B1.4.3 Management of blood and body substance spills

Prompt removal of spots and spills of blood and body substance followed by cleaning and disinfection of the area contaminated is a sound infection control practice and meets occupational health and safety requirements (Sehulster and Chinn 2003).

Process of spills management

Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill:

- in patient-care areas, healthcare workers can manage small spills by cleaning with detergent solution;
- for spills containing large amounts of blood or other body substances, workers should contain and confine the spill by:
  - removing visible organic matter with absorbent material (e.g. disposable paper towels);
  - removing any broken glass or sharp material with forceps; and
  - soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules).

Table B1.12 demonstrates appropriate processes when managing spills. Appropriate PPE should be worn at all times.

If spillage has occurred on soft furnishings, a detergent solution can be used to clean the area thoroughly. Do not clean soft furnishings with a disinfectant such as sodium hypochlorite.

Soft furnishings can also be wet vacuumed. Following cleaning of soft furnishings, every effort must be made to air the room to allow drying of the furnishing before reuse.

Alcohol solutions should not be used to clean spillages (HPS 2006).

Table B1.12: Management of blood or body substance spills
Spot cleaning

- Select appropriate PPE
- Wipe up spot immediately with a damp cloth, tissue or paper towel
- Discard contaminated materials
- Perform hand hygiene

Small spills (up to 10cm diameter)

- 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)

- 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

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 inactivate various bloodborne and gastrointestinal viruses, and bacteria such as *C. difficile* (HPS 2008). The consideration to use sodium hypochlorite should be based on risk assessment of the environment, the spill, risk of transmission of disease, and the surface area and potential hazards with using the product.

If a disinfectant is required, particularly during the implementation of transmission-based precautions, a TGA-registered hospital grade disinfectant must be used. The disinfectant chosen should have label claims against the organism of concern.

**Recommendation**

14 Site decontamination after spills of blood or other potentially infectious materials

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Spills of blood or other potentially infectious materials should be promptly cleaned as follows:

- wear utility gloves and other PPE appropriate to the task;
- confine and contain spill, clean visible matter with disposable absorbent material and discard the used cleaning materials in the appropriate waste container;
- clean the spill area with a cloth or paper towels using detergent solution.

Use of chemical disinfectants such as sodium hypochlorite should be based on assessment of risk of transmission of infectious agents from that spill.

**Spill kit**

A spill kit should be readily available in each clinical area and should include a scoop and scraper, single-use gloves, protective apron, surgical mask and eye protection, absorbent agent, clinical waste bags and ties, and detergent. All parts should be disposable to ensure that cross-contamination does not occur.