



## **PART 5**

# **STATEMENT OF REQUIREMENTS**

Waste Management  
RFTHPV2014-085

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# INTRODUCTION

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## 5.1 PURPOSE

5.1.1 The purpose of this *Part 5 – Statement of Requirements* is to:

- provide a high-level overview of the scope and range of services sought under this Request for Tender (RFT)
- specify the minimum requirements that services must meet (these requirements also form part of any resulting Agreement between HPV and any successful Respondent(s)).

5.1.2 HPV seeks to:

- establish a common and consistent service Agreement and contract management framework for the delivery of waste management services to Participating Health Services
- identify and implement opportunities for waste minimisation and environmental sustainability.

## 5.2 SCOPE

5.2.1 HPV is seeking to contract waste management services within Participating Health Services for a duration of three (3) year plus two possible one (1) year extensions (3+1+1).

5.2.2 HPV is seeking responses from waste management providers who are capable of providing one or more categories of waste management required under this RFT across one or more zones (refer to section 5.4 (Zones)).

5.2.3 The objective of Stage 1 of this RFT is to determine Respondents' ability to perform waste management services across metropolitan Melbourne and/or in regional Victorian areas, with the view of shortlisting Respondents who:

- meet the mandatory criteria
- can sufficiently demonstrate their capacity and capability to meet the requirements and desirable criteria in this *Part 5 – Statement of Requirements*.

5.2.4 The objectives of any resultant contract for waste management services include (but are not limited to):

- deliver cost-effective waste management services to Participating Health Services
- ensure that Participating Health Services' waste management is compliant with relevant legislation
- minimise costs, volumes, manual handling, on-site storage and environmental impacts associated with waste management

- encourage waste reduction, segregation and recycling (where appropriate)
- simplify contract administration
- provide useful and accurate reports for the waste management services provided.

5.2.5 The scope of this RFT does not include:

- the provision of waste consumables (such as disposable sharps containers, bin liners etc.)
- waste water (trade waste disposed of via the local water authority)
- items donated for charitable purposes
- the collection of waste from patients' homes
- sanitary waste services
- collections covered by:
  - o local council services
  - o social enterprises.

### 5.3 SERVICE CATEGORIES

5.3.1 The categories of waste requiring disposal under this RFT include:

CATEGORY NUMBER	CATEGORY NAME
1	General and Related Wastes
2	Clinical and Related Wastes
3	Reusable Systems for Sharps and Other Clinical Wastes
4	Recycling
5	Prescribed Industrial Waste
6	Confidential Paper

5.3.2 Respondents may offer services in one, some or all categories.

5.3.3 Only services that specifically fit within the category descriptions provided will be considered.

5.3.4 For a full list of service categories and subcategories, see Appendix 1 – Service List.

## 5.4 ZONES

- 5.4.1 For the purposes of this RFT, Participating Health Services will be grouped by zones.
- 5.4.2 Participating Health Services in metropolitan Melbourne will form one zone. Regional and rural Participating Health Services will be grouped by various zones (these zones will be determined after close of Stage 1 and communicated in Stage 2 of this RFT).
- 5.4.3 In DMAX Lite, Respondents will be asked to state whether they are responding to provide waste management services in metropolitan Melbourne or regional Victoria or both.
- 5.4.4 Respondents who are responding to provide services in metropolitan Melbourne must be able to service the entire metropolitan zone, as HPV is anticipating sole supply award per category or across more than one category. Refer to Part 6 Tender Response Table for a list of Participating Health Services located in the metropolitan zone.
- 5.4.5 Respondents who are responding to provide services in regional and rural Victoria will be required to tender for specific zones in Stage 2. HPV is also anticipating sole supply award for each category (or across more than one category) per regional/rural zone. Therefore, in Stage 2 Respondents must tender to provide one or more categories of waste management across whole zones.
- 5.4.6 HPV reserves the right to award Respondents for a single zone or for multiple zones, and to award either sole supply or panel supply per category/subcategory as it deems appropriate.

## 5.5 DEFINITIONS

- 5.5.1 The following definitions apply to this *Part 5 – Statement of Requirements*, unless otherwise stated.

TERM	DEFINITION
business day	Any weekday that is not gazetted as a public holiday in Melbourne, Victoria (unless otherwise agreed between Participating Health Services and the successful agency/sole trader in a Service Level Agreement).
business hours	Between 9am and 5pm, Monday to Friday (excluding public holidays).
may	Indicates an optional element; it is at the Respondent's discretion to either meet or not meet this element, and failure to meet this element will not have an impact during evaluation.

TERM	DEFINITION
must	Indicates a mandatory requirement; failure to meet this requirement will have a significant negative impact during evaluation.
on-call waste collection	Waste has no scheduled pick-up times (it is only picked up at the request of the Participating Health Service).
on-demand waste collection	The Participating Health Service receives scheduled waste collections, but requires an additional collection due to a higher-than-normal volume of waste.
Participating Health Service site	For example, an individual hospital or other site that forms part of a larger Health Service.
Participating Health Services	Public Hospitals and other Health or Related Services, as those terms are defined in Section 3 of the <i>Health Services Act 1988</i> (Vic), that are described in Appendix 4 of Part 8.
scheduled waste collection	Waste is picked up at regular agreed intervals.
service times	The times or periods of time agreed between the successful Respondent(s) and Participating Health Services as acceptable for conducting waste management services.
should	Indicates a highly desirable element; unless justifiable reason exists, not meeting this element may have a medium impact during evaluation.
SLA	Service Level Agreement
social enterprises	Organisations with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community (rather than being driven by the need to maximise profit for shareholders and owners).
will	Indicates an anticipated future condition or requirement.

## STATEMENT OF WORK

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### 5.6 INDICATIVE DEMAND

- 5.6.1 HPV expects to release indicative volumes at Stage 2 of this RFT.
- 5.6.2 Respondents are to note that:
  - any usage figures provided are indicative only and are provided to assist Respondents in the preparation of their submission
  - waste collection requirements may vary significantly between Participating Health Services.

### 5.7 SERVICE DELIVERY

- 5.7.1 Successful Respondents will be required to transfer waste and/or recyclables from Participating Health Service sites to appropriately licenced disposal, treatment and/or recycling facilities.
- 5.7.2 Waste management services must be:
  - carried out in line with all relevant legislation, codes of practice, standards and guidelines
  - scheduled appropriately to meet patient care requirements, ensure staff safety and have minimum disruption to daily activities
  - flexible to allow for changing volumes and/or waste-handling practices throughout the contract.
- 5.7.3 Category 3 (Reusable Systems for Sharps and Other Clinical Waste) includes the provision of reusable containers. Services provided in Category 2 (Clinical and Related Wastes) will include the provision of certain types of bins, as directed by the Participating Health Service. Services provided in all other categories may include the provision of relevant equipment and bins, as agreed with the Participating Health Service.
- 5.7.4 Service times for each site will be agreed between Participating Health Services and the successful Respondent(s). Successful Respondents must adhere to agreed service times.
- 5.7.5 Successful Respondents must provide a flexible approach to the delivery of the services, allowing for changes to service (e.g. volume, frequency, agreed times etc.) throughout the contract.



## **Contract Management**

5.7.6 Successful Respondents will be required to undertake proactive contract management throughout any resulting Agreement. This includes (but is not limited to):

- identifying and communicating opportunities for:
  - o cost reduction
  - o greater efficiency of the services
  - o improved environmental outcomes
- risk management
- ongoing performance management
- reporting on financial and performance data
- meeting with Participating Health Services' nominated representative(s)
- maintaining systems/processes for resolving issues.

## **5.8 ACCOUNT MANAGER**

5.8.1 Respondents must nominate one or more Account Managers who would be the primary contact(s) if successful in this tender. Each Participating Health Service must have a dedicated Account Manager, although Account Managers may be appointed to more than one Participating Health Service.

5.8.2 Account Managers will be responsible for:

- meeting with Participating Health Services' nominated representative(s) as requested
- reporting and discussing contract performance, including the monthly written report (see section 5.9 (Reporting))
- providing updates and reports on performance against Key Performance Indicators (KPIs)
- addressing and resolving any issues that arise throughout the course of the contract
- following up any incident reports
- reporting incidences of contamination between waste subcategories (if any).

## 5.9 REPORTING

- 5.9.1 Participating Health Services are required to report on waste generation, and must monitor their performance against targets for:
- overall waste volumes
  - tracking the diversion of generated wastes to recycling or re-use
  - composition of key waste categories (thereby auditing the effectiveness of waste segregation processes and procedures).
- 5.9.2 Ensuing clause 5.9.1, successful Respondents will be required to record and report on the amount and type of waste collected from each Participating Health Service site, including (but not limited to):
- waste segregated by subcategory, where practicable
  - waste category
  - waste disposal method (e.g. recycle, landfill, treatment)
  - type and size of the waste container used to collect the waste (e.g. 240 litre bin)
  - number of bins collected
  - location of waste collection (i.e. Participating Health Service site)
  - net weight of each container (for Category 3 (Reusable Systems for Sharps and Other Clinical Waste) only)
  - total weight collected and the method of calculation (direct weighing is preferred; if measured indirectly, an approved conversion factor (i.e. as per the Department of Health's *Victorian Public Healthcare Services Waste Reporting Tool*) must be used and stated in the report; see **Schedule 7 of Part 7 – Draft Agreement**)
  - costs broken down by:
    - o disposal fees
    - o transport fees
    - o rental fees
    - o service fees.
- 5.9.3 In addition to waste collection data and reporting, successful Respondents must also provide reports on:
- details of incidences where services were not provided on time
  - incident reports (if any)
  - details of any issues raised, and resolutions/outcomes achieved (where applicable).
- 5.9.4 Reports must be delivered monthly to HPV and to each Participating Health Service's nominated representative(s).

### Reporting Format

- 5.9.5 All reports must be presented in a format and contain the details as agreed with HPV. HPV will release a sample reporting template or detailed list of reporting requirements at Stage 2. Participating Health Services may negotiate a different reporting format via a Service Level Agreement (SLA).
- 5.9.6 Data must be provided per waste subcategory and must be expressed in units of kilograms (kg), where applicable
- 5.9.7 Data must be disaggregated to individual Participating Health Service sites (where applicable), or as otherwise agreed with the Participating Health Service.
- 5.9.8 Upon request by HPV or a Participating Health Service, successful Respondents must provide aggregated data for quarterly and/or annual periods.
- 5.9.9 The Department of Health is in the process of establishing an Environmental Data Management System (EDMS) for use by Victorian public health services, with the intent that waste management contractors will provide data in electronic format for upload to this system. Respondents must agree to comply with the EDMS reporting requirements if this is introduced for Victorian public health services during the contract period.
- 5.9.10 Refer to **Schedule 7 of Part 7 – Draft Agreement** for further reporting requirements.

### 5.10 WASTE AUDITS

- 5.10.1 Successful Respondents must undertake waste audits upon request by Participating Health Services. Waste audits will not be conducted more frequently than once every six (6) months.
- 5.10.2 Waste audits may entail:
- an audit of waste management as a whole for a particular Participating Health Service or Participating Health Service site
  - spot audits (i.e. category- or subcategory-specific audits) per ward or department, as directed by the Participating Health Service.
- 5.10.3 The waste audit must provide Participating Health Services with data on the:
- amount of waste audited per subcategory
  - levels of waste in waste containers (expressed as a percentage of total volume)
  - levels of correct segregation per ward/department (expressed as a percentage)
  - instances of contamination (providing specific detail of the ward/department and materials and recommendations for improvement).

- 5.10.4 The audit data will allow Participating Health Services to:
- identify strategies to reduce waste
  - identify waste diversion opportunities
  - understand how efficiently waste management systems and procedures are operating
  - verify waste data and costs provided by the successful Respondent(s).
- 5.10.5 Successful Respondents must following the methodology in Appendix 2 – Waste Audit Methodology when conducting waste audits, unless otherwise varied or agreed with the Participating Health Service.
- 5.10.6 Participating Health Services reserve the right to perform additional waste audits, either internally or with the assistance of an external contractor. Successful Respondents must fully cooperate with any such audit.

## **5.11 TRAINING AND AWARENESS**

- 5.11.1 Upon request by a Participating Health Service, successful Respondents must provide training programs to:
- notify and educate Participating Health Service staff on changes to their waste system
  - ensure maximum compliance with the new waste system
  - foster support for the new waste system.
- 5.11.2 Training must be provided at no additional cost to Participating Health Services.
- 5.11.3 Training may be requested initially and/or ongoing (but no more frequently than quarterly), and may include educational materials such as presentations, brochures, signage, posters etc.
- 5.11.4 All proposed training programs and accompanying materials must be approved by the Participating Health Service's nominated representative(s) before delivery.
- 5.11.5 Printed educational/awareness materials must be provided whenever requested by Participating Health Services, and may contain the successful Respondent's branding.

## 5.12 KEY PERFORMANCE INDICATORS

- 5.12.1 Successful Respondents' performance against KPIs must be reported monthly to Participating Health Services' nominated representative(s). The Account Manager is responsible for monitoring performance against KPIs and discussing this with Participating Health Services' nominated representative(s).
- 5.12.2 Successful Respondents must provide an annual summary KPI results to Participating Health Services' nominated representative(s) and to HPV on the anniversary of the contract commencement.
- 5.12.3 Refer to **Schedule 7 of Part 7 – Draft Agreement** for Key Performance Indicators.

## 5.13 SERVICE LEVEL AGREEMENT

- 5.13.1 Participating Health Services may choose to enter into a Service Level Agreement (SLA) with the successful Respondent(s). Successful Respondents must enter into an SLA if requested by a Participating Health Service.
- 5.13.2 The terms of the SLA are to be agreed between the Participating Health Service and the successful Respondent(s).
- 5.13.3 The SLA may cover arrangements including, but not limited to:
  - agreed service times
  - reporting requirements
  - auditing requirements and methodology
  - repair timeframes for equipment
  - invoice requirements
  - communication arrangements.
- 5.13.4 The SLA will be in addition to the Agreement between the successful Respondent(s) and HPV, and will not alter any terms of the Agreement.
- 5.13.5 HPV will not be responsible for monitoring compliance with any SLA. This is a matter of agreement between the parties to the SLA.
- 5.13.6 Refer to **Schedule 7 of Part 7 – Draft Agreement** for the Service Level Agreement template.

## GENERAL REQUIREMENTS

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### 5.14 STANDARDS AND COMPLIANCE

- 5.14.1 Respondents must have a current licence for waste transportation from the relevant state Environment Protection Authority.
- 5.14.2 All waste handling, disposal and treatment facilities must possess an appropriate and current licence from the relevant state Environment Protection Authority.
- 5.14.3 Ensuing clauses 5.14.1 and 5.14.2, Successful Respondents must provide a copy of their licences to Participating Health Services upon commencement of the contract.
- 5.14.4 Waste collection, transport and disposal must comply with relevant regulatory requirements and local council regulations.
- 5.14.5 Successful Respondents who are contracted to provide clinical and related waste management:
  - must comply with relevant state environmental legislation
  - should comply with the *Industry Code of Practice for the Management of Clinical and Related Wastes*.
- 5.14.6 Respondents and their vehicles, equipment and staff must comply with all relevant legislation, standards, codes of practice and guidelines. Refer to Appendix 3 – References for a list of the minimum relevant standards and guidelines.

### 5.15 OCCUPATIONAL HEALTH AND SAFETY

- 5.15.1 Respondents must have an Occupational Health and Safety Management System.
- 5.15.2 Respondents should have a comprehensive Occupational Health and Safety Management System that is appropriate to the size and nature of their operations.
- 5.15.3 It is desirable that Respondents have an accredited Occupational Health and Safety Management System.

### **Incident Reporting**

- 5.15.4 Successful Respondents must notify HPV and the relevant Participating Health Service's nominated representative(s) as soon as reasonably practicable after an incident or near-miss has occurred in the delivery of the services. A copy of the incident/near-miss report must be provided.
- 5.15.5 Successful Respondents must maintain an incident register throughout the contract.

## **5.16 ENVIRONMENTAL MANAGEMENT**

- 5.16.1 Respondents must have an Environmental Management System.
- 5.16.2 Respondents should have a comprehensive Environmental Management System that is appropriate to the size and nature of their operations.
- 5.16.3 It is desirable that Respondents have an accredited Environmental Management System.
- 5.16.4 It is desirable that Respondents can demonstrate a commitment to working within their customers' sustainable procurement and waste reduction policies.
- 5.16.5 Preference may be given to Respondents who can demonstrate a commitment to sustainable resource use and waste management within their own organisation (Respondents are encouraged to submit information about their sustainability, procurement and/or waste reduction policies).
- 5.16.6 Preference may be given to Respondents who can offer innovative waste avoidance or reduction initiatives that provide value for money. Respondents should provide details of any such initiatives they can offer, including details of the environmental benefits, operational impacts, purchasing impacts as well as any financial cost or savings.

## **5.17 QUALITY ASSURANCE**

- 5.17.1 Respondents must have a Quality Management System.
- 5.17.2 Respondents should have a comprehensive Quality Management System that is appropriate to the size and nature of their operations.
- 5.17.3 It is desirable that Respondents have an accredited Quality Management System.
- 5.17.4 Respondents must have a system or process in place to record and monitor performance.

### **Continuous Improvement**

- 5.17.5 Respondents are encouraged to detail any value-added services they could offer if successful (e.g. improvement programs to reduce segregation errors, reduce costs etc.).

### **Issue Resolution**

- 5.17.6 Respondents must currently have a complaint management or issue resolution process in place.
- 5.17.7 All complaints received must be acknowledged in writing within one (1) business day of submission.
- 5.17.8 All complaints received must be responded to in writing within five (5) business days of submission; at a minimum, this response must include a proposed resolution or proposed actions and next steps.
- 5.17.9 Successful Respondents' must maintain an issue register that logs all issues raised throughout the contract. An aggregated issue register must be provided to HPV quarterly or otherwise upon request.

## **5.18 SOCIAL RESPONSIBILITY**

- 5.18.1 Respondents must abide by Equal Employment Opportunity legislation.
- 5.18.2 Respondents must ensure that their staff receive at least the minimum conditions set out in the National Employment Standards (NES).
- 5.18.3 Preference may be given to Respondents who can demonstrate a commitment to local employment growth and retention.

## **5.19 RISK MANAGEMENT**

- 5.19.1 Respondents must have in place risk management and mitigation strategies for the following:
- business continuity
  - back-up systems
  - disaster recovery.
- 5.19.2 It is desirable that Respondents' risk management processes are comprehensive and appropriate to the size and nature of their operations.



## **5.20 TRANSITION PLANS**

- 5.20.1 As part of their tender, Respondents must provide a generic transition-in plan and transition-out plan. These plans will form part of any resulting Agreement.
- 5.20.2 Transition periods should be kept to minimum realistic timeframes and should include considerations for continuity of service and minimising the disruption to Participating Health Services.
- 5.20.3 Ensuing clause 5.20.1, successful Respondents will be required to provide a tailored version of their transition in and/or out plans for each Participating Health Service upon request.
- 5.20.4 Respondents must note that some Participating Health Services currently have their own contracts in place for waste management services. A list of Participating Health Services and their known contract expiry dates will be provided to Respondents at Stage 2 of this RFT. Participating Health Services with a current waste management contract in place reserve the right to access HPV's contract for waste management services either:
- at the conclusion of their own contracts
  - upon commencement of HPV's contract (if their contract will allow them to exit early and if they choose to do so).

## SERVICE REQUIREMENTS

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### 5.21 WASTE COLLECTION

- 5.21.1 Waste volumes and collection requirements may vary significantly between Participating Health Services.
- 5.21.2 Service times and pick-up locations for each Participating Health Service site will be agreed between the successful Respondent(s) and Participating Health Services. Successful Respondents must adhere to agreed service times.
- 5.21.3 When determining agreed service times with Participating Health Services, successful Respondents must take into account site-specific requirements, waste types and volumes to ensure that waste is collected promptly.
- 5.21.4 Types of waste collection that may be required by Participating Health Services are:
  - on-call waste collection
  - on-demand waste collection
  - scheduled waste collection
  - a combination of the above.

#### On-Call Collection

- 5.21.5 On-call waste collection means that the particular type of waste has no scheduled pick-ups (it is only picked up at the request of the Participating Health Service).
- 5.21.6 For on-call waste collection services, waste must be collected within two (2) business days of the collection request.

#### On-Demand Collection

- 5.21.7 On-demand waste collection means that the Participating Health Service receives scheduled waste collections, but requires an additional collection due to a higher-than-normal volume of waste.
- 5.21.8 For on-demand waste collection services, waste must be collected within 24 hours of the collection request.

#### Scheduled Collection

- 5.21.9 Scheduled collection means that the waste is picked up at regular agreed intervals.
- 5.21.10 For scheduled waste collection services, waste must be collected at the agreed, pre-defined service times.

### Transport Certificates

- 5.21.11 Where applicable, successful Respondents must complete transport certificates in line with the *Environment Protection (Industrial Waste Resource) Regulations 2009* (Vic) (or other equivalent interstate legislation, where applicable).
- 5.21.12 Where applicable, it is desirable that successful Respondents become accredited agents authorised in writing by the Participating Health Service and the relevant state Environment Protection Authority to allow the successful Respondent to complete Part A of waste transport certificates.
- 5.21.13 Unless otherwise requested by a Participating Health Service, transport certificates should be lodged electronically via WasteCert (the Victorian Environment Protection Authority's online system for lodging transport certificates).

## 5.22 EQUIPMENT AND BINS

- 5.22.1 All equipment and bins provided by successful Respondents must meet relevant Australian Standards for safety and quality. At a minimum, bins must meet the requirements of AS 4123.
- 5.22.2 For all equipment and for bins provided for collection, the successful Respondent must:
  - prepare and set up the equipment/bins at the site
  - prepare and set up any infrastructure (with the assistance and/or approval of the Participating Health Service)
  - undertake scheduled maintenance
  - undertake regular cleaning (this is mandatory for Category 2 (Clinical and Related Wastes) and Category 3 (Reusable Systems for Sharps and Other Clinical Waste), and is required upon request for other Categories)
  - provide prompt repairs as necessary.
- 5.22.3 Upon request by a Participating Health Service, successful Respondents must provide training to nominated personnel on any provided equipment, bins and/or infrastructure at no additional charge.
- 5.22.4 Where bins are included as part of waste management services, successful Respondents must provide bins labelled with the intended waste subcategory and must provide accompanying signage to aid waste segregation and to facilitate effective recycling and waste management. Unless otherwise requested by the Participating Health Service, successful Respondents must provide bins and accompanying signage in the colours and format specified in Appendix 4 – Healthcare Waste Signage.

## 5.23 HEALTH SERVICE SITES

- 5.23.1 Upon request, successful Respondents' staff must undertake a site induction by the requesting Participating Health Service at no additional cost. Induction requirements should be reflected in the successful Respondent's tailored transition in plan (as per clause 5.20.3).
- 5.23.2 Successful Respondents' staff will be required to adhere to all Participating Health Service protocols and follow all instructions given by Participating Health Service personnel in relation to delivering the services.
- 5.23.3 Where applicable, successful Respondents' staff must possess a current (i.e. not older than three (3) years) Police Check and have passed a Working with Children Check in accordance with the *Working with Children Act 2005 (Vic)*, *Aged Care Act 1997* and Participating Health Services' protocols.
- 5.23.4 Successful Respondents must ensure the general tidiness of waste collection areas within Participating Health Service sites in the course of delivering the services. Due care must be given to ensuring that no hazards are present in these areas (e.g. trip hazards, spillages, obstacles impacting egress and ingress).
- 5.23.5 Successful Respondents are responsible for correcting all spills and hazards that arise throughout the course of delivering the services (e.g. while transporting waste to collection vehicles). All spills and hazards must be reported to the Participating Health Service's nominated representative(s) verbally as soon as practicable, and in writing via an incident/near-miss report within one (1) business day.
- 5.23.6 Successful Respondents' personnel who access Participating Health Service sites while delivering the services must ensure that the security of the site(s) is not compromised (e.g. they must ensure that doors and access points are fully closed after use).
- 5.23.7 Successful Respondents' vehicles must not be parked or idle in areas that would prevent egress and ingress (particularly in ambulance arrival and departure areas).
- 5.23.8 Successful Respondents are responsible for any damaged caused to and/or on Participating Health Service sites by their staff, equipment or otherwise in the course of delivering the services.

## 5.24 TECHNOLOGY SOLUTIONS

- 5.24.1 Respondents should advise of any technology solutions they can offer that may improve service delivery or reduce costs to Participating Health Services.

## **5.25 INVOICING**

- 5.25.1 All costs associated with the provision of waste management services must be invoiced directly to the relevant Participating Health Service by the successful Respondent (i.e. subcontractors must not submit invoices).
- 5.25.2 Invoices must be provided to Participating Health Services monthly (no later than the 10<sup>th</sup> day of each month). It is desirable that Respondents are able to provide consolidated electronic invoices.
- 5.25.3 The format and content of invoices is to be agreed between successful Respondents and individual Participating Health Services.
- 5.25.4 Upon request by Participating Health Services, successful Respondents must provide the number of bins collected and the estimated weight collected per service as an attachment to each invoice.

# APPENDICES

## APPENDIX 1 – SERVICE LIST

CATEGORY	SUBCATEGORY	PROPOSED AWARD STRATEGY
1. General and Related Wastes	1.01 Compacted rubbish 1.02 MGB 1.03 Skips	1 provider per Category, per geographical zone
2. Clinical and Related Wastes	2.01 Cytotoxic 2.02 Pharmaceutical 2.03 Quarantine Waste 2.04 Other clinical & related wastes, for incineration only 2.05 Other clinical & related wastes	1 provider per Category, per geographical zone
3. Reusable Systems for Sharps and Other Clinical Wastes	3.01 Sharpsmart containers 3.02 Clinismart containers 3.03 Pharmasmart containers 3.04 Accessories	1 provider for the state for the Category
4. Recycling	4.01 Commingled paper & packaging 4.02 Cardboard 4.03 Mixed Cardboard & Paper 4.04 Clean Paper	1 provider per subcategory, per geographical zone.
5. Prescribed Industrial Wastes	5.01 Grease Interceptor traps 5.02 Solvents 5.03 Radioactive wastes 5.04 Asbestos disposal 5.05 Other Prescribed Industrial Wastes (PIW)	1 provider per Category, per geographical zone
6. Confidential Paper	6.01 Document Destruction	Limited panel of providers per Category, per geographical zone

As per Clause 1.3.1 of Part 1 Invitation and Information, HPV reserves the right to panel award.

## APPENDIX 2 – WASTE AUDIT METHODOLOGY

### Audit Planning

#### Planning Meeting

An audit planning meeting shall be held with nominated representative(s) from Participating Health Services at least 14 days prior to conducting any waste audit. The purpose of this meeting is to confirm:

- scope of the audit (i.e. waste type, site to be audited, department/ward to be audited)
- audit methodology
- date of audit of each site
- that the successful Respondent is using staff/consultants with waste audit experience
- that all parties are prepared for the audit
- sorting area(s) required for the audit
- communication protocols
- Occupational Health and Safety (OHS) management
- submission of a Safety Risk Assessment and Safe Work Method Statements (SWMS)
- applicable waste streams.

#### Familiarisation Tour

The successful Respondent shall visit the selected sites at least 14 days prior to an audit being conducted. The purpose of this visit is to:

- ensure the successful Respondent is familiar with the site
- visit department/wards and inform Participating Health Service staff of what the audit requires
- provide an opportunity to take observations on contamination of general waste containers, recycling containers, sharps containers and yellow-bag waste, and make observations on operational items such as bin placement and signage
- identify any OHS issues such as overfilling and/or not appropriately locking sharps containers.

A representative(s) from the Participating Health Service may choose to accompany the successful Respondent during the familiarisation process.

### Waste Audit

#### General and Recyclable Waste

Prior to conducting the audit, label each waste container with a unique ID number that identifies the waste container number, container type, waste type and department/ward.

Weigh all waste generated in a 24-hour period at each site. The total weight shall be determined by weighing the waste in existing waste containers and then deducting container weight to arrive at the net weight.

Record the waste container ID number, container type, waste type, department/ward, gross weight and net weight in the audit data sheet.

Conduct a composition audit (by mass) on a representative sample of waste containers using the waste categories listed in the Victorian Public Healthcare Services Waste Reporting Tool. The successful Respondent shall sample from each site, whichever is the greater, three waste containers or 20 per cent of all waste containers.

For each waste type, record the mass in kilograms to two decimal places. The percentage composition of each waste type shall then be calculated.

Record the amount of contamination present by waste type.

The total weight of the waste samples shall be compared to the net container weight for verification purposes. The audit shall be deemed acceptable if a discrepancy of less than or equal to 10 per cent is achieved. Anything greater and the audit shall be repeated with a different set of waste containers.

### **Clinical Waste**

Prior to conducting the audit, label each clinical waste container with a unique ID number that identifies the waste container number, container type, waste type and department/ward.

Weigh all clinical waste generated in a 24-hour period at each Participating Health Service site. The total weight shall be determined by weighing the waste in existing waste containers and then deducting container weight to arrive at the net weight. Where larger waste containers (e.g. 660 litre bins) are used, this may require removal of the clinical waste bags for individual weighing.

Record the waste container ID number, container type, waste type, department/ward, gross weight and net weight in the audit data sheet.

Open the clinical waste bags and conduct a visual contamination assessment or a physical sort (at the discretion of the Participating Health Service) to quantify the contamination rate of the clinical waste stream.

The successful Respondent shall calculate the additional cost of disposing non-clinical waste through the clinical waste stream across the Participating Health Service based on the contamination rates.

### **Sharps**

Record the weight of the closed sharps bins.

Conduct a visual assessment of the level of contamination in the sharps container. Sharps are not to be physically handled.

Note that container weights should be included in the sharps weight if the facility uses disposable containers and excluded if the facility uses reusable sharps containers.



## Waste Validation (Optional)

A key assumption within the Victorian Public Healthcare Services Waste Reporting Tool is a predetermined waste density, which assumes that all waste containers are full when collected. To validate this assumption, it is necessary to conduct audits of waste containers bins to verify their density.

The validation audit shall be undertaken as follows:

- Weigh all waste generated in a 24-hour period at each site. Total weight shall be determined by weighing the waste in existing waste containers and then deducting container weight to arrive at the net weight.
- Record the waste container ID number, container type, waste type, department/ward, gross weight and net weight in the audit data sheet.
- Calculate the waste density of each waste container by waste type.

## Waste Assessment

The successful Respondent shall conduct a visual assessment of the level of contaminants in all waste bins in all departments/wards.

The successful Respondent shall record the type of contamination as well as the estimated level of contamination by mass.

## Waste Audit Report

The waste audit report shall be prepared by the successful Respondent and shall include the following:

- waste audit/assessment details
- date and location of waste audit
- type of audit
- waste classification
- audit methodology
- audit results
- sample size
- waste composition by mass (kg) and percentage of sample
- level of contamination by mass and percentage of sample
- assessment observations and photographs.

All reports shall be submitted electronically, as a PDF file as well as in a manipulable file format (i.e. MS Word, MS Excel).

## APPENDIX 3 – REFERENCES

### Standards

The references to the below standards include any amendments, revisions or consolidations to those standards.

- AS 1940:2004 The storage and handling of flammable and combustible liquids
- AS 4123:2006 Mobile waste containers
- AS/NZS 3816:1998 Management of clinical and related wastes
- AS/NZS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas
- AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications
- AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications
- AS/NZS 4478:1997 Guide to the reprocessing of reusable containers for the collection of sharp items used in human and animal clinical/medical applications

### Legislation

The references to the below legislation include any amendments, revisions or consolidations to those references. If a Respondent operates within other state boundaries, then the Respondent must comply with the equivalent interstate legislation, where applicable.

- Aged Care Act 1997
- Dangerous Goods (Storage & Handling) Regulations 2000
- Dangerous Goods Act 1985 (Vic)
- Environment Protection (Industrial Waste Resource) Regulations 2009 (Vic)
- Environment Protection Act 1970 (Vic)
- Environment Protection Authority Victoria (2004), Waste Management Policy (Siting, Design and Management of Landfills)
- Environment Protection Authority Victoria (2012), *Waste Management Policy (Movement of Controlled Waste between States and Territories)*
- Environment Protection Authority Victoria (2012), Waste Management Policy (National Pollutant Inventory)
- Equal Opportunity Act 2010 (Vic)
- Information Privacy Act 2000 (Vic)
- Local Government Act 1989 (Vic)
- Occupational Health and Safety Act (Vic) 2004
- Occupational Health and Safety Regulations 2007 (Vic)
- Public Records Act 1973 (Vic)
- Road Transport Reform (Dangerous Goods) Act 1995
- Road Transport Reform (Dangerous Goods) Regulations 1997
- Working with Children Act 2005 (Vic)

## Guidelines and Other References

The references to the below guidelines include any amendments, revisions or consolidations to those guidelines.

- Environment Protection Authority Victoria (2009), *IWRG421 Grease interceptor trap waste – classification for reuse*
- Environment Protection Authority Victoria (2009), *IWRG611.1 Asbestos transport and disposal*
- Environment Protection Authority Victoria (2009), *IWRG612.1 Clinical and related waste – Operational guidance*
- Environment Protection Authority Victoria (2009), *IWRG631 Solid industrial waste hazard categorisation and management*
- Environment Protection Authority Victoria (2009), *IWRG831.2 Movement of prescribed waste from Victoria*
- Environment Protection Authority Victoria (2010), *IWRG822.2 Waste codes*
- Environment Protection Authority Victoria (2013), *IWRG811.8 Permit to transport prescribed industrial waste*
- Environment Protection Authority Victoria (2013), *IWRG812.4 Accredited agent authorisation – application*
- Environment Protection Authority Victoria (2013), *IWRG821.2 Waste transport certificates*
- Environment Protection Authority Victoria, *IWRG814 Vehicle guidance: Truck/Tautliner/Van*
- Environment Protection Authority Victoria, *IWRG815 Vehicle guidance: Tipper/Tipper Trailer*
- Environment Protection Authority Victoria, *IWRG816 Vehicle guidance: Tanker/Tanker trailer*
- National Occupational Health & Safety Commission (1999), *List of Designated Hazardous Substances*
- National Transport Commission (2011), *Australian Dangerous Goods Code*
- Waste Management Association of Australia (2010), *Industry Code of Practice for the Management of Clinical and Related Wastes*

## APPENDIX 4 – HEALTHCARE WASTE SIGNAGE

The Department of Health, in collaboration with the Biohazard Waste Industry (BWI) and Sustainability Victoria, have developed healthcare-specific waste and recycling signage and posters to help facilities separate different types of waste and promote waste-minimisation programs.

**Please see zip file '*DoH Healthcare Waste Signage*' for PDFs of approved signage.**