

Title	SAFE DISPOSAL OF BODY FLUID WASTE			Number	CL37
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Version Control

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Introduction

Dealing with spillages of blood or body fluid may carry a risk of exposure to blood borne viruses or other pathogens. This risk will be minimised by following the precautions recommended in this procedure paper, including the correct use of protective clothing and effective disinfectant products.

Spillages of blood and body fluids should be dealt with promptly, by staff who have received appropriate training and who are fully immunised against hepatitis B.

Definitions

Blood or body fluid spillage

- Spillage of any body fluid including blood, vomit, urine or faecal matter, including diarrhoea.

Contamination

- The presence of harmful micro-organisms or the visible presence of blood or any other body fluid on a medical device or in an environment.

Decontamination

- The combination of processes (including cleaning, disinfection and sterilisation) used to make a re-usable item, or an area, safe for further patient and staff use.

Duties of Staff

Under health and safety legislation, employees must safeguard the health and safety of themselves and others whilst at work. This means attending relevant training and following recommended procedures identified by risk assessment. Staff are reminded of their duty of care to ensure the safe and effective management of spillages, and must be prepared to deal with a spillage if they witness or discover it.

It is the clinician's responsibility to clean up any spillages in the clinical environment that occur during treatment or care. Domestic or reception staff may be asked to deal with a

spillage in a non-clinical area, e.g. in a waiting room, if they have received appropriate training and hepatitis B immunisation.

Staff must report any adverse incidents or risks involving blood or body fluid spillage to their line manager and via the incident reporting system. .

Management of Spillages

All spillages should be cleaned up promptly, to minimise the risk of transmission of blood-borne viruses and other pathogens.

Materials for dealing with spillages must be readily available; a spillage kit will help to ensure that they are. If there is any delay in dealing with a spillage, e.g. staff with appropriate training are not readily available, the spillage must be safely cordoned off and/or the room locked. If in a public area, it must not be left unattended by staff.

Blood, high risk body fluids and body fluids with visible blood present:

- Cleaning agents 1% Sodium hypochlorite (10,000ppm av. Chlorine) and Detergent
1. Collect protective personal equipment and other equipment (mop, bucket, paper towels, clinical waste bags, etc)
 2. Put on personal protective equipment
 3. Soak up excess spillage with paper towels and discard into clinical waste bag.
 4. If there is broken glass in the spillage DO NOT pick it up with your fingers – use a scoop of cardboard or dust pan and brush and dispose of into Sharps container.
 5. Wipe spillage area with undiluted 1% sodium hypochlorite (10,000ppm available chlorine) using disposable paper towels.
 6. Wash off with hot water and detergent, dispose of the towels into clinical waste.
 7. Leave the spill area clean and dry.
 8. Remove apron and gloves and discard into clinical waste bag.
 9. Wash hands

Vomit, diarrhoea, infective urine, no visible blood present. (fluids potentially infectious but not known to contain blood borne viruses):

- Cleaning agent Actichlor plus (1,000ppm av. Chlorine)
1. Collect protective personal equipment and other equipment (mop, bucket, paper towels, clinical waste bags, etc)
 2. Put on personal protective equipment
 3. Soak up excess spillage with paper towels and discard into clinical waste bag.
 4. If there is broken glass in the spillage DO NOT pick it up with your fingers – use a scoop of cardboard and dispose of into Sharps container.
 5. Clean the area using Actichlor plus diluted to 1000ppm av. Chlorine, (this does not need rinsing off).
 6. Leave the spill area clean and dry.
 7. Remove apron and gloves and discard into clinical waste bag.
 8. Wash hands

General body fluid spillages – (spillages of urine and faeces, which do not appear to have blood present):

- Cleaning agent neutral detergent
1. Collect protective equipment and equipment (mop, bucket, clinical waste bags, etc)
 2. Put on personal protective equipment.
 3. Soak up excess spillage with disposable paper towels, discard into clinical waste bag.
 4. Clean area with detergent and hot water, dry thoroughly.
 5. Remove apron and gloves and discard into clinical waste bag.
 6. Wash hands

Safety with Chemicals

COSHH assessments (Control of Substances Hazardous to Health Regulations, 2002) must be carried out for all chemical disinfectants, and staff should be aware of the implications of these assessments for storage and use of the product, and first aid in the event of exposure, e.g. a splash to the eye.

Chlorine-releasing agents are corrosive to many materials, e.g. metals, and will bleach carpets, fabrics and soft furnishings.

Chlorine-releasing agents can damage the skin and mucous membranes, therefore gloves and aprons should be worn for any contact. If there is a risk of splashing, eye protection should also be worn. Chlorine-releasing agents should be used in a well ventilated environment.

Chlorine-releasing agents must never be mixed with acids or used on spills of urine, as chlorine gas will be released. They should not be mixed with hot water or any other cleaning agents.

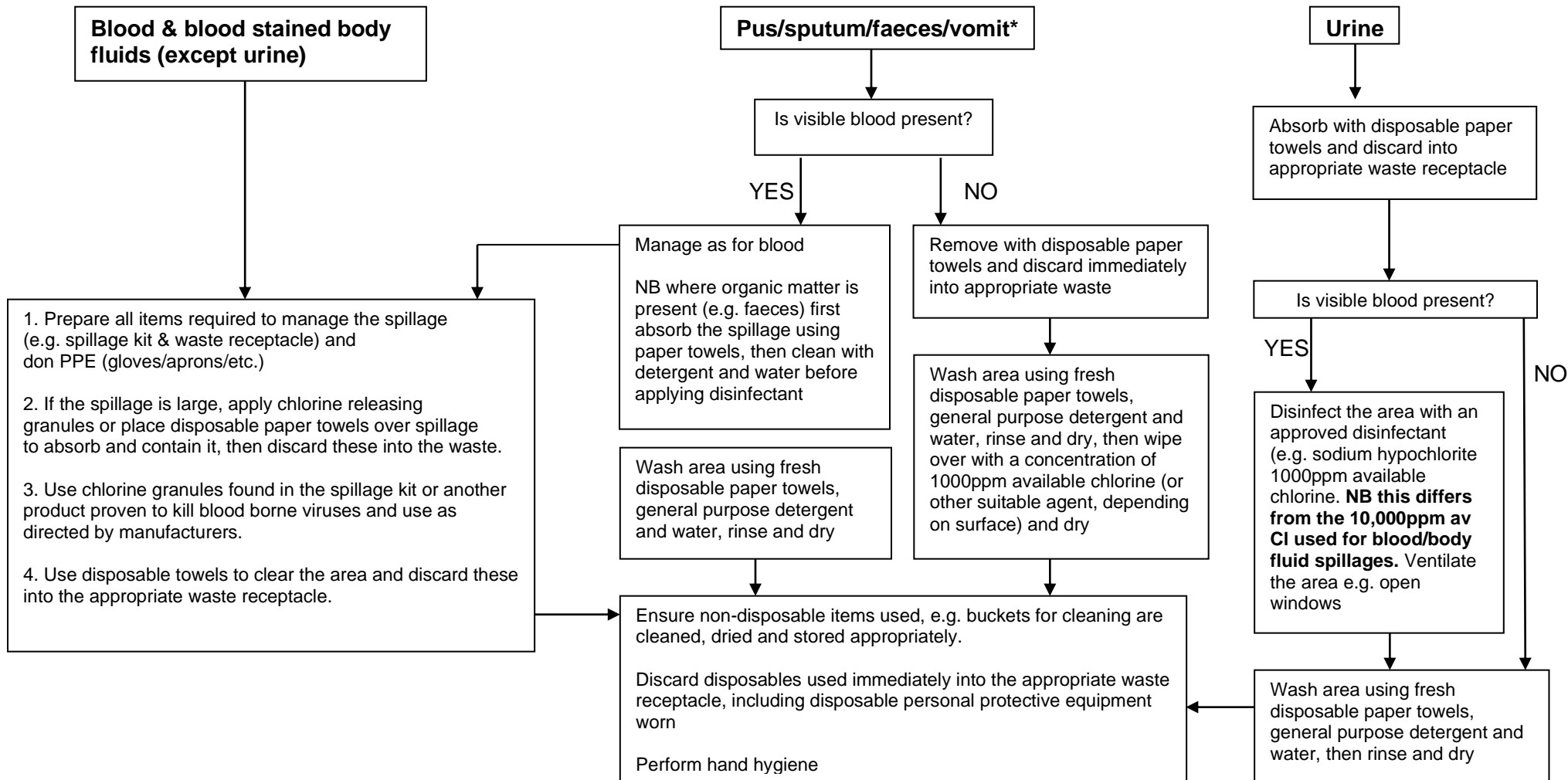
Use of Chlorine-Releasing Agents

Chlorine-releasing agents are chemical disinfectants which are effective against blood-borne viruses and are rapid in action. They are the disinfectant of choice in the event of a spillage of blood or body fluid. However, the effectiveness of all chemical disinfectants is strongly dependent on their conditions of use. In order to be effective, they must be used in accordance with the manufacturer's instructions, at the appropriate strength for the contact time specified. Solutions made from tablets should be freshly prepared.

- Chlorine-releasing agents fall into two groups:
1. Sodium dichloroisocyanurate (NaDCC), e.g. Presept, Haz Tabs, Chlor-Clean Tablets
 2. Sodium hypochlorites, e.g. Milton, Domestos

The use of NaDCC is recommended for spillages. It is less resistant than hypochlorites are to organic matter, less corrosive, and has a longer shelf life, as it is manufactured as tablets or granules, rather than a liquid.

Management of blood & other body fluid spillages



If body fluid is suspected to be of an infectious nature, disinfect area after washing the area (e.g. in the event of a diarrhoea & vomiting outbreak).

Disposal of Different Types of Waste

There are principally two ways of dealing with clinical waste, one is to treat with high temperature steam (autoclaving) and the other is to dispose by high temperature incineration.

Clinical waste has to be separated into different containers for disposal which indicates how hazardous or infectious it might be. A colour coding system has been developed to indicate to both the transporters and disposal contractors just what is in each container. During the Covid pandemic, all waste at the treatment centres was classed as “clinical” for disposal by incineration.

