



Spillage of Blood and Other Body Fluids

This procedural document supersedes: Spillage of Blood and Other Body Fluids – PAT/IC 18 v.5



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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 6	21 December 2016	<ul style="list-style-type: none"> • Updated Datix reporting in Compliance monitoring section. 	Eileen McGregor
Version 5	17 April 2014	<ul style="list-style-type: none"> • New policy layout • Removal of methods of treating body fluid spills from section 4. • Emergency spillage added. • New Appendix 2 <ul style="list-style-type: none"> - Methods of treating body fluid spills in Outpatient Department. - Methods of treating body fluids spills on Wards. 	Carol Scholey Infection Prevention and Control Practitioner
Version 4	December 2010	<ul style="list-style-type: none"> • Updated specific reference to products used within the Trust 	B Bacon
Version 3	June 2009	<ul style="list-style-type: none"> • No changes to the Policy 	Infection Prevention and Control Team
Version 3	May 2008	<ul style="list-style-type: none"> • Contents Page added • Aim, Duties and Education and Training added. • Added a section on 'Audit' – page 4 • Removed Appendix – the use of chlorine releasing agents 	Infection Prevention and Control Team

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1. INTRODUCTION

The Health and Social Care Act (2008) 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 that 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.

Matrons: 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.

Ward and Department Managers: are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times.

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.

4. PROCEDURE

GENERAL

- Deal with any spillage of blood/body fluids immediately – see appendix 2.
- 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 Policy ([PAT/IC19](#)).
- 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 [PAT/IC14](#).
- Staff dealing with spillages of blood/body fluid should be vaccinated against hepatitis B virus (DOH, 1998). Refer to Occupational Health Department for advice.

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 ([CORP/HSFS 17](#)).

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 Difficil-S and a Chlorine-based disinfectant; Haz Tabs.

Difficil-S is used within wards, high risk areas such as Accident Emergency and theatres (how to use Difficil-S refer to [PAT/IC 24](#) Cleaning and disinfection of ward based equipment). Difficil-S is an agent that contains Chlorine dioxide as the active chemical, Chlorine dioxide is a gas in solution it is rapidly effective against viruses, fungi, bacteria and spores.

Difficil-S should not be mixed with other chemicals see PAT/IC 24. Once this solution is prepared it can be used directly onto the spillage. It is suggested the spill is absorbed using e.g. paper towels and then disinfect the remaining areas using Difficil-S.

A Chlorine-based disinfectant (Haz Tabs) is used within outpatients departments and communal areas outside wards. 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 1 & 2.

Please note: do not use on urine or vomit or in a confined area without ventilation. See Appendix 1.

Points about Chlorine based disinfectants:

- Caution must be taken when using chlorine based disinfectants as they can cause irritation to the eyes, skin or mucous membranes if used in poorly ventilated areas.
- Use cold water only to dilute the solution.
- Chlorine based disinfectants **must not** be applied directly to acidic bodily fluids such as urine or vomit as chlorine vapour will be released.
- COSHH regulations apply to chlorine disinfectants and to the microorganisms that may be present in the spillage. COSHH assessments should be available in every ward and department.
- Chlorine may corrode metals unless residual disinfectant is rinsed off afterwards.
- Chlorine will bleach and damage fabrics and carpets.
- Whilst the granules and tablets are stable when stored dry, they are unstable when in solutions. Solutions of chlorine must be made up as needed and any remaining solution discarded.
- Blood spillage can be treated with hypochlorite granules of 10,000 ppm and can be applied directly to the spill.

4.2 Carpeted Areas

Where spillage has occurred in a carpeted area, treat according to the type of spillage outlined above. Contact hotel services as soon as possible in order that the carpet can be domestically cleaned using a carpet suction cleaner after the spillage has been treated.

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 Hotel 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 - [PAT/IC 11](#).

4.5 Large Spillage/Sewerage

In the event of an unexpected sewerage spill, contact Hotel 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

Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:-

- Trust Induction
- Trust Policies and Procedures available on the intranet
- Ward/departmental/line managers
- As part of the mandatory infection control education update sessions which can be delivered by a number of formats e.g. face to face and e learning
- Infection Prevention and Control Educational displays/ posters
- Trust Infection Prevention and Control Team
- Infection Prevention and Control Link Practitioners will be provided with education sessions about the policy at their meetings which will facilitate local training and supervision to take place.
- Advice is also available from the Doncaster & Bassetlaw Hospitals intranet site.

Infection prevention and control must be included in individual Annual Professional Development Appraisal and any training needs for infection prevention and control addressed.

It will be an expectation for all clinical staff to attend IPC training as per local Training Needs Analysis, which will be captured by the Training and Education Department via OLM system.

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: <ul style="list-style-type: none"> • When new national or international guidance are received. • When newly published evidence demonstrates need for change to current practice. 	Approved Procedural Document (APD) database. Policy will be approved and ratified by the Infection Prevention and Control Committee
Compliance with Policy	Ward Sister/Matron & Departmental managers	As incidence arises	Deficits identified and addressed via action plan or further training.
Record incidents on Datix reporting System	Hotel Services	Every time an incident occurs	Information is fed back to Infection Prevention and Control Committee quarterly; any actions needed are discussed and agreed.

7. 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 3).

8. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

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

- Cleaning and disinfection of ward based equipment – [PAT/IC 24](#)
- Collection and Handling of Pathology Specimens – [PAT/IC 11](#)

- Glove Use Policy – [CORP/HSFS 13](#)
- Hand Hygiene – [PAT/IC 5](#)
- Waste Policy & Procedures - [CORP/HSFS 17](#)


9. REFERENCES

- (1) Wilson, J (2012). Infection Control in Clinical Practice. 4th Edition. Bailliere Tindall, 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 Advisory.

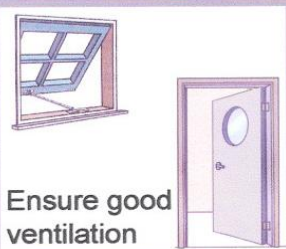
APPENDIX 1 – HOW TO MAKE A DISINFECTANT SOLUTION – HAZ TABS

HOW TO MAKE UP A DISINFECTANT SOLUTION


BEFORE YOU START



Always wear protective gloves and an apron.

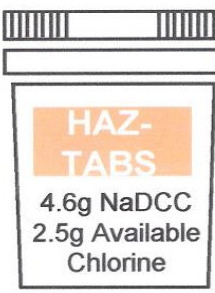



Ensure good ventilation



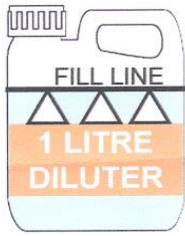
Refer to CoSHH note on product label and check expiry date.


For blood spills





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

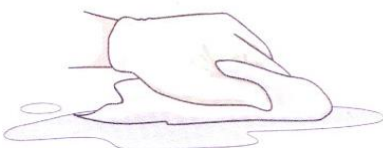




Use disposable towels to wipe area

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 2

Procedure for Dealing with Body Fluid Spillage in Outpatients and Communal Areas using Haz Tab Solution

For a blood spillage: -

- Cordon off the affected area.
- Wear disposable gloves, apron and where there is a risk of splash, wear face protection.
- Prepare a solution of Haz Tabs at **10,000** ppm.
- Cover the spill with paper towels
- Pour the solution of Haz Tabs over the affected area then leave for 2 minutes.
- Discard paper towels into clinical waste bag.
- Mop the area using disposable mop and neutral detergent solution.
- Discard mop into clinical waste bag.

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.
- 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 Haz tab solution.

After use, personal protective equipment must be removed and disposed of according to the waste policy.

Always wash your hands after dealing with spillages.

Procedure for Dealing with Body Fluid Spillage on Wards using Difficil-S Solution


Once this solution is prepared it can be used directly onto the spillage. It is suggested the spill is absorbed using paper towels and then the area can be disinfected.

For any Body Fluid Spill

- See Decontamination Policy PAT IC /24 on how to make up Difficil-S
- Wear appropriate PPE – gloves, apron and goggles/face protection if required
- Use solution directly onto spillage. If large spill absorb spill first with paper towels
- Place all waste into clinical waste bag
- Clean area with Difficil-S
- Discard the mop head into clinical waste
- Clean any other equipment used with Difficil-S (bucket, mop handle)

Always wash your hands after dealing with spillages.

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/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 Infection Prevention and Control	Existing	1/12/16
1) Who is responsible for this policy? Name of Care Group/Directorate: Infection Prevention and Control				
2) Describe the purpose of the service / function / policy / project/ strategy?				
3) Are there any associated objectives? Legislation, targets national expectation, standards Health and Safety				
4) What factors contribute or detract from achieving intended outcomes? NIL				
5) 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				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken]				
7) 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		
8) 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 2019				
Checked by: Eileen McGregor 			Date: 1/12/16	