



MENTAL HEALTH AND DEVELOPMENTAL SERVICES
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Infection Control Manual



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Introduction

Trellis has an obligation to provide a safe environment for clients and staff. Trellis will strive to prevent the spread of infection through prompt implementation of appropriate and effective precautionary and control measures. Staff share this responsibility by following the guidelines in this manual as well as communicating these practices with our clients. This manual is intended to highlight the importance of practicing good infection control. Where applicable, the manual will identify the links to our values, strategic directions, the Infection Control Policy, and relevant legislation.

Health care is increasingly being delivered in a wide range of settings and the control of infection is an important and integral part of health and social care. The culture of infection control is well established in healthcare settings and will be reflected in our policies, procedures and practices. Infection knows no boundaries and draws no distinction between client, staff, professional group or agency. An infection control culture that generates policies and procedure tailored to the Trellis setting will promote good practices that will enable us to play our part in reducing infection in the community. Leaders have a responsibility to ensure all the elements of an infection control program are in place at each Trellis Site.

All staff must have ready access to a written infection control policy and procedures, for which training and auditing will then enhance and demonstrate compliance with routine infection control practices.

Where possible the practices outlined in this document are consistent with evidence-based, national/provincial guidelines and regulations as well as required organizational practices.

Staff Information

Trellis has an obligation to provide a safe environment for clients and staff. Trellis will strive to prevent the spread of infection through prompt implementation of appropriate and effective precautionary and control measures. All staff are expected to follow the Infection Control Policy and Procedure and to utilize the additional information outlined below.

Since health care workers cannot reliably identify an individual(s) harbouring infectious agents, it is reasonable to assume all individuals with whom we come in contact as potentially infectious. Staff behaviour is then determined by the risk of encountering a bodily substance, rather than a person's diagnosis.

Routine Practices

These practices are to be used in the routine care of all staff and clients to prevent transmission of microorganisms from person to person in the health care setting.

Routine Practices include:

- a) Assessing the infectious risk of any situation or interaction. Practising good Hand hygiene (refer to "PIDAC's Hand Hygiene Fact Sheet for Health Care Settings" (see Appendix A), available online at: http://www.health.gov.on.ca/en/ms/handhygiene/docs/14_10_PIDAC_Hand_Hygiene_Fact_Sheet.pdf
- b) Taking barrier precautions, as needed, to prevent contact with blood, body fluids, secretions, excretions, skin with cuts/sores or mucous membranes (ie. gloves, gowns, masks, eye protection). Refer to "PIDAC'S Routine Practices Fact Sheet for Health Care Settings" for more information (see Appendix B, available online at: <http://www.health.gov.on.ca/english/providers/program/infectious/pidac/factsheet/fsroutine010107.pdf>

- c) Safely handling and disposing of sharps e.g. needles.
- d) Safe handling of soiled materials to prevent exposure and transmission to others, and
- e) Cleaning and disinfecting of equipment that is being used by more than one person between uses.

Universal Precautions

The concept of universal precautions directs that routine infection control practices should be followed for the care of all persons at all times. Routine practices are used to prevent skin or mucous membrane contact with all body fluids, including blood, secretions and excretions.

The four principles for taking universal precautions:

1. Identify the Procedure – think of the procedure you will be performing (ie. injections, toywashing, etc.)
2. Identify the Body Substance – what substances will I be in contact with (ie. blood, saliva, etc.)
3. Determine Protection Needed – determine which personal protective equipment (ppe) and barriers, if any, are necessary (ie. gloves, goggles, gowns)
4. Wash your hands

Transmission

Microorganisms are transmitted in health care settings by several routes, and the same microorganism may be transmitted by more than one route.

1. Contact Transmission: There are 2 kinds of contact transmission. DIRECT contact transmission occurs when germs move from one person to another directly, usually on the hands of health providers. INDIRECT contact transmission involves the movement of germs from a person or object or surface and then to another person.
2. Droplet Transmission: Droplet transmission occurs when droplets generated in the respiratory system are released into the environment through coughing, sneezing or certain medical procedures like suctioning. The droplets can carry germs and spread infection when they land in or on another person's eyes, nose or mouth over short distances.
3. Airborne Transmission: Airborne transmission occurs when extremely small and light weight germs are exhaled by an infected person into the environment and spread over long distances on air currents. These germs can be inhaled by others in the area who may then develop infection.

Mechanical Protection

Handwashing/Sanitizing



Hands should always be washed with soap and water, or sanitized with an approved alcohol based hand rub, before and after client contact. Hands should be washed immediately whenever there is a possibility that they may have been in contact with bodily substances. In many cases, good handwashing is adequate when there are no open cuts/sores. Hand washing with soap and running water must be performed when hands are visibly



soiled. If hands are visibly soiled and running water is not available, use a moistened towelette to remove the visible soil, followed by alcohol-based hand rub.

Gloves

Gloves should be worn when it is likely hands will contact blood, bodily fluids, mucous membranes, or non-intact skin (open cuts/sores). The most important aspect of using gloves is to maintain an intact barrier. Gloves **MUST** be changed and discarded after contact with each client. Handwashing is still necessary before putting on the gloves and after removal of gloves. Gloves should be put on just before the task that requires them and removed immediately upon completion of the task.



Gowns

A gown is recommended when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. A gown should be put on just before the task that requires it and removed immediately upon completion of the task in a manner that prevents contamination of clothing and skin and avoids agitation of the gown.

Mask and Eye Protection

A mask and eye protection are used to protect the mucous membranes of the nose and mouth when within two metres of a client who is coughing or when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

Other Protective Equipment (N95 respirator)

An N95 respirator is used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.

Additional protective equipment is available at each office site which includes gowns, gloves, masks, safety glasses, shoe covers, caviwipes and laminated copy of how to don and doff PPE. See Appendix C and D for the correct procedure to put on and take off protective equipment.

Waste Handling

The most practical approach to the management of infectious waste is to identify those wastes with potential for causing infection during handling and disposal, and for which some special precautions appear to be prudent. (eg. Handling of sharps or large quantities of blood).

Employee Exposure to Body Fluids

See Appendix E

Spot Cleaning of Body Fluid Spills

See Appendix F

Immunizations

One of the most effective preventive measures to protect clients and staff from acquiring communicable

diseases is proper, up-to-date immunization and regular testing (e.g. tuberculosis).

Testing/immunization needs should be discussed with your family physician. There may be instances in which there is a cost for a specific test/immunization(s) (e.g. Hepatitis B). These costs are usually the responsibility of the employee; reimbursement for these costs may be available through the employee's extended health care plan. Trellis employees working under the Day Nurseries Act are required to have a record of immunization as recommended by the local medical officer of health.

Trellis strongly recommends that the remainder of staff, including volunteers and students be immunized for Measles, Mumps, Rubella, Tetanus, Diphtheria, Pertussis, Influenza and Hepatitis ,B and documentation of tuberculosis screening and Varicella immunity (chickenpox)) as per the Ontario immunization schedule¹

Infection Control Practices

General

- Maintain personal hygiene
- Ensure cuts and sores are covered with a waterproof bandaid
- Keep hands away from your face
- Avoid the sharing of pens and other objects

Always be mindful of the potential for the spread of infection. Tiny droplets filled with virus can travel up to two metres in distance and can live on hard surfaces for up to 48 hours. Infection occurs when droplets land in your eyes, nose or mouth.

At Home

All staff must complete a self screen assessment at home prior to coming to work, consider your answers to the following:

- Do you have a **new cough**?
- Do you have a **worse cough**?
- Are you **short of breath**?
- Do you feel like you **have a fever**?

If you answered **Yes** to **ANY** of these questions, please consider remaining at home.

¹ Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings; Provincial Infectious Diseases Advisory Committee (PIDAC); Ministry of Health and Long-Term Care; Published September 2008; pg 41.

At Work

Entering the Workplace

All staff MUST complete the following steps:

- Self screen using the checklist in the front entrance
- Sanitize hands using the sanitizer provided (completed prior to entering the controlled entrance of the office space)



Use of a Colleague's or float Office

Always be mindful of the potential for the spread of infection. Tiny droplets filled with virus can travel up to two metres in distance and can live on hard surfaces for up to 48 hours. Infection occurs when droplets land in your eyes, nose or mouth.

Protective Precautions:

- Wipe doorknobs, telephone, mouse, keyboard, desk, armrest with the approved disinfectant (Lysol wipes)
- Avoid sharing pens/pencils

Entering client Homes: General Precautions

- Staff visiting clients at home should carry their travel safety kits equipped with gloves, masks and hand sanitizer;
 - This may be used instead of hand washing if facilities in the home are inadequate;
 - May also be used after hand washing if hand disinfection is needed;
- Staff should use pump-action liquid soap dispenser rather than bar soap;
- Dry hands using paper towels, or if these are not available, use toilet paper roll or a clean cotton towel.

Supplies

Personal protective equipment

(PPE) including:

- Gloves
- Surgical masks
- Individual Mask Fit Type (i.e. N95)
- Gowns
- Eye protection
- Disposable cardiopulmonary resuscitation devices or pocket masks (nursing office)

In addition to PPEs, the following are useful resources:

- Antiseptics, cleaning agents, disinfectants with Workplace Hazardous Materials Information System (WHMIS) labels;
- WHMIS guidelines;
- Material safety data sheets (MSDS book)
- Policy and Procedure book

There is an Infection Control kit at each site with a supply of PPE which is to be used when contact precautions (potential contact with body fluids) are necessary or risk of transmission of respiratory droplets.

Training

- In order to meet the client and staff safety goal of reducing the transmission of infections and their impact across the continuum of care/service, Trellis will deliver education and training for staff, service providers and volunteers on routine infection control practices, including hand hygiene and practices to be followed during times of greater risk.
- Staff must be introduced to the Infection Control Policy by the end of their first week of employment (info will be included in Trellis' Onboarding).
- Staff must be updated on an annual basis and/or when new matters arise.
- All contract staff (e.g., Special Services at Home) and Purchase of Service contracts (cleaning staff) must also be trained on the Trellis Infection Control procedures.

Pandemic

The Pandemic Plan is initiated by the Executive Director, or delegate. Once initiated, the Incident Management Team will lead the response. During a Pandemic, the following additional infection control practices will be implemented. These are in addition to the routine practices utilized by the agency.

Anyone sick with the virus is considered contagious for about seven days from the onset of symptoms. It is imperative that you remain away from work until you are symptom free. If your symptoms get worse, call your health care provider.

For additional information visit Trellis' Pandemic section on the Garden at:

<http://trellis.uat.esolutionsgroup.ca/Outbreak%20Bulletin/Pandemic%20Planning/Pandemic%20Plan/Trellis%20Pandemic%20Plan%20-%20Version%20Three%20%20-%2020091126.pdf>

Additional Precautions

Additional precautions to be taken in the event of a Pandemic are outlined in the Infection Control Policy.

Entering Client Homes

Staff should refer to their screening checklist and complete the questionnaire with the family being seen before arrival. If any family members are considered positive, the appointment should be rescheduled to a later date.

Entering Your Office

(including use of a Colleague's or Float office)

Always be mindful of the potential for the spread of infection. Tiny droplets filled with virus can travel up to two metres in distance and can live on hard surfaces for up to 48 hours. Infection occurs when droplets land in your eyes, nose or mouth.

Protective Precautions:

- Ensure that seating arrangements reflect the 2 metre (six feet) rule
- Do not shake hands with clients in keeping with the 2 metre rule. Greet them verbally and explain why. This also models infection prevention to your client.
- Wipe doorknobs, telephone, mouse, keyboard, desk, armrest with a Lysol; wipe when leaving at the end of the day, then wash your hands.
- Avoid sharing of pens.

Summary

The most effective way to protect yourself against infectious diseases is through prevention. Numbers 1-3 are general precautions (included above), however during a Pandemic, please refer to #4.

1. Practice good hygiene and good handwashing with soap at all times
2. Follow the agency's infection control procedures
3. Keep your immunizations up to date
4. Inform your doctor if you are pregnant or thinking about getting pregnant to make sure all necessary blood tests are done.

For more information on control of common infectious diseases, please visit the Wellington Dufferin Guelph Public Health website at www.wdghu.org

Refer to the general precautions identified in the general section of this manual. During a Pandemic, as an added precaution, masking should be considered.

Appendices

Appendix A: Hand Hygiene Fact Sheet

Fact Sheet Feuille de renseignements

PIDAC Provincial Infectious Diseases Advisory Committee
CCPMI Comité consultatif provincial des maladies infectieuses



Hand Hygiene Fact Sheet for Health Care Settings

In health care settings, hand hygiene is the single most important way to prevent infections.

Hand hygiene is the responsibility of all individuals involved in health care. Hand hygiene refers to removing or killing microorganisms on the hands as well as maintaining good skin integrity. There are two methods of removing/killing microorganisms on hands: washing with soap and running water or using an alcohol-based hand rub. Generally, the focus is on microorganisms that have been picked up by contact with patients/health care provider, contaminated equipment, or the environment (transient or contaminating bacteria).

Effective hand hygiene kills or removes microorganisms on the skin and maintains hand health.

ALCOHOL-BASED HAND RUB

Alcohol-based hand rub is the preferred method for decontaminating hands. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

However, hand washing with soap and running water must be performed when hands are visibly soiled. If running water is not available, use moistened towelettes to remove the visible soil, followed by alcohol-based hand rub.

HAND WASHING

Most transient bacteria present on the hands are removed during the mechanical action of washing, rinsing and drying hands. Hand washing with soap and running water must be performed when hands are visibly soiled.

WHEN SHOULD HAND HYGIENE BE PERFORMED?

Hand hygiene must be performed:

- Before and after contact with a patient
- Before performing invasive procedures
- Before preparing, handling, serving or eating food
- After care involving the body fluids of a patient (e.g. assisting patient to blow nose, toileting the patient or doing wound care) and before moving to another activity
- Before putting on and after taking off gloves
- After personal body functions, such as using the toilet or blowing one's nose
- Whenever a health care provider is in doubt about the necessity for doing so.
- When hands accidentally come into contact with secretions, excretions, blood and body fluids (hands must be washed with soap and running water)
- After contact with items in the patient's environment

FACTORS THAT INFLUENCE HAND HYGIENE

The following factors influence the effectiveness of hand hygiene:

- Condition of the skin— intact skin vs. presence of dermatitis, cracks, cuts or abrasions
- Nails: natural nails more than 3-4 mm (1/4-inch) long are difficult to clean, can pierce gloves and harbour more microorganisms than short nails
- Only nail polish in good condition is acceptable
- Artificial nails or nail enhancements are not to be worn by those giving patient care as they have been implicated in the transfer of microorganisms
- Jewellery - rings and bracelets hinder hand hygiene, and should not be worn for patient contact; rings increase the number of microorganisms present on hands and increase the risk of tears in gloves









Appendix B: Routine Practices Fact Sheet for Health Care Settings

Fact Sheet
Feuille de renseignements

PIDAC Provincial Infectious Diseases Advisory Committee
CCPMI Comité consultatif provincial des maladies infectieuses



Routine Practices Fact Sheet for Health Care Settings

ROUTINE PRACTICES to be used with ALL PATIENTS	
	<p>Hand Hygiene</p> <p>Hand hygiene is performed using alcohol-based hand rub or soap and water:</p> <ul style="list-style-type: none"> ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and PPE ✓ After personal body functions (e.g. blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident's environment
	<p>Mask & Eye Protection or Face Shield</p> <ul style="list-style-type: none"> ✓ Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions ✓ Wear within 1 meter of a coughing client/patient/resident
	<p>Gown</p> <ul style="list-style-type: none"> ✓ Wear a long-sleeved gown if contamination of uniform or clothing is anticipated
	<p>Gloves</p> <ul style="list-style-type: none"> ✓ Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects ✓ Wearing gloves is NOT a substitute for hand hygiene ✓ Perform hand hygiene after removing gloves
	<p>Environment</p> <ul style="list-style-type: none"> ✓ All equipment that is being used by more than one client/patient/resident must be cleaned between clients/patients/residents ✓ All touched surfaces in the client/patient/resident's room must be cleaned daily
	<p>Linen & Waste</p> <ul style="list-style-type: none"> ✓ Handle soiled linen and waste carefully to prevent personal contamination and transfer to other clients/patients/residents
	<p>Sharps Injury Prevention</p> <ul style="list-style-type: none"> ✓ NEVER RECAP USED NEEDLES ✓ Place sharps in sharps containers ✓ Prevent injuries from needles, scalpels and other sharp devices
	<p>Patient Placement/Accommodation</p> <ul style="list-style-type: none"> ✓ Use a single room for a client/patient/resident who contaminates the environment ✓ Perform hand hygiene after leaving the room

Images developed by: Kevin Rostant

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 ISBN: 978-1-4249-3324-2

Appendix C: Putting on PPE



Giving Health a Helping Hand

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)



1) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



2) Put On Gown

- Select appropriate size and type
- Opening to the back
- Secure neck and waist



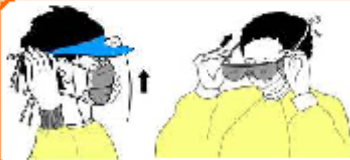
3) Put On Mask

- Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection
- Place over nose, mouth and under chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or ear loops
- Adjust fit



Or N95 Respirator

- Select respirator according to fit testing
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with top, followed by bottom elastic
- Adjust to fit
- Perform a fit check:
 1. Inhale - respirator should collapse
 2. Exhale - check for leakage around face



4) Put On Eye Protection

(Unless one step mask with attached eye protection)

- Position goggles over eyes and secure to the head
- Position face shield over face and secure
- Adjust to fit comfortably



5) Put On Gloves


- Select correct type and size
- Extend gloves over cuffs of isolation gown

How to Safely Use PPE

- Keep gloved hands away from face
- Replace gloves if they become torn
- Avoid touching or adjusting PPE while wearing
- Limit surfaces and items touched


FDAC (2009) Routine Practice and Additional Precautions Best Practice Guideline
Photo credits: Centers for Disease Control and Prevention and the Ontario Ministry of Health and Long-term Care.

Appendix D: Taking Off PPE




TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Giving Health a Helping Hand





1) Remove Gloves

- Grasp outside edge near wrist
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand
- Slide ungloved finger under the remaining glove
- Peel off from the inside, folding gloves inside each other
- Discard




2) Remove Gown

- Unfasten ties
- Peel gown away from neck and shoulder
- Turn outside toward the inside
- Fold or roll into a bundle
- Place in laundry hamper or if disposable in garbage


or



3) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



4) Remove Eye Protection

- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in garbage or clean and disinfect if reusable





5) Remove Mask (Replace when moist, damaged or soiled)

- Untie the bottom, then top tie or remove ear loops
- Lift away from face while holding the ties or loops
- Discard

Or Remove N95 Respirator

- Lift the bottom elastic over your head first
- Then lift off the top elastic
- Lift away from face while holding the elastic
- Discard


or


6) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink

Where to Remove PPE

- PPE must be removed carefully in order to avoid self-contamination
- Take off PPE at doorway, before leaving room or in anteroom
- Take off N95 respirator outside room, after door has been closed

PIDAC (2009) Routine Practice and Additional Precautions Best Practice Guideline
 Photo credit: Centers for Disease Control and Prevention and the Ontario Ministry of Health and Long-term Care

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IN ALL THAT WE DO: Improvement is essential • Simplicity works • Everybody is important • Partnership works • Accountability is essential • Empowerment is the goal

Appendix E: Employee Exposure to Body Fluids

In the event of a body fluid exposure, it is imperative to act quickly and follow the procedure outlined below:

- Have client dealt with in terms of remaining on-site for further instructions (i.e. client may need to go for HIV/Hepatitis testing)
- Carry out appropriate first aid measures:
 - press cuts or punctures to make them bleed, then wash well with soap and water;
 - if blood gets on intact skin, wash well with soap and water;
 - if the eyes are contaminated, rinse thoroughly while eyes are open, with tap water or saline (located with First Aid kits);
 - if blood gets into the mouth, spit it out and rinse well with water and spit again. Repeat several times;
- immediately report all incidents to relevant supervisor and the human resources department, who will initiate the client testing procedure;
- report to the closest general hospital with an emergency department for further instruction/treatment;
- complete a Trellis Incident Report and Staff Checklist with relevant supervisor and forward to Privacy and Risk Manager within twenty-four (24) hours.

Client testing may be required, under a physician's order, following a body fluid exposure to an employee where the health status of the client involved is unknown. Verbal consent for HIV, Hep B surface antigen and Hep C antibody testing is required from the client prior to blood collection. Complete Client Source Checklist.

1. Following a body fluid exposure involving a client of unknown health status, the relevant supervisor or a representative from human resources must notify the client's attending Trellis physician. If there is not an attending Trellis physician involved, the Medical Director must be notified. The attending Trellis physician will attempt to first notify the client to advise the client of the situation and the need for testing; the Trellis physician will also attempt to notify the client's general practitioner (GP), or his delegate, to advise that testing will be conducted.
2. Whenever possible a standing order, signed by Trellis' Medical Director, will be used to initiate testing. Clients will be contacted to advise of the need for testing and to obtain his/her consent. If the client refuses to allow testing, the test cannot be conducted.
3. The client will be accompanied by a Trellis representative to the closest laboratory to have the relevant tests conducted. Please ensure that a copy of the approved standing order is presented at the laboratory.
4. A copy of the test results will be sent to the client's GP and Trellis' Medical Director. The Medical Director will advise the employee's supervisor and the client's attending Trellis physician, if applicable, of the test results; if this is not possible, the client's attending Trellis physician will be responsible to inform the client of the test results. A memo from Trellis' Medical Director, summarizing the results of the tests, will be forwarded to the Privacy and Risk Officer to be attached to the Trellis Incident Report. The original copy of the test results will be included on the client's Trellis chart.
5. The employee will be advised of the test results by the relevant supervisor as soon as possible.

Appendix F: Spot Cleaning of Body Fluid Spills

1. Spot Cleaning is the responsibility of the clinician assigned to the client and/or the person working with the client at the time.
2. Wear household gloves and protective clothing while cleaning
3. Wipe up as much of the visible material as possible with disposable towelling and discard in a lined, covered garbage container
4. For disposal of this garbage as per biomedical waste that has to be handled and disposed of in a manner that avoids transmission of potential infections
 - Store waste safely until transported to an appropriate facility for disposal by incineration, autoclaving, chemical treatment or other means as approved by the Ministry. By law, trained non-licensed personnel may transport small amounts of waste to a hospital or laboratory for disposal. Waste is colour coded as per Ministry direction, and in this case a yellow bag.
 - We have a contract in place for pick up of used sharps – collected bi - annually. We can approach this company for options related to other biomedical waste incidences
 - Soiled diapers on perineal pads can be discarded as general waste
4. Clean the spill area with the prepared detergent disinfectant
5. Rinse and dry with a disposable towel (Not a Cavi Towel) but PH approved towlettes
6. After the spill is wiped and cleaned, disinfect the surface with the 1:100 dilution of bleach (1:10 dilution if a large blood spill) by putting a small amount of the solution on the area and wiping it with a paper towel
 - Wash hands

