

Guideline for Sluice rooms (Dirty Utility Rooms) in Aged Residential Care Facilities

Purpose

To ensure staff maintain optimal Infection Prevention and Control principles when handling blood, body fluids or human excreta. This will assist to maintain resident and staff safety.

Aged Residential Care facilities should aim for best practise in sluice rooms and have suitable facilities to safely clean and disinfect items used in the disposal of human excreta or blood and body fluids. This is best achieved by the following options:

- Having a one-step automated flusher/sanitiser
- or a sluice sink for disposal of waste followed by an automated sanitiser.
- Or by purchasing a macerator which chops up and flushes the paper mache disposal products. Be aware that a macerator requires a lot of storage space for the large boxes of consumables as well as the plastic holders which also need cleaning/disinfection

Until these standards can be achieved the next best practise is:

Guideline

- Ensure Standard Precautions are practised at all times.
- Dispose of waste safely into a sluice sink or toilet by wearing a disposable apron, gloves and face protection (goggles or face shield)
- In a designated cleaning sink, clean the item thoroughly using an approved detergent.
- After cleaning with detergent, apply an approved disinfectant using manufacturer's instructions for dilution, contact time and rinsing
- Dry the item before storage
- Ensure diluted disinfectants are stored in a correctly labelled bottle, made up freshly every 24 hours and record this.
- Clean down the sluice room bench with detergent then disinfectant after use
- Have a process for cleaning/disinfecting utensils used in this process eg brushes

Good hand hygiene is an effective way to prevent the transmission of microorganisms and multi-resistant organisms. Hands can transmit organisms to other residents, to the environment and to the staff member. Apply the 5 Moments for Hand hygiene



Your 5 Moments of Hand Hygiene Poster

Ensure hand hygiene occurs;

- Before and after resident cares
- Before and after resident procedures e.g. blood glucose monitoring, medication preparation, emptying a urinary catheter
- After handling/disposal (or any risk of exposure to) blood, body fluids, excreta
- Before and after glove use
- After touching the patient environment e.g. tables, lockers, bed linen, call bell

References

- HDSS, NZS 8134.3.2008 Infection Prevention & Control
- World Health Organisation - [WHO | Hand hygiene in outpatient care, home-based care and long-term care facilities](#)

Guideline for disposal of Hazardous waste in Aged Residential Care Facilities

Purpose

To ensure compliance with local regional authorities, the Health & Disability Sector Standard NZS 8134.3.2008 and the Standard NZS Management of Health care waste 4302:2002, hazardous waste must be managed appropriately in Aged Residential Care facilities.

There has been a tradition in some facilities in the ARC sector of not employing a hazardous waste stream as required, and instead placing all waste into the general domestic waste stream. This is inappropriate as almost all ARC facilities will from time to time generate hazardous waste, and most definitely will if there is an outbreak of infectious disease or a resident in isolation.

Guideline:

- Standard 4304:2002 states that the generator of the waste (ARC facility) is responsible for the correct handling and disposal of this waste.
- Waste must be separated at point of generation into waste streams including hazardous waste.
- Hazardous waste must be placed in an approved hazardous waste bag, sealed, stored safely in an area not accessible by the public and collected by an approved agency to be taken for autoclaving before disposal at a sanitary landfill.
- There must be complete tracking of this process.
- A waste policy needs to be documented and all staff handling hazardous waste must be trained in the process.
- There must be a plan for a waste emergency which may include a spill or a greater than normal surge in hazardous waste e.g., outbreak.

What needs to go in a Hazardous waste stream?

- Any waste containing blood or body fluids that would be expressible under compaction (i.e. If it was squeezed would fluid ooze out?)
- Any waste from an isolation room
- Any waste from an outbreak of infectious disease
- Any waste from a person with certain multidrug resistant organisms (discuss with SDHB IPC service)
- All used sharps

How do we manage Hazardous waste?

- Use approved, Standard NZS 8134.3.2008 compliant hazardous waste bags (yellow)
- Fill no more than 2/3rds full then close off securely (not staples)
- Store awaiting collection in an area not accessible to public (locked wheelie bins supplied by company usually)
- Create an arrangement with the Hazardous Waste Company to collect regularly.
- Consider working in with other Healthcare facilities in the area to co-ordinate collection days and thus reduce collection costs

References

- HDSS, NZS 8134.3.2008 Infection Prevention & Control
- NZ Standard NZS Management of Healthcare waste 4304:2002