



**Community Infection Prevention and Control
Policy for Care Home settings**

**Safe management of
blood and body fluids**

**SAFE MANAGEMENT OF
BLOOD AND BODY FLUIDS**

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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 FLUIDS

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1. Introduction

This Policy is one of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

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

2. Dealing with blood/blood stained body fluid spillages

Items contaminated with blood or any body fluids stained with blood should be disinfected promptly and then the affected area cleaned (see table below) to reduce the risk of infection to other people.

Appropriate personal protective equipment (PPE) should be worn and standard infection control precautions followed.

Best practice is to use a blood spillage kit, which should be used following the manufacturer's guidance and within expiry date. Alternatively, prepare a chlorine-based solution or granules as below.

Action for blood and/or blood stained body fluid spillages Dilution of 10,000 parts per million (ppm) available chlorine

Chlorine-based disinfection, e.g. Milton (dilution of 1 in 2, e.g. 100 ml of Milton in 200 ml of cold water). Hypochlorite tablets or granules can be used. All products should be within the expiry date and used as per manufacturer's instructions.

1. Clean hands and put on disposable apron and gloves.
2. Ventilate the area, e.g. open windows/doors, as fumes will be released from the chlorine.
3. Place solution or granules directly onto the spillage. Leave for the required contact time which is specified by the manufacturer.
4. Clear away the spillage and dispose of as infectious waste.
5. With detergent wipes or pH 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 gloves, clean hands, remove and dispose of apron, clean hands. Tie/seal the bag and place in the waste bin.
8. Wash, rinse and dry hands thoroughly to prevent the transmission of infection.

3. Dealing with body fluid spillages (not blood/ blood stained)

Clean up body fluids, such as urine, faeces and vomit, promptly. The affected area should be cleaned and then disinfected (see table below) to reduce the risk of infection to other people.

Appropriate personal protective equipment (PPE) should be worn and standard infection control precautions followed.

Best practice is to use a body fluid spillage kit, which should be used following the manufacturer's guidance and within expiry date.

Alternatively, prepare a chlorine-based disinfectant solution and use as below.

Action for body fluid spillages

Dilution of 1,000 parts per million (ppm) available chlorine

Chlorine-based disinfection, e.g. Milton (dilution of 1 in 20, e.g. 50 ml of Milton in 1 litre of cold water). Hypochlorite tablets can be used. All products should be within the expiry date and used as per manufacturer's instructions.

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.
2. Ventilate the area, e.g. open windows/doors, as fumes will be released from the chlorine.
3. Soak up any excess liquid or clean up any solid material using paper towels.
4. Clear away paper towels and spillage. Dispose of as infectious or offensive waste.
5. With a disposable cloth, wash the area with pH neutral detergent and warm water followed by the chlorine-based disinfectant solution, then leave to dry or dry with paper towels.
6. Dispose of cloth and paper towels as above.
7. Remove and dispose of gloves, clean hands, remove and dispose of apron, clean hands. Tie/seal the bag and place in the waste bin.
8. Wash, rinse and dry hands thoroughly to prevent the transmission of infection.

4. Use of chlorine-based disinfectants

- Always use the appropriate personal protective equipment (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 micro-organisms, such as bacteria, viruses and fungi, are killed, always leave chlorine-based disinfectant solutions for 5-10 minutes contact time or as specified on the container.
- 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 pH 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.

5. Splashes of blood or body fluids

Splashes of blood or body fluids to the eyes, nose or mouth must be treated as potential exposure to a blood-borne virus. Rinse eyes or mouth with copious amounts of water and then:

- Report the injury to your manager immediately
- Immediately contact your GP for assessment and treatment as required. During 'out of normal office hours', attend the nearest Accident and Emergency (A&E) department

6. Infection Prevention and Control resources, education and training

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

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

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Home staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

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

7. References

Department of Health (2015) *The 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 and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*