

SA 2 Cleaning Blood and Body Fluid Spills

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Approval and Periodic Review Signatures

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Version History

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1.0	Approved and Current	First version in Document Control	3/10/2022	8/12/2014	Indefinite



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PRINCIPLE:

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. In the event of a spill of blood or body fluids, there must be a procedure in place to provide guidance in proper disinfection. All spills shall be immediately contained and cleaned up by appropriate professional staff or others that have been properly trained and equipped to work with potentially concentrated infectious materials.

SPECIMEN:

Blood or body fluids

Patient Preparation:

N/A

Type:

N/A

Handling Conditions:

Universal precautions at all times.

EQUIPMENT AND MATERIALS:

Equipment:

N/A

Materials:

1. Absorbent material (i.e., sponge, towels)
2. Approved germicide (registered by the EPA for use as hospital disinfectant and labeled tuberculocidal or registered germicides on the EPA Lists D and E (i.e., products with specific label claims for HIV or hepatitis B virus [HBV]) in accordance with label instructions to decontaminate spills of blood and other body fluids. EPA-registered sodium hypochlorite is preferred, but generic sodium hypochlorite solutions (e.g., household chlorine bleach) may be used.
3. Latex gloves



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4. Fluid resistant lab coat
5. N95 respirator if splash or spatter is likely
6. Waste container labeled with biohazard label

Preparation:

1. Use 1:100 dilution (500-615 ppm available chlorine) in patient care areas or work/instrument surfaces.
2. For large spills, use a 1:10 dilution (5,000-6,150 ppm available chlorine) for the first application of germicide before cleaning.

Performance Parameters:

Complete decontamination of the surfaces.

Storage Requirements:

N/A

CALIBRATION:

Standard Preparation:

N/A

Calibration Procedure:

N/A

QUALITY CONTROL:

N/A

PROCEDURE - STEPWISE:

1. Before beginning decontamination, put on personal protective equipment. This must include at a minimum, latex gloves, fluid resistant lab coat, mask (N95) if splash or spatter is a potential hazard.
2. Control the spread of the spill by using absorbent materials.



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3. Follow proper procedures for site decontamination of spills of blood or body fluids. Use only EPA approved germicides.
4. If the spill contains large amounts of blood or body fluids, clean the visible matter with disposable absorbent material, and discard the used cleaning materials in appropriate, labeled containers.
5. Swab the area with a cloth or paper towels moderately wetted with disinfectant (1:10 bleach), and allow the surface to dry.
6. For larger spills, apply 1:10 bleach to the spill, let stand 10 minutes, remove as above.
7. After the spill has been thoroughly disinfected and cleaned, place all contaminated items in biohazard container and remove.
8. Remove PPE and thoroughly wash hands using soap and water.
9. Technical work areas must allow for complete decontamination in the event of an accidental spill. (i.e., no carpet, no open seams in flooring or walls, no cloth chairs)

CALCULATIONS:

N/A

REPORTING RESULTS:

Report all spills of blood and/or body fluids to the supervisor and/or Safety Officer.

PROCEDURE NOTES:

1. Do not use high-level disinfectants (i.e., liquid chemical sterilants) on environmental surfaces; such use is inconsistent with label instructions because of toxicity of the chemicals.
2. Ensure EMS (Environmental Management Service) personnel are adequately instructed and protected with PPE if they are assisting in the cleanup.



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3. There is no EPA registered product that exists for decontamination from Creutzfeldt-Jakob disease (CJD).

4. For CJD, use either 1N NaOH or a sodium hypochlorite solution containing approximately 10,000-20,000 ppm available chlorine (dilutions of 1:5 to 1:3 v/v, respectively).

a. The contact time for the chemical used during this process should be 30 minutes to 1 hour.

5. Work surfaces should be decontaminated on a regular, scheduled basis. Always wear PPE while decontaminating. Spills on work surfaces must be cleaned immediately. Routine cleaning can be done at the end of the workday.

6. All pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Reference Ranges:

N/A

Procedures for Abnormal Results:

The facility Safety Manager can provide assistance with supervision and resources for cleanup procedure.

Reporting Format:

Verbal report or electronic report to the supervisor and/or Safety Officer.

LIMITATIONS OF THE PROCEDURE:

N/A

REFERENCES:

1. OSHA, Bloodborne Pathogen Standard 1910.1030 (d)(4)(i), 4(ii), 4(ii)A, 4(ii)B, and 4(ii)C; (e)(2)(ii)(K) and (e)(2)(ii)(L).



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2. CDC, Guidelines for Environmental Infection Control in Healthcare Facilities, section II. "Cleaning Spills of Blood and Body Substances."

3. CDC, ibid, Paragraph VI, "Special Pathogens."

4. 29 CFR 1910.1030, Bloodborne Pathogen Standard, Housekeeping, 1910.1030(d)(4)(i), (d)(4)(ii), (d)(4)(ii)A, and ((d)(4)(ii)C.