POLICY FOR THE MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

Target Audience
This policy applies to all staff, service users, visitors, contractors and other persons who enter Trust owned or rented buildings or grounds. It also applies to staff who visit service users in their own homes.
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1. INTRODUCTION
Blood and body fluid spillages (Appendix 1) should be considered potentially infectious, (Lawrence, 2003). Healthcare personnel dealing with spills of blood and body fluids may be exposed to blood borne viruses and other pathogens. For the management of spillages to be undertaken safely pathogens in the spillage must first be destroyed by a disinfectant (Wilson, 2002).

Employers have a duty to protect healthcare personnel from hazards encountered during their work inclusive of microbiological hazards (COSHH 2002).

2. PURPOSE
The purpose of this policy is to direct staff on the appropriate management of blood and body fluid spillages to reduce the risk of cross infection.

This policy aims to provide guidance for staff to safely manage spillages in a variety of care settings including patient’s homes, healthcare environments and the transport of specimens’ service.

The policy content is based on sound infection prevention and control principles and national guidance on the appropriate management of blood and body fluid spillages.

3. SCOPE
This policy applies to all staff providing care to all patients under the care of the Trust, whether in a direct or indirect patient care role.

Adherence to this policy is the responsibility of all staff employed by the Trust, including agency, locum and bank staff contracted by the Trust.

This policy should be read in conjunction with other infection prevention and control policies, particularly Hand Hygiene, Standard Infection Prevention and Control Precautions, Waste Management, Decontamination, Cleaning, Collection/Handling and Transportation of Pathology Specimens.

This policy should be considered and included in services that are contracted and commissioned by the Trust.

This policy applies to all staff, service users, visitors, contractors and other persons who enter Trust owned or rented buildings or grounds. It also applies to staff who visit service users in their own homes.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES
4.1 Board of Directors
The Board of Directors are responsible for having policies and procedures in place to support best practice, effective management, service delivery, management of associated risks and meet national and local legislation and/or requirements.
4.2  Director of Infection Prevention and Control (DIPC) (Deputy Chief Executive/Director of Nursing)

The DIPC:

- Reports directly to the Chief Executive and the Board
- Reports identified cases of infections/alert organisms and conditions, including outbreaks of infection
- Reports all incidents requiring root cause analysis investigation
- Reports directly to the Chief Executive and assures the board of directors on the organisations performance in relation to HCAIs.
- Acts on legislation, national policies and guidance ensuring effective policies are in place and audited in relation to infections/alert organisms & conditions

4.3  Infection Prevention and Control Committee

The main duties of the Infection Prevention and Control Committee are:

- To oversee compliance with national standards/targets in relation to the prevention and control of healthcare associated infections (HCAI), including the Health and Social Care Act 2008. NHS Litigation Authority (NHSLA), and the Care Quality Commission.
- To oversee key infection prevention & control issues in regards to
  - Policy development and review
  - Audit
  - Education & training
  - Communication with staff patients and the public
  - Monitor infection control incidents
  - Review root cause analysis reports, identify lessons learnt, develop and monitor action plans
  - To ensure that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness.
  - To agree the annual infection prevention and control report and work programme prior to its submission to Clinical Governance Committee.
- To inform the Clinical Governance Committee of clinical risk issues relating to the Trust.
- To monitor compliance for infection prevention & control training.
- To oversee the Trust’s compliance with Essential Standards of Quality and Safety (Outcome 8).
- To horizon scan for new guidance and documents relating to infection prevention & control
• To oversee the Trust’s infection prevention & control work programme.

4.4 Infection Control Doctors/Consultant Microbiologists

• These are medical microbiologists hosted within the local provider acute Trust whose main duties are to:
  ➢ Be available for 24 hour access, arrangements made through local service level agreements
  ➢ Provide expert microbiology advice for the management and treatment of microorganisms including outbreaks of infection.
  ➢ Advise on antibiotic policy/prescribing and challenge inappropriate practices.

4.5 Infection Prevention and Control (IPC) Nurse Specialists

These are employed within RDaSH. Their role is:

• To provide expert professional advice and education on the prevention and control of infection to other professionals, multi-disciplinary groups, patients and carers.

• To lead in the investigation of identified cases of infection/alert organisms & conditions.

• To advise on control measures, delegating responsibility to Trust staff as appropriate.

To give advice on complex issues relating to infection prevention and control and report findings to the DIPC.

4.6 Consultant Medical Staff

The Consultant Medical staff are responsible for the supervision of any Junior Medical staff assigned to work with them, and as part of this supervision they should be satisfied that the Junior staff member:

• Reads and understands the policy
• Adhere to the policy
• Are aware of and comply with antibiotic prescribing guidance

4.7 Modern Matrons/Service Managers

All Service Managers and Modern Matrons are responsible for:

• Membership at the Infection Prevention and Control Committee.

• Ongoing compliance with this policy within their clinical areas and reporting non compliance to the DIPC via the IP&CT

• Reporting all matters relating to infection prevention and control to the Deputy
Director of Nursing.

- Facilitating feedback of information related to surveillance data and identified cases of infection/alert organisms & conditions
- Report confirmed cases of infection/alert organisms & conditions through the Trust’s IR1 system

4.8 Staff

All staff who are involved with the care of a patient within the inpatient services and community must:

- Comply with this policy and guidance on all identified cases of infection/alert organisms & conditions. It is the responsibility of each individual member of staff to adhere to the requirements set out within this policy

5. PROCEDURE / IMPLEMENTATION

5.1 Overview

All staff dealing with blood and body fluid spillages should adhere to this policy in conjunction with standard infection prevention and control precautions, and appropriate equipment must be available.

Only staff who are fully vaccinated against Hepatitis B and who have received appropriate training should deal with blood and/or body fluid spillages.

It is the responsibility of all staff to ensure that their immunisation status for Hepatitis B is up to date. This can be obtained by contacting Occupational Health services.

Staff must always cover cuts and lesions with a waterproof dressing whilst on duty.

If a contamination injury occurs whilst dealing with a blood/body fluid spillage the member of staff must follow the Management of Sharps/Inoculation Injuries and Other Blood or Body Fluid Exposure Incidents Policy and manage the incident as directed.

5.2 Management of Spillages

Infectious agents can survive for long periods in spillages and the person witnessing the event should deal with the spillage immediately if trained to do so.

If the spillage cannot be dealt with immediately the area must be cordoned off and not left unattended until assistance is obtained.

For effective management of spillages in the healthcare setting, surfaces such as walls, floors and upholstery should be smooth, wipeable, and impervious to moisture. All surfaces must be able to withstand disinfection with a chlorine-releasing compound.

High concentrations of a chlorine-releasing compound are recommended as an effective method of treating spillages especially blood. Wilson (2002)

Chlorine releasing compounds should not be used on urine spillages as they may react and cause a chlorine vapour (DOH 1998)
Chlorine releasing agents are a chemical disinfectant, which are effective against blood-borne viruses, and act rapidly.

- In order to be effective they must be used in accordance with manufacturer instructions and at the appropriate strength.

- All solutions made from tablets should be prepared only as and when needed.

Chlorine releasing agents fall into two categories:

1) Sodium Dichloroisocyanurate (NaDCC) e.g. Haz Tabs, Actichlor
2) Sodium Hypochlorite e.g. Milton, Domestos

- NaDCC is recommended for spillages. It is less resistant to organic matter, less corrosive and has a longer shelf life than hypochlorite solutions, as it is manufactured as tablets or granules.

- COSHH assessments must be carried out on all chemical disinfectants used. Staff must be aware of the implications of these products for storage, usage and first aid in the event of exposure e.g. splashing to the eye.

- Chlorine releasing agents can damage the skin and mucous membranes, therefore appropriate personal protective equipment (PPE) should be worn for contact with these chemicals i.e. gloves, aprons, face and eye protection.

- Chlorine releasing agents are corrosive to many materials including metals and will bleach/damage soft furnishings, fabrics and carpets.

- When using/preparing chlorine releasing agents the area must be well ventilated

- Never use hot water to dilute the chemicals. Cold water must be used.

- Always use the appropriate coloured cleaning equipment as per NPSA guidance (Appendix 2)

This policy recognises that management of spillages in the patient's home must be modified, as chlorine-releasing agents will bleach carpets and soft furnishings.

**NB Chlorine releasing agents should never be mixed with acids or used on spillages of urine or vomit, as a chlorine vapour will be released.**

**CHLORINE CONCENTRATIONS:**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Usage</th>
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<tbody>
<tr>
<td>10,000 parts per million (ppm)</td>
<td>To render blood and blood stained body fluid spillages safe to deal with (before cleaning)</td>
</tr>
<tr>
<td>1,000 parts per million (ppm)</td>
<td>Decontamination of surfaces contaminated with body fluids e.g.</td>
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</table>
5.3 Management of Blood/Visibly Blood Stained Body Fluid Spillages in Healthcare Settings – Clinics, Wards, Departments

1. Small Blood Spillages (less than 30 mls)
   - Put on personal protective equipment (gloves and apron)
   - If there is a risk of splashing wear eye/face protection
   - If using a biohazard spill kit follow manufacturers instructions
   - If biohazard spill kit not available cover spillage with chlorine releasing granules e.g. Haz Tabs to absorb spill
   - Leave for 2 minutes
   - Scoop up spillage with disposable paper towels and discard waste into appropriate waste stream
   - Clean area with hot water and neutral detergent using a disposable cloth. Alternatively detergent wipes may be used. Rinse and dry the area.
   - Clean bucket with hot water and neutral detergent, rinse and dry
   - Discard cloth and personal protective equipment in appropriate waste stream
   - Decontaminate hands with soap and water/soapy hand wipes followed by alcohol gel
   - Replace spill kit if used

2. Large Blood Spillages (more than 30 mls)
   - Put on personal protective equipment (gloves and apron)
   - If there is a risk of splashing wear eye/face protection
   - Prepare chlorine releasing solution (10,000 parts per million) for splashes as directed by manufacturer’s instructions
   - Cover spillage with paper towels.
   - Gently pour chlorine solution onto spillage
   - Leave for 2 minutes
   - Scoop up spillage with disposable paper towels and discard waste into appropriate waste stream
Clean area with hot water and neutral detergent using a disposable cloth or mop. Alternatively detergent wipes may be used. Rinse and dry the area.

Clean bucket with hot water and neutral detergent, rinse and dry

Discard cloth or mop head into appropriate waste stream. Reusable mop head must be sent to the laundry in a red alginate bag

Discard remaining chlorine solution by flushing down the sink or sluice hopper

Dispose of personal protective equipment into appropriate waste stream

Decontaminate hands with soap and water/soapy hand wipes followed by alcohol gel

Replace spill kit if used

3. Blood and Body Fluid Spillages to Walls and Vertical Surfaces

Put on personal protective equipment (gloves and apron)

If there is a risk of splashing wear eye/face protection

Prepare chlorine releasing solution (10,000 parts per million) for splashes as directed by manufacturer’s instructions

Use the solution on disposable paper towels to wipe splashes on walls and remove any smears

Clean area with hot water and neutral detergent using a disposable cloth. Alternatively detergent wipes may be used. Rinse and dry the area.

Discard remaining chlorine solution by flushing down the sink or sluice hopper

Clean bucket with hot water and neutral detergent, rinse and dry

Dispose of personal protective equipment into appropriate waste stream

Decontaminate hands with soap and water/soapy hand wipes followed by alcohol gel

For blood and body fluid spillages on equipment manufacturers’ instructions must be followed.

4. Management of body fluid spillage inclusive of urine/vomit/excreta in the healthcare setting (no visible blood)

Put on personal protective equipment (gloves and aprons)

If there is a risk of splashing wear eye/face protection
• Cover spillage with paper towels to absorb spill
• Discard paper towels directly into appropriate waste stream
• Clean area with hot water and neutral detergent using a disposable cloth or mop. Rinse and dry area.
• Dispose of cloth/mop head into appropriate waste stream. Reusable mop head must be sent to the laundry in a red alginate bag
• Clean bucket with hot water and neutral detergent, rinse and dry
• Discard personal protective equipment into appropriate waste stream
• Decontaminate hands with soap and water/soapy hand wipes followed by alcohol gel

5. Spillages of Blood and Body Fluids on Carpets and Soft Furnishings

• The procedure above should be followed.
• Chlorine releasing agents should not be used except where chlorine resistant fabrics are specified.
• In addition to the instructions above carpets and soft furnishings should be cleaned using a carpet cleaner and/or steam cleaned. Domestic services must be informed at the earliest opportunity to ensure this is performed.

5.4 Management of Blood and Body Fluid Spillages in the Patient's Home

1. Spillages On Impervious, Hard Flooring (e.g. vinyl)

For blood spillage only: (Do not use on carpets or fabric)

• Put on personal protective clothing (gloves and aprons)
• If there is a risk of splashing wear eye/face protection
• If available use a good quality bleach e.g. Domestos, diluted to 1 part bleach to 10 parts cold water
• Cover area with kitchen roll and gently pour on diluted solution
• Leave for 2 minutes
• Discard kitchen roll into plastic bag or bin liner
• Wipe area with diluted solution and discard as above
• Clean area with hot water and neutral detergent using a disposable cloth. Rinse and dry the area.
• Clean bucket with hot water and neutral detergent, rinse and dry

• Discard personal protective clothing and cloth into plastic bag or bin liner and tie securely

• Discard plastic bag or bin liner into domestic waste stream

• Decontaminate hands with liquid soap and water/soapy hand wipe and dry on kitchen roll followed by alcohol hand gel

2. For Other Body Fluids (Urine/Vomit/Excreta) And Any Spillages On Carpets And Soft Furnishings

• Put on personal protective equipment (gloves and apron)

• If there is a risk of splashing wear eye/face protection

• Soak up spillage (where possible) with kitchen roll

• Place used kitchen roll directly into plastic carrier bag or bin liner

• Clean area with hot water and neutral detergent using a disposable cloth. Rinse and dry area.

• Clean bucket with clean water, rinse and dry

• Dispose of personal protective clothing and cloth into plastic bag or bin liner and tie securely

• Discard plastic bag or bin liner into domestic waste stream.

• Decontaminate hands with liquid soap and water/soapy hand wipe and dry on kitchen roll followed by alcohol hand gel

5.5 Spillage Kits

• Biohazard spillage kits should be available in all clinical settings inclusive of clinics and wards. These are kits that have the required equipment ready in a pack.

• There are different spillage kits available for blood and/or non blood stained body fluids.

• Staff are responsible for ensuring that the equipment in the spill kit is replenished and in date.

• The spill kit must be stored in a locked cupboard in accordance with COSHH regulations.
• Follow the manufacturers” instruction for using the kit

• Equipment in the kit generally contains:
  • Gloves and apron
  • Paper towels
  • Written procedure
  • Waste bag
  • Chlorine releasing granules/tablets and measured container
  • Scoop

5.6 Spillages of Blood and Body Fluids in Vehicles

• All vehicles transporting specimens must carry a spillage kit as above.

• Drivers must be trained in the management of blood and body fluid spillages as outlined within this policy.

Drivers are responsible for ensuring that the equipment in the spill kit is replenished and in date.

6 TRAINING IMPLICATIONS

There are no specific training needs in relation to this policy, but all staff will need to be aware of its contents. Staff will be made aware through:

• Line manager
• Team Brief
• Team meetings
• One to one meetings/supervision
• Trust Policy web site

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non compliance to policy</td>
<td>Via IR1 reports</td>
<td>Managers/ matrons &amp; IPC Team</td>
<td>Infection prevention and control committee</td>
<td>Bi monthly</td>
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8. **EQUALITY IMPACT ASSESSMENT SCREENING**

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 **Privacy, Dignity and Respect**

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

**Indicate how this will be met**

No issues have been identified in relation to this policy.

9. **LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS**

- Hand Hygiene Policy
- Standard Infection Prevention and Control Precautions Policy
- Policy for the Management of Sharps/Inoculation Injuries and other Blood or Body fluid Exposure Incidents Policy
- Trust Cleaning Policy
- Decontamination Policy
- Infection Control Policy for the Prevention and Management of Infections
- Policy for the Collection, Handling and Transportation of Pathology Specimens

10. **REFERENCES**


11 APPENDICES
### High and Low Risk Body Fluids. (Weston (2008))

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Urine</td>
</tr>
<tr>
<td>Semen</td>
<td>Faeces</td>
</tr>
<tr>
<td>Vaginal secretions</td>
<td>Saliva (unless blood stained or if exposure occurs during dental work)</td>
</tr>
<tr>
<td>Saliva (only if blood stained or if exposure occurs during dental work)</td>
<td>Vomit</td>
</tr>
<tr>
<td>Cerebral spinal fluid</td>
<td></td>
</tr>
<tr>
<td>Synovial fluid</td>
<td></td>
</tr>
<tr>
<td>Amniotic fluid</td>
<td></td>
</tr>
<tr>
<td>Breast milk</td>
<td></td>
</tr>
<tr>
<td>Pleural fluid</td>
<td></td>
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<tr>
<td>Pericardial fluid</td>
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</tbody>
</table>
National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

Red
Bathrooms, washrooms, showers, toilets, basins and bathroom floors

Blue
General areas including wards, departments, offices and basins in public areas

Green
Catering departments, ward kitchen areas and patient food service at ward level

Yellow
Isolation areas

Your local contact for hospital cleaning is: