

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Cleaning blood and other body substance spills
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<b>KEY TERMS</b>	Body Substances; Blood; Personal Protective Equipment; Spills; Environmental Cleaning
<b>SUMMARY</b>	To outline the procedures to be followed to clean blood and body substance spills

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**1. POLICY STATEMENT**

All blood and body substance spills must be cleaned +/- disinfected (based on risk assessment) as soon as practical to ensure the Health and Safety of patients and staff. The staff member who first identifies the spill is responsible or delegates responsible (when priority patient care takes precedence) for ensuring the safe management and cleaning of the spill immediately. In circumstance where emergency procedures are under way, spills should be attended as soon as it is safe to do so.

**2. BACKGROUND**

To outline the procedure to be followed to contain, clean +/- disinfect blood and body substance spills to reduce risk of occupational exposure, patient/healthcare worker falls and contamination of equipment and furniture.

**3. DEFINITIONS**

**Body Substances:** includes any human secretions or substances including blood, urine, faeces and vomited matter except sweat.

**Personal Protective Equipment (PPE):** equipment designed to prevent contamination of the health care worker and/or clothing for example apron, goggles/face shields, gloves.

**Small Spills:** includes spills up to 10cm

**Large Spills:** includes spills greater than 10cm

**4. RESPONSIBILITIES****4.1 Employees will:**

- Comply with management procedures for all blood and body substance spills
- Ensure risk assessment is completed and appropriate PPE worn while cleaning spills
- Be aware of their vaccination status and keep it up to date.

**4.2 Line Managers will:**

- Ensure cleaning equipment and PPE is available for staff to clean blood and body substance spills
- Ensure all staff comply with this procedure
- Ensure all staff receive appropriate education on the safe cleaning of blood and body substance spills
- Ensure delegation of cleaning blood and body substances is enabled for priority patient care e.g. during emergency resuscitation.

**4.3 District Managers/ Service Managers will:**

- Distribute information to line managers
- Assign responsibilities and resources to ensure appropriate management of all blood and body substance spills.

### 4.4 Clinical staff will:

- Comply with management procedures for all blood and body substance spills
- Ensure risk assessment is completed and appropriate PPE worn while cleaning spills
- Be aware of their vaccination status and keep it up to date.

## 5 Procedure

If the spill is in a ward area it is the responsibility of nursing staff to pick up the bulk of the spill, using paper towels and disposing of it into clinical waste bins. It is the responsibility of the cleaning staff to clean the spill area after the bulk of the spill has been removed.

### 5.1 A Risk assessment needs to be completed taking into consideration:

- Spill size
- Presence of Cytotoxic material
- Presence of sharps, glass or other foreign bodies
- Type of surface i.e. soft furnishings
- Whether patient has a known or suspected infectious agent and the potential impacts to other patients and staff
- Cleaning of Blood and Body Substance Spills procedure
- PPE requirements

### 5.2 Principles of Site decontamination after blood or body substance spill

- Clean up as soon as possible
- Confine and contain the spill
- Wear utility gloves and other PPE appropriate to the task
- Clean with neutral detergent
- Risk assess need for disinfectant
- Discard any contaminated waste into clinical waste stream.

**Blood and Body Substance Spills**

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Table 6. Appropriate processes for managing spills

Volume of spill	Process
Spot cleaning	<ul style="list-style-type: none"> <li>• Select appropriate personal protective equipment (PPE)</li> <li>• Wipe up spot immediately with a damp cloth, tissue or paper towel</li> <li>• Discard contaminated materials</li> <li>• Perform hand hygiene</li> </ul>
Small spills (up to 10cm diameter)	<ul style="list-style-type: none"> <li>• Select appropriate PPE</li> <li>• Wipe up spill immediately with absorbent material</li> <li>• Place contaminated absorbent material into impervious container or plastic bag for disposal</li> <li>• Clean the area with warm detergent solution, using disposable cloth or sponge</li> <li>• Wipe the area with sodium hypochlorite and allow to dry</li> <li>• Perform hand hygiene</li> </ul>
Large spills (greater than 10cm diameter)	<ul style="list-style-type: none"> <li>• Select appropriate PPE</li> <li>• Cover area of the spill with an absorbent clumping agent and allow to absorb</li> <li>• Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances</li> <li>• Place all contaminated items into impervious container or plastic bag for disposal</li> <li>• Discard contaminated materials</li> <li>• Mop the area with detergent solution</li> <li>• Wipe the area with sodium hypochlorite and allow to dry</li> <li>• Perform hand hygiene</li> </ul>

**5.3 Floor surfaces:**

- Minimise traffic around the spill area
- Collect the required cleaning equipment and don protective PPE (risk assess)
- Check to ensure there are no sharps or broken glass. If so, use an appropriate device to remove and to prevent injury
- Confine and contain by covering the spill with paper towels/disposable absorbent material to absorb the bulk of the blood or body substance
- Wipe spill up immediately with paper towel
- Discard all contaminated disposable items into clinical waste
- Place any laundry items soaked with blood or body substances in a leak proof bag before placing in a linen bag
- Clean area with a neutral detergent and warm/cold water using mop or disposable cleaning cloth
- Risk assess need for disinfection
- Clean bucket and mop, dry and store appropriately
- Perform hand hygiene.

**5.4 Carpet/fabric or porous material:**

- As above plus:
- Arrange for carpet to be shampooed with an industrial carpet cleaner as soon as possible
- Remove soft furnishing from general use for professional cleaning
- If the item is unable to be cleaned satisfactorily then it should be discarded.

**5.5 Shared Patient Care Equipment or patient furnishings**

- Clean equipment/furniture with a neutral detergent and warm/cold water using disposable cleaning cloth
- Dry equipment/furniture with disposable cloth
- Perform hand hygiene
- Discard all contaminated disposable items into clinical waste
- Place any laundry items soaked with blood or body substances in a leak proof bag before placing in a linen bag.

**5.6 Risk Assess need for disinfectant**

Choosing a disinfectant (when required).

The use of sodium hypochlorite is not necessary for routinely managing spills but it may be used in specific circumstances. There is evidence supporting the use of sodium hypochlorite to deactivate various blood borne and gastrointestinal viruses, and to clean rooms of patients known or suspected to be infected with bacteria such as *C. difficile* or multi-resistant organisms.

**6. DOCUMENTATION**

Nil

**7. AUDIT**

- PPE compliance audits – as per facility PPE audit schedule
- Occupational Exposure reviews – as per facility occupational exposure reporting schedule

**8. REFERENCES**

- Australian Commission on Safety & Quality in Healthcare; Australian Guidelines for the Prevention and Control Of Infection in Healthcare 2010
- NSW Ministry of Health Cleaning of the Healthcare Environment PD2020\_022
- CEC [Environmental Cleaning Standard Operating Procedure Module 4](#)
- National Standard 3 Prevention of Healthcare Associated Infections

**9. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
August 2020	0	Procedure developed in accordance with PD2020_022 Cleaning of the Healthcare Environment. Replaces previously rescinded SESLHDPR/364.
September 2020	DRAFT	Draft for comment period.
November 2020	DRAFT	Processed by Executive Services prior to tabling at Clinical and Quality Council for approval to publish.
February 2021	1	Approved by Clinical and Quality Council. Published by Executive Services.