

Trash and Laundry Procedures for Residents in Transmission-Based Precautions (TBP)



Infection prevention and containment are important, not only in resident rooms, but with their trash and laundry as well. Here are some best practice reminders to keep residents and staff safe and to protect halls from contamination.

Trash

- Disposable personal protective equipment (PPE) in all TBP can be disposed of in a regular trash bag and discarded per the facility's procedures for routine waste removal.
- Bagging into red biohazard is only needed if the item is saturated with fresh blood or body fluid that may leak onto environmental surfaces or staff clothing.
- Trash cans for TBP rooms should remain inside the resident's room and near the exit for discarding PPE after removal and prior to exiting the room.
- Trash from TBP rooms should never be placed on environmental services (EVS) carts.
- Regardless of clinical or environmental staff, when transporting trash from TBP room, PPE should be removed (doffed) and hand hygiene performed before leaving the room.
- If collecting trash from multiple TBP rooms, a covered, leak-proof container should be used and then cleaned prior to coming back into clean areas.
- Trash removal should be on an established schedule and placed in a dumpster or other designated trash receptacle.

The Infection Preventionist (IP) should monitor that the steps below are followed:

- Facility trash containers should be lined. EVS staff must lift the liner rather than reaching into containers.
- Trash bags should be removed when three-quarters full and tied (or otherwise secured).
- Trash bags should not be left on the floor, but instead must be removed in an approved holding bin or dumpster.
- Medical waste, especially biohazard containers containing sharps, cannot be mixed with regular trash and must be properly locked, labeled, and stored.



Routine infection prevention and control (IPC) rounds should include ongoing inspection of timely trash removal from resident rooms and all other areas of the LTC facility.

Laundry and Linen

Facilities should have policies to monitor and log proper water temperatures, dryer temperatures, and the use of proper amounts of laundry detergents, per manufacturer guidelines.

If a facility has laundry facilities that are shared by multiple residents, then laundry area should be considered a high-touch surface area and should be cleaned daily.

Best practices for linen (and laundry) handling

- Always wear gloves before handling soiled linen.
- Wear gowns and face protection (e.g., face shield, goggles) if there is a risk of splashing, when laundering soiled linen.
- Do not carry soiled linen against the body.
- Do not shake linen to avoid aerosolization of contaminated laundry.
- Place soiled linen into a clearly labeled, leak-proof container.
- Clean and disinfect the designated container after each use.
- Do not place food or beverages in laundry area to prevent contamination from handling of linen.



Best practices for personal protective equipment (PPE) for laundry staff

- All soiled linen should be handled as if contaminated and don additional PPE when appropriate.
- Ensure availability of PPE, Alcohol Based Hand Rub (ABHR), and appropriate EPA approved disinfectant is available in laundry areas. Ensure hand hygiene is performed before donning and after doffing of PPE.
- Continue education to laundering staff on wearing proper PPE, hand hygiene, and proper cleaning of area in between uses, to avoid cross contamination.

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References:

1. Infection Prevention Guide to Long Term Care 2nd Edition (2019).
2. <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
3. <https://www.cdc.gov/hai/prevent/resource-limited/laundry.html>



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