

IPAC RECOMMENDATIONS for WASTE MANAGEMENT

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A **PRINTED** copy of this manual may not be the most recent version.

Purpose

To prevent the spread of infection, reduce the risk associated with waste disposal and ensure the safety of the patients, public, and health care providers regarding waste disposal processes.

To outline the proper handling, containment, transport, and disposal of waste.

Definitions

Anatomical Waste – Placentas, human tissues, organs, and body parts; does not include teeth, hair, and nails.

Biomedical waste – Waste that is generated by human or animal health care facilities, medical or veterinary settings, health care teaching establishments, laboratories, and facilities involved in the production of vaccines.

Cytotoxic waste - Any item that comes in contact with hazardous materials that have a toxic effect upon cells (i.e. chemotherapy drugs).

Drainable devices – Any device that can have its liquid contents evacuated or drained out.

Fluid Waste – Human fluid blood and blood products, items saturated or dripping with blood, body fluids contaminated with blood and body fluids removed for diagnosis during surgery, treatment, or autopsy; does not include urine or feces.

General Waste – Includes items such as dressings, sponges, diapers, incontinent pads, PPE, disposable drapes, dialysis tubing and filters, empty IV bags and tubing, catheters, empty specimen containers, disposable lab coats and aprons and pads that will not release liquid or semi-liquid blood if compressed.

- Includes waste from Contact, Droplet and Airborne precautions rooms.
- Includes waste from offices, kitchens, washrooms, and public areas.

Infectious Waste – Any portion of biomedical waste capable of producing infectious disease.

Microbiology Laboratory Waste – Laboratory cultures, stocks, or specimens of microorganisms, live or attenuated vaccines, human or animal cell cultures used in research including laboratory material that has come in contact with any of these.

Non drainable and/or Single Use devices - Any device that is not able to have its liquid contents drained out or are meant to be used once and then the device discarded.

Personal Protective Equipment (PPE) - Barriers used by health care providers to protect mucous membranes, airways, skin, and clothing from exposure to blood and body fluids. Can include gloves, mask, eye protection or gown, as needed.

Sharps - Items capable of **cutting** or **puncturing** the skin **and** that have come in contact with **blood, body fluids** or **microorganisms** – items include all needles and devices containing needles or spikes, broken medical glassware, contaminated scalpel blades, scissors, razors, lancets.

Best Practice

- Written procedures for the management of biomedical waste from healthcare settings should be developed based on provincial and municipal regulations and legislations.
- All health care providers handling waste or garbage will wear personal protective equipment including protective gloves:
 - [Non-sterile exam glove selection guide](#)
 - Do a [Point of Care Risk Assessment](#) (PCRA).
- Waste should be segregated according to the categories listed in the table below. Waste from several different categories should not be mixed in one bag.
 - **Note:** Placing regular waste that does not require special disposal will result in increased cost and may incur penalties from collection agencies.
- In order to allow for proper treatment of disposal of waste and optimize waste diversion, waste shall be segregated at the point of generation into the following categories.
 - Plastic waste holding bags are colour coded and sturdy enough to resist puncture under conditions of use and to the point of disposal. Use the Soiled Utility Room to gather together disposable biomedical waste.
 - Anatomical, biomedical, and cytotoxic containers must be sealed by health care providers on the unit prior to removal. They must be placed beside garbage or recycling and never left unattended in a public area or hallway.

Safe Handling of Sharps

- Use safety engineered medical devices such as needleless devices.
- **NEVER** re-cap a used needle.
- **NEVER** reach into waste or sharps containers.
- Provision of rigid, puncture-resistant sharps containers at or near the point-of-use to permit safe one-handed disposal required.
- Handle laundry with care.
- Educate health care providers about the risks associated with sharps, including safe disposal of sharps in puncture-resistant containers if found in the environment (e.g. sharps in laundry, waste, bedside or floor).
- Replace sharps containers when $\frac{3}{4}$ full.

Transportation of Waste

All waste should be transported within the health care setting incorporating the following procedures:

- There are clearly defined transport routes for waste.
- Manual handling of waste is minimized.
- Waste transport routes avoid crossing through clean zones, public areas, or client/patient/resident care units.
- A dedicated elevator is assigned for the transport of waste. If a dedicated elevator is not available, waste should not be transported at the same time as clients/patients/residents, food serving carts or clean/sterile instruments/supplies/linen.
- Waste is placed in leak-proof garbage bags and transported in leak-proof carts which are cleaned on a regular basis.

Blood and Body Fluid Spills

- Wear appropriate personal protective equipment to clean up spills, e.g. gloves, gown, safety goggles, and face shield if there is a danger of splashing.
- Face-shield only be to worn over safety goggles or glasses (see [OHSR 8.17](#)) and [WorkSafe BC Eye and face protection](#).
- Ensure hands and mucous membranes are protected. Utilize shoe covers and gown if uniform or shoes may be soiled during cleaning activities. Section 6.8, [Biological Exposure Control Plan](#).
- Clean the area - gross soil must be removed prior to cleaning and disinfecting.
- Use paper towels for small spills, mop for large spills.
- Used paper towels should be placed in biohazardous waste container.
- Mop heads should be placed in laundry bags.
- Disinfect area with approved hospital disinfectant.
- Cleaning equipment/reusable gloves are to be cleaned and disinfected or discarded appropriately.
- Hand hygiene must be performed when task completed.
- See also [Implementing a Hazardous Substance Spill Response Plan](#).

Waste Type	Colour	Storage/Disposal
Anatomical Waste – Placentas, human tissue, organs, and body parts	Red	Commercial Biomedical Waste Incinerated
Microbiology Laboratory waste – autoclaved waste	White Bucket	Landfill
Fluid waste – pleurevacs, hemovacs, blood bags, suction liners/containers with visible blood, etc.	Yellow	Commercial biomedical Waste Disposal * Contents of drainable devices can be emptied into the sewer
Sharps- needles, sutures, lancets, blades, trocars, contaminated scissors, razors, or clinical glass	Yellow commercial sharps container	Commercial Biomedical Waste Disposal
General Waste – disposable suction containers with no visible blood , dressings, sponges, diapers, incontinent pads, PPE, disposable drapes, dialysis tubing and filters, empty IV bags and tubing, catheters, empty specimen containers, disposable lab coats and aprons, and pads that will not release liquid or semi-liquid blood if compressed, etc.	Black bag**	Landfill – regular garbage disposal

** FOLLOW LOCAL LANDFILL REGULATION

Other Resources

[Waste Segregation](#)

References

1. Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario, *Best Practices for Environmental Cleaning for Prevention and Control of Infections In All Health Care Settings – 3rd edition.*; April 2018 <https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en> Retrieved October 23, 2024
2. Public Health Agency of Canada (PHAC), Ontario, *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*; September 2017 <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html> Retrieved October 23, 2024
3. Provincial Infection Control Network of British Columbia (PICNet), British Columbia, *British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings and Programs*; May 2016 [British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf \(picnet.ca\)](https://www.picnet.ca/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf) Retrieved October 23, 2024

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	January 2025		<p>New Format Stand alone document pulled out of Routine Practices Document</p> <p>Addition of new terms to glossary 3rd Party Licensed Repressor Chemical Waste Confidential Waste Pharmaceutical Waste Recyclable Material</p> <p>Updated Waste type, colour and disposal/storage chart</p> <p>Added CSA Z317.10 21 Reference</p>
	January 2026	Transportation of Waste	Added clarification that waste is placed into leak-proof bags