**Safe Work Practice**

**TASK – Blood & Body Fluid Clean-Up**

****** *This task may only be performed by trained and authorized personnel.*

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| **Hazards Present:**   * blood borne pathogens (hepatitis B,C and HIV) * slips, falls | **Personal Protective Equipment**  **(PPE)**  **or Devices Required:**   * protective eyewear / face shield * protective gloves (nitrile) | **Additional Training**  **Requirements:**   * WHMIS training * spill clean-up training * contamination control * hand washing * first aid training |

***NOTE:*  *All procedures obtained from mySafetyAssistant™, operator manuals or other samples must have the consultation of workers and be thoroughly reviewed to ensure they are accurate for your workplace and your jobs!***

***NOTE*: Workers must be trained in a way that demonstrates they are competent. JUST READING a SWP is NOT training. Workers must demonstrate they can safely perform task and trainer/supervisor must follow up regularly to ensure workers are performing task in a safe manner. Document each occurrence in the employee’s training record.**

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| **There is a serious risk of infection and contamination when exposed to blood and/or bodily fluids. Gloves are MANDATORY when dealing with blood and body fluids. If a person is bleeding, direct them to apply pressure to their wound until gloves can be found.**   * Quarantine area to be cleaned and set up "Wet floor" signs * Bring "Spill kit" equipment to the area including; 10% bleach solution (or other disinfectant), gloves, plastic bags, leak-proof sharps containers (if necessary), brush, dustpan, tongs or forceps if picking up sharps. * Clean up the spill area with paper towel, and then pour freshly mixed 10% bleach and water solution on area. Allow the solution to soak into the contaminated material. Work from the outside edges of the spill inward when applying the bleach solution. * Any glass, needles, or other sharp objects that may puncture the skin must not be picked up by hand. Only mechanical means such as a brush and dustpan, tongs, or forceps are allowed. Place contaminated items into a labelled biohazard container. * Wipe up bleached area with paper towels or absorbent pads. It may be necessary to scrub area if it is porous (i.e. concrete). If the spill is on carpet it will be necessary to use a carpet cleaner. * Decontaminate all re-useable tools including dustpans, brooms, forceps, buckets, etc. * Remove gloves by pulling from the top (at your wrist) down towards your fingers so that they are turned inside out when removed. * Place soiled paper towels, gloves, and all other disposable materials into a properly labelled plastic bag and seal it. Dispose bag in regular garbage. * Disinfect area with mop and pail (containing 10% bleach solution). Follow established procedures for mopping a floor * Allow area to "air dry". Leave "Wet floor" signs up until floor is completely dry * Wash your hands with soap and water for at least 1 minute. * If you believe you were exposed (skin puncture or splash to the eyes) to biohazard material that had not been decontaminated by bleach solution follow these steps:--Skin: wash the affected area with plenty of soap and water--Eyes: wash eyes for at least 10 minutes with plenty of water, lifting the upper and lower eyelids occasionally.--Seek medical attention immediately. |

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***NOTICE:* Report all hazardous situations to your supervisor without delay!**

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| **Guidance Documents / Standards / Applicable Legislation / Other:**  **Guidance Documents**:   * First aid guide * Spill clean-up procedures * Store operations manual   **CSA Standards**   * CSA Z94.3-02 Eye and Face Protectors   **Manitoba Workplace Safety and Health Regulation:**   * Part 2.1.1 Safe Work Procedures * Part 6.1-9 Personal Protective Equipment * Part 8 Musculoskeletal Injuries * Part 5.10 Contamination by Blood or Bodily Fluids * Part 35 Workplace Hazardous Materials Information System | **This Safe Work Practice will be reviewed any time the task, equipment, or materials change and at a minimum every three years.**   |  | | --- | | Completed / Approved By: | |  | | Date Completed: | |  | | SWP Last Reviewed / Revised by and date: | |  | |

**This Safe Work Practice has had the consultation of the following workers:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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