



**HURON PERTH & AREA  
ONTARIO HEALTH TEAM**

**INFECTION PREVENTION AND  
CONTROL POLICY MANUAL**

## **SAFE HANDLING OF WASTE AND LINEN POLICY**

Approved by: HPA OHT IPAC Working Group

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### **Scope:**

The documents in the Huron Perth & Area (HPA OHT) Infection Prevention and Control (IPAC) Policy Manual are intended to be adopted by all HPA OHT member organizations. The policies are designed to create a standard and evidence-based approach to IPAC practice resulting in a consistent healthcare experience while minimizing the risk of healthcare-associated infections. These policies are most effective when used in conjunction with organizational policies that address client/patient/resident, facility, and sector-specific needs

### **Purpose:**

To protect staff and others in the healthcare environment from exposure to infectious pathogens and to prevent transmission of infection through the contact with, and handling of, contaminated waste, linen and other materials.

### **Policy:**

All waste and linen in healthcare settings should be considered potentially contaminated with body fluids and should be handled carefully. Careful handling prevents personal contamination and transfer of infectious materials to others in the healthcare environment.

All organizational waste management policies must be compliant with current legislation and standards.

#### General waste vs Biomedical waste

Waste should be separated in to general waste or biomedical waste at the point of use. All waste should be collected and stored in a plastic bag or rigid container with a lid; people should NOT reach into waste containers.

Waste does not need to be double bagged unless the original bag becomes stretched or damaged, or the outside of the bag is contaminated. Waste containers should be changed frequently to prevent overfilling.

### **General Waste**

General waste is managed the same as household waste. Note that in the healthcare setting there is a possibility that general waste bins could include biomedical waste. Care should be taken when handling general waste.

Note that waste contaminated with blood and other potentially infectious body fluids can still be considered “general waste” unless the item is so saturated that blood/body fluids could be squeezed out of them.

### **Biomedical Waste**

Biomedical waste carries a known risk of exposure to infectious body fluids and must be disposed of into appropriate containers. This type of waste must be treated prior to disposal in landfill sites.

## **Waste and Linen Collection Considerations**

- Is the container appropriate size and material? Is it easily accessible?
  - Able to withstand the weight of the contents, leak proof for wet items, easy to transport through the facility.
  - Keep waste and linen containers close to the point of care.
- Can the container be sealed for transport?
  - A bag should be tied, a bin closed with a lid, sharps containers locked shut for transport.
  - While in use waste and linen containers should have a closed lid where possible to prevent reaching in.
- Is the container overfilled?
  - Overflowing bags and bins are more likely to spill and may become too heavy to lift safely.
- Does the waste contain sharps?
  - Follow the [Sharps Safety Policy](#)
  - When handling waste or linen carefully watch for misplaced sharps.

## **Waste and Linen Transport Considerations**

- How can manual handling of waste and linen be minimized?
  - Use carts to transport these items where feasible
  - Ensure containers are sealed or tied shut and leak proof
  - Clean transport carts regularly □ How to avoid exposing others?
- How to avoid exposing others?
  - Do not transport waste and linen through public areas. If possible clearly define transport routes for waste and linen that avoid busy areas and times of day.
  - Do not transport waste and linen at the same time as patients/clients/residents, food, or clean supplies.
- Can the waste be left at a private home or community setting?

- Only general waste should be left for community members or clients to dispose of in landfill. Any biomedical waste generated at a community setting must be taken away and disposed of appropriately.

### **Healthcare Worker Considerations**

- Are my immunizations up to date?
  - Healthcare workers responsible for collecting and handling linen and waste should be offered Hepatitis B and tetanus vaccine. See [Healthy Workplace Policy](#).
- Am I trained to safely perform this task?
  - All healthcare workers responsible for the collection and handling of waste and linen should complete annual education IPAC education and complete task specific training prior to starting.
- What PPE is required?
  - For collecting general waste, PPE may not be required. Healthcare workers responsible for the collection and transport of biomedical waste should wear gloves. Additional PPE (gown, coveralls or apron, mask or eye protection, and/or protective footwear to protect against sharps) should be added at any time if required based on a point of care risk assessment or facility policy. See [Routine Practices and Additional Precautions Policy](#).
- Where can I clean my hands?
  - Hands should be cleaned before donning any PPE and immediately after collecting, handling, or transporting waste. See [Hand Hygiene Policy](#).

### **Special Considerations for Biomedical Waste**

- Biomedical waste includes several categories such as anatomical, microbiologic, and pharmaceutical waste. Organizations that handle multiple biomedical waste categories will maintain their own policies around storing and disposal and adhere to legislative requirements, including the Transport of Dangerous Goods Act.
- Sharps must always be disposed of into a puncture-resistant, sealable container. See [Sharps Safety Policy](#).

### **Special Considerations for Linen/Laundry**

Serious outbreaks have been associated with contaminated linen, however this is extremely rare when linen is managed according to best practices.

If laundry is done on site, there must be a dedicated space with good ventilation and hand hygiene facilities available.

Laundry machines must be maintained in good working order and healthcare workers should follow the manufacturer instructions for use of the washer and dryer including optimal temperature and recommended detergents.

Food and drink should not be consumed in the laundry area.

If soiled linen will not be washed immediately, any soiled linen storage must be kept separate from other areas.

In addition to this policy, healthcare settings that routinely manage their own laundry should post detailed procedures consistent with laundry regulations. Anyone responsible for laundry or maintenance of laundry machines must be provided with appropriate training.

#### **Handling Soiled Linen**

- Soiled linen should be handled as little as possible. Do not shake or agitate
- Complete a point of care risk assessment to determine what PPE if any is required prior to handling linen. See [Routine Practices and Additional Precautions Policy](#). Gloves will usually be required, consider adding gown, mask, eye protection.
  - Change PPE when it becomes wet or soiled. Remove PPE and clean hands when leaving the soiled linen area.
- Special handling of linen is generally NOT required for patients on Additional Precautions (ex. droplet or contact precautions). Routine Practices are sufficient.
- Place the items immediately into a bag, wrap wet linen in towels if dripping
- Remove gross soil (feces) into toilet prior to laundering items
- Do not sort laundry in care areas
- Hold the bag away from the body
- Clothing should be washed separately from other items such as mop heads and cleaning cloths. Laundry bags should be washed after each use, with the laundry contained in it.

#### **Handling Clean Linen**

- Clean linen should be kept separate from soiled linen and should be protected from contamination from the environment.

#### **Definitions:**

**Biomedical Waste:** Contaminated, infectious waste from a clinical office setting that requires treatment prior to disposal in landfill sites or sanitary sewer systems. Biomedical waste includes human anatomical waste; human and animal cultures or specimens (excluding urine and feces); human liquid blood and blood products; items contaminated with blood or blood products that would release liquid or semi-liquid blood if compressed; body fluids visibly contaminated with blood; body fluids removed in the course of surgery, treatment or for diagnosis (excluding urine and feces); sharps; and broken glass which has come into contact with blood or body fluid.

**General Waste:** Regular garbage requiring no special disposal - waste from washrooms, kitchens, public areas, and clinical waste including dressings, sponges, diapers, PPE, catheters, empty specimen containers, and perineal pads.

**Healthcare Setting:** Any location where health care is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, longterm care homes, mental health facilities, outpatient clinics, community health centers and clinics, physician offices, dental offices, offices of other health professionals and home health care.

**Healthcare Worker:** Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students and home health care workers. In some non-acute settings, volunteers might provide care and would be included as health care providers.

**Personal Protective Equipment (PPE):** Any device worn by a worker to protect against hazards. For healthcare workers PPE is most commonly worn to protect against infectious organisms. Examples of PPE include gloves, gowns, masks, face shields or goggles, and respirators.

**Point-of-Care:** The place where three elements occur together: the client/patient/resident, the health care provider and care or treatment involving client/patient/resident contact. Point-of-care products should be accessible to the health care provider without the provider leaving the zone of care, so they can be used at the required moment.

**Potentially Infectious Body Fluids:** Blood, body fluids containing visible blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and breast milk, as well as other potentially infectious materials.

**Sharps:** Objects capable of causing punctures or cuts (e.g., needles, syringes, blades, clinical glass)

#### References:

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