SPILLAGES

KEY POINTS

All spillages must be cleaned up promptly

Clearly define Nurse / Domestic responsibilities

Proper protective clothing should be worn

Specific action depends on the nature of the spillage

Warning about dangers of chlorine

There is a special policy for mercury spillages

INTRODUCTION

For the purpose of this policy a spillage may be defined as a leak or spill of blood or other body fluid from a patient, equipment, specimen, container or cadaver. All spillages present a potential infection hazard so they must be dealt with promptly.

CLEANING OF SPILLAGES

Responsibility for spillage cleaning:

Co-operation and flexibility between groups of staff in the removal of spillages is essential. However, the following staff should be responsible for spillage clearance in these areas:

- Nursing Staff: all wards, clinics and patient treatment areas.
- Housekeeping/Patient Support Assistants or Non-nursing: all hospital corridors and public areas.

EQUIPMENT

- Disposable plastic apron and non-sterile domestic gloves (eg "Marigold")
- A face visor is recommended
- Disposable cloths and towels or incontinence pads
- Yellow plastic sack
- Appropriate chemical disinfectant
- Proper materials for dealing with the spillage:

  a. For all BLOOD spills, (and any spillage from a patient suspected of being infected by HIV, HCV or HBV), use Sodium Dichloroisocyanurate granules

directly or tablets in solution*, (eg 4 per 1 litre of a tap water = 10,000 ppm free chlorine). Read the instructions.

b. For other body fluids (not indicated above) use a phenolic (Hycolin 2%) solution (if available) or 10,000 ppm free chlorine* as above.

*Chlorine fumes will be released when Chlorine-releasing (eg Haztab, or Presept) granules are used, so ensure the area is well ventilated. If possible, stay away from the spillage while the disinfectant is acting. **Danger: do not put granules on urine spills until they have been mopped up.**

ACTION

- Move patients and other workers away from the spillage while using dichloroisocyanurate.
- Don protective clothing before handling the spillage and chemical disinfectant. Use domestic gloves.
- Cover the spillage with the appropriate disinfectant. Leave to act for a minimum of 5 minutes.
- Mop up the spillage using disposable cloths or wipes until the area is visibly clean.
- Dispose of wipes and protective clothing in yellow plastic sack. Seal sack and send for incineration. Label with Biohazard tape if appropriate.
- Wash and dry hands thoroughly.
- Contact Domestic Staff to “spot” clean area with general purpose detergent.
- Note that chlorine solutions tend to leave floors slightly sticky or slippery.

CARPETS

Clean up spillage as far as possible using paper towels and incontinence pads. Arrange with Housekeeping/Patient support to steam clean carpet as soon as possible. Move patients away from the area. (Chlorine releasing preparations will bleach carpets).

ACCIDENTS OR INCIDENTS

If an accident (e.g. cut) occurs whilst dealing with the spillage, follow the SHARPS policy: Ensure that First Aid is received locally or in the Accident and Emergency Department. Complete an incident form and report the incident to your manager or nurse-in-charge.

MERCURY SPILLAGES

The equipment required (which can be obtained from Medical Physics and Bioengineering at UCLH (020 7387 9300 ext 4861)) is as follows:

For a mercury thermometer:

- Pair of gloves
- Mercury collector
- Bag labelled “Hazard” for returning these items to Medical Physics
- A copy of these instructions

For a mercury sphygmomanometer (maximum 5ml mercury):

- Gloves, masks
- Mercury collector
- Syringe
- Wooden spatulas
- A container of calcium hydroxide
- A container of sulphur
- Bag labelled “Hazard” for returning these items to Medical Physics
- A copy of these instructions

ACTION

- To prevent and further spreading of the mercury and to minimise exposure to mercury vapour:
    - Instruct others to keep away
    - Do not allow people to walk over the spillage.
    - Open windows and close doors adjoining rooms or corridors.

- Send immediately for the equipment which will be labelled “**Equipment for dealing with minor spillages from thermometers only**”. Or “**Equipment for dealing with major Mercury spillages from Sphygmomanometers**” as above.

- When the equipment arrives, put on the gloves and mask (for larger spillages).

THERMOMETER

- Discard the empty thermometer in a Sharps Container, unscrew the cup of the mercury collector and dab the foam pad on the globules of mercury until all the mercury has been collected.

- Place foam back on the collector and screw the cap back on so as to be airtight.

- Wipe the affected area with a damp cloth and place the cloth and the gloves in a yellow plastic bag bag. Seal the top for disposal by incineration.

SPHYGMOMANOMETER

- Place broken manometer into the pastic bag provided.

- Use the mop with the disposable duster head to sweep slowly in straight lines over the affected area, so that mercury drops gather in one place.

- Unscrew the cap of the mercury collector and, using the syringe and a wooden spatula, transfer as much of the mercury as possible into the collector.

- To collect the remnants, dab the foam on the mercury droplets then screw the cap firmly on the collector. A mesh inside the collector squeezes the mercury out of the pad, permitting the process to be repeated until all the mercury has been collected.

- If tiny amounts remain in cracks, treat with a dry mixture of sulphur and calcium chloride.

- If spillage is on an absorbent surface, it can be treated liberally with a paste of sulphur and calcium chloride. The resulting amalgam and can then be wiped up with a damp cloth. Drying takes a few hours but in the amalgam, mercury

is not volatile.

- When the procedure is complete, the area should be wiped with a damp cloth. Place all the mercury contaminated items, including the mop head in the labelled Hazard polythene bag and seal the top.

Call Medical Physics to announce the equipment has been used. Send the sealed bag, the spare instructions and the mercury collector back to Medical Physics. If necessary, Medical Physics will inspect the spillage area for consistent results and deal with any remnants in cracks or absorbent surfaces. In general, Medical Physics staff will carry out the whole procedure or, on arrival, will check for consistent and safe results.

NOTES ON MERCURY SPILLAGES

- A mesh inside the mercury collector squeezes mercury out of the foam pad, making it immediately available for repeated use.
- If spillage is on a carpet, get advice from Medical Physics. It is likely that the carpet will have to be destroyed, so it is wise to use aneroid instruments (which are notoriously inaccurate) or have the sphygmomanometer securely fixed to the wall.
- If mercury comes into contact with skin, wash well with soap and water.
- Keep mercury off jewellery, it will amalgam with gold.

REFERENCES

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Mercury

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