

<b>Topic:</b>	<b>Infection Prevention – Body Fluid (Spill) Clean-up</b>
<b>Effective:</b>	<b>August 2006</b>
<b>Cross-Reference:</b>	<b>Statutes and Regulations</b> <ul style="list-style-type: none"><li>• The Occupational Health and Safety Act and Regulations</li><li>• The Education Act</li><li>• The Health Promotion and Protection Act</li><li>• The Workplace Safety and Insurance Act and Regulation</li><li>• Health Canada Routine Practices and Additional Precautions</li></ul> <b>Halton District School Board Administrative Procedures</b> <ul style="list-style-type: none"><li>• First Aid</li><li>• Health Procedures Manual</li><li>• HEP B/HIV</li><li>• Occupational Health and Safety</li><li>• Risk Management – Minimum Standard of Care</li><li>• Safety and Health Re: Staff Working with Special Needs Students</li><li>• Workplace Safety and Insurance</li></ul> <b>Forms/Templates</b> <ul style="list-style-type: none"><li>• Student Safety Management Plan</li></ul>
<b>Revision Date:</b>	<b>September 2018</b>
<b>Review Date:</b>	<b>December 2021</b>
<b>Responsibility:</b>	<b>Executive Officer of Human Resources</b>

**INTENDED PURPOSE:**

The Halton District School Board recognizes its statutory and common law obligation to ensure the safety of students and staff.

**PROCEDURES**

Under the Occupational Health and Safety Act the employer has a strict duty to provide information, instruction and supervision to a worker to protect the health and safety of that worker; to acquaint a worker, or a person in authority over a worker, with any hazard in the workplace and to take every reasonable precaution in the circumstances for the protection of the worker. OHS Act, Section 25(2)(a)(d)(h).

The intent of this procedure is to protect staff and students/classmates against the hazards of infectious substances within our facilities.

Therefore, we encourage all staff to have up to date immunization (i.e. HEP A/B; Flu Vaccine); follow "routine practices" and, where applicable, use effective cleaning and disinfecting practices.

**1. Definitions**

- **Body Fluids:** Blood, vomit, spit (saliva), nasal secretions, urine, feces, vaginal secretions, semen
- **Clean:** Remove foreign material (including microorganisms) from an object making it safe to handle, or further disinfect. Primarily accomplished with water and soap.
- **Cough or Sneeze Etiquette:** Training for all staff and students to cover coughs and sneezes with single use tissues, or the inside of their arm, or into their elbow. Once the cough or sneeze is done, discard the tissue in a plastic lined waste container and hand hygiene would be performed.
- **Disinfect:** Eliminate many or all microorganisms from a surface, done with chemicals or heat.
- **Disposable Glove Etiquette:** Remove gloves by grasping dominant glove with other gloved hand near wrist, pinch glove and pull it off, turning it inside out. With newly ungloved hand,

insert fingers under glove, by the wrist, and hook and pull off - inside out and over/onto the other glove. Dispose of gloves in waste bag. Wash hands thoroughly with soap and water.

- **Hand Hygiene:** Proper hand washing with soap and water for 15 seconds or more, or use of hand sanitizer (alcohol or non alcohol).
  - **Infectious Substance:** Bacteria, virus, fungus or parasite that is capable of causing disease.
  - **Small Spill:** Capable of being cleaned up using paper towels.
  - **Large Spill:** Based on nature of liquid, would require more than several paper towels to clean up (e.g. – may be necessary to mop up the spill).
  - **Mode of Transmission:** Manner in which Infectious Agent may be spread:
    - Direct Contact – Touching an object or surface that has the infectious agent on it with a cut or scrape. Protection is gloves, good cleaning and hand hygiene.
    - Indirect Contact – Touching an object or surface that has the infectious substance on it, then touching mouth, nose, eyes, or open area of the skin (cut, scrape). Protection is hand hygiene.
    - Droplet – Spread by coughs or, sneeze. Protection is mask, eye protection, and gloves.
  - **Portal of Entry:** Means of allowing the infectious substance into the body -- **non-intact skin** (cut, scrape, etc.), eyes, nose, mouth.
  - **RTU:** Ready To Use
  - **Reportable accident:** An accident where there the following two conditions exist:
    - Type of exposure: cut or puncture or scrape; body fluid **splash**; cough and/or sneeze [within 1 meter of others], and where there is a portal of entry [defined] i.e. non-intact skin,
- And**
- Suspected infectious agents for example: tuberculosis; bacterial meningitis; hepatitis A or B; HIV, salmonella; Norovirus, shingles. Note: Shingles is only a concern for someone who has not had or been vaccinated against Chickenpox.
  - Note: Rabies & Anthrax are diseases that come from animals with humans as incidental hosts.
  - Scabies is an infestation of a parasite – similar to head lice – not a disease.

All blood and body fluids should be treated as contaminated.

- **Routine Practices:** A consistent way of working where there may be infectious agents, in such a manner, that one would not be exposed to the infectious agent.
  - Assume that all body fluids are potentially infectious.
    - Gloves, at a minimum, would be worn for contact with visible body fluids.
    - Open wounds on the skin are to be covered.
    - Wear appropriate personal protective equipment where there is risk of exposure to an infectious agent through the other portals of entry [defined].
  - Assume that all touched surfaces have infectious agents on them.
    - Hands will be washed after contact with touched surfaces, before contact with self (face, eyes, nose, mouth).

## **2. Accidents – Exposure and Reporting:**

2.1 Following first aid procedures for human bites or puncture wounds - cleanse wounds and seek medical attention.

2.2 Using the Employee Accident form EIR when there is a “reportable accident” as defined in this procedure.

## **3. Blood Borne Infectious Agents:**

Staff shall follow "Routine Practices" [defined].

3.1 Mode of Transmission: Direct contact may occur through skin contact with blood through open wounds, cuts, sores or penetration by a sharp object that may have blood on the surface (discarded, used needle).

- 3.1.1 Protection: Hand hygiene; wearing appropriate gloves and effective cleaning and disinfection.

#### **4. Body Fluid – Vomit:**

Staff shall follow "Routine Practices" [defined].

- 4.1 Mode of Transmission: Direct contact with vomit onto non-intact skin; indirectly through ingestion after touching poorly cleaned and disinfected surfaces, then touching mouth.  
Note: Norovirus is thought to be aerosolized when vomiting happens.

- 4.1.1 Protection: Hand hygiene; use of gloves; effective cleaning and disinfecting practices.

#### **5. Other Body Fluids Such as Spit, Nasal Secretions, Feces, Urine, Vaginal Secretions and Semen:**

Staff shall follow "Routine Practices" [defined].

##### *Spit -- Respiratory & Nasal Secretions:*

Note Perspective: We "spit" very small amounts every day while talking to each other and it is not considered a risk or hazard. For example, there is no risk associated with the licking of intact skin. Nor is it considered an unacceptable risk to handle articles handled by others. In these situations follow hygiene practices of washing hands or skin.

- 5.1 Mode of Transmission: Direct contact with a projected respiratory secretion (spit) at the portals of entry such as eyes, nose or mouth. Indirect contact through touching of the secretion or soiled surface and then portals of entry such as the eyes, noses or mouth before washing hands.

- 5.1.1 Protection: Hand hygiene; cough or sneezing etiquette; appropriate use of gloves and other protective equipment such as mask and eye protection.

- 5.1.2 Contact – First Aid: Rinse eyes if body fluid splash; if spit in mouth, rinse mouth.

##### *Feces - Animal and Human:*

- 5.2 Mode of Transmission: Direct contact into a cut (may cause an infection). Indirect contact by touching feces and touching your mouth before washing hands – fecal/ oral route.

- 5.2.1 Protection: Hand hygiene; use of gloves; effective cleaning and disinfecting practices.

##### *Urine/Vaginal Secretions and Semen:*

- 5.3 Mode of Transmission: Direct contact through splash to mucous membrane.  
Indirect – touching urine and touching your mouth before washing your hands.

- 5.3.1 Protection: Hand hygiene; use of gloves; effective cleaning and disinfecting practices.

#### **6. Decontamination – Reporting and Control of the Affected Area:**

- 6.1 Staff report, to the office or directly to the caretaker, the need for decontamination by custodial staff.
- 6.2 "Code" call, by office, to the custodian.
- 6.3 Custodian responds and cordons off the cleanup area as necessary or appropriate, solicits assistance from other staff to keep students away from contamination, or places a "slip area/wet area" sign.
- 6.4 Custodian decontaminates area as per spills cleanup procedures, using appropriate personal protective equipment.
- 6.5 Custodian to notify main office that cleanup is complete.
- 6.6 In the event there is no custodial staff available, school administration will take the appropriate action under the circumstances.

**7. Effective Cleaning and Disinfection in regards to Blood and Vomit - Small Spill:**

- 7.1 Staff shall follow "Routine Practices" [defined].
- 7.2 Gather all your supplies (e.g., extra gloves, paper towels, etc.); approved cleaning/disinfecting agent or solution; garbage can lined with plastic waste bag, designated equipment or, where available, clean-up kit.
- 7.3 Paper Towel Method:
  - Step 1:** Apply (pour) the accelerated hydrogen peroxide, a Board approved RTU solution, to the spill area on a hard or carpet surface by encircling the spill first and then onto the blood or vomit. Wait thirty (30) seconds.  
Using one (1) gloved hand, wipe or blot up the body fluid with paper towels. Carefully dispose of paper towels into a garbage can lined with plastic waste bag (cuff down the outside).
  - Step 2:** Using the other gloved hand, re-apply the Board approved RTU solution. Wait thirty (30) seconds.  
Using the same paper towel hand as before, wipe or blot up again and properly dispose of the paper towel.
  - Step 3:** Using the same a Board approved RTU solution hand as before, re-apply the solution. Then using that same a Board approved RTU glove hand, with a paper towel, wipe the spill area and allow the solution to remain on the surface for 5 minutes.
- 7.4 Remove the disposable gloves: See 11.3 Disposable Glove Etiquette instructions.
- 7.5 Carefully remove the plastic waste bag from the garbage can (handling only the outside of the bag) and tie it up.
- 7.6 Perform a good hand washing or use a hand sanitizer.
- 7.7 Remove the waste bag to the outside waste bin and return the supplies to the designated storage area.
- 7.8 Option of using a Board approved absorbent spill control powder:  
A Board approved absorbent spill control powder can be used in place of Step 1 of the Paper Towel Method. Sprinkle the product lightly covering the body fluid. In just a short while the body fluid will change into a dry gel. Using the designated lobby dustpan and broom (only to be used in the clean-up of body fluids and recognized by the red tape on the handle) scoop up the gel. Carefully dump the contents from the dustpan into the garbage can lined with the waste bag. Then complete the clean up by following through with Step 2 and Step 3 of the Paper Towel Method. **Note:** Before storing the lobby dustpan and broom, spray neutral disinfectant on the areas that were in contact with the Board approved absorbent spill control powder.

**8. Effective Cleaning and Disinfection in regards to Blood and Vomit – Large Spill:**

- 8.1 Staff shall follow "Routine Practices" [defined].
- 8.2 Gather all your supplies: i.e. extra gloves, paper towels; approved cleaning/disinfecting agent or solution; garbage can lined with plastic waste bag, designated equipment or where available clean-up kit.
- 8.3 Fill the designated red bucket with neutral disinfectant cleaner (from the dispenser unit), then using the designated red mop, mop up the blood or vomit spill until it is visibly clean.

At this point in time, if at all possible, complete the clean-up and disinfection using the **Paper Towel (small spill) method**. Before performing Steps 2 and 3 of the paper towel method you must first properly remove and dispose of the gloves. Then put on a new pair of gloves.

- 8.4 If the spill area is too large to use the paper towel method, then return to the slop sink area and put on the provided face shield before thoroughly rinsing and wringing out the red mop head, then dump the solution and thoroughly rinse the bucket and wringer, then refill with neutral disinfectant.
- 8.5 Mop (rinse) the spill area again.

- 8.6 Properly remove and dispose of disposable gloves in a garbage can lined with waste bag.
- 8.7 Put on a new pair of gloves.
- 8.8 Apply (pour) a Board approved RTU solution on the spill area – then mop the spill area with the designated (dampened) green mop with yellow band and allow the solution to remain on surface for 5 minutes.
- 8.9 Return the supplies and equipment, properly remove and dispose of the plastic waste bag and then clean the equipment as follows:
  - Step 1:** Using water – thoroughly rinse out the red mop head, mop bucket and wringer
  - Step 2:** Using a spray bottle containing neutral disinfectant – spray the inside of the mop bucket and the whole of the wringer (then set the wringer off to the side).
  - Step 3:** Fill the red bucket with neutral disinfectant solution and place the red mop head in the bucket.
  - Step 4** Insert the designated yellow pail into the red bucket and fill it with neutral disinfectant solution and then place the rinsed out green mop head into the yellow pail.
- Note:** The green mop head (with yellow band) is only to be placed in the yellow pail and the red mop is only to be placed in the red bucket. The red and green mops and the accompanying bucket, wringer and yellow pail are only to be used in the cleanup of body fluid spills and after each use the mop heads should remain in the neutral disinfectant solution for approximately 30 minutes and then rung out and hung to dry.
- 8.10 Remove the disposable gloves: See 11.3 Disposable Glove Etiquette for specific instructions.
- 8.11 Carefully remove the plastic waste bag from the garbage can (handling only the outside of the bag) and tie up. Remove the waste bag to the outside waste bin.
- 8.12 Perform a good hand washing or use a hand sanitizer.

**9. Effective Clean up of Other Body Fluids – Spit, Nasal Secretions, Urine, Feces, Vaginal Secretions, Semen:**

- 9.1 Staff shall follow "Routine Practices" [defined].
- 9.2 Gather all your supplies i.e. extra gloves, paper towels; approved cleaning/disinfecting agent or solution; garbage can lined with - plastic waste bag, designated equipment or where available clean-up kit.
- 9.3 The clean up methods, supplies and equipment that are used in addressing Blood & Vomit are also used when dealing with Other Body Fluids with the following differences:
  - a) **Step 3** of the Paper Towel method (3rd application of solution) is not required when addressing other body fluids.
  - b) Accelerated Hydrogen Peroxide – a Board approved RTU is the recommended solution to use when addressing other body fluid small spills in areas other than in the washroom. Neutral Disinfectant is the standardized product used when Facility Services Staff are cleaning washroom fixtures and floors.
  - c) If available, a Board approved cleaner disinfectant wipes are effective in addressing respiratory and nasal secretion small spills. Wiping up the secretion with side one addresses Step 1, then flip the wipe over and using the other side completes the required Step 2.
  - d) In general it is not necessary to immediately dispose of the waste bag from the garbage can.
- 9.4 Staff involved in toileting procedures shall follow routine practices [defined]; wear the appropriate personal protective equipment as per the student's "Safety Management Plan". Utilize an appropriate cleaning disinfectant – "Neutral Disinfectant". The cleaning disinfectant agent that is selected in consultation with the appropriate agency (e.g., Erinoak, Community Care Access). The procedures to be followed are to be posted in the washroom area.

**10. Disposal of Waste:**

- 10.1 Cleaned up Blood and Vomit and the disposable supplies are bagged and immediately disposed of in the outside waste bin.
- 10.2 Sharps i.e. needles are stored in a "Sharps container" and disposed of through the Board's hazardous waste contractor

**11. Personal Protective Equipment:**

- 11.1 The following personal protective equipment should be on site: Disposable gloves, masks, safety glasses and face shield and disposable gowns if toileting a student.
- 11.2 Gloves should be nitrile (e.g., green or "N-Dex"), not latex. These will be disposable. Rubber "Playtex" gloves are reusable, and would be washed after use (just like washing your hands).
- 11.3 Disposable Glove Etiquette - Remove glove by grasping dominant glove with other gloved hand near wrist, pinch glove and pull down, turning the glove inside out. With newly ungloved hand, insert fingers under glove, by the wrist, and hook and pull off - inside out and over/onto the other glove. Dispose of gloves in waste bag. Wash hands thoroughly with soap and water.
- 11.4 Disposable gloves and attending more than one student: Change gloves at each change in assignment – follow the "glove etiquette" in section 11.3
- 11.5 Masks (ear loop type) and safety glasses or face shield.
  - 11.5.1 For staff that may be in various locations within a building and regularly exposed to body fluids (e.g., Caretaking and Educational Assistants); it is recommended that a belly -pouch kit be worn. The belly-pouch kit should contain extra supplies of gloves, a disinfectant-hand sanitizer, disposable respirator (multi-fold N95); and safety glasses.
- 11.6 Supplies can be obtained through Purchasing – Health and Safety Equipment list.

**12. Sharps - Needles:**

- 12.1 Follow the sharps procedure setout by the Region of Halton Public Health Department.
  - 12.1.1 Sharps containers may be obtained from the pharmacy that will be disposing of the school's full container, or through the Board's Purchasing Department.
  - 12.1.2 Sharps (e.g., needles) are stored in a "Sharps container" and disposed of through the Board's hazardous waste contractor.

**13. Supplies:**

- 13.1 See: Sections 7.2, 8.2 and section 10 in regards to the supplies that are available on site to clean and disinfect.
- 13.2 Sharps containers.

**14. Training:**

- 14.1 Supervisors shall provide information, instruction and supervision as required under the Occupational Health and Safety Act – this includes the hazards of body fluids; routine practices and clean-up procedures for small and large spills of body fluids.
- 14.2 Supervisors will arrange for the appropriate agency to provide training for staff dealing with students with special needs and body fluid exposure – if possible an in-service session for all (e.g., Educational Assistants), at the school – site will be arranged.
- 14.3 The ESAO e-learning program, Educational Assistants Introductory Training has a module on "Routine Practices – Glove Disposal Etiquette".
- 14.4 All staff is to be trained in the Workplace Hazardous Materials Information System (WHMIS).