**On-Site Handling and Transport of Infectious Waste for Housekeeping Staff ‒ SOP**

**Document Number: 503**

*The purpose of this SOP is to standardize the specific procedures to be used for the facility. This document should be customized to meet your facility’s needs.*

1. **Purpose**

The purpose of this SOP is to outline the procedures for the safe and efficient handling and on-site transportation of infectious waste by housekeeping staff and on-site waste handlers.

1. **Scope**

This SOP addresses safe methods for handling and transporting infectious wastes from the point of generation to the waste treatment or disposal area, or to a storage area for transportation off site. Specific routes must be planned throughout the facility to minimize the passage of loaded carts through patient care and other clean areas. Timing of waste collection should fit with the health care facility schedules and avoid busy times as much as possible. Wastes should be moved through the facility in a way that prevents unnecessary exposure to staff and the general public.

1. **Definitions**

For definitions, refer to Doc 502: On-Site Handling of Health Care Waste – Guidance.

1. **Responsibilities**
	1. **All staff** have a duty to ensure that waste is correctly segregated, bagged, sealed and labeled with the location of where it was generated and that it is safe to be handled.
	2. **Ward/departmental managers and supervisors** are responsible for ensuring that staff:
		1. Are aware of the waste policy
		2. Are competent in the appropriate segregation and transportation of waste (for more information, refer to Doc 502: On-Site Handling of Health Care Waste – Guidance )
		3. Receive necessary training at induction and periodic intervals
		4. Have access to appropriate personal protective equipment for the safe handling of hazardous and infectious waste
		5. Are vaccinated (vaccination should include hepatitis A/B, polio and tetanus) and have access to post exposure prophylaxis
		6. Keep all bins in their areas are kept clean; ward staff are responsible for cleaning the bins and replacing the bags in them
	3. **Supervisors of waste handlers and housekeeping staff** must:
		1. Ensure waste handlers/housekeeping staff are equipped and wear appropriate PPE
		2. Ensure that daily tasks are carried out correctly
		3. Notify the waste manager/waste management committee are informed of any problems that cannot be solved by the staff themselves
	4. **Waste handlers/housekeeping staff** must:
		1. Obtain necessary training
		2. Wear all required PPE, including apron, gloves, boots or closed shoes, face mask and eye protection.
		3. Follow the procedures in this document
		4. Complete any necessary records in a timely fashion
		5. Report any problems to the relevant section manager
2. **Materials and Equipment**
* Personal protective equipment (PPE):
* Face protection (i.e., goggles, masks, face shield)
* Closed toe non-slip shoes or boots
* Overalls (protective aprons)
* Gloves (resistant to punctures and able to prevent transfer of blood-borne pathogens)
* Biohazard bags, bins, and sharps container
* Impermeable, nonleaking covered trolleys/carts. The trolleys/carts should:
* Not be used for any other waste
* Have separate bins for sharps waste and nonsharps infectious waste
* Be labeled with the warning label bearing the international biohazard symbol with the words “infectious waste”
* Have no sharp edges that could damage waste bags or containers
1. **Hazards and Safety Concerns**
	1. Any waste that has potentially come in contact with a patient or bodily fluids should be assumed to be infectious and handled with proper PPE and procedures.
	2. Health care wastes in some circumstances are incinerated and dioxins and other toxic air pollutants may be produced as emissions.
	3. Sharps are items that could cause cuts or puncture wounds, including needles, scalpel and other blades, knives, infusion sets, saws, broken glass and nails. Due to their high potential for injuries and contamination, needles are one of the most dangerous items that are handled in any health care facility.
	4. Disinfectants are toxic and undue exposure may result in respiratory distress, skin rashes or conjunctivitis. However, used normally and according to the manufacturers’ instructions, and national chemical safety regulations, they are safe and effective.
	5. Moving machinery poses a risk to the operator and anyone near the machine if the guarding is inadequate or personnel take risks by trying to prevent jams or cleaning while the machinery is in operation. This must be listed as a serious disciplinary offence and at no time must the practice be condoned. Moving parts must be isolated electrically and physically to ensure they cannot be started while being repaired or cleaned. Operational and maintenance personnel must not wear any loose clothing, jewelry or have long hair that can get caught in moving parts.
2. **Procedures**
	1. Start-up
		1. Don PPE before starting work.
		2. Check that the trolley is clean and fully functional. Clean if necessary and fix any problems or notify those responsible for repair.
		3. Check that the trolley is loaded with sufficient supplies (bags, spill cleanup materials, etc.).
		4. Keep the lids of the infectious waste bins on the trolley closed unless loading waste.
		5. On arrival at the ward, check the infectious waste bins to make sure that the waste has been segregated properly and that the bins are clean.
		6. Ensure that waste generators have prepared waste for transport by packaging it appropriately to prevent crushing during transportation.
		7. Ensure that waste is properly packaged within the reusable waste transportation containers.
		8. Notify the ward/department in-charge of any problems and note in the ward log book.
	2. Scheduling and Routing
		1. Follow agreed upon routes and schedules.
	3. Waste handling and movement
		1. Infectious waste should never be transported by hand due to the risk of spills and accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container.
		2. Use the impermeable nonleaking covered trolley/cart for in-house transport of infectious material.
		3. Keep bags of waste in rigid impermeable containers with lids at all times, whether transporting in house or storing before moving off site. The trolley/cart should be cleaned and disinfected at the end of each day or the end of the working shift.
	4. Incident management
		1. Clean up any spills immediately and according to established best practice (refer to Doc 304: Biological Spill Clean Up ‒ SOP).
		2. Notify the waste management supervisor or other responsible person of any spills, accidents, injuries, equipment failures or other problems encountered.
3. **Reporting and Recordkeeping**
	1. Complete any record keeping and/or reporting that is required (daily).
	2. Housekeeping/transport staff must ensure that the amount and type of waste being collected is recorded and that it is received by the facility responsible for treating or disposing of it.
	3. Housekeeping/transport staff should collate and report data to the waste safety management committee/senior management at least monthly.
	4. The laboratory or ward supervisor and the safety officer should be informed of any incidents. An Incident Reporting Form should be completed and the incident added to the Incident Log. The supervisor and safety officer should append their signatures and dates on the Incident Reporting Form.
4. **References**

None

1. **Related Documents**

Doc 502: On-site Handling of Health care Waste ‒ Guidance

Doc 304: Biological Spill Clean-up ‒ SOP

Doc 309: Incident Log

1. **Attachments**

None