

## Policy Number: IP 19

### Title of Policy: Blood and body fluid spillage management

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## **Appendices**

[Appendix 1 Guidance Notes for Blood and/or Body Fluid Spillage Management](#)

[Appendix 2 Blood spills poster](#)

[Appendix 3 Urine and Vomit spills poster](#)

## **1.0 Policy Statement (Purpose / Objectives of the policy)**

Occupational exposure to blood or body fluids, secretions and excretions through spillages poses a potential risk of infection, particularly to those who may be exposed while providing health care. You assume that every patient you encounter may carry micro-organisms which could be transmitted directly or indirectly (via contamination of surfaces or equipment) to cause infection if they are not removed and decontaminated appropriately.

The Trust is committed to reducing and managing this risk, ensuring effective and safe practice. This policy provides guidance on the management of blood and/or body fluid spillage.

In adhering to this policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding policy.

## **2.0 Definitions**

### **2.1 Standard Precautions**

The usual precautions taken to prevent spread of infection regardless of the detection of a pathogenic organism e.g. gloves, aprons, hand hygiene and safe sharps disposal.

### **2.2 Hand Hygiene**

Decontamination of the hands by hand washing, using soap and water and/or using an alcohol based hand rub.

### **2.3 Infection**

The outcome of an interaction between a host and a micro-organism in which the host reacts in an observable way. The evidence is usually a clinical infection.

### **2.4 Blood and body fluids**

Blood and body fluids can potentially contain a range of micro-organisms. Exposure to these fluids (including faeces, vomit, pus and urine) poses a potential risk of contamination and transmission of infection to patients and healthcare staff, if not dealt with safely and correctly. In addition, viruses such as Hepatitis B, Hepatitis C and HIV can be transmitted through exposure to blood and other high risk body fluids (e.g. amniotic fluid, breast milk, pericardial fluid, peritoneal fluid, pleural fluid, cerebrospinal fluid, semen and synovial fluid) and blood-stained fluids like urine, vomit, sputum and faeces. Therefore, the quick and effective management of spillages, regardless of the setting, is essential.

### **2.5 Chlorine releasing agents as disinfectants**

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

Chlorine releasing agents fall into two groups:

- Sodium dichloroisocyanurate (NaDCC) – chlorine based granules can be applied to spillage directly, or tablets that are added to cold water to make the appropriate strength of solution;
- Sodium hypochlorite – e.g. Milton, Domestos etc.

N.B. Chlorine-releasing agents or hypochlorite solutions must not be used directly on spills of urine or vomit, as it can cause the release of chlorine gas. Spillages must first be removed with general detergent and water followed by a chlorine releasing agent at 1000ppm (Parts per million) to disinfect the area.

### 3.0 Accountabilities

#### 3.1 Senior Sisters/Charge Nurses/Department Managers are responsible for

- The implementation of this policy, and should exposure occur, they are also required to ensure that any risks to patients, visitors or staff are minimised;
- Ensuring local risk assessments are carried out where necessary;
- Ensure the availability and use of appropriate personal protective equipment (PPE), as per [Policy IP12 Standard Precautions](#)
- Ensuring adherence to safe practices, (including the provision of resources to ensure this);
- Offering appropriate access to immunisation programmes;
- Reviewing any incidents that occur and taking any appropriate subsequent actions;
- Ensuring training which covers all aspects of the management of blood and body fluid spillage is available for all their staff (clinical and non-clinical).

#### 3.2 Every Staff member is responsible for

- Ensuring that they adhere to any policies and procedures to minimise the hazards resulting from any spillage and to attend blood and body fluid spillage training;
- Reporting any exposure incidents that occur and to take appropriate measures to avoid them in the first instance, including safely disposing of the sharps they have used;
- Ensuring that a decontamination certificate is completed and the equipment is clearly labelled and bagged if considered to be contaminated (as per [Policy HS11 The Management of Medical devices](#)) before any equipment is sent to Medical Physics or externally;
- Reporting any adverse reaction to chlorine releasing agents to Occupational Health and Wellbeing department and seek medical attention as necessary.
- All staff have a responsibility to manage the potential for occupational exposures to blood or body fluids, including sharps injuries, which can and do occur while delivering care. Those staff trained in the safe and effective management of blood and/or body fluid spillages must be alerted to manage the spillage.
- Responsibilities for the cleaning of surfaces or equipment contaminated by blood and/or body fluid spillage must be clear within each clinical setting. As a general rule, the responsibility for spillages, whether caused by patients, staff or visitors is as follows:
  - Wards and Departments: clinical staff;
  - Main entrance, main corridors, communal areas outside of departments: contact Hotel Services;
  - Outdoor areas, waste trolleys, etc: contact the Estates Hotline;

- Electrical equipment contaminated in areas other than on the surfaces: contact Medical Physics (see [Policy HS11 The Management of Medical Devices](#)).

Individual clinicians and practitioners who arrange to consult with a patient have a duty of care to provide clean, safe care to all patients, visitors and other staff. This includes the removal of any spillages of blood and body fluids from the patient whilst on Trust premises, Health Centres and other premises delivering care services. This must be removed and cleaned as soon as possible to prevent hazards to other service users.

#### 4.0 Policy Detail

Blood and/or body fluid spillages must be dealt with immediately. All necessary equipment to deal with the spillage must first be gathered, including PPE and spillage cleaning products; refer to [IP12 Standard Precautions](#). Appropriate solutions must be used for the safe and effective management of the spill. The Control of Substances Hazardous to Health (COSHH) sheet and product data sheet must also be referred to, to ensure safe management of the spillage.

To ensure the safety of staff, patients and visitors in the event of a spillage of body fluid:

- Inform all appropriate staff, patients and visitors in the immediate vicinity that a spillage has occurred;
- Place hazard signs near the spillage;
- Remove unaffected mobile equipment from the immediate area to ensure spillage is easily accessible for cleaning and does not contaminate the area/equipment further

#### 4.1 Personal Protective Equipment (PPE)

**the person dealing with blood spillages must wear disposable nitrile gloves; a plastic apron and eye protection where appropriate (refer to The Control of Substances Hazardous to Health Regulations 1994). Refer to [IP12 Standard Precautions](#).**

#### 4.2 Blood spillage or other body fluid visibly contaminated with blood

- Splashes of blood or any bodily fluid on the skin must be washed off immediately with soap and water; refer to [HS03 Sharps Safety Policy](#)
- If there is broken glass, do not touch (even with gloved hands), use a paper or plastic cup and dispose of the glass and scoop in the sharps container;
- Any soiled linen must be placed into a red water soluble (alginate) bag prior to being placed in a red polythene laundry bag, then tied securely before sending for processing (see bagging procedure for linen in [Linen policy IP05](#)).

#### 4.3 Sodium Dichloroisocyanurate (NaDCC) - Chlorine based product

Products that contain chlorine (NaDCC) can damage the skin and therefore gloves and a disposable plastic apron must be worn when preparing or using them. All skin splashes must be washed immediately with running water, refer to [HS03 Sharps Safety Policy](#)

An important COSHH hazard notice has been attached to chlorine releasing granules:

- Do not use in poorly ventilated areas;
- Do not use if suffering from a known respiratory condition or asthma;
- Do not mix products containing Chlorine (NaDCC) with any other cleaning agents

- as dangerous fumes may be released;
- Always follow the manufacturer's instructions and recommendations for dilution of product.

#### 4.4 How to deal with spillages (other than urine or vomit) using chorine based NaDCC solution or granules

See [Appendix 1 for Guidance Notes for Blood and/or Body Fluid Spillage Management](#).

##### 4.4.1 Solution strength and uses

Strength	Use
10.000 ppm	Decontamination of blood and body fluids spills
5.000 ppm	Routine cleaning of the room and fittings when treating a patient identified with Carbapenemase-Producing Enterobacterales (CPE)
1.000 ppm	Decontamination of surfaces that may be lightly (not visibly) contaminated with pathogenic microorganisms

N.B Do not use granules in sinks.

See [Appendix 1 Guidance Notes for Blood and/or Body Fluid spillage Management](#)  
See [Appendices 2 & 3](#) for spillage cleaning instructions posters.

#### 4.5 Spillage of body fluids visibly contaminated with blood

See [Appendix 1 for Guidance Notes for Blood and/or Body Fluid Spillage Management](#).

#### 4.6 Spillage of body fluids not visibly contaminated with blood

See [Appendix 1 for Guidance Notes for Blood and/or Body Fluid Spillage Management](#).

#### 4.7 Spills on carpets and upholstery

See [Appendix 1 for Guidance Notes for Blood and/or Body Fluid Spillage Management](#).

#### 4.8 Spillage in vehicles

All vehicles transporting specimens must carry a spillage kit containing disinfectant, detergent wipes, personal protective clothing, absorbent material and a clinical waste sack. Follow the instructions provided with the spill kit.

#### 4.9 Body fluid spillages in a patient's home

Where community nurses have a spillage incident in a patient's home, the spillage must be soaked with absorbent swabs or disposable towels (if available) or request suitable absorbent material from the patient.

The spillage must be cleaned with appropriate household cleaning products after checking with the patient if the product can be used. If no products are available, use detergent wipes carried by the community nurses. Any swabs or disposable

towels should be double bagged and disposed of in the patient's household waste. Further information can be found in the appropriate appendices.

See [Appendix 1 for Guidance Notes for Blood and/or Body Fluid Spillage Management](#).

## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

## 6.0 Equality Impact Assessment

The initial screening of this policy has not identified any adverse/negative impact and therefore a full equality impact assessment is not required.

## 7.0 Maintenance

The Infection Prevention Team will be responsible for reviewing and updating this policy.

## 8.0 Communication and Training

8.1 The approved policy can be found on the Trust Intranet system.

8.2 Managers and Matrons will be informed of the launch and any revisions to the policy.

8.3 Basic training will be provided on induction through the local induction process.

8.4 Further training will be arranged in response to audit findings.

## 9.0 Audit Process

#	Criterion	Lead	Monitoring method	Frequency	Committee
	Implementation	Lead Nurse Infection Prevention	Trust-wide Audit	2 yearly	Infection Prevention and Control Group

**10.0 References - Legal, professional or national guidelines** must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

[Royal Wolverhampton Hospitals NHS Trust Standard Precautions IP12](#)

[Royal Wolverhampton Hospitals NHS Trust Hand Hygiene Policy IP01](#)

[Royal Wolverhampton Hospitals NHS Trust Staff Dress Code and Uniform Policy HR22](#)

[Royal Wolverhampton Hospitals NHS Trust Sharps Safety Policy \(Including Splash HS03](#)

[Injury and Post Exposure Prophylaxis \(PEP\) HS03](#)

[Royal Wolverhampton Hospitals NHS Trust Linen Policy IP05](#)

[Royal Wolverhampton Hospitals NHS Trust The Management of Medical Devices HS11](#)

Control of Substances Hazardous to Health Regulations (2002).

Department of Health. HSE 1998 / 063. April 15<sup>th</sup> 1998. Guidance for Clinical Health Care Workers: Protection against Infection with Blood borne viruses. DoH Publication. London.

Department of Health 2008. Health and Social care Act 2008. Code of practice for health and adult social care on the prevention and control of healthcare associated infections and related guidance. The Stationary Office. London

Health and Safety at Work Act. 1974. HMSO. London

NHS Executive. 2000. Hepatitis B infected healthcare workers. Guidance on implementation of Health Service Circular. 2000/020. DoH Publication. London.

Pratt RJ; Pellowe CM; Wilson JA; Loveday HP; Harper P; Jones SRLJ; McDougall C; Wilcox MH. Et al. 2007. Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. The Journal of Hospital Infection. Vol 65. Supplement. [www.epic.tvu.ac.uk](http://www.epic.tvu.ac.uk)

**All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.**



### Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and Policy version:</b>  July 2021 v. 5	<b>Policy Title</b>  IP 19 Blood and body fluid spillage management	<b>Status:</b>  Draft		<b>Author: Infection Prevention Team</b>  <b>Director Sponsor: Chief Nurse</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	Dec 2010	IP Lead Nurse	Policy information was originally found in the Trusts IP Manual which was discontinued in favour of separate policies
	2	October 2012	IP Nurse RWHT	Policy being reviewed Aug 2012 to harmonise the two concurrent policy documents.
	3	Sept 2015	Head of Nursing Infection Prevention	Planned policy review due to reaching expiry date
	4	Sept 2018	Nurse Manager Infection Prevention	Review date
	5	September 2021	Matron Infection Prevention	Review date
<b>Intended Recipients:</b> Trust wide				
<b>Consultation Group / Role Titles and Date:</b> Head Nurses Matron group				
<b>Name and date of Trust level group where reviewed</b>		IPCG June 2021 Trust Policy Group 10 September 2021		
<b>Name and date of final approval committee</b>		TMC 24 September 2021		
<b>Date of Policy issue</b>		October 2021		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)		September 2024		

<p><b>Training and Dissemination:</b> The approved policy can be found on the Trust Intranet system</p> <p>Managers and Matrons will be informed of the launch and any revisions to the policy.</p> <p>Basic training will be provided on induction through the local induction process.</p> <p>Further training will be arranged in response to audit findings.</p>	
<p><b>To be read in conjunction with:</b></p> <p>Hand Hygiene Policy IP01</p> <p>Standard Precautions Policy IP12</p> <p>Sharps Safety Policy (including splash injury and post exposure prophylaxis [PEP]) HS 03</p>	
<p><b>Initial Equality Impact Assessment (all policies):</b> Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p><b>Monitoring arrangements and Committee</b></p>	<p>Trust wide annual audit; feedback to IPCG</p>
<p><b>Document summary/key issues covered.</b></p> <p>Occupational exposure to blood and/or body fluids, secretions and excretions through spillages poses a potential risk of infection, particularly to those who may be exposed while providing health care. It must always be assumed that every person encountered will be carrying potentially harmful micro-organisms that might be transmitted directly or via contamination of surfaces/equipment resulting in subsequent transmission if they are not removed and decontaminated appropriately.</p> <p>The Trust is committed to reducing and managing this risk, ensuring effective and safe practice. This policy provides guidance on the management of blood and/or body fluid spillage.</p> <p>In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.</p>	
<p><b>Key words for intranet searching purposes</b></p>	
<p><b>High Risk Policy?</b></p> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> <p>If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.</p>	<p><b>No (delete as appropriate)</b></p> <p>If Yes include the following sentence and relevant information in the Intended Recipients section above –</p> <p>In the event that this is policy is made available to the public the following information should be redacted:</p>

Part B **Ratification Assurance Statement**

Name of document: Blood and body fluid spillage management

Name of author: Lisa Hall

Job Title: Matron Infection Prevention

I, \_\_\_\_\_ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Lisa Hall

Date: 12<sup>th</sup> July 2021

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and policy version</b>	<b>Policy Title</b> IP 19 Blood and body fluid spillage management	
<b>Reviewing Group</b>	<b>Trust Policy Group</b>	<b>Date reviewed: July 2021</b>
<b>Implementation lead: Lisa Hall Matron Infection Prevention</b>		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead / s (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) <ol style="list-style-type: none"> <li>1. Development of a pocket guide of strategy aims for staff</li> <li>2. Include responsibilities of staff in relation to strategy in pocket guide.</li> </ol>	Policy available for staff to refer to on the Trust intranet	Completed
Training; <b>Consider</b> <ol style="list-style-type: none"> <li>1. Mandatory training approval process</li> <li>2. Completion of mandatory training form</li> </ol>	Policy awareness delivered as part of monthly IP Trust induction session	Infection Prevention Team at Trust Induction and Mandatory Training
Development of Forms, leaflets etc; <b>Consider</b> <ol style="list-style-type: none"> <li>1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out.</li> <li>2. Type, quantity required, where they will be kept / accessed/stored when completed</li> </ol>	Not applicable	
Strategy / Policy / Procedure communication; <b>Consider</b> <ol style="list-style-type: none"> <li>1. Key communication messages from the policy / procedure, who to and how?</li> </ol>	IPCG / Senior Managers Operational Group meetings Trust Intranet in Infection Prevention Policy suite Staff Team Meetings for local launch and implementation Staff Bulletin	Head of Nursing – Corporate Support Services Senior Matron – Infection Prevention
Financial cost implementation Consider Business case development	None identified	
<b>Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation</b>	N/A	

## Guidance Notes for Blood and/or Body Fluid spillage Management

### 1 Specific information relating to each body fluid

#### 1.1 Excreta

waste matter discharged from the body, especially faeces and urine must be discarded directly into a macerator, sluice hopper or toilet or placed in a yellow sack and sent for incineration.

#### 1.2 Urine

Caution; do not use bleach-based or NaDCC products on urine as uric acid reacts with hypochlorite to release toxic chlorine gas.

#### 1.3 Blood

A careful risk assessment is required should blood spillage occur so that risk to the person dealing with the spillage is minimised.

### 2 Procedures

#### 2.1 Dealing with Blood Spillages

The person dealing with blood spillages must wear disposable nitrile gloves; a plastic apron and eye protection where appropriate (refer to The Control of Substances Hazardous to Health Regulations 1994). Refer to [IP12 Standard Precautions](#).

Use a granular chlorine based disinfectant to contain and solidify spillages and avoid further spread of contamination. If spillage is extensive (i.e. greater than 30 ml or ¼ of a cup) remove the bulk of it by physical means and then disinfect the remainder.

#### **Spillage of body fluids visibly contaminated with blood**

Chlorine releasing agents must not be used for urine and vomit spillages even if it contains visible blood. If a chlorine releasing agent is used the resulting fumes are considered a hazard.

The recommended practice is:

- Put on appropriate PPE;
- Using disposable paper towels remove all traces of visible spillage, dispose of as clinical waste;
- Wash area with a general purpose detergent and warm water, rinse and dry;
- Wipe over the area with chlorine releasing agent made up to 1,000 ppm strength and paper towels;

- Dispose of all disposable towels, gloves and aprons as clinical waste;
- Wash hands thoroughly.

## 2.2 How to deal with spillages (other than urine or vomit) using chlorine based NaDCC solution or granules

- Put on appropriate PPE.
- Prepare the Chlorine based NaDCC product.

If using solution:

- Prepare solution in accordance with manufacturer's instructions to a strength of 10.000 ppm
- Cover area with disposable paper towels to limit spread and wait for spill to absorb
- Discard towels as clinical waste
- Clean the area using disposable paper towels and the chlorine based NaDCC solution
- Discard as clinical waste
- Wash hands thoroughly

If using granules:

- Pour the granules carefully over the spillage, until all visible liquid is covered
- Leave the granules for 2 minutes to absorb the spillage
- Collect the granules using disposable paper towels and/or cardboard scoop;
- Discard as clinical waste
- Clean area with disposable towels using a chlorine based NaDCC solution (10.000 ppm) (see above)
- Wash the area with a general purpose detergent and warm water, rinse and dry
- Dispose of all towels, gloves, aprons as clinical waste
- Wash hands thoroughly

## 2.3 Solution strength and uses

Strength	Use
10.000 ppm	Decontamination of blood and body fluids spills
5.000 ppm	Routine cleaning of the room and fittings when treating a patient identified with Carbapenemase-Producing Enterobacterales (CPE)
1.000 ppm	Decontamination of surfaces that may be lightly (not visibly) contaminated with pathogenic microorganisms

**2.4 Spillage of body fluids not visibly contaminated with blood**

These spillages will include faeces, vomit, urine and sputum.

- Put on appropriate PPE.
- Use paper towels to soak up the spill.
- Discard paper towels and any other waste from the spillage as clinical waste.
- Clean the contaminated area with a general purpose detergent and warm water, rinse and dry for larger areas; for smaller areas use disinfectant wipes.
- Dispose of all disposable towels, gloves, aprons as clinical waste.
- Wash hands thoroughly.

**2.5 Spills on carpets and upholstery**

- Put on appropriate PPE.
- Clean away excess with disposable paper towels and dispose as clinical waste.
- Clean area with cold water.
- Clean area thoroughly with a general purpose detergent and warm water.
- Once thoroughly dry, arrange for a mechanical cleaner/steam cleaner process.
- Document the date of the steam clean.
- Wash hands thoroughly.

**CAUTION: Since NaDCC Granules are chlorine based product:**

**Avoid contact with skin, eyes and mouth**

**Do not mix with acids, such as urine or vomit**

**Ensure room / area is well ventilated**

**Replace cap after use and store in a dry area**

Refer to [Appendix 2 Blood spills poster](#) and [Appendix 3 Urine and Vomit spills poster](#)

# Biohazard / Blood Spillages

- 1** Put on protective clothing:  
Gloves and Apron.



**2**

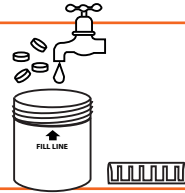


Sprinkle all the SoChlor™ Granules over the spill and leave for at least 2 minutes.

**3**

Meanwhile place SoChlor™ Tablets in the empty granule container. Fill with water up to line, place lid on top and wait until tablets are fully dissolved.

**DO NOT SHAKE.**



**4**



Once granules have absorbed the spill, open bag, collect granules using the scoop and scraper and place in the bag along with used scoop and scraper.

**5**

Use the paper towels and SoChlor™ Tabs solution to clean the area of the spill and remove any smears.



**6**



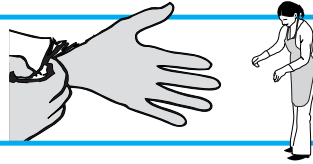
Place used container, scoop and scraper, towels and protective clothing, gloves last in bag. Tie bag to seal. Dispose of bag into appropriate clinical waste disposal channel.

**BAG AND CONTENTS MUST BE DISPOSED OF IN ACCORDANCE WITH LOCAL WASTE DISPOSAL POLICIES FOR BIOHAZARD WASTE.**



# Urine & Vomit Spillages

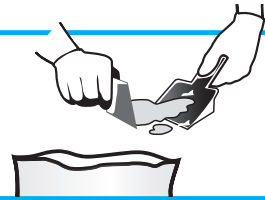
- 1** Put on protective clothing:  
Gloves and Apron.



- 2** Sprinkle all the GV Absorbent Granules over  
the spill and leave for 30-60 seconds.



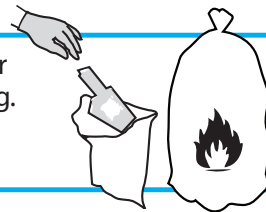
- 3** When the granules have absorbed the spill  
open bag, collect granules using the scoop  
and scraper and place in the bag along  
with used scoop and scraper.



- 4** Use disinfectant surface wipes to clean the area  
of the spill and remove any smears. Use paper  
towels to dry the area.



- 5** Place used scoop & scraper, surface wipes, paper  
towels and protective clothing, gloves last in bag.  
Tie bag top to seal. Place bag into appropriate  
waste disposal channel.



**BAG AND CONTENTS MUST BE DISPOSED OF IN  
ACCORDANCE WITH LOCAL WASTE DISPOSAL POLICIES.**