NABERS

The Rules

# Waste for Public Hospitals

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Cover photo: Sorting clinical waste from non-clinical waste in a hospital.

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# 1 Introduction

## 1.1 General

The National Australian Built Environment Rating System (NABERS) is a performance-based rating system managed by the **National Administrator**.

A **NABERS Waste Rating** is an independent benchmark of a building's waste management performance expressed on a star rating scale. It assesses the environmental impact of **operational waste** materials leaving a building by rating the elements that an organisation has control over. This includes how well a building separates and diverts waste generated in the building into streams that can be re-used and recycled, and whether those materials are likely to go to a facility that will recover the materials.

| NABERS rating | Performance comparison |
|---|---|
| 6 stars ★★★★★★ | Market leading waste management |
| 5 stars ★★★★★ | Excellent waste management |
| 3 stars ★★★ | Market average waste management |

An accredited **NABERS Waste Rating** is awarded when the **National Administrator** certifies a rating completed by an **Assessor**. The **National Administrator** may independently audit the rating and assist in resolving complex technical issues.

This document contains **Rules** for **Assessors** conducting a **Waste Rating for Public Hospitals**. It is intended that this document be read alongside *NABERS The Rules — Waste*.

## 1.2 Interpretation of the Rules and Rulings

These **Rules** are to be read in conjunction with the respective NABERS **Rulings** as they apply to the specific building type. **Rulings** are used to address specific issues that may arise after the publication of the **Rules**.

**Note:** **Rules** texts are amended as required by additional **Rulings** which are published on the NABERS website at www.nabers.gov.au.

Where a conflict between these **Rules** and existing **Rulings** is present, the requirements of the **Rulings** take precedence over the **Rules**.

Assessments for an accredited rating must comply with the version of the **Rules** and any relevant **Rulings** current on the day the rating application is lodged to NABERS, unless the **National Administrator** has specifically approved otherwise in writing.

## 1.3 Situations not covered by the Rules

**Assessors** must comply with these **Rules** unless prior approval has been sought and approved by the **National Administrator**.

Where appropriate, **Assessors** may contact the **National Administrator** to propose an alternative methodology, outlining the circumstances and rationale. Prior approval for use is required and may be granted conditionally, on a case-by-case basis and at the **National Administrator**'s discretion.

Procedures not contained within these **Rules** may only be used for a particular rating with prior written approval from the **National Administrator**. Approval to use the same procedure must be sought from the **National Administrator** each time it is proposed to be used. Approval is entirely at the discretion of the **National Administrator**. All written correspondence is required as evidence and should be collected prior to lodging the rating.

## 1.4 How to use this document

The term "**Rules**" refers to a body of works produced by NABERS that specify what must be examined, tested and documented when an **Assessor** conducts a rating. Wherever the term is used in this document from Chapter 3 onwards, it refers to this document, *NABERS The Rules — Waste for Public Hospitals*. Other **Rules** documents mentioned in the text are distinguished from the present document by the inclusion of their title.

Text appearing **teal** and **bold** is a defined term. Defined terms can be found in Chapter 2 of these **Rules** or in the terms and definitions chapter of the respective **Rules** document.

The following formatting conventions may appear in this text:

⚠ Important requirements and/or instructions are highlighted by an information callout box.

**Note:** Text appearing with a grey background is explanatory text only and is not to be read as part of the **Rules**.

**Example:** Text appearing with a green background is intended to demonstrate a worked example of the respective **Rules** section or **Ruling** section.

This is a documentation requirement callout box.

## 1.5 What is new in this version

This is a first version.

## 1.6 Related documents

The following documents, available from the NABERS website, provide further guidance on the **Rules** and **Assessor** responsibilities and should be considered when assessing a building for a NABERS rating:

a) NABERS Waste calculation spreadsheet (available from the **National Administrator**).

b) Waste data upload spreadsheet for the **NABERS Waste Platform**.

c) For guidance on how to use the **NABERS Waste Platform**, refer to our user support documents.

The following documents have been referenced within these **Rules**:

1) *NABERS The Rules — Waste,* v2.2, June 2026.

2) Australian Institute of Health and Welfare, *Australian hospital peer groups*, 2015.

**Assessors** must use the latest version of NABERS **Rules** and **Rulings** that have been referenced within this document.

# 2 Terms and definitions

This chapter lists the key terms, and their definitions, that are integral to the proper use of this document.

| Term | Definition |
|---|---|
| **Assessor** | An accredited person authorised by the **National Administrator** to conduct **NABERS Waste Ratings**. |
| **bin service** | Each combination of **waste stream**, equipment type, equipment size and allocated dock, for the bins in a waste collection contract. These are the bins containing the materials that are presented for collection.<br><br>**Example:**<br>a) Eight 240 L [size] general waste [**waste stream**] bins [equipment type] collected from a **site** is one **bin service**.<br>b) Two 660 L general waste bins collected from the same **site** is a different **bin service**. |
| **NABERS Waste Platform** | The online system provided by NABERS for the purpose of tracking customers' waste data. Used by facilities managers to validate building performance over time and by **Assessors** in the calculation of accredited **NABERS Waste Ratings**. |
| **NABERS Waste Rating** | An independent benchmark, according to the system overseen by the **National Administrator**, of a building's ability to separate and recover managed waste material compared to similar buildings. Awarded using a star rating based on the Verified Waste Score. |
| **National Administrator** | The body responsible for administering NABERS, in particular the following areas:<br>a) Establishing and maintaining the standards and procedures to be followed in all aspects of the operation of the system.<br>b) Determining issues that arise during the operation of the system and the making of ratings.<br>c) Accrediting **Assessors** and awarding accredited ratings in accordance with NABERS standards and procedures.<br><br>The functions of the **National Administrator** are undertaken by the NSW Government. |

| Term | Definition |
|---|---|
| **occupied bed days (OBDs)** | The total number of bed days for all admitted patients accommodated during the **rating period**. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for same day patients are also recorded as **OBDs** where one **OBD** is counted for each same day patient.<br><br>**Note:** See Section 5.2.2 for further details on counting **OBDs**. |
| **operational waste** | Waste generated on-**site** during the normal operations of a building. |
| **patient days** | The total number of days for all patients who were admitted for an episode of care and who separated during the **rating period**.<br><br>**Note: Patient days** are non-compliant and should only be used in situations where **OBD** data is not available. |
| **public hospital** | A government-funded and operated hospital campus that provides admitted and/or non-admitted healthcare services to the public. |
| **rating period** | The 12-month base period for the rating, requiring at least 12 continuous months of acceptable data upon which the rating is based. |
| **recycling** | Reprocessing of products or components of products that have become waste, to make new products.<br><br>**Note:** For readability, this term is not highlighted throughout this document. |
| **recycling rate** | The ratio of the weight of recovered materials to the weight of all waste materials managed by the building owners (or their representatives) that leave the **site**, expressed as a percentage. |
| **Rules** | Authoritative document produced by the **National Administrator** that specifies what must be covered by an **Assessor** in order to produce a rating. |
| **Ruling** | An authoritative decision by the **National Administrator** which acts as an addition or amendment to the **Rules**. |
| **separation** | The process by which an episode of care for an admitted patient stops. A **separation** may be formal or statistical, as follows:<br><br>a) Formal **separation**: The administrative process by which a hospital records the stopping of treatment and/or care and/or accommodation of a patient. |

| Term | Definition |
|---|---|
| | b) Statistical **separation**: The administrative process by which a hospital records the stopping of an episode of care for a patient within the one hospital stay. |
| **site** | The legal boundary of a building that meets the requirements for a specific rating type. |
| **waste** | Defined according to the legislation at the **site**, but otherwise anything that the holder discards, intends to discard, or is required to discard.<br><br>**Note:** For readability, this term is not highlighted throughout this document. |
| **Waste Rating for Public Hospitals** | A **NABERS Waste Rating** for a **public hospital whole building**. It is assessed under NABERS as a whole-of-**site** operation using standardised waste and activity data over a 12-month period. |
| **waste stream** | In the context of waste sorting, this refers to a collection of items or materials that have been gathered together as a category, to facilitate efficient transport towards a common destination facility or material outcome. |
| **whole building** | A rating that assesses the entire operations and impact of the building, including the impact of tenants. For the purposes of a **NABERS Waste Rating**, the concept of **whole building** means any **waste stream** in the building can be included in the rating if it meets the measurement criteria. |

# 3 Waste rating types and buildings

## 3.1 Information required for a Waste Rating for Public Hospitals

In addition to the information required in *NABERS The Rules — Waste*, the following information is required, as a minimum, for a **Waste Rating for Public Hospitals**:

a) Peer group classification (see Section 3.3).

b) The hospital's total **OBDs** (see Section 5.2) and **separations** (see Section 5.3) over the **rating period**.

## 3.2 Waste calculations

In addition to the information in Section 3.2 of *NABERS The Rules — Waste*, a **Waste Rating for Public Hospitals** also considers the total amount of waste sent to landfill and compares the amount to that of similar buildings. The comparison accounts for operational intensity as measured by total **occupied bed days (OBDs)** and **separations** (see Chapter 5).

## 3.3 Peer group classification

As part of the **Waste Rating for Public Hospitals**, the **Assessor** must assign the relevant peer group from the following list:

a) Children's hospitals.

b) Mixed subacute and non-acute hospitals.

c) Principal referral hospitals.

d) Public acute group A hospitals.

e) Public acute group B hospitals.

f) Public acute group C hospitals.

g) Public acute group D hospitals.

h) Public rehabilitation hospitals.

i) Same day hospitals.

j) Very small hospitals.

k) Women's hospitals.

**Note**: If the premises is considered a **public hospital** but does not belong to any of the peer groups listed, the **Assessor** should select the "Other hospitals" category.

The list of peer groups will be periodically reviewed and updated. A detailed description of the peer group classification has been provided in Appendix A.

## 3.4 Non-eligible building types

The following building types are not considered **public hospitals** for the purpose of a **NABERS Waste Rating** and are not eligible for a **Waste Rating for Public Hospitals**:

a) Pharmacies.

b) Ambulance stations.

c) COVID-19 clinic.

d) Community centres.

e) Rehab centres.

f) Drug and alcohol services.

g) Pregnancy advisory centres.

h) Dental services.

These building types may be eligible for a NABERS Waste Verification under *NABERS The Rules — Waste*. **Assessors** should contact the **National Administrator** to have the building type added to the **NABERS Waste Platform**, if required.

# 4 Waste streams

## 4.1 Waste rating scope

The **Waste Rating for Public Hospitals** rates buildings as a **whole building**. This means all **waste streams** leaving the building that can be reliably measured can be included in the rating.

## 4.2 Core waste streams

Core **waste streams** are required to be reported in the **Waste Rating for Public Hospitals** if present in the building. In addition to the core **waste streams** listed in Section 5.3 of *NABERS The Rules — Waste*, **public hospitals** have the additional core **waste streams** listed in Table 4.2.

Where a building has services for these **waste streams**, they must—

a) set up the **NABERS Waste Platform** for these **waste streams** by configuring the appropriate **bin services**; and

b) upload 12 months of data for each listed **bin service** to the **NABERS Waste Platform** before the **Waste Rating for Public Hospitals** can be assessed.

**Table 4.2: Additional core waste streams for public hospitals**

| Waste category | Waste stream as listed on the NABERS Waste Platform | Description |
|---|---|---|
| Clinical waste | Anatomical waste | Human tissue removed during clinical procedures, including pathology and biopsy specimens, tissue removed during surgery or autopsy, organs, limbs and other recognisable body parts, and placentas. |
| | Clinical waste | Waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity that has the potential to cause injury, infection or offense, and is not classified under another **waste stream**. |

| | | |
|---|---|---|
| | Pharmaceutical waste | Unused, unwanted or expired medicines and pharmaceutical substances, and containers containing an extractable volume of pharmaceutical substances.<br>This excludes saline, sugar or nutrient solutions and containers, which are not classified as pharmaceutical waste. |
| | Sterilisation wraps | Disposable wrapping material used to enclose and protect instruments or equipment that require sterilisation. |
| | Sharps | Any item that is able to cut or penetrate the skin, including but not limited to devices with retractable sharps, used ampules, syringes with attached needles, lancets, scalpel blades, and IV spikes.<br>The only exceptions to this are—<br>a) if a health service has an approved single use metal instrument recycling collection in place on the ward; and<br>b) if the item is cytotoxic or pharmaceutical waste, which take precedence over sharps. |
| | Sanitary waste (AHW) | Absorbent Hygiene Waste (AHW) arising from absorbent hygiene products, including nappies, incontinence products and menstrual hygiene products. |
| Hazardous waste | Chemical waste | Waste arising from discarded chemicals or chemical mixtures, e.g. mercury, formalin or glutaraldehyde. |
| | Cytotoxic waste | Material contaminated, or potentially contaminated, with cytotoxic drugs during their preparation, transport or administration. |
| | Radioactive waste | Material containing or contaminated by radioactive substances above prescribed levels for which no further use is foreseen. |

**Note 1:** There is state-based legislation regarding treatment of these **waste streams**.

**Note 2:** These descriptions are provided for guidance only. For each **waste stream** defined by the hospital, **Assessors** should select the most appropriate descriptor from Table 4.2 in the **NABERS Waste Platform**. They are not required to assess the inclusions and exclusions of each **waste stream**.

## 4.3 Optional items

The **NABERS Waste Platform** allows for the measurement of over 50 different waste types. Most of these types can be included in a **Waste Rating for Public Hospitals**, if the materials can be reliably measured. If the building is configured to have bins for these waste types and data is uploaded to the platform and is not excluded under Section 4.4 of these **Rules**, it will form part of the rating calculation. The inclusion of these items will improve the **recycling rate**, so the inclusion of these items is encouraged. Refer to *NABERS The Rules — Waste* for more information.

Additional **operational waste** types may be added. To request a new waste type, contact the **National Administrator**. There is a significant lead time on reviewing requests and adding a new waste type.

## 4.4 Waste streams excluded from a Waste Rating for Public Hospitals

The purpose of the rating is to fairly compare **operational waste** from building to building. To meet this objective the following **waste streams** are excluded:

a) Waste that is not part of the day-to-day operation of the building, including construction and fit-out waste, or any items brought onto **site** as part of employee engagement philanthropic campaigns (e.g. food drives or clothing collections).

b) Grease trap waste.

## 4.5 Waste streams by audit type

Some **waste streams** are excluded from a particular type of audit. Table 4.5 indicates whether the **waste streams** specific to **public hospitals** should be audited for either contamination or density for the rating. Refer to Section 7.3 of *NABERS The Rules — Waste* for **waste streams** that are included in a **Waste Rating for Public Hospitals** but are not specific to **public hospitals**.

**Table 4.5: Audits by waste stream for public hospitals**

| Waste stream | Stream auditable for: | | Reason (if no) |
|---|---|---|---|
| | contamination? | density? | |
| Anatomical waste | No | Yes (whole bins only) | WHS concerns |
| Clinical waste | No | Yes (whole bins only) | WHS concerns |
| Pharmaceutical waste | No | Yes (whole bins only) | WHS concerns |
| Sterilisation wraps | No | Yes (whole bins only) | WHS concerns |
| Sharps | No | Yes (whole bins only) | WHS concerns |

| | | | |
|---|---|---|---|
| Sanitary waste (AHW) | No | Yes (whole bins only) | WHS concerns |
| Chemical waste | No | Yes (whole bins only) | WHS concerns |
| Cytotoxic waste | No | Yes (whole bins only) | WHS concerns |
| Radioactive waste | No | No | WHS concerns |

# 5 Activity metrics

## 5.1 General

Activity metrics are used to normalise the waste performance of the **public hospital**, to ensure a fair comparison between hospitals of differing operational intensity. The activity metrics used in the **NABERS Waste for Public Hospitals** rating are—

a) **occupied bed days (OBDs)**; and

b) **separations**.

The total **OBDs** and **separations** must be counted and reported consistently and accurately, as per Sections 5.2 and 5.3.

## 5.2 Determining the number of occupied bed days (OBDs)

### 5.2.1 General

The **OBDs** are the total number of bed days of all admitted patients accommodated during the **rating period**. **OBDs** are used to adjust for the activity level within a hospital.

**Note:** The **OBDs** associated with aged care beds (ACBs) and multi-purpose health service (MPHS) beds contribute to the total **OBD** count for the hospital for the purpose of a **Waste Rating for Public Hospitals**, but are usually counted separately in hospital records.

### 5.2.2 Counting OBDs

**Assessors** should calculate the total number of **OBDs** for hospitals in the **rating period** based on whether a patient occupies a bed any time between 00:00 h and 23:59 h, as one **OBD**.

The following show examples of **OBD** counts:

a) The day the patient is admitted, count as one **OBD**.

b) If the patient remains in hospital from midnight to 23:59 h, count as one **OBD**.

c) The day a patient goes on leave or is separated, count as one **OBD**.

d) If the patient is admitted and separated or goes on leave on the same date (same-day patients), count as one **OBD**.

e) If the patient returns from leave and goes on leave or is separated on the same date, count as one **OBD**.

f) The day a patient goes on leave or is separated, and another patient is admitted in the same bed, count as two **OBDs**.

As a guide, the **Assessor** should ensure that the **OBD** count per bed does not exceed 365 days (366 days for a leap year). In the event that days do exceed a year, the **Assessor** should further investigate and obtain adequate reasoning and supporting evidence for the same.

Where the **Assessor** is unable to obtain the **OBDs** for a given hospital, the associated **patient days** can be used instead, for the rating assessment.

⚠ This option is considered as not being in compliance with the **Rules** and therefore the **Assessor** must declare this when submitting the rating. The **patient days** are subjected to all the requirements as that of **OBDs** as specified under the **Rules**.

## 5.3 Determining the number of separations

### 5.3.1 General

The **Waste Rating for Public Hospitals** accounts for both formal and statistical **separations** in hospitals. Like **OBDs**, **separations** are used to adjust for the activity level within a hospital.

### 5.3.2 Counting separations

The following show examples of **separation** counts:

a) The event of a patient being discharged from the hospital, count as a **separation**.

b) The event of a patient transferring from one type of treatment to another, count as a **separation**.

c) The event of a patient transferring from one type of care to another, count as a **separation**.

d) The event where an episode of care ceases followed by the patient being discharged by the hospital, count as a **separation**.

e) The event where an episode of care ceases within the one hospital stay, count as a **separation**.

f) The event of a patient going on leave from the hospital, is not counted as a **separation**.

# Appendix A Hospital peer groups

This appendix provides descriptions of the different hospital peer group classifications used in the **Waste Rating for Public Hospitals**. The classifications are based on the 2015 publication *Australian hospital peer groups* by the AIHW, accessible at https://www.aihw.gov.au/reports/hospitals/australian-hospital-peer-groups/summary.

| Group | Description |
|---|---|
| Children's hospitals | Specialise in the treatment and care of children. |
| Mixed subacute and non-acute hospitals | Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the rehabilitation and geriatric evaluation and management hospital peer group. |
| Principal referral hospitals | Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department. |
| Public acute Group A hospitals | Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals but provide a narrower range of services than the principal referral group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units. |
| Public acute Group B hospitals | Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the principal referral and public acute Group A hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units. |
| Public acute Group C hospitals | These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the public acute Group B hospitals. |

| | |
|---|---|
| Public acute Group D hospitals | Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospital groups. Hospitals in this group tend to have a greater proportion of non-acute **separations** compared with other public acute hospitals. |
| Public rehabilitation hospital | Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient. |
| Same day hospitals | Treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised. |
| Very small hospitals | Generally provide less than 200 admitted patient **separations** each year. |
| Women's hospitals | Specialise in treatment and care of women. |

# Appendix B Waste stream reference table

Table B provides the reference table for **waste streams** specific to **public hospitals**. Refer to Appendix E in *NABERS The Rules — Waste* for **waste streams** that are included in a **Waste Rating for Public Hospitals** but are not specific to **public hospitals**.

**Table B: Waste stream reference table for public hospitals**

| Waste stream | NABERS standard density (kg/m$^3$) | NABERS standard contamination rate (%) | Allowed waste measurement methods | Core waste stream |
|---|---|---|---|---|
| Anatomical waste | 158 | N/A | Any | Y |
| Clinical waste | 106 | N/A | Any | Y |
| Pharmaceutical waste | 106 | N/A | Any | Y |
| Sterilisation wraps | Weight only | N/A | Any | Y |
| Sharps | 158 | N/A | Any | Y |
| Sanitary waste (AHW) | 106 | N/A | Any | Y |
| Chemical waste | Weight only | N/A | Any | Y |
| Cytotoxic waste | 158 | N/A | Any | Y |
| Radioactive waste | Weight only | N/A | Any | Y |



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