Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

# Spillage of Blood and Other Body Fluids

**This procedural document supersedes: Spillage of Blood and Other Body Fluids – PAT/IC 18 v.7**

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

| | |
|---|---|
| Executive Sponsor(s): | Simon Brown - Deputy Chief Nurse of Nursing, Midwifery and Allied Health Professionals |
| Author/reviewer: (this version) | Eileen McGregor and Shannon Wass: Infection Prevention and Control Practitioners |
| Date written/revised: | November 2022 |
| Approved by: | Infection Prevention and Control Committee |
| Date of approval: | December 2022 |
| Date issued: | January 2023 |
| Next review date: | November 2025 |
| Target audience: | Trust wide |

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

| Version | Date Issued | Brief Summary of Changes | Author |
|---|---|---|---|
| Version 8 | January 2023 | • Change to add Datix to procedure process.<br>• Soft Furnishings added to Carpeted Areas section.<br>• Hotel services changed to Facilities Services.<br>• Changes to grammar throughout and page structure and layout changes. | Eileen McGregor and Shannon Wass Infection Prevention and Control Practitioners |
| Version 7 | 20 December 2019 | • Change of product from Difficil S to Peracide.<br>• Relevant posters for appendix updated | Eileen McGregor Infection Prevention & Control Practitioner |
| Version 6 | 21 December 2016 | • Updated Datix reporting in Compliance monitoring section. | Eileen McGregor |
| Version 5 | 17 April 2014 | • New policy layout<br>• Removal of methods of treating body fluid spills from section 4.<br>• Emergency spillage added.<br>• New Appendix 2<br>- Methods of treating body fluid spills in Outpatient Department.<br>- Methods of treating body fluids spills on Wards. | Carol Scholey Infection Prevention and Control Practitioner |
| Version 4 | December 2010 | • Updated specific reference to products used within the Trust | B Bacon |
| Version 3 | June 2009 | • No changes to the Policy | Infection Prevention and Control Team |
| | | • Contents Page added | Infection |

| | | | |
|---|---|---|---|
| Version 2 | May 2008 | • Aim, Duties and Education and Training added.<br>• Added a section on 'Audit' – page 4<br>• Removed Appendix – the use of chlorine releasing agents | Prevention and Control Team |

# Contents

**Page No.**

# 1. INTRODUCTION

The Health and Social Care Act (2012) Code of Practice for the Prevention and Control of Healthcare Associated Infection requires NHS organisations to have systems in place to minimise the risk of healthcare associated infection.

Employers have a duty to protect workers from hazards encountered during their work; this included microbiological hazards (COSHH 2002). The provision of suitable protective equipment and training are essential components in establishing safe working practices with regard to blood and body fluid spillages.

# 2. PURPOSE

Dealing with spills of blood or other body fluids that may expose the health care worker to blood-borne viruses or to other pathogens. This policy aims to reduce the risk of exposure to potentially hazardous microorganisms by outlining a safe procedure for dealing with the spillage (COSHH regulations: Health and Safety Executive 2002).

# 3. DUTIES AND RESPONSIBILITIES

This policy covers infection prevention and control management issues for Trust staff this includes:-

- Employees
- Agency/Locum/Bank Staff/Students
- Visiting/honorary consultant/clinicians
- Contractors whilst working on the Trust premises

Each individual member of staff, or contracted worker within the Trust is responsible for complying with the standards set out in the Policy. They need to be aware of their personal responsibilities in preventing the spread of infection. It is the responsibility of Directors and Managers to ensure compliance with this standard.

## 3.1 Individual and Group Responsibilities

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

**Trust Board**
The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place to effectively manage the risks associated with Healthcare associated infections. Their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to Health Care Associated Infections.

**Director of Infection Prevention and Control:** Is responsible for the development of infection and prevention and control strategies throughout the Trust to ensure best practice.
The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**Ward and Department Managers:** are responsible for ensuring implementation within their area, by undertaking regular audits, ward rounds and targeted activities. Any deficits identified will be addressed to comply with policy.

**Consultant Medical Staff:** are responsible for adhering to the policy and for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

**Senior Managers:** are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

**PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest* see definitions.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

## 4. PROCEDURE

**GENERAL**

- Deal with any spillage of blood/body fluids immediately – see appendix 1.
- Care must be taken to avoid skin, eye, and mucous membrane contamination during the cleaning and disinfection of spillages. Protective clothing must be worn.
- Staff must always follow routine standard precautions when dealing with blood and body fluids as outlined in Standard Infection Control Precautions
- Staff must always cover cuts and lesions with a waterproof dressing whilst on duty.
- Accidental exposure to blood/body fluids must be reported according to Sharps injuries management and other blood or body fluid exposure incidents
- Staff dealing with spillages of blood/body fluid should be vaccinated against hepatitis B virus (DOH, 1998). Refer to Health and Well Being department for advice.
- Complete Datix as appropriate.

**PROTECTIVE CLOTHING**

- Wear plastic disposable apron.
- Wear disposable gloves.
- Protect eyes and mouth with goggles/visor and mask (or full face visor) if splash or spray is anticipated.

**CLINICAL WASTE**

- Always dispose of protective clothing and contaminated waste according to Waste Policy & Procedures.

**HANDWASHING**

- Always wash hands after dealing with spillages or contaminated waste.

## 4.1 Disinfection of Blood and Body Fluid Spills

Disinfection aims to reduce the number of microorganisms to a safe level. The disinfectants currently used within the Trust for dealing with blood and body fluids are peracide and a Chlorine-based disinfectant; Haz Tabs.

Peracide must not be mixed with other chemicals. Once this solution is prepared it should be poured directly on the spillage. Use an absorbent material e.g. paper towels and leave for 3 minutes for the Peracide to be affective, then dispose of waste and again disinfect the area using Peracide. See Appendix 2.

A Chlorine-based disinfectant (Haz Tabs) is used in some areas within the Trust. Haz Tabs disinfectant solution is expressed as parts per million (ppm) of available chlorine. A dilution of 10,000 ppm is required for treating blood spillages. See Appendix 3.

**Please note:** Do not use on urine or vomit or in a confined area without ventilation. See Appendix 3

## 4.2 Carpeted Areas/Soft Furnishings

Where spillage has occurred in a carpeted area/on a soft furnishing, treat according to the type of spillage outlined above. Contact facilities service department as soon as possible in order that the carpet can be domestically cleaned using a carpet suction cleaner after the spillage has been treated. If the spillage cannot be cleaned effectively it may be necessary to dispose of the contaminated equipment/items.

## 4.3 Responsibility for Dealing with Spillages

For spillages, whether caused by patients, staff or visitors, the responsibility is as follows:

- Wards and departments – nursing or departmental staff.
- Main entrance, main corridors, communal areas outside ward and departments – contact facilities Services Supervisor.

- Outdoor areas, waste trolleys, vans – relevant department e.g. Catering, Transport, Service department.

### 4.4 Spillages of Blood and Body Fluids in Vehicles

All vehicles transporting specimens must carry a spillage kit containing disinfectant, personal protective clothing, absorbent material and a clinical waste bag as outlined in the Collection and Handling of Pathology Specimens Policy.

### 4.5 Large Spillage/Sewerage

In the event of an unexpected sewerage spill, contact Facilities Services and Estates to deal with the situation. The area must be cordoned off to the public and staff and made as safe as possible, divert public and staff depending on location. Emergency wear is available from Estates e.g. full disposable body suit, wellington boots are issued to estate staff on an individual basis.

## 5. TRAINING/SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

It is recommended that Infection Prevention and Control should be included in individual Annual Development Appraisal and training.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|---|---|---|---|
| The policy will be reviewed in the following circumstances | APD Process Group IPCT | Every three years routinely, unless:<br><br>When newly published evidence demonstrates need for change to current practice. | Approved Procedural Document (APD) database.<br><br>Policy will be approved and ratified by the Infection Prevention and Control Committee |
| Compliance with Policy | Ward Managers & Departmental managers | Every time an incident occurs. | Deficits identified and addressed via action plan or further training. |

| | | | |
|---|---|---|---|
| Record incidents on Datix reporting System | Service Department | Every time an incident occurs. | Information is fed back to Infection Prevention and Control Committee quarterly; any actions needed are discussed and agreed. |

## 7 DEFINITIONS

**Best Interest -** There is no single definition of Best Interest. Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see Section 5 of the Mental Capacity Act 2005 (MCA 2005) code of practice for further information.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4).

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

**This policy should be read in conjunction with other Trust Policies particularly:**

- Control of Substances Hazardous to Health (COSHH) Guidance - CORP HSFS 7
- Cleaning and Disinfection of Ward-based Equipment – PAT/IC 24
- Glove Use Policy - CORP/HSFS 13
- Hand Hygiene - PAT/IC 5
- Handling of Pathology Specimens Policy - PAT/IC 11.
- Health and Safety at Work - Medical Surveillance - CORP/HSFS 2
- Mental Capacity Act 2005 - Policy and Guidance including Deprivation of Liberty Safeguards (DOLS) - PAT/PA 19
- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Waste Management Policy - CORP/HSFS 17 (A)
- Waste Management Manual – CORP/HSFS 17 (B)
- Fair Treatment For All Policy - CORP/EMP 4
- Equality Analysis Policy - CORP/EMP 27.

## 10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

## 11. REFERENCES

(1) Department of Health (2012). The Health and Social Care Act; Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health. London

(2) COSHH Regulations: Health and Safety Executive 2002.

(3) Department of Health (1998) Guidance of Clinical Health Care Workers: Protection against infection with Blood-Borne Viruses. Recommendations of the Expert Advisor

(4) GOV.UK (2018). Data Protection. Available at: https://www.gov.uk/data-protection#:~:text=The%20Data%20Protection%20Act%202018%20is%20the%20UK's%20implementation%20of,used%20fairly%2C%20lawfully%20and%20transparently Accessed 01/12/2022

(5) Department of Constitutional Affairs
Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

## APPENDIX 1 – HOW TO PREPARE PERACIDE

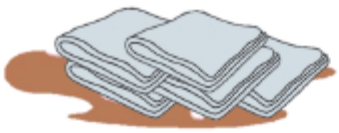
peracide visibly better
PERACETIC ACID IN SITU

# How to Prepare Peracide

Do not use damaged equipment, check mop buckets and bottles before use for damage and ensure the items are clean before use.

## Blood & Bodily Fluids Spills

Ensuring the bottle is clean, fill with clean, warm (40°C) water. Add two 3-gram (small) tablets.
Gently shake the solution until the colour changes from purple to pink.



Wearing PPE, use suitable absorbent material such as paper towel/disposable cloth to entirely cover the spill.

Pour Peracide solution on to the absorbent material and leave for 3 minutes. After 3 minutes clean up the saturated paper towels/disposable cloths and discard into the infectious waste stream.

After removal of the soiled absorbent material, clean the area again with Peracide solution.

**ALWAYS DISPOSE AFTER 24 HOURS**

Sky
UNIT 12 • SHEFFIELD DESIGN STUDIOS,
40 BALL STREET • SHEFFIELD • S3 8DB | 0114 278 6222 • info@skychemicals.co.uk
www.skychemicals.co.uk

*In collaboration with GOJO Industries-Europe Ltd.* GOJO

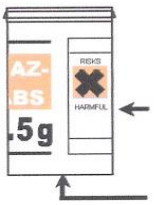
## APPENDIX 2 – HOW TO PREPARE HAZ TABS

# HOW TO MAKE UP A DISINFECTANT SOLUTION

## BEFORE YOU START

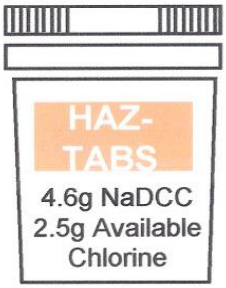
Always wear protective gloves and an apron.

Ensure good ventilation




Refer to CoSHH note on product label and check expiry date.

## For blood spills

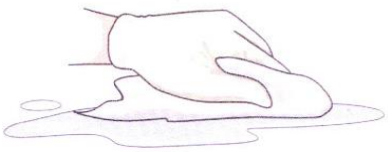



= **10,000 p.p.m.**
**Available Chlorine**


Use disposable towels to wipe area

Use with disposable towels to wipe over surfaces.

Discard any remaining solution.



### *DO....*

- ✓ **Make a fresh solution each time.**
- ✓ **Wear protective clothing.**
- ✓ **Store in accordance with COSHH regulation**
- ✓ **Always use in a ventilated area.**
- ✓ **Discard solution**
- ✓ **Make up to the correct solution**
- ✓ **Use cold tap water**

### *DON'T....*

- × Shake the container
- × Use directly on urine or vomit
- × Mix with hot water

***HAZ-TABS** are manufactured by **Guest Medical Limited** of Edenbridge, Kent. **01732 867466**

# APPENDIX 3

## General Principle for Blood and Bodily Fluid Spillages.

**For any Blood/ Body Fluid Spill**

- **See Decontamination Policy PAT IC /24 on how to make up**
- Wear appropriate PPE –( Personal protective equipment) gloves, apron and goggles/face protection if required
- Use appropriate solution directly onto spillage. If large spill absorb spill first with paper towels and leave for contact time 3 minutes
- Place all waste into clinical waste bag
- Clean area with Peracide Solution, or neutral detergent if using Haz Tab

**Urine or Vomit spill**

- Cordon off the affected area.
- Wear disposable gloves and apron. Where there is risk of splash, wear face protection.
- Absorb the spill using paper towels.
- Remove paper towels and discard into clinical waste bag.
- Disinfect area using prepared Haz Tab **1,000** ppm/Peracide
- Discard the mop into clinical waste bag.
- Clean the area with neutral detergent and water.

**Always clean the equipment used to deal with the spillage**.

Disposable mop heads – discard according to waste policy.
Buckets – disinfect using /Peracide/Haz tab solution.
After use, personal protective equipment must be removed and disposed of according to the waste policy.

# APPENDIX 4 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

| Service/Function/Policy/Project/ Strategy | Division/Executive Directorate and Department | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|---|---|---|---|---|
| Spillage and bodily fluids | Corporate Nursing, Infection Prevention & Control | Eileen McGregor and Shannon Wass | Existing | 19/12/2022 |

**1) Who is responsible for this policy?** Name of Division/Directorate: Infection Prevention and Control

**Describe the purpose of the service / function / policy / project/ strategy?** This policy aims to reduce the risk of exposure to potentially hazardous microorganisms by outlining a safe procedure for dealing with the spillage.

**2) Are there any associated objectives?** Legislation, targets national expectation, standards Health and Safety

**3) What factors contribute or detract from achieving intended outcomes? NIL**

**4) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

**5) Is there any scope for new measures which would promote equality?** [any actions to be taken

**6) Are any of the following groups adversely affected by the policy?**

| Protected Characteristics | Affected? | Impact |
|---|---|---|
| a) Age | No | Neutral |
| b) Disability | No | Neutral |
| c) Gender | No | Neutral |
| d) Gender Reassignment | No | Neutral |
| e) Marriage/Civil Partnership | No | Neutral |
| f) Maternity/Pregnancy | No | Neutral |
| g) Race | No | Neutral |
| h) Religion/Belief | No | Neutral |
| i) Sexual Orientation | No | Neutral |

**7) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box**

| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 |
|---|---|---|---|

**If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27**

**Date for next review: December 2025**

**Checked by: Joanne Lee** **Date: 19/12/2022**