
- Sharps containers should be placed within "arms reach" of where the sharp is generated
- Licensed medical waste service providers will service the sharps containers/bins from their place of use within the tenancies and replace them at the same time with empty containers/bins
- Clinical waste will be stored in uniquely identified receptacles located in separate rooms from all other wastes and recyclables, and disposed of according to designated Clinical and Hazardous Waste Procedures.

4.1.7 Waste storage and collection area

Waste and recycling generated by the proposed NCB will be accommodated within the existing bin store at SJOGSH. The existing waste compound includes a secure area for storing CRW, a cardboard bale press, a range of bins for recyclables and a 23 m^3 compactor for general waste. Current collection frequencies are a maximum of daily (weekdays only). The additional waste from the NCB will be accommodated by increasing collection frequencies for general waste (currently 3 times per week) and introducing a compactor for commingled recycling and cardboard.

Suez are SJOGSH's current service provider for all waste and recycling streams except sharps containers. Reusable sharps containers are serviced by Cleanaway (Daniels).

Figure 3 and Figure 4 shows the pathway for transferring waste from the NCB to the waste compound located at the Level 3 loading dock. The Level 3 loading dock is serviced from McCourt St.

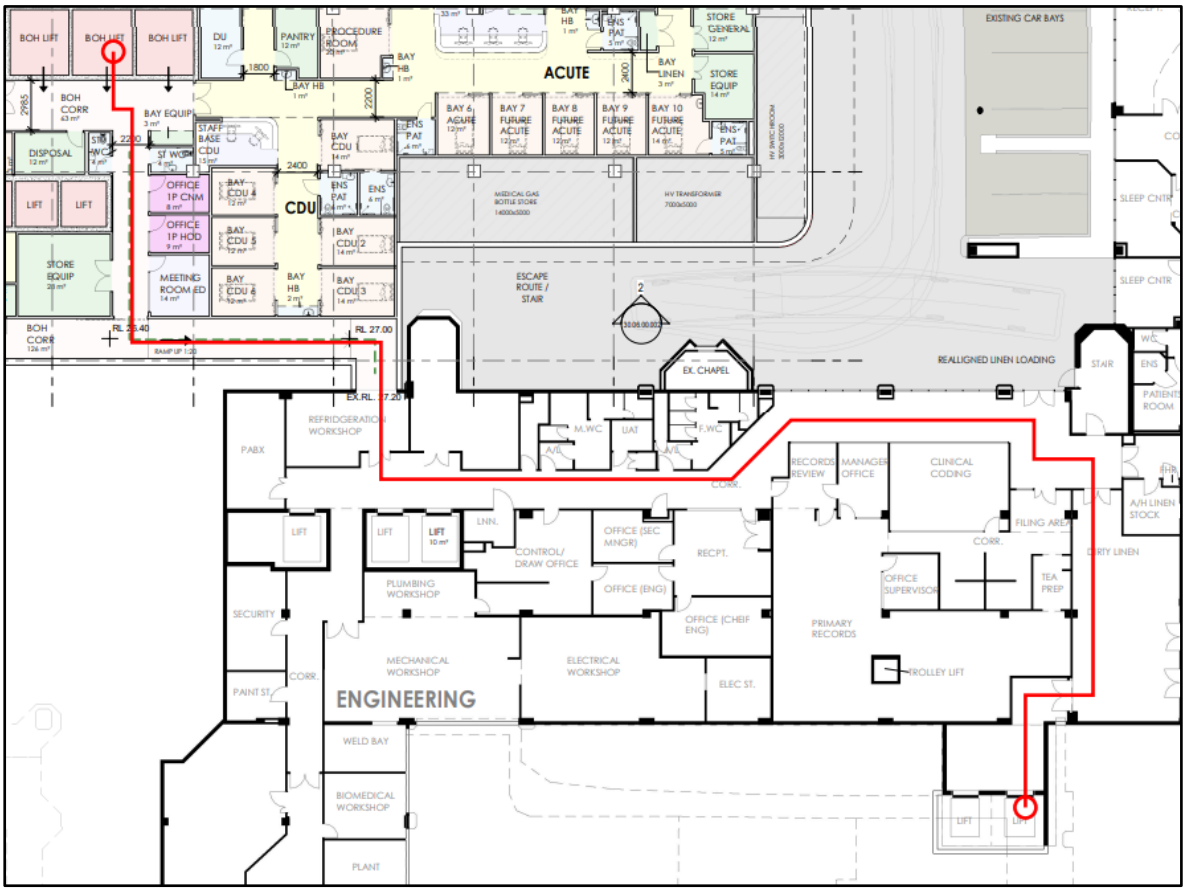


Figure 3: Waste transfer route from NCB to service lifts

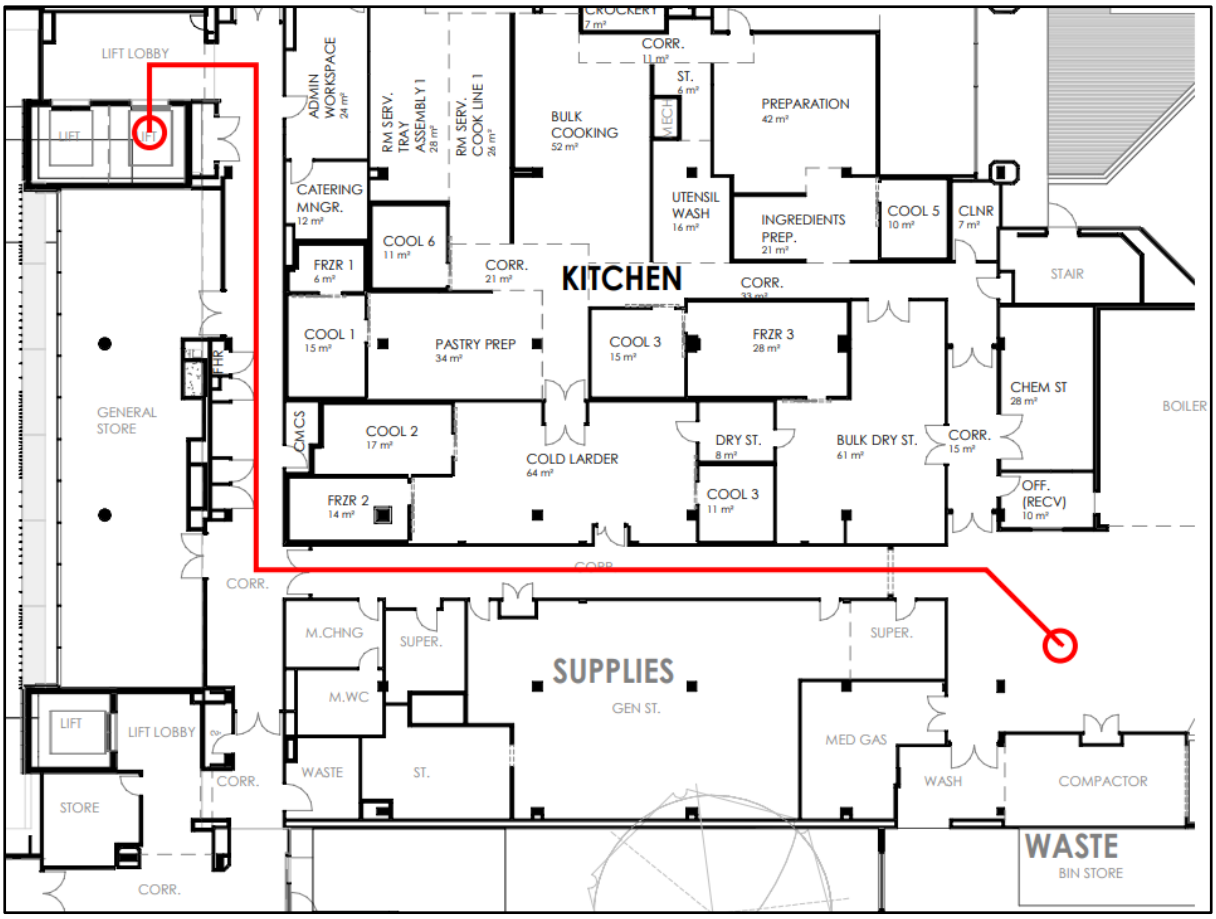


Figure 4: Waste transfer route from service lifts to the waste compound

4.2 MSER

4.2.1 Waste streams

The following are the main waste streams that are expected to be generated on a daily basis:

- General waste
- Commingled recycling (including non-confidential paper)
- Cardboard recycling
- Confidential documents
- Organic waste (i.e. food waste) – café tenancy
- Soft plastics (packing and kitchen waste)
- Sharps
- Pharmaceutical waste (for pharmacy tenant, if relevant)
- Electronic waste (E-waste) and batteries
- Used cooking oil – café tenancy

4.2.2 Estimated waste generation

Town of Cambridge has a 'Waste Management Planning Guidelines for Multi-unit Dwellings (MUDs), Mixed Use and Commercial Developments' (2019) which outlines waste and recycling generation rates for various premise types. These generation rates and Encycle's experience and knowledge of the use of the building have been used to determine waste generation. Specifically, the generation rates used are presented in Table 4 below. Town of Cambridge waste generation rates do not include a breakdown of material streams included in the 'recycling' stream. The final column presents Encycle Consulting's in-house estimate of the material streams present in the recycling stream based on our working experience of operational buildings in Perth.

Medical suites are anticipated to operate much the same as an office environment. The basis of the waste generation calculations are:

- Medical suite/offices: 8,461 m^2
- Café: 130 m^2
- Retail: 92 m^2

Table 4: Waste generation rates used for MSER

Premises type	Waste generation rate	Recycling generation rate	Percentage breakdown of recycling stream by material
Commercial offices/medical suites	0.1 L /1m^2/day	0.1 L /1m^2/day	7% commingled 79% paper 14% cardboard 10% soft plastics
Cafe	3 L /1m^2/day	2 L /1m^2/day	40% commingled 50% cardboard 10% used cooking oil 10% soft plastics 20% of waste is organics 100% glass (in addition)
Retail <100m^2	0.5 L /1m^2/day	0.25 L /1m^2/day	25% commingled 50% cardboard 25% soft plastics

The MSER building will have a dedicated bin store for the storage of waste and recycling generated on site. The number of bins to be stored in the general waste and recycling bin store are set out in Table 5. Tenants of the suites will be required to store sharps or CRW containers in their tenancies and arrange services directly with a controlled waste carrier for their collection.

Table 5: Number of bins to be stored in the general waste and recycling bin store

	Bin size (L)	Number of bins	Collection frequency
Café bins			
General waste	660	1	Every 1 to 2 days
Commingled recycling	660	1	Every 2 to 3 days
Used cooking oil	200	1	As required
Suites tenancies bins			
General waste	660	1	Every 1 to 2 days
Commingled recycling	660	1	Every 1 to 2 days
Battery recycling	20	1	As required
Bulk waste and recycling and e-waste storage (section 2.5)	2 m^2 (minimum)	As required	

Note that actual types and volumes of the various waste streams will be dependent on the type of tenancy services provided, treatments delivered, and number of outpatients. With healthcare, this can fluctuate according to time of year and changes in treatments and services provided.

4.2.3 Location and layout of storage areas

Figure 5 illustrates the location of the bin store at ground level.

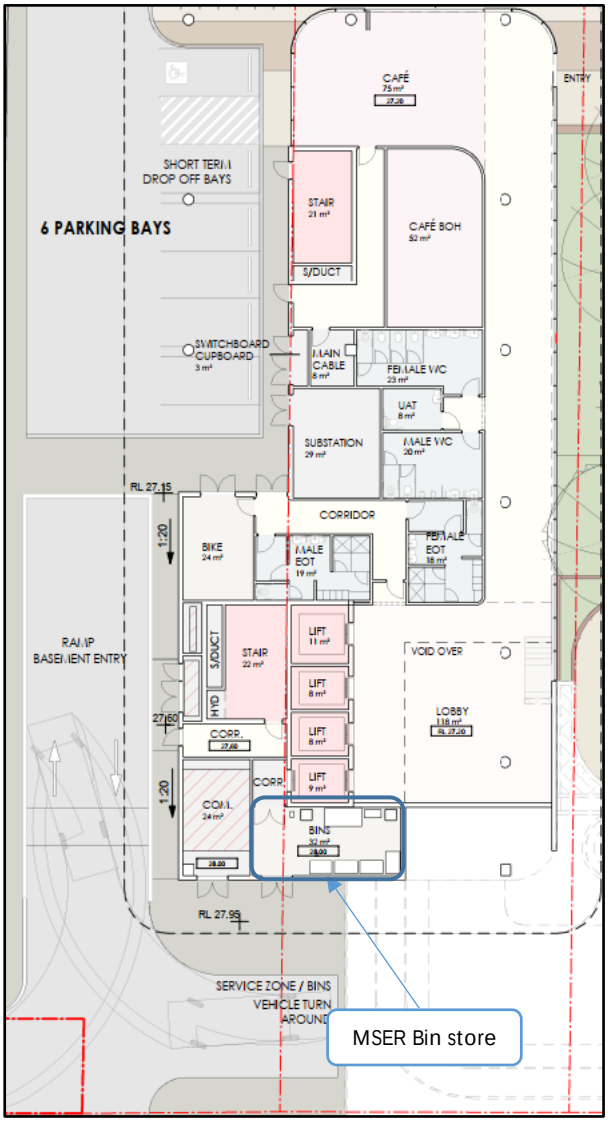


Figure 5: MSER bin store location

Figure 6 shows the internal bin store layout. The café tenancy in the MSER will generate much of the waste for the building. The bin store will provide a demarcation of café bins and other tenancy bins.

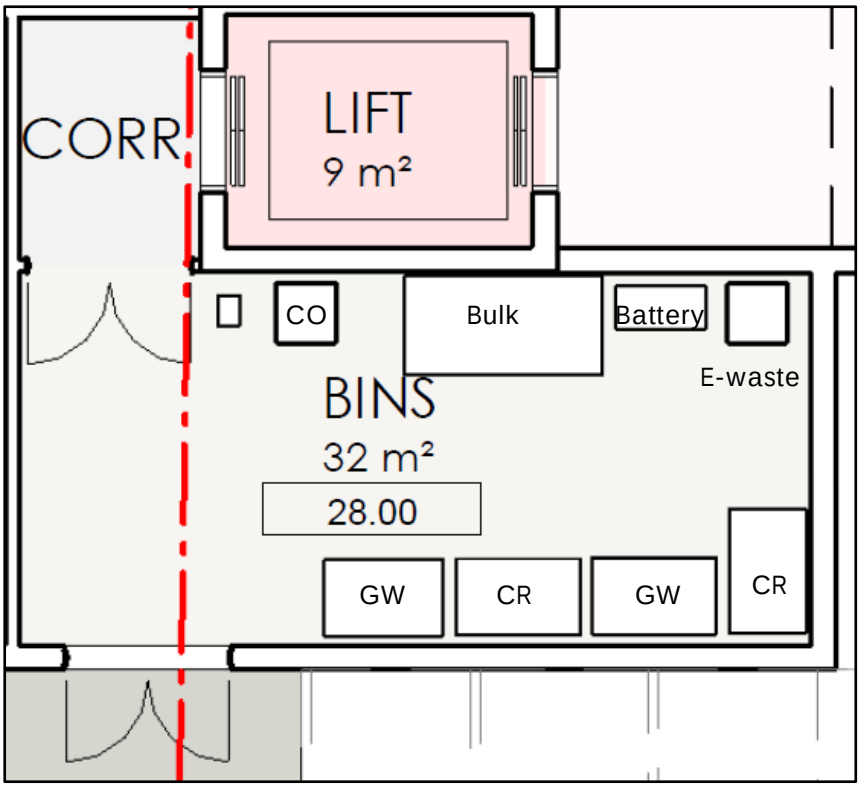


Figure 6: MSER Bin store layout

4.2.4 Bin store amenity

Bin Transfer	
Aisle door and lift width	All doors, corridors and lifts on the transfer route are designed for the largest bin to fit through.
General health and safety	Waste systems are designed to ensure that bins (particularly when full) are not required to be moved over any significant distances, up/down steep ramps (grade of slope <1:20) and definitely avoid stairs or other potential hazards.
	Manual handling of waste in garbage bags is excluded from the waste management systems where possible.
Bin store	
Washing bins and waste storage area	Impermeable floors grading to an industrial floor waste (including a charged 'water-trap' connected to sewer or an approved septic system), with a hose cock to enable bins and /or the enclosure to be washed out. 100 mm floor waste gully to waste outlet. Both hot and cold water will be available.
Bin store walls and ceilings	All internal walls in bin stores will be cement rendered (solid and impervious) to enable easy cleaning. Ceilings will be finished with a

	smooth faced, non-absorbent material capable of being easily cleaned. Walls and ceilings will be finished or painted in a light colour.
Bunding	The CRW bin store is bunded, with no connection to a drainage point in case of leaks.
Ventilation and odour	The design of bin store will provide for adequate separate ventilation with a system that complies with Australian Standard 1668 (AS1668). The ventilation outlet is not in the vicinity of windows or intake vents associated with other ventilation systems.
Doors	Ventilated roller doors will be specified both internally and externally to enable bins to be easily wheeled into and out of the bin stores. Doors are self-closing doors to eliminate access by vermin
Lighting	Bin store will be provided with artificial lighting, sensor or switch controlled both internal/external to the room.
Noise	Noise is to be minimised to prevent disruption to occupants or neighbours.
Fully enclosed and secure	The bin store will be fully enclosed and only be accessible by cleaners, building management staff and the waste service provider.
Signage	Visual aids and signage will be provided to ensure that the area works as intended.

4.2.5 MSER internal waste transfer

Bins for general waste, commingled recycling and sharps bins will be located within suites/tenancies as required for the activities conducted in each specific area. Similarly, general waste and relevant recycling bins (commingled, cardboard etc.) will be provided within the café and café kitchen, and organic waste bins in the café kitchen.

Each of the medical suite tenancies and the retail tenancy will arrange their own cleaning service for their premises. The cleaners will transfer waste and recyclables to the bin store within lidded wheeled bins or trolleys as appropriate. Waste and recyclables will be transferred from upper floors via the service lift that provides direct access to the bin store.

Licenced controlled waste carriers will be contracted by tenants of the suites independently for collection of confidential documents, sharps containers and pharmaceutical waste (from pharmacy, if relevant). These waste streams will be collected directly from their locations within tenancies. These will be taken down the service lift by the waste contractor staff, through the bin store and to the waste collection vehicle.

Staff/cleaners for the café tenancy will be responsible for transferring waste, recycling and used cooking oil to the bin store. These will be transferred to the bin store via an undercover external walkway.

4.2.6 MSER collection and vehicle access

Private service providers contracted by the strata manager (for suites) and the café will undertake collection services of the waste and recycling streams from the MSER bin store.

On collection days, the waste collection vehicle will access the MSER from Station Street via D'Arcy Lane. The vehicle will drive forward, then manoeuvre and reverse into the dedicated service bay adjacent the bin store to retrieve and service the relevant bins. Reversing into the service bay will ensure the bin collection area to the rear of the vehicle is away from the access ramp to the underground carpark. After servicing the bins, the vehicle will continue in a forwards direction and exit the site via D'Arcy Lane onto Station Street (Figure 7).

Swept path analysis for vehicle ingress and egress has been completed taking into consideration the specifications of the existing service provider waste collection vehicles (Figure 7).

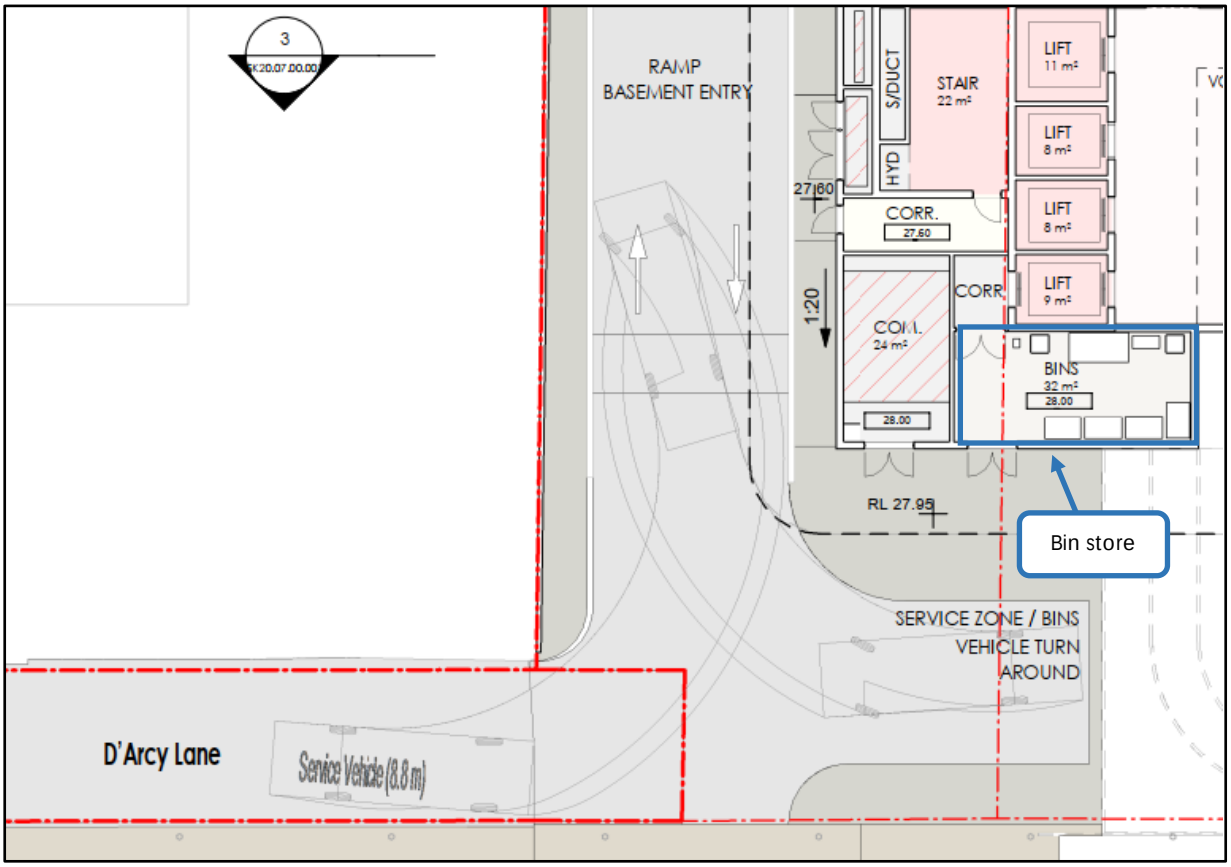


Figure 7: Vehicle route to access the bin store

4.3 Site energy plant (SEP)

This building is purpose built for engineering services and plant servicing the SJOGSH campus. There is a small workshop of use by service technicians and engineering staff. This building is unlikely to generate significant waste. General waste, commingled waste and other recycling (e.g. cardboard) bins will be available within the building. Waste will be transferred to the waste compound for storage and collection.

4.4 Multi-story car park (MSCP)

As per the existing car park, the three (3) new car park levels will have general waste and commingled waste bins. These will be services by SJOGSH cleaners; waste will be transferred to the waste compound for storage and collection.

5 Ongoing communication and management

5.1 NCB, Chapel, SEP, MSCP

5.1.1 Management

The St John of God Healthcare Team Leader – Security and Parking will be responsible for overseeing the waste management systems. They will be responsible for overseeing that the bin store is maintained in a clean and tidy condition at all times and ensuring bins are washed regularly. The Team Leader will be aware of their responsibility to work closely with the private service provider regarding the schedule for collection and presentation of bins.

5.1.2 Communication

All appropriate staff will be made aware of the procedures for using waste and recycling systems, including specific requirements for CRW. Ongoing education on correct segregation of waste, CRW and recyclables will ensure safe and successful performance of the systems.

5.2 MSER

5.2.1 Management

MSER will have a building strata manager and a full-time caretaker in place. The caretaker will be responsible for overseeing that the bin store is maintained in a clean and tidy condition at all times and ensuring bins are washed regularly. The building strata manager and caretaker will be aware of their responsibility to work closely with the private service provider regarding the schedule for collection and presentation of bins.

5.2.2 Communication

All appropriate staff will be made aware (through a body corporate document or equivalent) of the waste and recycling systems and how they should be used. An Operational Waste Management Plan suitable for presenting to building users, including how the plan will be communicated should be developed and implemented during both the initial occupation and ongoing management of the building. Ongoing education on correct segregation of waste and recyclables will ensure successful performance of the systems.

Appendix A: Guidance Documents

The following guidance documents are relevant to waste management at St John of God Subiaco Hospital:

- Code of Practice for Clinical and Related Waste Management, Public Health Act 2016 (Government of Western Australia, Department of Health), February 2021
- Australian Standard AS3816:2018 Management of clinical and related wastes
- Australian Standard AS/NZ 4261 Reusable containers for the collection of sharp items used in human and animal medical applications
- Australian Standard AS4031, Non-reusable containers for the collection of sharp medical items used in health care areas
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