Purpose: This Operating Standard provides guidance for the expectations of appropriate clean-up of blood and body fluids to ensure safety and maintain quality.

Applicability: This Operating Standard applies to all Covenant Health employees.

Responsibility: All Covenant Health employees are required to follow the safe clean up procedures for blood and body fluids. It is the Employee’s responsibility to perform proper hand hygiene prior to starting step one of the cleaning protocol.

Principles:

- **Patient/Resident Care Areas:**
  It is the responsibility of the Environmental Services department to **disinfect** the area after the initial clean-up has been completed by nursing/clinical staff after a blood and/or body fluid spill has occurred on a unit. This applies to all patient/resident care areas.

- **Non-Patient/Resident Care Areas:**
  The Environmental Services department is responsible for both the **cleanup** and **disinfection** of blood and body fluid spills which occur **outside** of patient/resident care units. This applies to all public and common areas.

Procedures:

- **TOOLS NEEDED**
  Cleaning cart, hand pail, clean cloths, wet mop, bucket and wringer or Microfiber System, cleaning/disinfecting product(s), spill pack (where applicable), dustpan and broom, wet floor signs, garbage bags, linen bags (for soiled linen), and appropriate **PPE** as needed

  **SAFETY PRACTICES**

  - To prevent slips and falls, keep traffic off of wet floor area by leaving a dry space to walk on. Place wet floor sign where it is readily seen at all entrances and exits.
  - Always follow safe work practices, including proper ergonomic practices (i.e. proper procedures for reaching, bending, etc.) as per staff training.
  - Cleaning carts are to be stored appropriately in secured housekeeping supply rooms when not needed or not in use. Cleaning carts are not to be used to hold or store food and/or beverages.
  - Change gloves and other PPE if they are visibly soiled, are damaged, or if moving from a ‘dirty task’ to a ‘clean task’ to prevent cross contamination.
  - Change cleaning cloths when cloth is visibly soiled or is no longer wet enough to allow for the appropriate contact time.
  - Using cleaning principles, all cleaning activities should go from clean to dirty
areas. When moving from a dirty task to a clean task staff must perform hand hygiene and change gloves before cleaning the next surface/area.

- Cleaning steps may vary slightly for different types of equipment. Always follow the MIFU for cleaning and disinfecting specialized equipment. Please contact your supervisor if you have any questions or require assistance.

**Careful handling includes:**

- Blood and body fluids should always be carefully handled to prevent transmission to handlers by direct contact or aerosolization, and the surrounding area should be decontaminated.
- Use Personal Protective Equipment (gloves, surgical masks, and gowns). Protective footwear (i.e. booties) may be required for large spills.

**STEPS**

1. Perform hand hygiene.

2. Collect all supplies and equipment needed to clean area.

3. Perform hand hygiene. Put on (Don) appropriate PPE to prepare cleaning / disinfectant products as per the Safety Data Sheet(s) (SDS) for the product(s).

4. Restrict the activity around the spill until the area has been cleaned, disinfected and is completely dry. Place wet floor sign appropriately at all entrances/exits if required.

5. Perform hand hygiene. Put on (Don) appropriate PPE.

6. Prevent splashing or spraying (i.e. aerosolization) during cleanup. Clean up spill by:
   a) Soaking up vomit and diarrhea with paper towels or other disposable cloths
   b) Sprinkle absorbent powder on spill (where applicable). Pick up with dustpan and broom, depending on type of spill. Ensure tools are cleaned and disinfected after using.

7. Remove contaminated material from the contaminated area in leak-proof bags. Dispose into general waste stream. If you have any questions regarding safe practices, please see your immediate supervisor.

8. Remove (doff) PPE. Perform hand hygiene.

9. Put on (Don) appropriate PPE.

10. Clean area where spill occurred with mop or cloths. Change mop head, replace cloths.

11. Remove (Doff) PPE and perform hand hygiene.

12. Put on (Don) PPE.

13. Disinfect spill area with mop or cloth as applicable.
14. Change mop head or cloth before moving to the next area.


16. Remove wet floor sign when the floor is dry.

Footnotes:

Order of Cleaning: All items/areas MUST be cleaned from the cleanest item/area to the dirtiest item/area and from high to low.

Mop head and water – MUST BE CHANGED every three rooms, or before if visibly soiled. *Exception: Mop head and water MUST BE CHANGED every room for isolation cleans and OR Theatre cleaning.

Microfiber Mop heads – MUST BE CHANGED every room, or before if visibly soiled.

Double dipping – Do not dip cloths or mops into the cleaning solution more than once (double dipping). Place into the soiled linen bag on cart immediately after use.

Maintenance – Report plugged or damaged toilets, urinals, sinks/fixtures, or issues involving lights, walls, flooring, etc. to unit staff and to your Supervisor or submit maintenance requisition where appropriate.

Cleaning/Disinfecting Products – Never mix chemicals. Review MDS for product handling and precautions. Product(s) must be measured properly. Chemical must remain on surface for entire kill cycle / contact time. Refer to specific chemical directions. Ensure proper solution concentration testing Standard Operating Procedures are followed and documented. Use only hospital approved cleaning and disinfecting products. If at any time you are unsure of which tool(s) and/or product(s) to use for a task, consult your Supervisor.

Personal Protective Equipment (PPE) – Clothing or equipment worn by staff for protection against hazards. To “Don” is to put on, and to “Doff” is to remove.

Additional Precautions (AP) – Precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g. contact, droplet, airborne).

Damp Cloth – Cloth must be wet to ensure that the surface stays wet for the required contact time of a disinfectant to be effective.

Cleaning – The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Disinfection – The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Hazard Assessment – Health and Safety Hazard Assessments mitigate the risk of incident/injury or illness from exposure to biological, chemical, or physical contaminants. To reduce the risk of incident/injury or illness
appropriate controls must be put into place. Health and Safety Hazard Assessments must be completed and reviewed before an EVS employee is exposed to contaminants which may pose incident/injury or illness. This is done to protect the health and safety of EVS employee, other staff and patients/residents.

**Employee Incident/Injury Reporting** – Report incidents or unsafe work to your Supervisor and to OHS through the incident management process as required.

**Risk Assessment** – Assessment conducted before each interaction with a patient/resident or their environment to determine the risk of exposure to infectious agents, and the appropriate interventions (additional precautions, PPE etc.) to reduce the risk of transmission.

**Two-Step Clean** – A two-step process is used to clean and then disinfect surfaces. First wipe surfaces thoroughly to clean the surfaces of visible organic material (dirt you can see) and then wipe again with a clean cloth saturated with disinfectant to remove invisible microorganisms (things you cannot see). Organic materials that are not properly removed during the first step may inactivate the disinfectant used in the second step, therefore both steps are essential.

**Cleaning Frequency** – Based on the Cleaning Frequency Standard

**References**
Alberta Health Services, Linen and Environmental Services, Cleaning Protocol Standard # ES-PROT-CLN-001