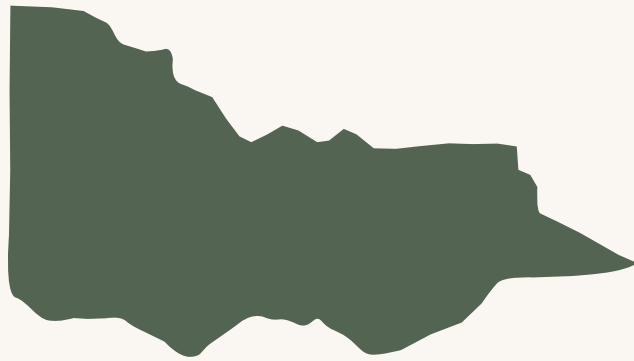
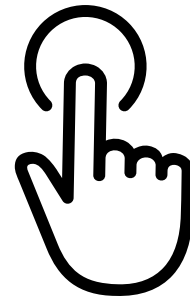


**PHARMACEUTICAL WASTE
GUIDELINES AND POLICIES**

VICTORIA



'Go there' Buttons can be found throughout the document. Clicking on them will result in the relevant linked policy opening in your browser.



DISCLAIMER

This document was created by DrugWaste International for the sole purpose of education and information provision. This document has not been created for commercial purposes and should not be viewed as such. It includes relevant links to governing policies and documents. All credit is given to the original authors. We encourage clinicians to read the linked policies/guidelines in their entirety to ensure complete understanding. This document is not a completely exhaustive or comprehensive list. Policies and frameworks are constantly being updated. DrugWaste International will attempt to ensure that all information presented is current, however, it is the full responsibility of the reader to ensure they engage with the links to ensure currency of resources.

Please direct all enquiries to:

info@drugwaste.com.au

Or find us online at:

www.drugwaste.com.au

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VICTORIAN FRAMEWORK FOR HANDLING AND DISPOSAL OF PHARMACEUTICAL WASTE

Purpose: to promote quality use of medicines by sharing unbiased, evidence-based information about medication therapy and to support the goals of, and facilitate the National Medicines Policy of access, quality and safety in the use of medicines in Victorian hospitals (VicTAG, 2020, title page).

KEY COMPONENTS



- **Page 5:** Pharmaceutical Waste Defined
- **Page 6 & 7:** Environmental Costs of Pharmaceutical Waste
- **Page 7:** Diversion
- **Page 8:** Destruction and disposal of S8s and S4Ds
- **Page 16-19:** Discussion of varying types of Pharmaceutical Waste Bins

WHAT DOES THIS MEAN FOR YOU?

Pharmaceutical waste is unused, expired, or unwanted medications and does not include materials where pharmaceutical contents have been removed (i.e., ampoules, packaging). EXCEPT in the case of S8 medication packaging – which should be placed in a dedicated pharmaceutical waste bin.

There are substantial environmental and financial costs associated with medication waste. Pharmaceuticals are unable to be removed once in wastewater streams and are already impacting wildlife – and possibly human health.

S8 and S4Ds MUST be made **non-recoverable and non-identifiable** at point of disposal.

Clinicians are required to consider several pillars when implementing pharmaceutical waste practices:

- Safety and diversion risk
- Mitigation of environmental damage
- Compliance and legislation

Clinicians must take every reasonable step to ensure that diversion risk medicine is disposed of in a way that minimizes risk to individuals and the community.

CLINICAL AND RELATED WASTE - OPERATIONAL GUIDANCE

Purpose: This document provides operational guidance for generators of clinical and related wastes. It defines these wastes and details the management responsibilities of generators for ensuring the safe transport, treatment and disposal of clinical and related wastes. Storage and handling of these wastes, must meet EPA legislative requirements (Victorian Environmental Protection Agency, 2009, pg. 1).

KEY COMPONENTS



- **Page 1:** Waste Management Principles and Responsibilities
- **Page 2 & 3:** What are Clinical and Related Wastes
- **Page 5:** Management of Varying types of Waste

WHAT DOES THIS MEAN FOR YOU?

It is the responsibility of the waste generator to ensure waste is managed in a compliant way.

- Pharmaceuticals are classified as a related waste, and it is **illegal to dispose via general waste** due to the possible adverse consequences for the environment, the waste industry, staff, and community.
- Pharmaceutical waste **MUST be incinerated** for it to be destroyed and this is mandated by law. Therefore, waste generators must ensure that they are placing pharmaceutical waste in a waste stream bound for incineration.

Pharmaceutical waste is managed differently to sharps and regular clinical waste and therefore cannot be placed in those bins.

Therefore, it is essential to implement effective waste management processes and policies to ensure compliance with the legislation.

DRUGS, POISONS AND CONTROLLED SUBSTANCES REGULATIONS 2017

Purpose: Legislates the use and management of controlled substances.

KEY COMPONENTS



- **Page 118:** Destruction of Schedule 8/9 Poisons

WHAT DOES THIS MEAN FOR YOU?

The management of Schedule 8 and Schedule 4 Restricted medications are heavily regulated by legislation in Victoria, and this must be considered when generating waste.

Destruction of Schedule 8 Medications is strictly managed, and all clinicians are responsible for ensuring their disposal methods are compliant with the legal regulations set out.

SUMMARY

Victoria has comprehensive and clear legislation outlining the requirements surrounding pharmaceutical waste:

- It must be incinerated.
- S8 and S4Ds must be rendered non-recoverable and non-identifiable at point of disposal.
- It must not be placed with general sharps waste.

Victorian legislation places an emphasis on ensuring waste management **minimises environmental damage and risk to individuals and the community.**

The Victorian government **places the responsibility of compliance on the waste generator**, which means that individuals in healthcare must take care to ensure that they are managing their waste legally and sustainability as per the regulations that are set out.

WANT TO KNOW MORE?

www.drugwaste.com.au



info@drugwaste.com.au



1800 30 60 75



References

Clinical and Related Waste, Operational Guidance. Environmental Protection Agency Victoria. 2009. [IWRG612.1: Clinical and related waste – operational guidance | Environment Protection Authority Victoria \(epa.vic.gov.au\)](#)

Clinical and Related Waste Guidance, Supplement for Healthcare Staff. © State of Victoria, Victorian Health and Human Services Building Authority, February 2020. [clinical-waste-guidelines-supplement-healthcare-staff.pdf](#)

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Victorian Framework for Handling and Disposal of Pharmaceutical Waste. Victorian Therapeutics Advisory Group. October 2020. [Framework Appendices FINAL formatted.pdf \(victag.org.au\)](#)