

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE AUSTRALIAN VETERINARY ASSOCIATION LTD.  
(ACT DIVISION)

AND THE

CLINICAL WASTE CONTROLLER

APRIL 2002

# CLINICAL WASTE ACT 1990

## MEMORANDUM OF UNDERSTANDING

### Preamble

This memorandum of understanding, between the ACT Clinical Waste Controller and the Australian Veterinary Association Ltd (ACT Division), has been prepared to give guidance for the disposal of veterinary waste in a manner consistent with the intent of the *Clinical Waste Act 1990* (the Act) and other relevant legislation.

It is the responsibility of the veterinary surgeon to dispose of material resulting from his/her activity as a veterinarian (a prescribed activity under the Act) in a legal and moral manner. Clinical Waste must be transported by a transporter licensed under the Act. The small volumes of such waste generated by Veterinarians may be disposed of by a licensed transporter on a "milk run", where the transporter is responsible for all paperwork. Other forms of waste can be handled by garbage contractors and other standard methods.

As a guide the veterinary surgeon should consider to which of the following three categories the waste belongs:

A. Clinical Waste - To be disposed of in accordance with the procedures outlined in the Clinical Waste Manual 1991 or as specified in this memorandum of understanding.

B. Veterinary Waste - To be disposed of at a refuse tip under the supervision of the tip superintendent. It will not be accepted at the Mitchell waste transfer station. All waste is to be bagged and marked with the correct Veterinary Waste label. Two labels, one on the body and one on the base, are to be placed on the bags.

C. Trade Waste - To be disposed of via the normal waste disposal system covered by City rates and charges or by commercial arrangements.

Note:

Categorising the waste will require a sense of judgment on behalf of the veterinary surgeon. It is advised to err on the side of safety and good public perception rather than having the decision determined entirely by convenience and economy.

### Wastes Categories

#### A. CLINICAL WASTE

Clinical waste includes sharps and all waste of an infectious or potentially infectious nature to humans. It also includes equipment which is regarded as harmful or has the potential to spread infection. Pharmaceutical and cytotoxic waste is also included in this category.

**Infectious and Potentially Infectious Waste:** Any material resulting from the activity of the veterinary surgeon which has the potential to constitute a threat of zoonotic disease. Specific diseases are noted in Appendix 1. This also includes any material of a diagnostic nature which has the potential to be infectious to humans.

Special consideration should be given to large animal zoonotic waste under this category. This can be disposed of by burial, burning or liming on site or transported as clinical waste. The choice of site for disposal will be subject to environmental, weather and quantity considerations and should be made under the supervision of the attending veterinary surgeon.

**Sharps:** This includes such things as needles, scalpels, sharpened or pointed objects and require proper containment, labelling and disposal. Where small volumes are concerned (for example small clinics or mobile services) transportation by veterinary surgeons is accepted provided an acceptable sharps container is used.

**Pharmaceutical and Cytotoxic Waste:** Disposal as outlined in the Clinical Waste Manual 1991.

**Exotic Disease Waste:** These shall be treated as Clinical Waste but be disposed of as per the recommendations of the Australian Veterinary Emergency Plan.

## B. VETERINARY WASTE

Veterinary waste includes all waste from normal animal tissue, diseased animal tissue which does not have a zoonotic potential. Soiled disposables, diagnostics or nursing aids which are not contaminated but which could represent a publicly perceived aesthetic problem should be considered veterinary waste. Veterinary waste must be identified by a container or label of dark blue, overprinted "veterinary wastes".

**Normal Animal Tissue:** This includes examples such as tissues removed during desexing or other routine or surgery or procedure.

**Diseased But Non Zoonotic Tissue:** This includes examples such as tissue arising from animals with cardiac failure, renal failure etc.

**Soiled, Diagnostic and Nursing Waste:** This includes such waste as dressings, swabs, drip sets etc.

**Dead small companion animals could be classified as Normal Tissue or Diseased but Non-Zoonotic Tissue, and as such can be classified as Veterinary Waste. Alternatively** such animals may be buried in urban areas with the permission of the lessee, or at designated areas within ACT Government Landfill sites; dead large domestic animals may not be buried in urban areas except at ACT Government Landfill sites.

## C. TRADE WASTE

Any other waste material originating from a veterinary practice which does not fall into the above category. This waste has to be non infectious and aesthetically acceptable.

APPENDIX 1.      SELECTED ZOO NOTIC DISEASES

<u>Disease</u>	<u>Species</u>	<u>Disposal</u>
Tuberculosis	Human/Avian/ Bovine	Burned or buried and limed
Anthrax		Burned
Leptospirosis		Burned or buried and limed
Toxoplasmosis		Burned or buried and limed
Brucellosis	Bovine/Caprine/Porcine	Burned or buried and limed
Cryptococcosis		Burned or buried
Chlamydiosis	Avian	Burned or buried
Q Fever		Burned or buried
Orf		Burned

SIGNED

.....  
 Elizabeth Fowler  
 Clinical Waste Controller  
 Department of Urban Services

.....  
 Pat Boland  
 President  
 The Australian Veterinary Association Ltd.  
 (ACT Division)

Date:

Date: