

Procedure for Dealing with Biological Sample Spillage in the King's Clinical Research Facility

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Authorised by	Professor Peter Goadsby, CRF Director
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19 th December 2013	<ol style="list-style-type: none"> Amended text in SOP title from "Clinical Research Facilities" to "King's Clinical Research Facility" Amended name of Director to reflect new Director Amended logos to update to current CRF letterhead template Amended document number from CRF SOP007 to CRF-LAB-SOP-2 to comply with QPulse document numbering system 	E Giemza
January 2016	<ol style="list-style-type: none"> Updated related documents Minor administrative amendments to text No changes to the procedure required 	E.Giemza
February 2018	<ol style="list-style-type: none"> Minor administrative amendments to text No changes to the procedure are required 	E.Giemza
March 2020	<ol style="list-style-type: none"> NIHR logo updated No changes to procedure 	E Giemza

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October 2022	<ol style="list-style-type: none"> 1. Change of text in sections 5.10 and 5.14 2. Infection Control Policies, Protocol and guidance added as a reference in section 6.0. 	D. Nebres
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Review History		
Date	Review details	Approved by
18 th December 2013	Review of v1.0 conducted by Lara Edwards, CRF QA Manager, superseded by v2.0 (effective date 03 rd January 2014)	E Giemza
January 2016	Review of v2.0 conducted by Georgia Bullock, CRF QA Manager as per the review date. Changes made as per 'Change History' and re-issued as v3.0.	E.Giemza
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March 2020	Review of v4.0 conducted by Elka Giemza , interim CRF QA Manager as per the review date. Changes made as per 'Change History' and re-issued as v5.0.	E Giemza
October 2022	Review of v5.0 conducted by Ebner Canonizado, Clinical Research Nurse as per the review date. Changes made as per 'Change History' and re-issued as v6.0.	D. Nebres

1.0 Background

1.1. The King's Clinical Research Facility (CRF) provides facilities to support researchers, both KCH (King's College Hospital) and non-KCH, who need to collect and process biological samples for their research studies.

1.2. Samples are collected from study participants in the clinical areas of the CRF and processed in the sample processing areas.

2.0 Purpose

2.1 The purpose of this Standard Operating Procedure (SOP) is to describe the procedure which must be followed following a spillage of bodily fluid (such as blood, urine, plasma) within the clinical and sample processing areas of the CRF.

3.0 Scope

3.1 The CRF encompasses the Clinical Trials Facility (CTF), the Experimental Medicine Facility (EMF) and the Cell Therapy Unit (CTU). CRF SOPs will apply to the CTF and EMF only and staff working in those areas should work to all relevant CRF

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SOPs. The CTU will continue to control and use its own policies and SOPs to ensure compliance with Good Manufacturing Practice (GMP).

3.2 Although it is likely that this SOP will be most relevant within the sample processing areas, it is also applicable to any area within the CRF where a spillage occurs.

4.0 Responsibilities

4.1 All CRF core staff and users of the CRF who are collecting and processing biological samples in the EMF and CTF are bound to adhere to the procedures defined in this SOP.

5.0 Procedure

5.1 Biological samples are defined as those collected from study participants in the clinical areas of the CRF and processed in the sample processing areas.

5.2 Spillages of bodily fluids in the CRF must be decontaminated promptly by a suitably trained member of CRF core staff. Biohazard Spill Kits are available in the sample processing areas in both the EMF and CTF.



5.3 In case of a spillage, other staff must be informed promptly of the spillage and asked to leave the area until the spillage has been removed.

5.4 Only core CRF staff who have been trained in the use of the BioHazard spill kit and have read this SOP may deal with the spillage. Any core CRF staff member or user

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of the CRF who has not been trained should notify a member of the CRF clinical team, or the CRF Manager, of the spillage immediately.

5.5 The core CRF staff member responsible for clearing the spillage must wear disposable gloves, a disposable apron and also eye protection as required.

5.6 Check the product's expiry date and read the COSHH (Control of Substances Hazardous to Health) information on the product label.

5.7 Sprinkle Haz-Tab granules over the spillage until all of the moisture is completely absorbed and leave it for at least 2 minutes.

5.8 Remove the yellow clinical waste bag from the kit and peel the backing away from the adhesive strip. Attach the adhesive strip/bag to a table/wall and allow to hang open. Retain the backing to use as a tie later.

5.9 Collect the absorbed spilt material and granules with the orange scoop and scraper and discard all into the yellow bag. Tie the bag securely and discard as clinical waste as per the KCH Waste Management Policy.

5.10 Clean the entire area with Trust approved disinfectant as per the Infection Control Policy.

5.11 For splashes and drips on verticals walls, curtains etc, make up a chlorine solution by placing 4 Haz-Tab tablets into the diluter container and fill to the line with cold water. Leave for two minutes to dissolve and then mix gently by inversion. DO NOT SHAKE THE DILUTER.

5.12 Clean the surfaces with paper towels and the solution and dispose of the paper towels in the yellow bag supplied with the kit, tie securely, and dispose of as clinical waste.

5.13 Dispose of any unused solution down the sink or sluice and replace the diluter back in the Bio Hazard Spill kit box for re-use.

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- 5.14 Clean the affected area again with Trust approved disinfectant as per the Infection Control Policy.
- 5.15 In the event that a spillage is made over clothing or shoes, remove immediately and drench skin with water. Seek medical advice from the KCH Occupational Health department (ext. 33387). Outside office hours it may be necessary to report to the Emergency Department.
- 5.16 It may be necessary to discard the clothing or shoes if appropriate cleaning cannot be implemented.

6.0 Related documents & References

- 6.1 KCH Waste Management Policy <http://kingsdocs/Pages/Home.aspx>
- 6.2 KCH COSHH – Hazardous Chemicals Policy <http://kingsdocs/Pages/Home.aspx>
- 6.3 KCH Infection Resources
http://kweb/kwiki/Infection_Control#Infection_Control_Handbook
- 6.4 Infection Control Policies, Protocol and guidance [Infection Control Policies, Protocols and Guidance - Kwiki](#)
- 6.5 KCH Health and Safety Management
http://kweb/kwiki/Health_and_Safety_Management
- 6.6 CRF-HS-POL-1: King's CRF Health and Safety Code of Practice

7.0 List of Appendices

N/A

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8.0 Approval and sign off

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