



Community Infection Prevention and Control Policy for Care Home settings

Safe management of blood and body fluid spillages

**SAFE MANAGEMENT OF BLOOD AND
BODY FLUID SPILLAGES**

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Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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SAFE MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

SAFE MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

Blood and body fluids, e.g. urine and faeces, may contain a large number of microorganisms, such as bacteria and viruses.

Staff who may have contact with blood or blood stained body fluids, or are exposed to sharps or other exposure risks, should have the opportunity for hepatitis B vaccination and antibody testing to check for their response.

Contamination or spillages with blood or body fluids should be dealt with immediately, as this may expose staff and others to infection. Blood and body fluid spillages should be managed by staff trained in the correct procedure.

Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for Care Home Settings'.

When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

2. Dealing with blood and body fluid spillages

Clean up blood and body fluid spillage promptly to reduce the risk of infection to other people.

Appropriate personal protective equipment (PPE) should be worn, e.g. non-sterile disposable gloves and apron, and SICPs followed.

Best practice is to use an appropriate spillage kit for the type of spillage, following the manufacturer's guidance and ensuring it is within the expiry date. Some spillage kits are suitable for all types of body fluids, including blood, e.g. spill wipes, always check the manufacturer's instructions on suitability and usage.

Spillage kits may contain solidifying polymer granules. A National Resident Safety Alert issued in 2017, following a number of deaths and incidents related to ingestion of the product, advises a risk assessment and procedures in place to ensure supplies are securely stored away from the general public.

In the absence of spillage kits, chlorine-based solutions can be prepared and used as in the Tables below:

- The required dilution for dealing with blood or blood stained body fluid spillages is 10,000 ppm (parts per million) available chlorine, or equivalent product as per manufacturer's instructions
- The required dilution for dealing with body fluid spillages that are not blood or blood stained, is 1,000 ppm available chlorine, or equivalent product as per manufacturer's instructions

Action for blood and/or blood stained body fluid spillages <i>Dilution of 10,000 ppm (parts per million) available chlorine</i>
1. Clean hands and put on disposable apron and gloves (wear facial protection if there is a risk of splashing).
2. Ventilate the area, e.g. open windows/doors, as fumes will be released when using chlorine.
3. Place solution or granules directly onto the spillage. Leave for the required contact time as specified by the manufacturer.
4. Clear away the spillage and dispose of as infectious waste.
5. With detergent wipes or general purpose neutral detergent and warm water and disposable cloth, clean the area, then leave to air dry or dry with paper towels.
6. Dispose of cloth and paper towels as infectious waste.
7. Remove and dispose of PPE as infectious waste.
8. Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the transmission of infection.

Action for body fluid spillages <i>Dilution of 1,000 ppm available chlorine</i>
Do not use a solution containing chlorine directly on to urine as toxic fumes will be released.
1. Clean hands and put on disposable apron and gloves (wear facial protection if there is a risk of splashing).
2. Ventilate the area, e.g. open windows/doors, as fumes will be released when using chlorine.
3. Soak up any excess liquid/clean up any solid material using paper towels. If it is a urine spillage, a gelling agent can be used. Place solution or granules directly onto the spillage. Leave for the required contact time as specified by the manufacturer.
4. Clear away the spillage and dispose of as infectious or offensive waste.
5. With detergent wipes or general purpose neutral detergent and warm water and disposable cloth, clean the area, then leave to air dry or dry with paper towels.

Action for body fluid spillages Dilution of 1,000 ppm available chlorine

6. Dispose of cloth and paper towels as infectious or offensive waste.
7. Remove and dispose of PPE as infectious or offensive waste.
8. Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the transmission of infection.

- Dispose of waste and PPE as infectious or offensive waste.
- Wash hands with liquid soap and warm running water, rinse and dry thoroughly with paper towels.
- If a mop and bucket are used, they should be in accordance with the national colour coding, refer to the 'Safe management of the care environment Policy for Care Home settings'. After use, the mop head should be disposed of immediately as infectious or offensive waste and the bucket washed with general purpose neutral detergent and warm water and dried with paper towels, and then wiped with a chlorine-based disinfectant at 1,000 ppm available chlorine, or equivalent product as per manufacturer's instructions, and stored upside down to air dry.
- All cloths must be single use and disposed of after use.

3. Use of chlorine-based disinfectants

- Always use the appropriate PPE, e.g. disposable apron and gloves, and wear facial protection if there is a risk of splashing to the face.
- Some disinfectants supplied as tablets must be made up with the specified amount of water using a diluter bottle in order to achieve the correct concentration.
- Always use cold water when diluting chlorine-based disinfectants.
- If the dilution of the chlorine-based disinfectant is incorrect and a weak solution is used, any blood-borne virus, e.g. hepatitis B, hepatitis C and HIV, will not be killed. If the dilution is too strong, the equipment or surfaces may be damaged.
- Diluted chlorine-based disinfectant solutions become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours.
- To ensure that microorganisms, such as bacteria and viruses are killed, always leave chlorine-based disinfectant solutions for 5-10 minutes contact time or as specified by the manufacturer.
- Do not use a chlorine-based disinfectant solution directly on urine as toxic fumes will be released.
- Chlorine-based disinfectants, such as household bleach, should not be used

on soft furnishings, untreated wood and carpets as it will cause 'whitening/bleaching'. Therefore, only general purpose neutral detergent and warm water, a carpet shampoo machine or steam cleaner, should be used.

- If soft furnishings or other items are heavily contaminated with blood or body fluids that cannot be adequately decontaminated, they should be disposed of.

4. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Safe management of blood and body fluid spillages: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

5. References

Department of Health (2015, updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Health and Safety Executive (Accessed December 2019) *How to deal with an exposure incident* www.hse.gov.uk/biosafety/blood-borne-viruses/how-deal-exposure-incident.htm#immediate

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

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NHS Improvement (July 2017) *Resident Safety Alert: Risk of death and severe harm from ingestion of superabsorbent polymer gel granules*

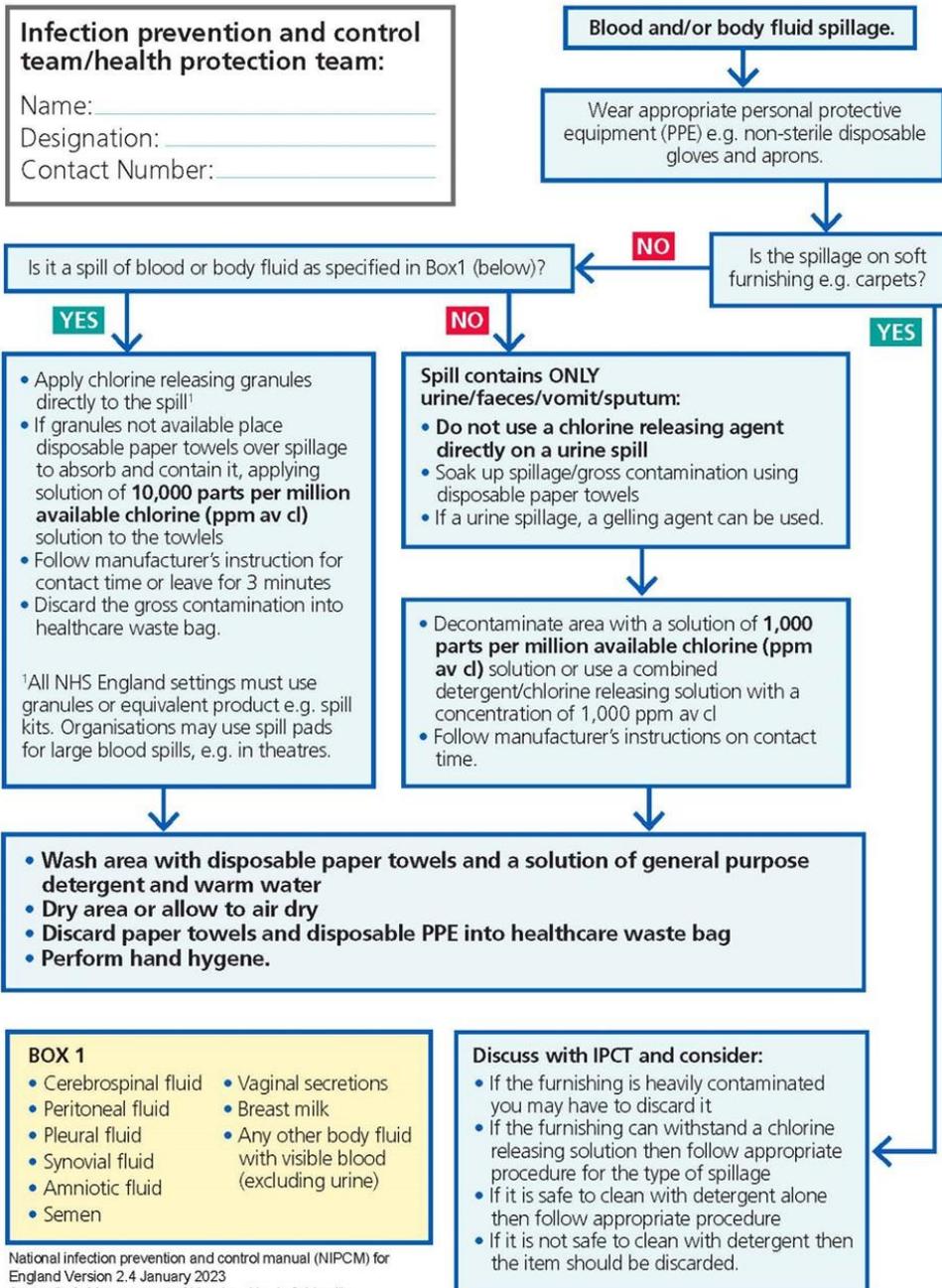
www.england.nhs.uk/wp-content/uploads/2020/02/PS_Alert_Polymer_28_Nov_2019_FINAL.pdf

6. Appendices

Appendix 1: Safe management of blood and body fluid spillages: Quick reference guide



Safe management of blood and body fluid spillages: Quick reference guide



National infection prevention and control manual (NIPCM) for England Version 2.4 January 2023
Appendix 9: Management of blood and body fluid spills

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For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/