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Scope: All staff at UHMBT		Classification: Organisational	
Author / Title: Vanessa Morris, Lead Nurse Infection Prevention & Control		Responsibility: Infection Prevention	
Replaces: Version 2.1, Blood and Body Fluid Spillage Procedure, Corp/Proc/059		Head of Department: Angela Richards Matron IPC	
Validated By: Infection Prevention Control Committee meeting		Date: 28/04/2016	
Ratified By: Procedural Document and Information Leaflet Group Chair's Action		Date: 22/06/2016	
Review dates may alter if any significant changes are made		Review Date: 01/10/2019 (Extended – Form 027/2019)	
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 3, 4, 5 Principles		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1, 2, 3, 4 Staff Pledges	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: Yes			
Reference Check Completed by.....Joanne Shawcross.....Date.....22.6.16.....			
To be completed by Library and Knowledge Services Staff			

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

This procedure describes the steps to be taken to minimize the risk of individuals acquiring infections. Patients are most at risk, however healthcare staff are also legally obliged to take reasonable and practicable precautions to protect themselves, other staff and anyone else who may be at risk in their workplace.

It describes the standard precautions that must be taken with all patients at all times regardless of their known infection status.

2. PURPOSE

Many occupational exposures to blood borne viruses (BBV) result from failure to adhere to basic rules concerning decontamination, waste disposal etc. This procedure describes the infection prevention precautions required when dealing with blood and or body fluid spillages.

3. SCOPE

All staff at UHMBT.

All HCWs, including students and trainees, who have direct contact with patient's blood or other potentially infectious body fluids or tissues should be immunised against HBV. The Occupational Health Service is responsible for keeping accurate written health and immunisation records for each employee.

4. PROCEDURE

4.1 INTRODUCTION

Chlorine tablets made with NaDCC (Sodium Dichloroisocyanurate) are stable, compact and the solutions made up from them are more effective in the presence of organic matter. Haz-Tabs are formulated using NaDCC, and when used with the appropriate diluter provide a safe, efficient and simple method to make up a correct strength chlorine solution for effective environmental disinfection.

At UHMBT fresh aqueous solutions of sodium dichlorisocyanurate Haz-Tabs tablets or granules are recommended for general surface disinfection for blood spillages. For cleaning surfaces contaminated with blood and for mopping up blood spillages, the concentration used must be equivalent to 10,000 parts per million (ppm) of available chlorine.

Alcohol is **not recommended** for disinfecting the surfaces of equipment or work surfaces.

4.2 RESPONSIBILITY FOR CLEANING UP BLOOD / BODY FLUID SPILLAGE

Adequate training must be given to all staff members involved in the management of blood and body fluid spillages. All staff dealing with spillages of blood/body fluid should be vaccinated against hepatitis B virus. Refer to Occupational Health Department for advice.

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

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For blood and/or body fluid spillages that occur within:

- Wards and departments – nursing or departmental staff from affected area are responsible for cleaning blood or body fluid spillage
- Main entrance, main corridors, communal areas outside ward and departments – patient environment services are responsible for cleaning blood or body fluid spillage.
- Outdoor areas, waste trolleys, vans – relevant department e.g. Catering, Transport, Service department are responsible for cleaning blood or body fluid spillage.

4.3 EFFECTIVE DISINFECTION AND DISPOSAL OF BLOOD AND BLOOD STAINED BODY FLUID SPILLAGES

- The most efficient way to deal with a body fluid spill is to absorb it; however, absorbent **Haz Tabs Granules** need to be used to make the spill safe. This ensures that the spill can be collected and sent for disposal with maximum protection to the operative. Haz-Tab granules will absorb the spill, (thus safely containing it) and at the same time release chlorine to disinfect it.
- For larger blood or blood-stained body fluid spills treat with a liquid disinfectant (**Haz Tabs tablet** mixed as per instructions to 10,000 ppm) and mopped up with paper towels.
- An alternative specialised spillage kit may be used in areas where Haz Tabs is not available or impractical to use. e.g. **Clinell Spill Wipes**
- Note that when dealing with blood stained urine spillages the urine may promote the release of free chlorine from the treated area when hypochlorite or other chlorine-containing compounds are applied. The specialised spillage kit (**Clinell Spill Wipes kit**) can be used in this situation See **Appendix 1**

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4.4 STEP BY STEP GUIDANCE ON BLOOD SPILLS

1. The spillage should be dealt with as soon as possible
2. Staff, patients and visitors must be kept away from the spillage and if possible a warning sign shown, while preparation is made to handle the spill as outlined below.
3. Put on personal protective equipment (PPE) e.g. eye protection, long cuff disposable nitrile gloves and a disposable apron. If the spillage is extensive, disposable plastic overshoes or rubber boots may be necessary
4. **Smaller liquid blood spills** should be completely covered by sodium dichloroisocyanurate granules (**HAZ TABS Granules**) and left for two minutes before cleaning up with paper towels.
5. **Larger liquid blood spills** may alternatively be covered with paper towels or incontinence pads and gently soaked with **Haz Tabs Solution** of the correct concentration of 10,000 ppm directly from the 4.5g Haz Tabs diluter container
6. After two minutes clear and dispose of as clinical waste.
7. If broken glass is present, first decontaminate the spillage as above, and then carefully remove the pieces of glass with disposable forceps or scoop to a sharps bin, before wiping up.
8. The area should be washed with water and detergent and allowed to dry (dried with paper towel if metal surface to minimise risk of rust)
9. Paper towels, gloves, disposable overshoes and any contaminated clothing should be placed in a clinical waste bag for incineration
10. Wash Hands

IMPORTANT NOTE: IF THE BLOOD AND OR BODY FLUID SPILLAGE OCCURS ON METAL / STAINLESS STEEL EQUIPMENT THE SURFACE MUST BE DRIED WITH A DISPOSABLE PAPER TOWEL AND NOT LEFT TO AIR DRY.

4.5 LEAKAGE IN THE VACUUM TRANSPORT SYSTEM FOR SPECIMEN

In the event of a blood or body fluid leakage in the specimen transport system, immediately inform the Manager in Pathology Services as well as the laboratory managers in the Haematology and Clinical Biochemistry Departments, and the Biological Safety Officer. The system must be closed down and a specialised decontamination procedure carried out.

4.6 IMPORTANT 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.
- Do not use Chlorine based disinfectants on urine spillages
- If solution is discarded in a toilet, always flush the toilet immediately.
- Chlorine may corrode metals unless residual disinfectant is rinsed off afterwards.
- Chlorine will bleach and damage fabrics and carpets.

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- 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.

4.7 LARGE SPILLAGE / SEWAGE

- In the event of an unexpected sewerage spill, contact Facilities 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.

4.8 MANAGEMENT OF SPILLAGE OF URINE

- Don appropriate PPE based on risk assessment (eg. Long cuff disposable gloves, apron and goggles if splashes are anticipated)
- Absorb all organic matter with paper towels or disposable cloths.
- Clean surface thoroughly using a solution of detergent and water and paper towels or disposable cloths.
- Rinse the surface and dry thoroughly.
Or use the UHMBT Spillage Kit product of choice see Appendix 2

4.9 MANAGEMENT OF SPILLAGE OF VOMIT

- Don appropriate PPE based on risk assessment (eg. Long cuff disposable gloves, apron and goggles if splashes are anticipated)
- Absorb all organic matter with paper towels or disposable cloths.
- Clean surface thoroughly using a solution of ChlorClean and disposable cloths.
- If the surface is metal rinse the surface and dry thoroughly. Otherwise leave solution to dry
Or use the UHMBT Spillage Kit product of choice see Appendix 2

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5. ATTACHMENTS	
Number	Title
1	Clinell® Spill Wipes
2	Use of Haz-Tabs for Blood and Blood-Stained Body Fluid Spills
3	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Proc/047	Clinical Cleaning and Decontamination Procedure http://uhmb/cs/tpdl/Documents/CORP-PROC-047.docx
Corp/Pol/068	Personal Protective Equipment (PPE) http://uhmb/cs/tpdl/Documents/CORP-POL-068.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Bibliography	
NHS National Services Scotland (2015) Standard Infection Control Precautions Literature Review: Management of blood and body fluid spillages in health and social care settings. [Online] Available at: http://www.nipcm.scot.nhs.uk/documents/sicp-management-of-blood-and-body-fluid-spillages-in-the-hospital-setting/ (accessed 22.6.16)	
UK Health Departments. Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses. [Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382184/clinical_health_care_workers_infection_blood-borne_viruses.pdf (accessed 22.6.16)	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Angela Richards	Matron IPC	
	Matrons X Bay	
	Infection Prevention team	
	Consultant Microbiologist	
Dave Passant	Head of Estates & Facilities	

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10. DISTRIBUTION PLAN	
Dissemination lead:	Angela Richards
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date
	Part of induction training and also training at ward/department level	

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	April 2016	All	Incorporated into Trust format. Includes preferred products of choice for decontamination	01/04/2019
2.1	17/10/2017	Page 3	BSF page added	01/04/2019
2.2	13/02/2019	Page 1	Review Date extended – form 027/2019	01/10/2019

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www.clinell.com

SPILL WIPES

SOAKS UP SPILLS SAFELY, IN SECONDS

Clinell Spill Wipes are specifically developed to deal with bodily fluid spills quickly and efficiently. For use on blood spills, body fluid spills and urine.



Clinell Spill Wipes - (NHSSC: VJT268 / Order Code: CSW1)



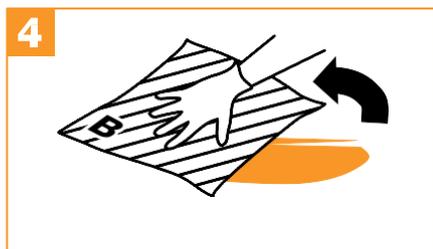
1 Tear open the pack.



2 Remove wipes.



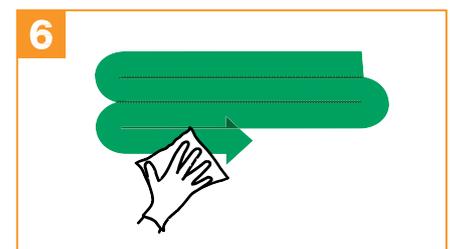
3 Place the active side (A) face down onto the spill. Leave to absorb for 30 sec.



4 Push down on plastic backed side (B) and wipe until spill is fully absorbed.



5 Remove a disinfectant wipe from the sachet.



6 Clean the spill area in an 'S' shaped motion, from clean to dirty.



7 Put soiled wipes and empty sachet back into the pack.



8 If required repeat steps 5-7 with the remaining wipe and reseal.



9 Dispose of pack as hazardous waste.

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DISPOSE OF IN HAZARDOUS WASTE. DO NOT FLUSH OR MACERATE.

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For more information, please contact the Infection Prevention and Control Team.

USE OF HAZ-TABS

FOR BLOOD AND BLOOD-STAINED BODY FLUID

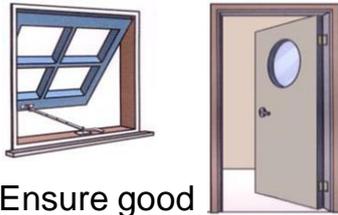
BEFORE YOU START



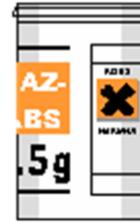
Use eye protection if required

Always wear protective gloves and an apron.

SPILLS



Ensure good ventilation



Always make up a solution for each use.

Refer to COSHH data on product label.

Check product expiry date

TO MAKE-UP



NHS Supply Chain Code: MRB 284

Use 4 tablets for 1 litre of water from the **cold** tap.



= 10,000 ppm Available Chlorine



NHS Supply Chain Code: MRB 287

DISSOLVE FOR 5 MINUTES. DO NOT SHAKE THE DILUTER! - MIX GENTLY BY INVERSION

TO USE



Pour an equal quantity of the solution onto the spill and mop up with paper towels.



Discard as clinical waste.

DISPOSAL



Flush sluice with water both before and after discarding the solution.

Discard solutions by flushing with **cold** water down the sluice.

Keep the diluters for the next use!

NOW WASH YOUR HANDS!

All used materials, including aprons and gloves must be disposed of as clinical waste.



Important Reminders

- ✓ Make a fresh solution every 24 hours.
- ✓ Flush Sluice before *and* after discarding solution.
- ✗ Do Not shake the container to mix
- ✗ Never mix with any other cleaning agent or any chemical.
- ✗ Chlorine may bleach soft furnishings and fabrics



Do not use hot water



Never use in a spray bottle



If in doubt about when to use this product contact your Supervisor or your Infection Control Team

Issue Date: March 2015

Appendix 3: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Age		
	• Disability		
	• Race		
	• Sex		
	• Religious belief – including no belief		
	• Sexual Orientation		
	• Gender reassignment		
	• Marriage and civil partnership		
	• Pregnancy and maternity		
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?	No	
4a	If so can the impact be avoided?		
4b	What alternative are there to achieving the policy/guidance without the impact?		
4c	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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