

N°4 Safe Work Procedure - High Protective Precautions Unit (HPPU) HSC - JK3

<p>Name of Task: Handling of Soiled Linen and Waste Removal Related to Ebola Virus Disease Picking up potential EVD contaminated waste (including linen and sharps containers)</p> <p>This document is based on the Infection Prevention & Control Management (IP&C) of Level IV Pathogens Operational Directive in conjunction with WRHA Occupational and Environment Safety & Health (OESH)</p>	
<p>Position/Job: Designated Health Care Workers - (Patient rooms and anteroom) Working in areas with patients under investigation, as well as probable and confirmed cases of EVD.</p>	
<p>Equipment and/or Tools required: Red UN pail, red biomedical waste bags, Accelerated Hydrogen Peroxide (AHP) wipes, Accelerated Hydrogen Peroxide (AHP) RTU Solution, Basins (2 in anteroom and 1 in patient room), Vocera as required, Mayo stands, table or counter to support basins with solutions, 2x walk-off mat for disinfectant, Organic liquid solidifier, height adjustable table on wheels and zip ties. 2x Barrel dolly, 2x Soaked AHP pads under dolly, 3x Soaked AHP pads under Blue UN barrel in patient room, bottle of liquid AHP.</p>	<p>Personal Protective Equipment Required: Disposable scrubs, fluid-resistant coveralls with attached hood, impermeable gown(s), long Nitrile gloves with secure cuff (1 Blue and 1 Green), dedicated shoes, fluid-resistant shoe/leg covers, N95 respirator, Procedure/Surgical mask for HCW in Anteroom, full face shield, overshoes (single use) if slipping hazard is anticipated, bib attachment on full face shield (ONLY if deemed necessary by the monitor), White hood (ONLY if deemed necessary by the monitor). Note: Housekeeping will also have Marigold gloves.</p>
<p>Potential Hazards: Potential Blood/Body Fluid Exposure from contaminated EVD waste. Potential for awkward posture and/or reaching, forceful lifting/moving of objects. Signs and symptoms of a musculoskeletal injury (MSI) can include pain, burning, swelling, stiffness, numbness/tingling, and/or loss of movement or strength in a body part. Report these to your supervisor.</p>	
<p>Training and Proficiency: All staff must be trained in this safe work procedure prior to assignment of working in areas with patients under investigation, as well as probable and confirmed cases of EVD. Supervisors must ensure that workers are trained and follow this safe work procedure including but not limited to these four categories.</p> <p> <input type="checkbox"/> Routine Practices <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Read Procedure and Sign <input type="checkbox"/> Demonstrated Competency </p>	
<p>Steps to be taken to complete task safely:</p>	
1	<p>Removal of EVD Waste :</p> <ul style="list-style-type: none"> • If the Primary HCW is not already in the patient room, than start here: • Monitor signals Primary Health Care Worker (HCW) to enter the anteroom, wait for door to close. • Monitor signals Primary HCW to enter patient room. • Note: If Primary is already in the patient room, start here. • Proceed to the area where the red biomedical bags and the yellow sharps container are located. • Ensure that there is 3 AHP RTU soaked pads is under the Blue UN drum in the patient's room. • Ensure that the double bagged red biomedical bags in the Blue UN drum are empty or nearly empty prior to placing linen or sharps container into it.
2	<ul style="list-style-type: none"> • Check the yellow sharps container to see if the contents are approximately 2/3 full. If so, seal the container. • Ensure that the yellow sharps container is closed and sealed. • Remove the lid of the Blue UN Drum and place it in the designate area. • Place it gently into the red biomedical bags in the Blue UN drum

- Carefully add a full container of organic liquid solidifier so as not to aerosolize.
- Remove the level lock ring and remain aware of the pinch points and place it in the designated area.
- Twist the end of the first red biomedical bag tight, then goose-neck it and seal it with a zip tie.
- Immerse gloved hands into basin and carefully rub together in AHP RTU solution; no splashing.
- Twist the end of the second red biomedical bag tight, then goose-neck it and seal it with a zip tie.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Take a new red biomedical bag and place it gently into the Blue UN drum and line the edges with it.
- Take a second red biomedical bag and place it into the first bag so that the Blue UN drum is double bagged.
- Place the level lock ring over the rim and secure the red biomedical bags to the Blue UN drum.
- Place the lid back onto the Blue UN drum to cover it.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the door knob with an AHP wipe if leaving the room, removing waste or requiring supplies, etc.
- Allow 1 minute contact time.
- Wait for the monitor to signal the Primary HCW to open the patient room door to the “holds open” position.

If the sharps container is not close to 2/3 full, skip to the Red UN Pail directions below.

3 Removal of Linen as EVD Waste.

- Proceeds to the area where the red biomedical bags and yellow sharps container are located.
- Ensure to handle linen with a minimum of agitation to avoid contamination of air, surfaces, and persons.
 - Go to the patient bed and slowly and carefully remove the linen from the patient and the bed to minimize agitation and air currents.
- Roll or fold heavily soiled linen to contain the heaviest soil in the center of the bundle moving linen away from body.
 - **Note:** *Change patient bed linen regularly, when soiled, upon discontinuation of precautions, and following patient discharge.*
 - **Note:** *Never carry soiled linen or soiled linen bags against the body.*
- Carry soiled linen to the Blue UN drum and place the linen into the first red biomedical bag.
 - Do not fill more than approximately 2/3 full.
 - **Note:** *Do not compress bag.*
- Carefully add a full container of organic liquid solidifier into the red biomedical bag so as not to aerosolize.
Note: Do not compress bag.
- Twist the end of the first red biomedical bag tight, then goose-neck it and seal it with a zip tie.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Twist the end of the second red biomedical bag tight, then goose-neck it and seal it with a zip tie.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.

- Take a new red biomedical bag and place it gently into the Blue UN drum and line the edges with it.
- Take a second red biomedical bag and place it into the first bag so that the Blue UN drum is double bagged.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the door knob with an AHP wipe.
- Allow 1 minute contact time.
- Wait for the monitor to signal the Primary HCW to open the patient room door to the “holds open” position.

4 Preparing the Blue UN drum for removal from the patient’s room.

- Pour liquid AHP on top and all around the biomedical waste bags in the Blue UN drum.
- Carefully place the lid on the Blue UN drum and secure it in place by locking it in place with the lever lock ring.
- Open the red waste receptacle and ensure that the red biomedical bag(s) are no more that approximately 2/3 full.
- Wipe down the top and sides of the Blue UN Drum with AHP wipes. Place used wipes into the red waste receptacle.
- Move the dolly and place the nose prongs at the base of the Blue UN drum.
- Push the top of the dolly towards the Blue UN drum and lower the adjustable hook to secure the rim of the drum.
- As you pull down on the handles to tilt the dolly, also step on the axle bar by the back wheels for greater leverage.
- Tilt the dolly down all the way until it is supported by all four wheels.
- Remove the soaked AHP pad that was under the dolly and place it into the red waste receptacle.
- Using AHP wipes, wipe down the bottom of the Blue UN drum and discard used wipes into the red waste receptacle.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the door knob with an AHP wipe.
- Allow 1 minute contact time.
- Wait for the monitor to signal the Primary HCW to open the patient room door to the “holds open” position.

5 Removing the Blue UN drum from the patient's room.

- When the monitor gives the signal, carefully maneuver the dolly into the anteroom and place in onto the AHP soaked walk-off mat closest to the hallway.
- Tilt the dolly up and forward and unlatch the adjustable hook that was holding onto the rim of the Blue UN drum.
- Remove dolly from the anteroom and place off to the side in the patient's room.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Enter Anteroom and wipe down the sides, top and front side of the drum (that was touching the dolly) with AHP wipes and discard the used wipes into the Blue UN drum used for waste in the anteroom.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Enter the patient's room and close the door to the anteroom, using the patient room handle only.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Use AHP wipes to disinfect the dolly and place the used wipes into the red waste receptacle.
- Place three new pads on the floor where the new Blue UN drum will be placed and pour AHP RTU on it until the pad is soaked.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wait for monitors signal to open the patient's door to the "holds open" position.

6 Assistant HCW

- Monitor signals Assistant Health Care Worker (HCW) to enter the anteroom and wait for the door to close.
- Wipe down the back side of the drum that closest to the dolly with AHP wipes and discard the used wipes into the Blue UN drum used for waste in the anteroom.
- Step to the side by the Blue UN drum that is used for discarding PPE and waste.
- Monitor will open and hold the door from the hallway while a second HCW will move and position the dolly from the storage area and place the nose prongs at the base of the Blue UN drum.
- The second HCW with the dolly will tilt the dolly up and forward and lower the adjustable hook to secure the rim of the drum.
- As you pull down on the handles to tilt the dolly, also step on the axel bar on the back wheels for greater leverage.
- Tilt the dolly down all the way until it is supported by all four wheels.
- Back the dolly into the hallway away from the door so that the monitor can close it.
- Take the dolly to the designated storage area and gently place it down.
- Tilt the dolly up and forward and unlatch the adjustable hook that was holding onto the rim of the Blue UN drum.
- Go to a new, empty Blue UN drum and move the dolly and place the nose prongs at the base of the Blue UN drum.
- Push the top of the dolly towards the Blue UN drum and lower the adjustable hook to secure the rim of the drum.
- As you pull down on the handles to tilt the dolly, also step on the axel bar on the back wheels for greater leverage.
- Tilt the dolly down all the way until it is supported by all four wheels and take the dolly to the anteroom.

- Monitor opens and holds the door from the hallway and HCW places the new empty Blue UN drum onto the AHP RTU soaked walk-off mat into the anteroom.
- Tilt the dolly up and forward and unlatch the adjustable hook that was holding onto the rim of the Blue UN drum and move the dolly back and away from the drum.
- As you pull down on the handles to tilt the dolly, also step on the axel bar on the back wheels for greater leverage.
- Tilt the dolly down all the way until it is supported by all four wheels and back into the hallway so that the Monitor can close the door.
- Monitor lets the hallway door close.
- Return the dolly to the designated storage room and wipe it down with AHP wipes to disinfect it.
- Place used wipes in red biomedical bag and return to anteroom for doffing and disposing of red biomedical waste back into Blue UN drum.

7 Primary HCW

- When the monitor gives the signal, open the patient room door to the “holds open” position.
- Take the dolly from the patient’s room and maneuver the dolly to place the nose prongs at the base of the Blue UN drum in the anteroom.
- Push the top of the dolly towards the new empty Blue UN drum and lower the adjustable hook to secure the rim of the drum.
- As you pull down on the handles to tilt the dolly, also step on the axel bar on the back wheels for greater leverage.
- Tilt the dolly down all the way until it is supported by all four wheels.
- Maneuver the dolly back into the patient’s room and place the Blue UN drum onto the new AHP soaked pads.
- Tilt the dolly up and forward and unlatch the adjustable hook that was holding onto the rim of the Blue UN drum.
- Place the dolly back off to the side in the patient’s room where it is stored.
- Immerse gloved hands into basin and carefully rub all surfaces of gloves with AHP RTU Solution; no splashing.
- Take a new red biomedical bag and place it gently into the Blue UN drum and line the edges with it.
- Take a second red biomedical bag and place it into the first bag so that the Blue UN drum is double bagged.
- Place the level lock ring over the rim and secure the red biomedical bags to the Blue UN drum.
- Place the lid back onto the Blue UN drum to cover it.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the dolly with AHP wipes and dispose of the used wipes into the red waste receptacle.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the door knob with an AHP wipe if leaving the room, removing waste or requiring supplies, etc.
- Allow 1 minute contact time.

- Close the door to the anteroom, using the patient room handle only.
- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wait for further instructions from the monitor.

8 Assistant HCW

These steps are only required if supplies are needed

- The HCW from anteroom will pass the following equipment as required to Primary HCW in the patient room:
 - Red UN Pail,
 - Red Biomedical Waste Bag
 - Yellow Sharps Container
 - Other required supplies or equipment
- Immerse gloved hands into basin and carefully rub all surfaces of gloves with AHP RTU Solution; no splashing.

9 Primary HCW – (This step is only required if supplies are need)

- Immerse gloved hands into basin and carefully rub together in AHP RTU Solution; no splashing.
- Wipe down the door knob with an AHP wipe.
- Allow 1 minute drying time.
- Monitor will direct the Primary HCW to open door between the patient room and the anteroom to the “hold open position”.
- Primary HCW will receive required supply(s) from the Assistant HCW and will place new supplies in their designated area.
 - Red UN Pail,
 - Red Biomedical Waste Bag(s)
 - Yellow Sharps Container
 - Other required supplies or equipment
- Monitor directs the Primary HCW to close the door by pushing on the door handle only.
- Immerse gloved hands into basin and carefully rub all surfaces of gloves with AHP RTU Solution; no splashing.
- Wait for further instructions from the monitor.

Note: If the HCW is to aide multiple individuals (i.e., one after another and only one at a time), new PPE is required between each person being assisted.

Responsibilities

Managers/Supervisors: Ensure all duties are performed in accordance to training, established health and safety and IP&C regulations/guidelines, policies and procedures (e.g. following safe work procedures)

Staff performing task: Perform task in accordance to training, established health and safety and IP&C

regulations/guidelines, policies and procedures (e.g. following safe work procedures). Notify Manager or designates (i.e. supervisors) of all occurrences, injuries illnesses or safety and health concerns which are likely to harm themselves, co-workers, or any others who enter the premises.

Note: this task will be monitored periodically to ensure compliance and safety

Completion and Review

This safe work procedure will be reviewed any time the task, equipment or materials change and at a minimum of every three years from the last revision date

<p>Created/Completed Date: Infection Prevention & Control Management of Ebola Virus Disease Operational Directive</p>	<p>Created/Completed By: IP&C , WRHA OESH, HSC Housekeeping Services,</p>	<p>References: Infection Prevention & Control Management (IP&C) of Ebola Virus Disease Operational Directive – Oct. 23, 2014</p>
<p>Last Revision Date:</p>	<p>Last Revision By:</p>	<p>Health and Safety Committee Consultation</p>