

NATHALIA DISTRICT HOSPITAL

**ENVIRONMENTAL
MANAGEMENT
PLAN 2015-17**

Environmental Management Plan

Leading our community towards better health



Water Management

Policy

Minimise the amount of water used by this site, and maximise its usage whilst on the site.

Performance Criteria

- Equal or lower total amount of water entering the site
- Equal or greater amount of water reused on the site
- Maintain or improve the water quality whilst on the site
- Decreased use of drinking water for non-potable applications.

Implementation Strategy

Planned Outcome	Action
Decrease water entering site	<ul style="list-style-type: none">• Ensure water saving shower heads• Use water efficient clothes and dish washing machines• Use hand pressure nozzles on all garden hoses• Schedule water of garden areas during the afternoon and evening hours.
Increase water reuse	<ul style="list-style-type: none">• Utilise rain water tanks for garden watering
Improve water quality	<ul style="list-style-type: none">• Monitor the chlorine levels• Decrease use of pesticides and fertilisers used, to decrease the algal bloom off the site.
Non-potable water	<ul style="list-style-type: none">• Utilise irrigation water for gardening/toilet applications when captured rain water is insufficient

Monitoring

Quarterly monitoring of water usage should occur when the water bill is received. Once the bill is received a comparison to the previous year's usage at the same period should be conducted to ensure our water management is on track.

Reporting

A water management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Waste Management

Policy

Maximise use of all material whilst on site, recycle and reuse all that can be and safely dispose of all unused waste.

Performance Criteria

- Year on year, continue to improve overall percentage of waste recycled.
- Steady or declining overall percentage of waste from incoming produce.
- Decreasing waste disposal fees.
- Decreased annual volume of paper used
- Decreased annual wastage of food.

Implementation Strategy

Planned Outcome	Action
Improve percentage of recycled waste	<ul style="list-style-type: none">• Include aluminium cans in recycling• Promote existing recycling efforts• Put more recycling bins around so more people will use them
Declining percentage of waste from produce	<ul style="list-style-type: none">• Promote minimal packaging items be purchased
Decrease waste disposal fees	<ul style="list-style-type: none">• Negotiate better terms for recycled material
Decreased annual volume of paper used	<ul style="list-style-type: none">• Encourage paperless meetings• Change IT based systems to require less print outs.
Decreased annual wastage of food	<ul style="list-style-type: none">• Monitor size of meals plated to reduce waste

Monitoring

Yearly reviews of performance benchmarks will ensure that minimum management input for the maximum overall gain.

Reporting

A waste management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August. This allows revenue and payment reports to be generated from financial year results.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Chemical Management

Policy

Ensure the safe, effective storage and use of chemicals and dispose of used or time expired chemicals in a safe and legal manner.

Performance Criteria

- All chemicals used on site are to have a MSD Sheet that is not older than 5 years.
- No chemical on site shall be more than 21 days after expiry date
- All time expired and used chemicals to be disposed of in accordance with legislative requirements.

Implementation Strategy

Planned Outcome	Action
Current MSDS	<ul style="list-style-type: none">• Monthly audit of MSDS folder, ensuring all sheets are current versions.
Increase water reuse	<ul style="list-style-type: none">• Monthly audit of chemicals, with all time expired and used chemicals disposed of correctly.
Chemical disposal	<ul style="list-style-type: none">• All chemicals to be disposed IAW Hospital requirements.

Monitoring

Monthly audits of chemicals and MSD Sheets will occur to ensure compliance.

Reporting

A chemical management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Spill Management

Policy

To quickly and effectively contain a spill, clean up the spill and minimise contamination.

Performance Criteria

- No spilt liquid shall reach the drainage lines

Implementation Strategy

Planned Outcome	Action
Zero spill in drains	<ul style="list-style-type: none">• Bunding around all POL (petroleum, oil & lubricant) storage areas• Small spill kit kept on site• No liquid greater than 1 litre containers to be stored in non-bunded areas

Monitoring

Monthly audits of chemicals and MSD Sheets will occur to ensure compliance.

Reporting

A chemical management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Noise Emission

Policy

To limit the generation and propagation of unnecessary and disturbing sound.

Performance Criteria

- No noise complaints received from staff or public.
- All work areas to within the legally prescribed limits (80dB for 8hrs)

Implementation Strategy

Planned Outcome	Action
Noise Complaints	<ul style="list-style-type: none">• Maintain diary of calls including time, date, specific complain and weather conditions.• Ensure staff are aware of how to register complaints
Legal work area noise	<ul style="list-style-type: none">• Ensure all staff are aware of noise limits.• Record any areas of concerns staff have over noise.• Ensure those staff that are in noise intensive areas have suitable PPE.

Monitoring

On occurrence and yearly recording and monitoring of noise and noise complaints shall be the monitoring activities required.

Reporting

A noise management report shall be included when required within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Air Pollution

Policy

To limit particulate emissions from the Hospital and allow no toxins into the atmosphere.

Performance Criteria

- Zero toxin emissions into the air.
- Minimise particulate airborne emissions.

Implementation Strategy

Planned Outcome	Action
Zero toxins	<ul style="list-style-type: none">• Ensure waste is disposed of correctly, and not burnt.
Minimal particulates	<ul style="list-style-type: none">• Compliant filters to be placed on all exhaust vents and vacuum vents.

Monitoring

Upon complaint or when in doubt of compliance, testing shall be carried out.

Reporting

An air pollution report shall be included when required within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Animal & Wildlife Management

Policy

To maintain a minimal number of pets, take all reasonable steps to eradicate pests and encourage native wildlife through flora management.

Performance Criteria

- No more than three (3) pets for the nursing home residents.
- No more than 2 incidents per month of pests in the hospital.
- 80% of flora shall be native to encourage native wildlife.

Implementation Strategy

Planned Outcome	Action
Max 3 pets	<ul style="list-style-type: none">• Up to 3 pets kept within the nursing home at a time.• Should pets breed, offspring shall be sold or given away when they are of suitable age.
Max 2 pest incidents per month	<ul style="list-style-type: none">• Should more than 2 incidents of pests be reported per month, a pest management specialist shall be calling in to eradicate the problem.
Encourage native wildlife	<ul style="list-style-type: none">• Native flowering plants shall be used where appropriate to encourage native birds and bees.• Native trees shall be planted to encourage native birds to forage.

Monitoring

Pest monitoring shall occur monthly, pet monitoring shall occur as required and native flora and fauna shall be encouraged but not monitored.

Reporting

A animal and wildlife management report shall be included as required within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.

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Garden & Weed Management

Policy

To promote native flora whilst stopping the spread of certified weeds.

Performance Criteria

- Plant no species on the Department of Primary Industries weed registry.
- Stop the spread of certified weeds.
- Ensure at least 80% of the flora in the gardens and wind breaks are native species.

Implementation Strategy

Planned Outcome	Action
No weeds planted	<ul style="list-style-type: none">• Check all species planted against the DPI's weed registry.• Ensure all new plants are not on the weed registry prior to planting.
Stop weeds spreading	<ul style="list-style-type: none">• Identify weeds spreading into the gardens, lawns and surrounds.• Use authorised techniques to control and eradicate those weeds found.
Native species in the gardens and wind breaks	<ul style="list-style-type: none">• Use native trees and bushes in the wind breaks.• Use native species in mass plantings in the front gardens.• Minimise the use of exotic plants in the rear gardens.

Monitoring

Maintenance staff shall be vigilant whilst mowing, planting and weeding to pick up invasive weeds. Once a year maintenance staff shall conduct a walk around to identify weed species, ensure proliferation of native species and identify any issues that may arise.

Reporting

A garden and weed management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within one (1) months.

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Energy Management

Policy

To minimise the hospital's energy use and the use of non-renewable energy.

Performance Criteria

- Year on year decrease in use of energy.
- Increase percentage per year of renewable energy to overall energy usage.

Implementation Strategy

Planned Outcome	Action
Decrease energy use.	<ul style="list-style-type: none">• Install energy efficient capital equipment and consumables• Minimise use of lighting when not required• Maximise the use of natural light
Increase renewable energy percentage	<ul style="list-style-type: none">• Install renewable energy generation.• Where cost effective use renewable energy from the grid.

Monitoring

Quarterly monitoring will occur as the energy bills arrive. Comparisons between the same period in previous years will show any change as soon as practicable.

Reporting

An energy management report shall be included within the annual environmental management report to be tabled at the Hospital's Board of Management meeting in August.

Corrective Action

Following the compilation of the Environmental Management report, corrective action reports are to be generated for non-complying performance indicators, which must be addressed within three (3) months.