

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Cleaning blood and other body substance spills
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FUNCTIONAL GROUP(S)	Infection Control
KEY TERMS	Body Substances; Blood; Personal Protective Equipment; Spills; Environmental Cleaning
SUMMARY	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 and disinfected using a 2-in-1 neutral detergent and disinfectant wipe as soon as practical to ensure the health and safety of patients, visitors, and staff. The staff member who first identifies the spill is responsible or must delegate responsibility (when priority patient care takes precedence) to ensure 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, and 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 such as blood, urine, faeces, and vomited matter, with the exclusion of sweat.

Personal Protective Equipment (PPE): Equipment designed to prevent contamination of the health care worker and/or clothing for example apron, eye protection, 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

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- Ensure delegation of cleaning blood and body substances is enabled for priority patient care e.g. during emergency resuscitation
- Ensure staff are up to date with their vaccinations

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 the staff member who first identifies the spill (or their delegate) 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 gloves and other PPE appropriate to the task and according to standard precautions
- Clean with neutral detergent
- Use a disinfectant as per transmission based precautions and risk assessment
- Discard any contaminated waste into clinical waste stream.

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Table 6. Appropriate processes for managing spills

Volume of spill	Process
Spot cleaning	<ul style="list-style-type: none"> Select appropriate personal protective equipment (PPE) Wipe up spot immediately with a damp cloth, tissue or paper towel

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Guidelines for the Prevention and Control of Infection in Healthcare (2019) - National Health and Medical Research Council (NHMRC)

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

Source: National Health and Medical Research Council

5.3 Floor surfaces:

- Minimise traffic around the spill area
- Collect the required cleaning equipment and don protective PPE (risk assess and as per standard precautions)
- 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

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- 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 and disinfect the area with a 2-in-1 neutral detergent and disinfectant and warm/cold water using mop or disposable cleaning cloth
- 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

- Apply PPE per risk assessment and standard precautions
- Wipe up spill with absorbent material
- Wipe area with a 2-in-1 neutral detergent and disinfectant wipe
- 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 Choosing an appropriate neutral detergent and disinfectant

- The spill must be absorbed with paper towels/disposable absorbent material prior to cleaning and disinfection.
- A neutral detergent must always be used when using a disinfectant. This can either be done using a 2-in-1 product, or a 2 step process using a neutral detergent followed by disinfectant.
- 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.
- A Therapeutic Goods Administration (TGA)-listed hospital grade disinfectant with specific claims or sodium hypochlorite must be used.
- The disinfectant chosen must have label claims against the organism of concern. Choosing a disinfectant that is compatible with the surface material where the spill has occurred is integral in order to avoid damage to the surface.

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6. DOCUMENTATION

Nil

7. AUDIT

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

8. REFERENCES

- [Australian Commission on Safety & Quality in Healthcare \(2021\) Preventing and Controlling Infections Standard](#)
- [NSW Ministry of Health Policy Directive PD2023_018 – Cleaning of the Healthcare Environment](#)
- [Clinical Excellence Commission \(CEC\) Environmental Cleaning Standard Operating Procedure Module 4](#)
- [National Health and Medical Research Council \(2019\) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra: Commonwealth of Australia.](#)

9. VERSION AND APPROVAL HISTORY

Date	Version	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.
3 May 2024	1.1	Minor review: update section 5 for consistency; updated to use neutral detergent and disinfectant for cleaning bodily fluids. Approved by SESLHD IPCC and Executive Sponsor.