

Instructions package for human bodily fluids incident

Location: Production areas / processing facilities

# Documents included in the package:

1. Protocol
2. First aider safety instructions
3. Protocol – toilet facilities
4. Questionnaire
5. Incident Report

# Instructions for use:

Protocol – to be implemented as it is or used as a template for an internal emergency protocol in case of a human bodily fluids incident on site. To be used by trained personnel when dealing with the incident on site. Disinfectants should be prepared according to the needs of the situation. If using sodium hypochlorite, then a minimum of 1,000ppm solution should be used. If using other agents the minimum concentration required to comply with BSEN 14476 in dirty conditions should be used.

It is recommended to contact the local Environmental Health Officer or relevant enforcement authority to ensure due diligence is maintained if others become sick as a result of the incident.

Protocol – toilet facilities – to be implemented as it is or used as a template for the clean up procedure following a human bodily fluids incident. To be used by trained personnel when cleaning toilet facilities that were used during the incident.

First aider safety instructions – to be used when training first aiders who respond at the scene of the incident

Questionnaire – to be used as it is or as a template for an internally created questionnaire that will help keep track of potential consequences

Incident Report – to be used as it is or as a template for an internally created Incident Report“.

**Protocol**

1. **Objective**

To ensure swift and appropriate action in the event of contamination of any area of work space by human bodily fluids (e.g. vomit). Appropriate records will be held of taken actions.

1. **Responsibility**

All staff working in the facility <name the supervisor in charge>.

1. **Hypothetical scenario description**

A visitor/employee has projectile vomited or there has been a faecal incident in or near the production area or area where consumables / fresh produce is stored. It is impossible to know how far contaminated vomitus or faecal particles may have spread depending on the room temperature and ventilation system, so caution is advised where fresh produce and/or ready-to-eat foods are in the vicinity (e.g. within a 25ft / 7.5m radius from the incident as a general guide). Any event like this should be treated as if it is Norovirus related and should be dealt with as quickly as possible.

1. **Personal Protective Equipment (PPE), other equipment**

4.1 Disposable shoe cover

4.2 Disposable face mask

4.3 Sick bag, or similar leakproof disposable bag

4.4 Safety cones

4.5 Barrier tape

4.6 Chlorine based disinfectant solution (See “Preparation of disinfectant solution” section 7)

4.7 Vomit spill pack; in case there is no specific spill pack on site ensure the following:

4.7.1 Disposable apron,

4.7.2 Disposable gloves,

4.7.3 Paper towels,

4.7.4 Adsorbent material (e.g. cat litter),

4.7.5 Biohazard bags,

4.7.6 Scoop and scraper

1. **Procedure**

5.1 Immediately stop all work in the area including the work of different machines (e.g. conveyer belts)

5.2 Instruct the sick visitor/staff member not to move

5.3 Instruct everybody else who is in the area to dispose their PPE, leave the area and wash hands.

5.4 Turn off ventilation system if applicable.

5.5 Put on PPE (gloves, mask, apron, shoe cover).

5.6 Approach the sick visitor/staff member, give them the sick bag and escort them to the nearest WC facility or first aid room following the shortest route (refer to Emergency routes – Bodily fluids emergency <document code>) where they can be looked after by the first aider. First aider must also wear PPE, refer to First aider safety instructions – Bodily fluids spillage <document code>.

5.7 Put the barrier tape on WC doors and ensure it is not entered before completely sanitized, refer to WC cleaning protocol <document code>.

5.8 Using safety cones and barrier tape restrict the area (25ft / 7.5m radius) of the incident and the areas through which the sick customer/staff member walked through. If one of the machines that was working during the incident stretches out of the restricted area, expand the area so it includes the machine(s) in question.

5.9 Grab the spillage kit.

5.10 Cover the spillage with paper towels and/or absorbent material depending on the size.

5.11 Dispose as much of the material as possible in a biohazard bag. Use scoop and scraper if needed and dispose them after use.

5.12 Dispose PPE in the same bag.

5.13 Put on a new set of PPE.

5.14 Tie the bag (double knot is recommended) and then bag it in a new bag, double knotting again.

5.15 Remove all consumable items from the tapped area in the same manner.

5.16 Non consumable items are to be disinfected in the same manner as the rest of the area.

5.17 Once finished dispose PPE in the same manner.

5.18 Put on new set of PPE.

5.19 Prepare (see <document code>) disinfectant solution

5.20 Apply the disinfectant solution generously but avoiding splashes and creation of aerosols (do not use hoses or pressurized devices). Start applying on the outer edges of the tapped area and work your way towards the centre.

5.21 Leave in contact with surface at least 15 minutes.

5.22 In case there is contaminated equipment that has hard to reach parts, disassembly the equipment, follow the same cleaning protocol.

5.23 Rinse off with clean water.

5.24 Dispose PPE in the same manner.

5.25 Apply usual cleaning procedure. Remove safety cones and barrier tape after this.

5.26 Dispose PPE in normal procedure. Wash hands and if possible change clothes entirely.

5.27 Restock used equipment/disinfectants.

5.28 All bagged waste should be sent to incineration.

Notes: if the sick person is a member of staff ensure they remain off work at least two days after the symptoms have cleared. Monitor other staff for signs of illness

**6. Records**

The following records are kept: <state where documents are kept>

* Report on bodily fluids emergency <document code>
* Questionnaire and Health record – Bodily fluids emergency <document code>

**7. Associated Documents**

* First aider safety instruction – Bodily fluids emergency <document code>
* WC sanitation instruction – Bodily fluids emergency <document code>
* Preparation of disinfectant solution <insert name> - Bodily fluids emergency <document code> (this should be drafted according to local requirements)
* Report on bodily fluids emergency <document code>
* Questionnaire and Health record – Bodily fluids emergency <document code>
* Emergency routes – Bodily fluids emergency <document code>

**First aider safety instructions**

**1. Objective**

To ensure a prompt and safe reaction in the event of a visitor/staff member becoming unexpectedly ill which results in bodily fluids spillage.

**2. Responsibility**

All personnel trained to provide first aid help.

**3. Equipment and materials**

Besides usual equipment used to provide first aid the following PPE must be included:

3.1 Disposable shoe covers,

3.2 Disposable apron,

3.3 Disposable face mask,

3.4 Disposable gloves

**4. Procedure**

4.1 Ensure that the sick staff member is relocated to the nearest WC facility.

4.2 Make sure the WC facility is inaccessible to other personnel (barrier tape on the door).

4.3 Put on PPE. Provide first aid and/or call paramedics.

4.4 If the state of the sick visitor/staff member allows it fill in the Questionnaire and Health record <insert document code>

4.5 When leaving the facility dispose PPE in the double biohazard bag, each tied down with a double knot.

4.6 Wash hands and if possible change all clothes.

4.7 Pay attention for signs of illness in next 48h.

**5. Records**

The following records are kept <state where they are kept>

• Questionnaire and Health record – Bodily fluids emergency <state document code>

**Protocol – toilet facilities**

**1. Objective**

To ensure a stricter protocol of cleaning and disinfection of WC when there is a risk of virus contamination.

**2. Responsibility**

Cleaning personnel.

**3. Equipment and materials**

Besides usual equipment used to provide first aid the following PPE must be included:

* 1. Disinfectant <insert name>
  2. Disposable shoe cover
  3. Disposable face mask
  4. Disposable gloves
  5. Disposable apron
  6. Biohazard bags

**4. Procedure**

4.1Put on PPE

4.2 Prepare the disinfectant solution according to Preparation of disinfectant solution – Bodily fluids emergency <state document code

4.3 Apply the disinfectant solution to all surfaces without causing splashes and aerosol creation

4.4 Leave it at least 15 minutes

4.5 Rinse off with clean water

4.6 Dispose PPE in double biohazard bag, each sealed with double knot

4.7 Resume with normal cleaning procedure

**5. Associated documents**

* Cleaning procedure protocol <state document code>
* Preparation of disinfectant solution – Bodily fluids emergency <state document code> (this should be drafted according to local requirements)

**Questionnaire**

<insert company logo>

**<insert company’s name>**

**<insert the locations address>**

|  |
| --- |
| **Questionnaire and Health Records must be kept for a minimum of 6 weeks** |

Please use BLOCK letters and complete this form accurately and in full and return to <insert name or position> Manager. Completed records will be held by <insert member of staff>.

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | **Forename(s):** | | |  | | **Gender** | M / F |
| **Address:** |  | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | |
| **Telephone No:** | **Home:** | | | | | | **Mobile:** | | | | |
| **E mail address:** |  | | | | | | | | | | |
| **Date of Birth:** |  | | | | | | | | | | |
| **Job position:** |  | | | | | **Position at the time of incident:** | | |  | | |
| **Direct contact with food? Specify.** | **Yes** | **No** | |  | | | | | | | |
| **National Health Service Number:** | | | | |  | | | | | | |
| **National Insurance Number:** | | | | |  | | | | | | |
| **Your doctor’s name:** | | |  | | | | | | | | |
| **Your doctor’s address:** | | |  | | | | | | | | |

**Questionnaire**

The purpose of the questionnaire is to see whether you have any health problems that could have provoked the incident or have you been exposed to any risk that may have resulted in the incident.

**For confidential use only**

|  |  |
| --- | --- |
| Surname: | Forename(s) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer the following questions:** | | **Please Circle** | |
| **a** | Do you have any medical or physical condition which  may in any way have led to today’s incident? (e.g. pregnancy, cancer treatment). If yes please provide explanation bellow. | **Yes** | **No** |
|  | | | |
| **b** | Do you suffer with any long-term chronic illness? If yes please provide explanation bellow. | **Yes** | **No** |
|  | | | |
| **c** | In the last 2 weeks have you had contact with anyone who has food poisoning, jaundice, hepatitis, typhoid, cholera, TB or diarrhoea/sickness? If so please provide the disease in question and the amount of contact you’ve had. | **Yes** | **No** |
|  | | | |
| **d** | In the last two weeks have you exhibited any of the following symptoms: abdominal pain, diarrhoea, fever, loss of appetite, nausea, vomiting, muscle soreness, dry mouth, tachycardia, urine colour change, migraines, weakens or fatigue? If so please provide an explanation below. | **Yes** | **No** |
|  | | | |
| **e** | If you have responded to the previous question positively can you recall consuming any of the following in the past two weeks: raw or frozen berry fruit, RTE lettuce type of vegetables, shell fish, unpasteurized dairy products, raw eggs, raw meat? If so please provide the date, location and the producer of the product. | **Yes** | **No** |
|  | | | |

**DECLARATION**

I declare that all statements made on this form are true and correct to the best of my knowledge.

I consent to a medical examination and report if required by a Company Medical Officer and authorize him to seek medical information, in confidence, from my GP or any doctor from whom I may have received treatment.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **First Aider Only:** | |
| Date reported: |  |
| Reported by: |  |
|  | |
| **HR Use Only:** | |
| Date received: |  |
| Reviewed by: |  |
| Position: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Report** | | | | **Location of the incident:** | | | | |  | | | | | |
| **Date:** |  | | | | **Reported by:** |  | | | | |
| **Describe the issue:** | | | | | | | | | | | | | | |
|  | <insert usual incident> | | | | |  |  | <insert usual incident> | | |  | |  | <insert usual incident> |
|  | <insert usual incident> | | | | |  |  | <insert usual incident> | | |  | |  | Bodily fluids incident |
|  | **Other:** |  | | | | | | | | | | | | |
| **Protocol followed:** | | | |  | | | | | | | | | | |
| **Fill in the personnel involved in resolving the incident and the activities that took place:** | | | | | | | | | | | | | | |
| **Personnel:** | | | **Activity:** | | | | | | | | | **Documented protocol:** | | |
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| **Comment on the conditions which led to the incident:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Identify improvements that can be implemented if the incident occurs again:** | | | | | | | | | | | | | | |  |  |  | Homogenisation |
|  | | | | | | | | | | | | | | |