PURPOSE

- To provide direction on the management of healthcare waste by Alberta Health Services ("AHS").
- To establish an effective Waste Management System ("WMS") that is safe, efficient, and practical and ensures compliance with all applicable legislation and government directives.

POLICY STATEMENT

AHS is committed to responsible and sustainable waste management and recognizes the importance of developing an effective and integrated WMS to:

- reduce our impact on the environment;
- promote safe practices which protect patients, residents, clients, the public, AHS staff and representatives (including physicians, volunteers, and other contracted service providers) from waste related hazards;
- meet or exceed the requirements of all applicable legislation and recognized industry practice;
- demonstrate accountability and efficient use of health resources by containing or reducing costs;
- work collaboratively with all internal and external stakeholders to improve the WMS on a continual basis; and
- work towards becoming a leader in waste management.
All areas of AHS shall be responsible for familiarizing themselves with, and implementing, waste management procedures and programs for those waste streams that they impact.

AHS may be held legally responsible (liable) for improper handling of waste materials that may cause harm to others and the environment. AHS staff members and representatives found to be responsible for improper handling of waste may be subject to disciplinary action up to and including termination of employment, privileges, contractual or other relationships with AHS.

APPLICABILITY

Compliance with this policy is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary). This policy does not limit any legal rights to which you may otherwise be entitled.

POLICY ELEMENTS

1. Responsibilities

1.1 AHS staff and representatives trained in handling, storage, or disposal of waste materials will perform their duties in accordance with established procedures, legislation and training received. All AHS staff and representatives involved in the handling, storage and disposal of waste materials will attend required training and refresher programs and/or retraining sessions related to new hazards, work processes, or equipment to perform their work pursuant to section 2.6 of this policy.

1.2 AHS’ Linen & Environmental Services (“LES”) Department will lead the development, implementation, management, communication, monitoring, and evaluation of associated strategies to establish a WMS within AHS in close collaboration with both internal and external stakeholders. Both LES provincial and zone based operations (including contracted service providers) will work collaboratively in support of the WMS.

1.3 AHS senior leaders will promote, endorse, and facilitate an organization-wide WMS.

1.4 AHS-owned or operated facilities, portfolios, and programs will be compliant with the standards and criteria set out by the WMS and this policy. AHS will work closely with AHS’ wholly owned subsidiaries to ensure adequate resources and supports are provided to strive towards compliance and alignment of practice.

1.5 AHS third party providers are encouraged to align with the AHS WMS to ensure consistency across the health sector, but, at minimum, are recommended to have plans and procedures in place to mitigate their risks related to handling, storage and disposal of healthcare waste and to protect patients, families, and visitors.
1.6 Administration and management of the WMS shall be in accordance with this policy and its associated procedures and all applicable AHS governance documents.

2. Waste Management System

The WMS, and related programs and services, shall include, but are not limited to, the following elements:

2.1 Legislative Adherence

a) AHS will act in accordance with all applicable legislation, related protocols, and governing professional bylaws and regulations.

2.2 Waste Streams

a) The WMS will encompass all applicable healthcare waste streams, including (but not limited to):
   - Biomedical waste;
   - Cytotoxic waste;
   - Pharmaceutical waste;
   - Hazardous chemical waste;
   - Radioactive waste;
   - General waste (also known as municipal solid waste);
   - Recycling waste; and
   - Confidential paper waste.

b) Development of the governance, programs, services, and tools for each waste stream within the WMS will be prioritized by assessing the risk to the environment and to the organization.

2.3 Governance and Program Administration

a) Additional governance documents, program administration tools and criteria including, but not limited to, policies, procedures, guidelines, forms, user guides, and educational tools will be developed, as required, in order to establish systems and implement supporting programs and practices to manage healthcare waste materials at AHS sites.

b) Radioactive waste materials (radioactive waste stream) is governed and regulated by the Canadian Nuclear Safety Commission (“CNSC”).

2.4 Risk Management and Hazard Control

a) AHS will incorporate enterprise risk management (“ERM”) into the WMS in order to identify and manage its risk related to healthcare waste materials in accordance with AHS Enterprise Risk Management policy (#1125).
b) AHS will utilize the Hazard Identification, Assessment and Control ("HIAC") Process to develop preventative and protective measures for AHS staff and representatives who handle, store, and dispose of healthcare waste materials in accordance with the AHS Workplace Health & Safety policy (#1121).

2.5 Emergency Preparedness and Response

a) In the event of a waste spill or other waste-related emergency, AHS must follow appropriate emergency response procedures as per AHS Emergency Response Codes policy (#1132) (Code Brown).

b) In the event of a waste incident, all appropriate stakeholders including, but not limited to, LES, WHS, and any contracted service providers (where appropriate) shall work in collaboration to conduct the necessary investigation, follow-up, tracking and on-going surveillance of the waste related incident(s), in accordance with the WMS, this policy and associated waste management procedures, other applicable AHS governance documents, and the AHS Incident Management process (#WHS-PCS-06).

2.6 Education and Training

a) All AHS staff and representatives required to handle, store, or dispose of waste materials shall be trained by LES and provided with training and information as part of the orientation process on the proper policies, procedures, hazards, and implemented controls.

b) All AHS staff and representatives required to handle, store, or dispose of hazardous waste materials shall receive all mandatory legislated training including, but not limited to, WHMIS and Transportation of Dangerous Goods ("TDG") training.

c) Training for applicable AHS staff and representatives must occur prior to beginning the work and must be repeated as per legislative requirements. If the training does not have a mandated re-training frequency, then the re-training must occur every three (3) years, or as soon as possible after:

- new hazards have been identified through established processes such as waste audits, hazard reporting, incident reporting, and/or incident investigations; and/or,

- a new work process or equipment is introduced or an existing process or equipment has changed significantly.

2.7 Procurement and Contracting

a) Procuring of goods and services related to waste management will be done in accordance will applicable AHS policies and procedures.
2.8 Monitoring and Measurement

a) Verification of services received by vendors will be performed by the area LES manager before vendor invoices are approved for payment. Verification will primarily be completed by weighing the waste before the vendor picks it up and transports it for final disposal. Where it is not possible to weigh the waste (i.e. the site does not have access to an appropriate scale), the containers will be counted by type and size and an estimated volume range will be calculated.

b) Key performance measurements, including costs and volumes, related to healthcare waste shall be developed by LES and will be tracked and monitored to determine trends and inform future waste management strategies and initiatives.

2.9 Compliance Assurance

a) LES will audit operations and facilities to ensure adherence to the principles of this policy and associated procedures, according to the WMS Compliance Assurance process(es) and plan(s).

b) Compliance monitoring findings will be shared, periodically, with Internal Audit, relevant AHS Senior Leaders, and Alberta Health or other federal and provincial government departments (as appropriate).

c) The WMS is subject to audits by AHS Internal Audit department and the Government of Alberta’s Auditor General.

d) AHS will work proactively with suppliers to comply with the WMS requirements as set out in this policy and related procedures.

2.10 Review and Continual Improvement

a) LES shall review the WMS and applicable documents and programs every three (3) years (at minimum) to ensure its continuing suitability, adequacy, and effectiveness. This review will include an assessment of the need for changes to the WMS, including associated policies and objectives.

b) The review will include an assessment of opportunities for continual improvement to enhance or improve the overall performance and function of the WMS.

3. Records Retention

Information pertaining to the Waste Management policy shall be maintained in accordance with the AHS Records Management policy (#1133) and the associated Records Retention Schedule (#1133-01).
DEFINITIONS

AHS senior leader means the President and Chief Executive Officer, all executive positions that report directly to the President and Chief Executive Officer, and any other positions so designated by the President and Chief Executive Officer.

AHS staff and representatives means everyone who provides care or services or who acts on behalf of AHS. This includes:

- all levels of AHS administration and management including the President and Chief Executive Officer and other members of Senior Executive;
- employees of AHS and its subsidiaries including permanent and probationary full time and part time employees, term employees, casual employees, and individuals employed under an individual consulting or service contract;
- physicians, dentists, podiatrists, midwives and other allied health professionals with an AHS appointment and privileges, who provide care or services on behalf of AHS;
- subsidiaries;
- researchers working with AHS or studying AHS staff or patients;
- students, trainees and educators;
- volunteers; and
- consultants, contractors, agents or other representatives of AHS.

AHS third party providers mean healthcare providers in Alberta that AHS may be affiliated with, but are not legally or operationally responsible for, e.g. Bethany Care Group.

AHS wholly owned subsidiaries means healthcare providers in Alberta that AHS is legally or operationally responsible for.

Biomedical waste consists of solids, liquids, laboratory waste and sharps that are generated within a healthcare or veterinary facility, and that require special handling and disposal because they represent a risk of disease transmission.

Confidential paper waste means any record or information that relates to or identifies patients, staff, volunteers or students with Alberta Health Services sites or facilities.

Contracted service providers mean any non-AHS or wholly owned subsidiary that are contracted to provide direct patient care services.

Cytotoxic waste means any waste material that has become contaminated with cytotoxic agents, such as anti-neoplastic or chemotherapy drugs or medications, during preparation, handling or administration.

Enterprise risk management ("ERM") means a coordinated and systematic approach that assists organizations to identify events and to help them measure, prioritize and respond to the risks challenging its strategic objects, projects, initiatives and day-to-day operating practices.
General waste consists of any waste material that is not hazardous, does not contain an infectious substance, and which can be safely disposed of into a Class II landfill site.

Hazardous chemical waste consists of unwanted substances that have the potential to harm life, property or the environment; and/or contains one or a mixture of chemical compounds (e.g. solvents, reagents, paints, fuels) and is classified as hazardous. Examples of hazardous waste include, but are not limited to:

- Toxic;
- Corrosive (acids of pH 12 pH);
- Flammable;
- Reactive (explosive, water reactive, shock sensitive);
- Genotoxic (carcinogenic, mutagenic, teratogenic, or otherwise capable of altering genetic material)

Healthcare waste means waste that is generated by healthcare facilities.

Pharmaceutical waste consists of drugs, and medicinal chemicals that are no longer usable; have become outdated or contaminated; have been stored improperly; or are no longer required.

Radioactive waste means a liquid, gaseous, or solid material that contains a radioactive nuclear substance as defined by the regulatory authority and that the owner has declared to be waste.

Recycling waste consists of many kinds of glass, paper, batteries, beverage containers, cardboard, etc. that can be treated or converted into reusable material.

Sustainable waste management means being responsible to reduce environment impacts associated with the generation, handling and disposal of waste materials in order to ensure the benefit of future generations.

Vendor means a company who is contracted to provide a service to AHS, e.g. Sodexo.

Waste management system means a system for the management and oversight of healthcare waste for AHS. The system includes, but is not limited to governance documents, standards, criteria, programs and tools.

Waste stream means the flow of waste material from generation to its final disposal. Waste is segregated into different waste streams according to the type, or classification of the waste items, such as Municipal Solid Waste, Recycling, Biomedical Waste, Confidential Waste, Hazardous Waste, etc.

REFERENCES

- AHS Policies and Procedures:
  - Biomedical Waste (#ESM-01-01)
  - Emergency Response Codes (#1132)
- Enterprise Risk Management (#1125)
- Hazardous Chemical Waste (#ESM-01-02)
- Procurement and Contracting Business Practices (#1152)
- Records Management (#1133)
- Workplace Health & Safety (#1121)
- AHS Enterprise Risk Management (“ERM”)
- AHS Health Plan & Business Plan 2013-2016
- AHS Hazard Identification, Assessment and Control (“HIAC”) Process
- Canadian Environmental Protection Act
- Canadian Standards Association (CSA)
  - Handling of waste materials in health care facilities and veterinary health care facilities
- Transportation of Dangerous Goods Act (Canada)
- Environmental Protection and Enhancement Act (Alberta)
  - Waste Control Regulation (Alberta)
- Public Health Act (Alberta)
  - Nuisance and General Sanitation Regulation (Alberta)
- Canadian Nuclear Safety Commission

**VERSION HISTORY**

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<td>April 7, 2015</td>
<td>Initial approval/effective</td>
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