

## INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURES Sussex Partnership NHS Foundation Trust (The Trust)

### IPC18

### SPILLAGES OF BLOOD AND BODY FLUIDS

#### INTRODUCTION

Blood and body fluid spillages must be attended to immediately and in the correct manner in order to ensure any risks to health are reduced. In addition, a dirty or cluttered environment is not acceptable in relation to issues of infection control and impacts upon standards of health and safety for patients and colleagues. Cleaning is necessary in order to maintain the appearance, structure and efficient function of the buildings and equipment, as well as to control the microbial load and prevent the transfer of infections. Efficient environmental cleaning is often sufficient to achieve this.

#### AIM

To ensure that blood and body fluid spillages and environmental cleaning are carried out in accordance with the recommended standards that promote infection prevention and control processes and reduces the likelihood of transmission of pathogens that cause disease.

#### BACKGROUND

Failure to maintain a clean and safe environment not only provides optimum conditions in which micro-organisms can flourish, but increases the likelihood that diseases will be easily spread thereby putting the safety of all who come into contact with the environment at risk. Regular cleaning and attention to cleaning processes does more to remove environmental micro-organisms than any other activity, including the type of cleaning agent used.

#### BLOOD AND BODY FLUID SPILLAGE

These guidelines are for **all blood and body fluid spillage regardless of whether the service user is known to be infected or not** (Standard Infection Control Precautions (SICPs)).

Body fluids include blood, vomit, faeces, urine, sputum, etc. and all body fluid spillages must be dealt with immediately. In clinical areas this is usually a nursing/healthcare worker responsibility and in public access areas, e.g. corridors, lifts, public toilets, this is usually a domestic staff responsibility. The registered provider should ensure that staff are aware of their responsibilities which should be included in staff induction and infection prevention and control training.

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

- Wards-Nursing Staff
- Outpatient clinics-Nursing Staff
- Community bases/departments-Nursing Staff

If a spillage occurs in a setting when staff are not employed, please contact the Infection Prevention/Physical Health nursing team:

[PhysicalHealthInfectionControl@sussexpartnership.nhs.uk](mailto:PhysicalHealthInfectionControl@sussexpartnership.nhs.uk) and Estates and Facilities supervisor for the area immediately.

It is the responsibility of the Nursing staff to undertake the first clean and ensure the patient/service user receives prompt treatment where this is appropriate.

Following the Nursing first clean using correct cleaning agents as in the policy below, estates and facilities supervisors must be contacted to discuss the need for additional cleaning such as carpet deep clean.

Adequate and appropriate cleaning equipment, disinfectant preparations, protective clothing and clinical waste bags must be readily available. Floor signs indicating danger of slippage must be used where appropriate.

Spillages of blood and other high risk body fluids, e.g. faeces, should be dealt with using a chlorine releasing agent e.g. sodium hypochlorite or one containing Na DCC (Sodium Dichloroisocyanurate). These are available as solutions and tablets (which require diluting to reach the correct concentration) or as powders and granules which contain an appropriate concentration. Powders and granules are available as spillage kits which often contain all the equipment required for the spill including yellow bags and card/scoop for removal of spill. The manufacturer's instructions should be followed when using these kits.

Powders and granules are the preferred method of disinfection as they require no pre-mixing and have a longer shelf-life. They are also easier to use.

Urine and vomit spills should not be treated with chlorine-releasing products as these body substances are usually acidic (with a low pH) and can react with chlorine to release noxious gases which may be inhaled (particularly in confined spaces such as toilets). Some manufacturers provide spill kits of granules specifically for use on vomit and urine and if using these, the manufacturer's instructions should be followed.

## **HIGH RISK BODY FLUIDS**

- Blood
- Cerebrospinal fluid
- Pleural fluid
- Amniotic fluid

- Semen
- Vaginal secretions
- Unfixed tissues and organs
- Any other body fluid containing visible blood
- Any body fluid from a service user in a high risk category (e.g. HIV, Hepatitis)

See Appendix 1 for flow chart on how to deal with different body fluid spills.

## **DEALING WITH SPILLAGES**

Liquid preparations should be available in the correct concentration. A hypochlorite concentration of 10,000 ppm (parts per million) is necessary for use on blood and body fluid spillages. A weaker concentration of 1,000 ppm is used for environmental cleaning. Preparations must be diluted immediately before use and any unused liquid must be discarded. Do NOT store reconstituted solution as it rapidly loses its efficacy.

Pre-packed / portable spillage kits are recommended for use in all areas. Manufacturer's instructions should be followed.

Spillages should be dealt with as follows:

### **Blood spillage where material has not dried**

- Sodium Hypochlorite disinfectant granules are recommended.

### **When using Sodium Hypochlorite**

- Ensure adequate ventilation and follow safety procedures – see Control Of Substances Hazardous to Health (COSHH) data sheet.
- If in doubt seek advice from pharmacy or your infection control service.

### **Instruction for use**

- Wear disposable gloves and apron.
- Cover spillage with Sodium Hypochlorite granules.
- Leave for at least two minutes then remove with a disposable cloth.
- Dispose of waste carefully into clinical waste bag.
- Clean area with neutral detergent and warm water, then dry.
- Discard protective clothing as clinical waste.
- Wash hands.

## **Blood spillage where material has dried**

- Sodium Hypochlorite solution 10,000 ppm is recommended.

### **Instructions for use**

- Wear disposable gloves.
- Place paper towels over the spillage.
- Gently pour more solution on the top.
- Wherever possible leave for 15-30 minutes before being wiped up (in confirmed high risk service users this is essential).
- Dispose of waste carefully into a clinical waste bag.
- Clean area with neutral detergent and warm water.
- Discard protective clothing as clinical waste.
- Wash hands.

## **TREATING BODY FLUID SPILLAGE ON CARPET / SOFT FURNISHINGS**

Disinfectants used to decontaminate spillages of blood and other body fluids may cause damage to carpets and soft furnishing. It is advisable that in areas where such spillages are likely that only floor covering and furniture which can withstand cleaning with a hypochlorite solution is selected.

Body fluid spills should therefore be treated using warm water and detergent once the spillage has been removed using paper towels.

Carpets will require steam cleaning or wet/dry vacuum spot cleaning after the blood spillage has been dealt with.

## **PATIENTS IN ISOLATION**

Nursing staff must inform the domestic services / facilities staff and managers as soon as possible after a service user is placed in isolation or when an outbreak of infection occurs. This is to ensure that domestic staff have access to appropriate equipment and understand the infection prevention and control measures required.

## APPENDIX 1 HOW TO DEAL WITH DIFFERENT BODY FLUID SPILLS

