



Applies to: All Medical Technologists, Laboratory Aides, and Phlebotomists | **Effective:** MM-DD-YYYY | **Supersedes:** None

BIOLOGICAL SPILL RESPONSE & SHARPS/SPLASH FIRST AID WALL POSTER

STANDARDIZED EMERGENCY ACTION PROTOCOLS • BIOSAFETY LEVEL 2 (BSL-2) COMPLIANT

PART 1: BIOLOGICAL SPILL CONTAINMENT & DECONTAMINATION PROTOCOL (§5.6.4) **BIOSAFETY SPILL KIT REQUIRED**

PROCEDURE A Small Spill (Surfaces & Benches)

- ALERT & DON PPE:** Alert nearby staff. Don gloves, laboratory gown, and eye protection / face shield before approaching.
- ABSORB BULK SPILL:** Cover spill perimeter to center with paper towels or absorbent granules saturated with disinfectant. Discard into biohazard bag.
- CLEAN SURFACE:** Clean area with aqueous detergent/hypochlorite solution and wipe with fresh paper towels.
- DISINFECT (1% Working Bleach):** Apply freshly prepared **1:9 dilution household bleach (0.5%–1% sodium hypochlorite)** until glistening wet. Allow **10–20 min contact time**, then blot dry.
- DISPOSE:** Place all waste into rigid biohazard bag; wash hands with soap and water.

PROCEDURE B Large Spills & Centrifuge Accidents

- LARGE SPILL / CONCENTRATED MATERIAL:** Flood perimeter-to-center with **1 part household bleach + 5 parts water (≈1% sodium hypochlorite)**. Cover with paper towels. Allow **20–30 minutes soak time** before cleanup.
- CENTRIFUGE TUBE BREAKAGE (§5.2.4):**
 - Turn off power immediately.
 - WAIT AT LEAST 30 MINUTES** with lid closed to allow dangerous aerosols to settle.
 - Wear puncture-resistant household gloves.
 - Remove broken glass using **forceps** (never fingers).
 - Decontaminate buckets and rotor with 1:9 bleach for 20 min.
- OCCURRENCE REPORT:** Notify CMT/LQM and log on F-QM-010-A-V0.

PART 2: NEEDLESTICK, SHARPS INJURY & SPLASH EMERGENCY FIRST AID (§5.8) **IMMEDIATE ACTION MANDATORY**

FIRST AID 1 Needlestick / Puncture Injury

- REMOVE SHARP SAFELY:** Discard needle immediately into puncture-resistant sharps container. Never recap, bend, or shear needles by hand.
- WASH THE WOUND:** Wash the wound with soap and copious running water; allow brief bleeding; do not squeeze or scrub.
- COVER THE WOUND:** Cover the wound with sterile gauze or an adhesive bandage.

⚠ CRITICAL SAFETY WARNING (STOP):

- DO NOT squeeze** the puncture wound.
- DO NOT scrub** aggressively with stiff brushes.
- DO NOT pour** concentrated bleach, alcohol, or harsh caustics directly into open puncture wounds.

FIRST AID 2 Eye Splash / Mucosal Exposure

- IMMEDIATE EYEWASH / WATER FLUSH:** Proceed directly to the eyewash station or clean running water tap. Hold eyelids open with clean fingers.
- FLUSH FOR FULL 15 MINUTES:** Irrigate eyes and mucous membranes continuously and copiously with clean water or sterile normal saline for at least **15 minutes** without stopping.
- REMOVE CONTACT LENSES:** Remove contact lenses during irrigation if present and easy to remove.

🕒 EMERGENCY PEP REFERRAL WINDOW **REPORT TO ER WITHIN < 2 HOURS**

Post-Exposure Prophylaxis (HIV / Hepatitis B) efficacy decreases sharply after 2 hours. Proceed to ER immediately after first aid!

📋 MANDATORY POST-EXPOSURE ESCALATION & LOGGING CHAIN (§5.8.2.d & §5.8.2.e):

Normal Working Hours: Immediately notify the Chief Medical Technologist / Laboratory Quality Manager (or Pathologist) → Accompanied to Emergency Room / Employee Health Clinic for clinical evaluation, baseline serology (HBsAg, Anti-HBs), and PEP initiation.

After Hours / Night Duty: Perform immediate first aid → Report to 24-Hr Nursing Supervisor → Proceed directly to ER for emergency treatment → Complete Occurrence Report Form on next working day.

Documentation: Log complete incident chronology on Occurrence Report Form (F-QM-010-A-V0) and retain in personnel health records.

Prepared by: Chief Medical Technologist
Signature/Date: _____

Reviewed by: Pathologist
Signature/Date: _____

Approved by: Hospital Director
Signature/Date: _____