SPILLAGE OF BLOOD AND BODY FLUIDS

Amendments

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Feb. 2010</td>
<td></td>
<td>Updated in line with the Trust’s Policy</td>
<td>Caroline Becher, Chief Nurse</td>
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<td>Writing &amp; Ratification Policy.</td>
<td>Suzanne Rankin, Chief Nurse</td>
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<td>March 2012</td>
<td></td>
<td>Expiry of review date.</td>
<td>Suzanne Rankin, Chief Nurse</td>
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<tr>
<td>July 2013</td>
<td></td>
<td>Review of products/practices.</td>
<td>Suzanne Rankin, Chief Nurse</td>
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<tr>
<td>March 2014</td>
<td></td>
<td>Further review of products and practices.</td>
<td>Suzanne Rankin, Chief Nurse</td>
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Compiled by: The Infection Control Team

In consultation with: Control of Infection Committee

Ratified by: Clinical Governance Committee

Date ratified: November 2007

1st Review: February 2010

2nd Review: March 2012

3rd Review: March 2013

4th Review: July 2013

5th Review: March 2014

Reviewed by: Linda Towey
Review date: March 2016
Target audience: All Trust staff
Impact Assessment carried Out by: Linda Towey, Consultant Nurse, Infection Prevention & Control
Comments on this document to: Linda Towey, Consultant Nurse, Infection Prevention & Control
SPILLAGE OF BLOOD AND BODY FLUIDS POLICY

See also:  Inoculation Injury Policy  
Cleaning and Disinfection Policy  
Management of Healthcare Waste Policy

1. INTRODUCTION

Dealing with spillages of blood and body fluids may carry a risk of exposure to blood borne virus or other pathogens. This risk will be minimised by following the precautions in this policy including the correct use of personal protective equipment (PPE) and disinfectant products.

2. PURPOSE

This policy outlines the procedures which should be taken following the spillage of blood, other body fluids and known contaminated material.

3. RESPONSIBILITIES

Spillages of blood/body fluids must be cleaned up as quickly as possible by nursing/midwifery/department staff in clinical areas and by trained domestic Housekeeping staff in public areas.

For safety reasons all patients and staff not involved in clearing the spill, must be kept away from the spillage area until it has been effectively dealt with.

4. BEFORE YOU START

- Always wear gloves and a plastic apron. Use eye protection if splashing to the face is likely. (Personal Protective Equipment)  
- All cuts and abrasions must be fully covered with a waterproof plaster  
- Wherever possible ensure good ventilation  
- Check expiry date of disinfectant product used and read COSHH information

5. MANAGEMENT OF URINE, VOMIT AND DIARRHOEA

USE A CLINELL SPILL WIPE

- Read manufacturer’s instructions on product and risk assess prior to use  
- Always wear plastic apron and gloves. Use eye protection if splashing to the face is likely (PPE)  
- Ensure cuts and abrasions are covered with waterproof plaster  
- Tear open pack  
- Remove large pad and place the active side face down on the spill (A side)  
- Leave for 15 seconds  
- Push on back of wipe (B side) until spill is fully absorbed
7. DISPOSAL OF BLOOD AND BODY FLUIDS

Large volumes of blood, urine or vomit must be disposed of in a clinical waste sack including equipment such as paper towels, disposable mop head used to clear up spillage. Double bag and send for incineration.

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Units of blood taken (e.g. venesection) or placentas should be placed in a sealable container for incineration.

Disposable suction containers should be carefully sealed and placed in the appropriate box (over 100mls) or a clinical waste sack (under 100mls).


8. DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy will be available on TrustNet.

All clinical staff are taught the management of blood and body fluids spillages at induction and annual update.

9. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

An annual audit is undertaken to assess compliance with the policy. This is undertaken by the Infection Control Team as part of the annual infection control audit cycle. Results are fed back to the ward manager, matrons and department managers. Retraining is undertaken if there is failure of compliance.

10. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

11. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

12. REFERENCE