

Trust Pest Control Policy

Policy number and category	IC 03	Infection Control	
Version number and date	1	March 2022	
Ratifying committee or executive director	Infection Prevention Partnership Committee		
Date ratified	April 2022		
Next anticipated review	April 2025		
Executive director	Executive Director of Finance		
Policy lead	Head of Facilities Management, SSL		
Policy author <i>(if different from above)</i>	Senior Facilities Manager, SSL Training and Quality Compliance Manager, SSL		
Exec Sign off Signature (electronic)	3 Tomling		
Disclosable under Freedom of Information Act 2000	Yes		

Policy context

The Health and Social Care Act 2008 requires that effective systems are in place to protect patients and staff from the risk of acquiring healthcare associated infection. An effective and operational pest control policy will be required as part of the evidence portfolio for compliance with the Care Quality Commissioning standards

Policy requirement

This Policy (and any supporting procedures) applies equally to staff in a permanent, temporary, voluntary or contractor roles acting for or on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust.

All staff has a role to play in preventative pest control, from complying guidance found in the Trust Food Safety Policy through to maintaining high standards of tidiness and cleanliness in work areas to reporting the presence or suspicion of pests.

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- Appendix 4 Contact details by site

1 INTRODUCTION

1.2 Rationale

- 1.1.1 The presence of pests can be offensive, present infection hazards, contaminate foodstuffs, damage materials and structure or be a nuisance. Once established, pests can be difficult and costly to deal with. Satisfactory standards of pest control in both clinical and non-clinical areas are an integral part of providing an optimum environment for the delivery of good quality patient care. The evidence of pests can also adversely affect the perception of the organisation and damage its reputation.
- 1.1.2 The Health and Social Care Act 2008 requires that effective systems are in place to protect patients and staff from the risk of acquiring healthcare associated infection. An effective and operational pest control policy will be required as part of the evidence portfolio for compliance with the Care Quality Commissioning standards.
- 1.1.3 Birmingham and Solihull Mental Health NHS Foundation Trust recognises its legal obligation to take necessary measures to prevent the risk of pest infestation in all food storage, distribution and catering areas, in addition to timely and safe treatment and eradication, to ensure good standards of pest control in all other areas of its sites.

1.2 Scope

- 1.2.1 This Policy (and any supporting procedures) applies equally to staff in a permanent, temporary, voluntary or contractor roles acting for or on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust.
- 1.2.3 All staff has a role to play in preventative pest control, from complying guidance found in the Trust Food Safety Policy through to maintaining high standards of tidiness and cleanliness in work areas to reporting the presence or suspicion of pests.

1.3 Principles

- 1.3.1 It is the intention of this policy to provide a guidance to ensure that all appropriate steps are taken to comply with the duty to manage pest activity within the organisation and to comply with pest control related legislation, approved codes of practice, guidance and relevant standards.
- 1.3.2 The Policy's specific objectives are:
 - i. Reduce the risk of pests that can carry infectious organisms that may transfer from insects and animals to humans and therefore cause a risk to service users, staff or visitors.
 - ii. To set out Pest Control Policy and procedures that all Trust staff are required to comply with.
 - iii. To set out pest control Policy and procedures that all Service Providers to the Trust (and any sub-contractors of these Services Providers) are required to comply with.

- iv. There is a contract for pest control in place, which incorporates regular and proactive monitoring of Trust premises in addition to timely and safe treatment and eradication.
- v. To establish pest control standards that are required to be incorporated into all new capital and other developments for the Trust's services. Ensuring that any refurbishment works do not damage any pest-proofing measures in place (such as pigeon netting) and incorporate any new standards of best practice.
- vi. To provide a framework and requirements for the auditing of the compliance with this Policy and its Procedures.
- vii. To set out the roles and responsibilities of Trust staff and its Service Providers and subcontractors and any associated training required.
- viii. To set out provisions for review of this Policy and its Procedures.
- 1.3.3 'The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.'

2 POLICY

- 2.1 Staff must have received appropriate instruction and training and be familiar with the operational requirements of this Policy, including the requirements of the "Procedures" section relevant to their area of responsibility.
- 2.2 Details of individual delegated responsibilities are highlighted in section 4 of the Policy, and include responsibilities for the following Trust staff:
 - Chief Executive
 - Executive Director of Nursing
 - Infection Prevention Team
 - > SSL Board
 - > SSL Head of Facilities Management
 - Senior Facilities Managers
 - > All staff
- 2.3 Advice regarding implementation, operational requirements, record keeping etc. will be provided by Estates and Facilities Management.
- 2.4 This Policy must be utilised in conjunction with the Trust Cleaning Policy and Trust Food Safety Policy.

2.5 The Trust and its contractors will ensure that risk assessments are undertaken and in place for pest control tasks and substances used. The Estates and Facilities Management Team is responsible for ensuring that a fully qualified and competent pest control contractor is employed.

The Trust and its contractor must satisfy itself that the Pest Control Contractor uses all appropriate personal protective equipment when handling chemicals or pests, these will include, gloves, face mask, eye protection and any other equipment necessary.

All risk assessments, method statements, certification provided by the contractor will be recorded and reviewed as per contract requirements. Where mechanical equipment is required, such as mobile elevated work platform, or working in height or in confined spaces, the Estates Management team will be responsible for issuing a permit to work and access.

3 PROCEDURE

3.1 Pest Control Contract

- 3.1.1 The Trust and its contractors will ensure that a pest control contract is in operation at all times. The contract will be monitored and managed by Estates and Facilities Department nominated officers against the contract specification.
- 3.1.2 All pesticides used by the Trust's pest control contractor will be approved in accordance with the Control of Pesticides Regulations (COPR) 1986 (as amended 1997), be strictly controlled and monitored and fully comply with the requirements of the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- 3.1.3 The pest control contractor shall carry out routine inspections of Trust premises in line with frequency set out in the contract specification.
- 3.1.4 The pest control contractor is required to respond to emergency call out visits within six (6) hours of the call out. Automatic follow up visits will be made by the Pest Control Contractor to monitor and undertake further treatment following the initial treatment undertaken during emergency call outs.
- 3.1.3 Due to particular vulnerability of catering areas there will be a strict timetable of inspection. Main catering areas, including dining rooms and production kitchens will be inspected at a defined frequency.
- 3.1.4 The pest control contractor will use active measures to prevent pest activity and to monitor the pest situation on site. These may include:
 - > Rodent monitors will be placed externally around sites for any activity.
 - Identifying where any additional electronic fly killing units may be needed within food handling areas.

- Insect monitors, these are sticky boards which are placed in specific areas to monitor the types and number of insects within the area.
- Identifying the need for additional fly screens in food handling areas to prevent insects from entering buildings whilst the windows are open.
- > Chemical pesticides, if necessary to remove a pest infestation.
- 3.1.5 Each routine, follow-up or emergency call-out visit will be documented in the form of a written treatment report, with one copy (hard copy) kept on Trust premises and a secondary copy stored on contractors electronic reporting portal. The written treatment report contains the following detail:
 - Trust premises and area(s) inspected
 - Contract and works number
 - > Date and time in and time out
 - > Type of visit Routine, follow up or call-out
 - Pesticide used and its quantity
 - Treatment detail
 - Status of pests/hygiene
 - Any proofing, monitors, housekeeping or hygiene recommendations to eliminate the reason or cause of infestation.
 - > Technicians name and signature
 - Client (Trust) name and signature

3.2 Reporting Pests

3.2.1 All sightings of pests or evidence of their existence should be reported in the first instance to either the Estates and Facilities Department or directly to the Pest Control contractor's helpdesk. Appendix 4 explains the pest reporting procedure to be followed, making sure that an Eclipse Incident form is completed.

3.3 **Prevention of Pests**

- 3.3.1 The Food Hygiene (Amendment) Regulations 1990 states that 'the walls, doors, windows, ceiling, woodwork and all other parts of the structure of every food room shall be kept clean and in such good order, repair or condition as to prevent as far as reasonably practicable the entry of birds and any risk of infestation by rats mice, insects or other pests'
- 3.3.2 Basic Pest Control Measures
 - Food must always be covered and stored off the floor. Once opened must be either be stored in pest proof containers which are cleaned before refilling or stored in the original packaging.
 - Food stock must be rotated frequently to ensure items do not remain in the back of cupboards providing harbourage to pests.
 - To dispose of personal foodstuffs in kitchen waste bins with lids and not leave food wrappers or food waste in open bins.
 - To store personal food items, such as tea bags, sugar biscuits etc. in plastic/metal containers with tight lids.

- Accumulation of static/stagnant water should be avoided. Spillages should be promptly dealt with.
- Buildings should be of sound structure and well maintained, drains should be covered, and leaking pipe work repaired and damaged surfaces made good. Defects should be reported to the Estates and Facilities Department
- Cracks in plaster and woodwork, unsealed areas around pipe work, damaged tiles, badly fitted equipment and kitchen units are likely to provide excellent harbourage and should be maintained in a suitable condition.
- Fly screens in catering production kitchens should always be closed when windows are open.
- Doors to food storage/preparation areas must be kept closed and adequately proofed to prevent access to pests. Where appropriate the doors should be fitted with metal kick plates at base of door.
- Treatment with insecticides and rodenticides alone is seldom sufficient; attention must be paid to good hygiene and structural maintenance.
- All Trust employees are required to take care that their actions do not facilitate or encourage the ingress of pests such as cockroaches and rodents etc. It is recommendation that all users of a building do NOT feed any birds, pests etc and keeping external doors/closing windows at night to prevent ingress.
- Not to intentionally interfere with any items of pest proofing e.g. fly screens, netting, or spikes installed to deter pests.
- Not to intentionally introduce anything into the workplace that could harbour pests without obtaining explicit permission e.g. unauthorised pets.
- To maintain a tidy workplace, free from clutter or items stored incorrectly-boxes on the floor etc., where pests could nest.
- To inform their manager of any matters that they consider represents a shortcoming in the pest control arrangements.
- 3.3.3 Basic control measures for staff involved in food handling (including Catering Staff and Food Handlers, Housekeepers, O.T.'s etc.)
 - Waste food is disposed of using waste disposal units, if for any reason the waste disposal unit is not available or there is no waste disposal unit, waste food must be double bagged in black bags and put in the appropriate waste bins. The lids of any outside bins must be kept closed to prevent access by pests to the food source.
 - > No food is left out in kitchen, serving areas or after food service.
 - > Exercise stock rotation to ensure that foods are not left in stores for long periods of time.
 - Sightings of pests or evidence of their existence are reported to Estates ad Facilities Department or directly with the Pest Control Contractors Helpdesk.

- Report any defects that could lead to pest ingress to their manager (i.e. damaged bait boxes, pigeon netting, fly screens etc.).
- Area(s) thoroughly and sufficiently cleaned after an infestation has been dealt with by professional pest contractors.

3.4 Infection Control

- 3.4.1 Pests can carry a large number of disease organisms as well as carrying contaminated material with them. Therefore, it is imperative that pests are controlled to ensure they do not ingress into the healthcare environment.
- 3.4.2 The Trust's Infection Prevention Team and the Trust's Risk Team should be informed of any serious infestation. They will monitor the situation and assess the potential impact on service users and the environment and advise on the appropriate corrective actions to ensure service user safety.
- 3.4.3 In exceptional circumstances, where there is an imminent risk to health from an infestation the Environmental Health Office should be informed.

3.5 Visiting Pets

- 3.5.1 In principle pets should not be brought into healthcare settings, except for guide dogs/canine helpers or as part of the national Pet Therapy scheme. However, there may be occasions when a visiting pet is beneficial to a particular in-patient for instance a cat and under these exceptional circumstance's agreement should be sought from the Trust's Infection Prevention Team.
- 3.5.2 For other pets these should be dealt with on a case-by-case basis with the ultimate decision being taken by Trust's Infection Prevention Team.

3.6 Quality Monitoring

- 3.6.1 The Trust will carry out regular monitoring of the quality and procedures of the Trust's Pest Control Provider.
- 3.6.2 The Quality Monitoring standards are set out in the contract specifications.

3.7 Training Requirements

- 3.7.1 Ward and Department Managers are responsible for ensuring that their staff are fully familiarised and instructed in the requirements of this Policy (and Procedures herein).
- 3.7.3 The Pest Control Contractor are responsible for providing, at the request of the Trust and its contractors, relevant training information for their field technicians working within Trust premises.

3.8 Cleaning Inspections

3.8.1 During the course of routine audits of cleanliness in clinical and non-clinical areas, staff will visually assess the environment for any signs of pest activity or building deterioration which may lead to pest ingress. Any concerns will be reported immediately to the Estates and Facilities Management Team.

3.9 Catering/Food Safety Audits and Inspections

3.9.1 During the course of routine audits and inspections of Trust food areas such as production kitchens, dining areas and ward kitchens, staff will visually assess the environment for any signs of pest activity or building deterioration which may lead to pest ingress.

4	RESPONSIBILITIES

Post(s)	Responsibilities
Chief Executive	The Chief Executive has overall responsibility for the provision of a safe and healthy workplace environment for all employees as required by the Health & Safety at Work Act 1974 and delegates this responsibility to senior managers of the trust as detailed in this policy. Overall responsibility for pest control shall include ensuring arrangements are in place for identifying and managing the requirements of legislation relating to pest control and ensuring that adequate resources are provided to implement the policy.
Executive Director of Nursing	 The Executive Director of Nursing undertakes the role of 'Director of infection Prevention and control They are responsible for overseeing the Infection Prevention Partnership Committee work programme which includes receiving quarterly reports on standards and any pest infestations. Ensuring any breaches in hygiene standards are addressed through line management arrangements. To ensure that staff undertake statutory and mandatory training in infection prevention and control in accordance with the Trust Training Policy. To undertake investigations in relation to complaints of Pest Control infestations or whereby in adherence to standards have been identified in Serious Incidents relating to the management of infectious conditions.
Trust Infection Prevention Team	The Trust's Infection Prevention Team should be informed of any serious infestation and the Team will monitor the situation and assess the potential impact on service users and the environment and advise on the appropriate corrective actions to ensure service user safety. To report, in exceptional circumstances, where there is an imminent risk to health from an infestation to inform the Environmental Health Office.
SSL Board	 To review and agree visiting pets for inpatient areas. The SSL Board has responsibility for ensuring that the Trust has systems in place which comply with the "Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH December 2010) and other guidance with regard to the provision of Pest Control Services – including but not limited to; Ensuring the Trust Board is made aware of any issues which may affect the patient environment. To be aware of their own role and responsibilities with regard to Pest Control with a view to minimising the risk of infection in accordance current legislation and best practice guidance.

SSL Head of Facilities Management	 The Head of Facilities Management has the delegated responsibility for ensuring that where reasonably practicable the guidance relating to pest control management is implemented and maintained where resource allows within Trust/SSL agreed financial limits. For buildings that are maintained by SSL, the accountability for pest control is given to the Head of Facilities Management who devolves this responsibility to the Senior Facilities Managers and to other officers of the estates department. Ensuring all necessary information and advice on the requirements of the policy are cascaded to all relevant staff Arrangements are in place to provide information and advice on the requirements of the policy Ensuring arrangements are in place for Trust/SSL staff to report sightings of pest activity Arrangements are in place to ensure pest related incidents are investigated and risks escalated accordingly Assessing the contractors documented service reports and to initiate the relevant action on any recommendations made by the contractor to keep the site free from pest infestations Providing overall co-ordination and monitoring of the Pest Control contractors Keeping up to date with legislation and guidance relating to pest control and environmental health, implementing changes to the policy when necessary.
Senior Facilities Manager	 SSL Estates & Facilities Department is responsible for The management of Pest Control Contractor Services and for ensuring these comply with this Policy (and Procedures herein) and the Trust Infection Control Policies and Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Compliance with; this Policy (and Procedures herein) and the Trust's Infection Control Policies is written into all contracts for Pest Control Services. Ensuring contractor's compliance is continually monitored. Liaising with manufacturers of Trust equipment to ensure fitness for purpose. Ensuring routine checks by the Pest Control Contractor are undertaken and that reports of pests are followed up in an appropriate manner. Estates and Facilities Managers, in conjunction with the Trust Infection Prevention and Control Team, are responsible for reviewing and updating this Policy. The outcomes of each review and associated draft amendments will be submitted to the Trust Infection Prevention and Control Team in the first instance.
All staff	All staff have a duty to ensure that appropriate measures are taken to discourage pest infestation, to report pest infestations and follow the advice in this policy.

5 DEVELOPMENT AND CONSULTATION PROCESS consisting of:

Consultation summary						
Date policy issued for consu	lltation	13 Janua	ary 2022			
Number of versions produce	ed for consultation	1				
Committees / meetings wh discussed	ere policy formally	Date(s)				
Infection Prevention Partner	ship Committee	25 January 2022				
Where received	Summary of feedba	ck	Actions / Response			

6 **REFERENCE DOCUMENTS**

- i. BSMHFT Food Safety Policy
- ii. BSMHFT Cleaning Policy
- iii. BSMHFT Infection Control Policy and associated Annexes
- iv. BS EN 16636:2015- Pest Management Services- Requirements and Competencies.
 British Standards Institute (2015).
- v. Code of Practice of the British Pest Control Association. http://www.bpca.org.uk/pages/index.cfm
- vi. The Control of Pesticides Regulations (1986) (as amended 1998). http://www.legislation.gov.uk/ukpga/1998/26/contents
- vii. Control of Substances Hazardous to Health Regulations (2002) (as amended). Health and Safety Executive. (2002).
 http://www.legislation.gov.uk/uksi/2002/2677/contents/made

7 BIBLIOGRAPHY

- i. Department of Health (2015) The Health and Social Care Act 2008: Code of practice on the prevention and control of Infections. DOH, London (updated 2015)
- ii. National Standards of Healthcare Cleanliness 2021: Pest Control (4 May 2021)
- iii. The Health & Safety at Work etc. Act 1974.
- iv. The Control Of Substances Hazardous to Health Regulations (COSHH) (amended) 2004.
- v. Chemicals (Hazard Information and Packaging For Supply Regulations 2002 (CHIP)
- vi. The Food and Environment Protection Act 1985 (FEPA).
- vii. The Control Of Pesticides Regulations (amended) 1997 (COPR) & EU Biocides Regulation 528/2012(EU BPR)
- viii. The Animal Welfare Act 2006.
- ix. Wildlife and Countryside Act 1981.

- x. Conservation (Natural Habitats, etc.) Regulations 1994.
- xi. The Prevention of Damage by Pest Act 1949.
- xii. The Management of Health and Safety at Work Regulations 1999.
- xiii. British Standards and DEFRA Codes of Practice.
- xiv. CRRU UK Code of Best Practice (March 2015) Best Practice and Guidance for Rodent Control and the Safe Use of Rodenticides.
- xv. Lifting Operations and Lifting Equipment Regulations 1998
- xvi. Provision and Use of Work Equipment Regulations 1998
- xvii. Workplace (Health, Safety and Welfare) Regulations 1992.

8 GLOSSARY

"COSHH" - Control of Substances Hazardous to Health

9 AUDIT AND ASSURANCE

Element to be monitored	Lead	ΤοοΙ	Frequency	Reporting Arrangements	Acting on Recommendations and Lead(s)	Change in Practice and Lessons to be shared
Number of Pest	Estates &	Audit Pro-forma	Quarterly	IPPC		
Control callouts	Facilities					
Number of actions	Estates &	Audit Pro-forma	Quarterly	IPPC		
taken in response to	Facilities					
pest issues						
Eclipse	Estates &	Audit Pro-forma	Quarterly	IPPC		
Reports/Incidents	Facilities					
relating to Pest						
Control						

10 APPENDICES

- Appendix 1 Equality Analysis Screening Form
- Appendix 2 List of Pests most common in Healthcare Environment
- Appendix 3 Pest Reporting Procedure

Appendix 4 – Contact details by site

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect <u>http://connect/corporate/humanresources/managementsupport/Pages/default.aspx</u>

Title of Proposal	sal Trust Pest Control Policy										
Person Completing this pro	posal Lou	uise Angel		Role or title	Senior Facilities Manager, SSL						
Division	Est	ates and Fac	ilities SSL	Service Area	Estates and Facilities, SSL						
Date Started	31	March 2022		Date completed	31 March 2022						
Main purpose and aims of t	he proposal and	how it fits i	n with the w	vider strategic aims	and objectives of the organisation.						
of Birmingham and Solihull M	ental Health NHS	Foundation	Trust. All st	aff has a role to play	ary, voluntary or contractor roles acting for or on behalf n preventative pest control, from complying guidance cleanliness in work areas to reporting the presence or						
Who will benefit from the pr Trust Staff, Service Users and	-	Control Staf	f								
Impacts on different Person	nal Protected Cha	aracteristics	– Helpful C	Questions:							
Does this proposal promote e	equality of opportu	nity?		Promote good cor	Does this proposal promote equality of opportunity? Promote good community relations?						
Eliminate discrimination?											
				Promote positive a	attitudes towards disabled people?						
Eliminate harassment?											
				Consider more fav	attitudes towards disabled people?						
Eliminate harassment?				Consider more fav	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation?						
Eliminate harassment?	impact box or lea	ave blank if	you feel th	Consider more fav Promote involvem Protect and promo	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation? ote human rights?						
Eliminate harassment? Eliminate victimisation?	impact box or lea	ave blank if Negative	you feel th Positive	Consider more fav Promote involvem Protect and promo	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation? ote human rights?						
Eliminate harassment? Eliminate victimisation? Please click in the relevant	-	-	-	Consider more fav Promote involvem Protect and promo ere is no particular Please list details	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation? ote human rights?						
Eliminate harassment? Eliminate victimisation? Please click in the relevant Personal Protected Characteristic	No/Minimum	Negative	Positive	Consider more fav Promote involvem Protect and promo ere is no particular Please list details	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation? ote human rights? impact. or evidence of why there might be a positive,						
Eliminate harassment? Eliminate victimisation? Please click in the relevant Personal Protected	No/Minimum Impact X	Negative	Positive	Consider more fav Promote involvem Protect and promo ere is no particular Please list details	attitudes towards disabled people? rourable treatment of disabled people? ent and consultation? ote human rights? impact. or evidence of why there might be a positive,						

Are you able to justify the legal or lawful reasons when your service excludes certain age groups								
Disability	x							
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues								
Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?								
Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?								
Gender	x							
This can include male and fem	ale or someone v	who has con	npleted the	gender reassignment process from one sex to another				
Do you have flexible working a	rrangements for	either sex?						
Is it easier for either men or wo	omen to access y	our proposa	?					
Marriage or Civil	x							
Partnerships	^							
People who are in a Civil Partn	erships must be	treated equa	ally to marri	ed couples on a wide range of legal matters				
Are the documents and information	ation provided for	your servic	e reflecting	the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x							
This includes women having a	baby and womer	n just after th	ney have ha	id a baby				
Does your service accommoda	te the needs of e	expectant an	d post nata	I mothers both as staff and service users?				
Can your service treat staff and	d patients with dig	gnity and res	spect relation	on in to pregnancy and maternity?				
Race or Ethnicity	х							
Including Gypsy or Roma peop	ole, Irish people, t	hose of mixe	ed heritage	, asylum seekers and refugees				
What training does staff have t	•							
What arrangements are in place	e to communicat	e with peopl	e who do n	ot have English as a first language?				
Religion or Belief	x							
Including humanists and non-b	elievers							
Is there easy access to a prayer or quiet room to your service delivery area?								
When organising events - Do	you take necessa	ary steps to r	make sure t	hat spiritual requirements are met?				
Sexual Orientation	x							
Including gay men, lesbians ar	nd bisexual peopl	е						
Does your service use visual in	nages that could	be people fr	rom any bao	ckground or are the images mainly heterosexual couples?				
Does staff in your workplace fe	el comfortable al	pout being 'c	out' or would	d office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment	x				
This will include people who ar	e in the process of or	in a care pathway changing f	om one gender to anoth	ner	
Have you considered the poss	ible needs of transger	nder staff and service users in	the development of you	r proposal or service?	
Human Rights	x				
Affecting someone's right to Lit	fe, Dignity and Respe	ct?			
Caring for other people or prote	ecting them from dang	ger?			
The detention of an individual i	nadvertently or placin	g someone in a humiliating si	uation or position?		
If a negative or disproportion	nate impact has been	n identified in any of the key	areas would this diffe	rence be illegal / unlawful?	l.e. Would
it be discriminatory under an	ti-discrimination leg	islation. (The Equality Act 2	2010, Human Rights Ac	et 1998)	
	Yes	No			
What do you consider the level of negative impact to	High Impact	Medium Impact	Low Impact	No Impact	
be?				x	
If the impact could be discrimin the negative impact is high a F If you are unsure how to answe Equality and Diversity Lead b If the proposal does not have a	ull Equality Analysis very the above question of the proceeding.	vill be required. s, or if you have assessed the	impact as medium, plea	ase seek further guidance fron	n the
form below with any required re	• .	•	•	then please complete the rest	of the
Action Planning:					
How could you minimise or ren	nove any negative imp	pact identified even if this is o	low significance?		
There are no impacts as this is	a policy that deals wi	th preventative pest control m	easures and cleanlines	S.	
How will any impact or planned	l actiona ha manitara	d and reviewed?			

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net**. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Full Equality Analysis Form

Title of Proposal	Trust Pest Control Policy				
Person Completing this proposal	Louise Angel	Role or title	Senior Facilities Manager, SSL		
Division/Department	Estates and Facilities	Service Area	Estates and Facilities SSL		
	SSL				
Date Started	31 March 2022	Date completed	31 March 2022		
		erns that the proposal treats grou	ips differently, unfairly or disproportionately as a		
result of their personal protected chara	acteristics?				
None					
Summarise the likely negative impacts		Summarise the likely positiv	Summarise the likely positive impact		
None		None			
What previous or planned consulta	tion or research on this p	roposal has taken place with g	groups from different sections of the		
community?					
		Please provide list of	Summary of consultation / research carried		
		groups consulted.	out or planned. If already carried out, what		
			does it tell you about the negative impact?		
Group(s) (Community, service user	, stakeholders or carers	n/a			
Staff Group(s)		Out to consultation through			
		the usual process			

What up-to-date information or data is available about the different groups the proposal may have a negative impact on?					
n/a					
Are there any gaps in your previous or planned consultations, research or information? If so are there any other experts, groups that					
could be contacted to get further views or evidence?					
Yes			No	X	
If yes please list below					
As a result of this Full Equality Analysis and consultation, what changes need to be made to the proposal? (You may wish to put this					
information into an action plan and attach to the proposal)					
none					
Will any negative impact now be:					
Low:	n/a	Legal:	n/a	Justifiable:	n/a
Will the changes made ensure that any negative impact is lawful or justifiable?					
Have you established a monitoring system and review process to assess the successful implementation of the proposal? Please explain					
how this will be done below.					
See section 9. Audit and Assurance					
Action Planning: How could you minimise or remove any negative impact identified even if this is of low significance?					
How will any impact or planned actions be monitored and reviewed?					

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?

n/a

n/a

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net**. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

List of Pests most common in Healthcare Environments:

BED BUGS

Bed bugs are parasitic insects that feed on blood. Their preferred habitat is in houses, especially beds or other areas where people sleep. They are mainly active at night but are not exclusively nocturnal and can feed on their hosts without being noticed.

There are a number of health effects which can occur from bed bug bites; these include skin rashes, psychological effects and allergic symptoms. A bed bug infestation is caused when they are carried from one infested place to another either by animals or humans or they can infest from another dwelling where there is easy access through ducts or false ceilings for example. They can be detected by their characteristic smell of rotting raspberries and can be found singularly but usually congregate once they are established.

HOUSEFLIES

Significance

Houseflies can transmit intestinal worms, or their eggs and are potential vectors of disease such as dysentery, gastro-enteritis, typhoid, cholera and tuberculosis. They will frequent and feed indiscriminately on any liquefiable solid food, putrefying material or food stored for human consumption.

Control

Flies have rapid, prolific breeding habits and high mobility. In order to break the life-cycle, control measures should be directed against larval and adult flies.

Hygiene/management

Satisfactory hygiene is necessary to limit potential breeding sites and food sources. Entry of flies into buildings can be prevented by 1.12mm mesh fly screen, air curtains, bead screens or self closing door equipment with rubber seals.

COCKROACHES

Distribution

Cockroaches are common in premises associated with the production or handling of food. Gregarious and nocturnal they spend the day hiding in cracks and crevices around areas such as sinks, drains, cookers, the back of cupboards and in refrigerator motor compartments. They favour buildings with service ducts and complex plumbing installations which allow them to travel freely.

Significance

Cockroaches are potential vectors of diseases such as dysentery, gastroenteritis, typhoid and poliomyelitis. Their diet is omnivorous and includes fermenting substances, soiled dressing, hair, leather, parchment, wallpaper, faeces and food for human consumption. The latter may be contaminated either by the mechanical transfer of causative agents of disease from the insect's body, or by transmission in the faeces.

Control

Monitoring and control is essential although successful control of cockroaches is a complex subject, and depends very much upon tailoring control measures to the species concerned. Infestations can be difficult to control as cockroach eggs are poorly penetrated by insecticides. Consequently surveillance of the area by the pest control contractor may need to be prolonged.

Hygiene/management

A high standard of hygiene will deny sources of food and hiding places.

ANTS

Black Ants:

Foraging worker ants cause a nuisance as they travel widely in search of food, following well-defined trails and clustering around the food source. Sweet foods are preferred. They are obviously an unpleasant sight and may damage food for human consumption.

Pharaoh's Ants:

These 2mm omnivorous light brown ants are half the size of black ants. They cannot breed without artificial heat, are very persistent and pose a serious cross infection risk in hospitals. The ants may be found in wall cavities, heating pipes, behind sinks and ovens and therefore in laundry, linen rooms, clinical and residential areas. They are particularly attracted to sweet or light protein.

Hygiene/management

Although frequently inaccessible and difficult to destroy, ants' nests must be eradicated. If infestation is to be successfully controlled, hormone treatment is required which sterilises the female ant.

WASPS AND BEES

Wasp stings cause pain and distress. Some individuals are particularly sensitive. Wasp nests are only used for one season, so it may be possible to put up with the problem temporarily. They are often found in cavities in brickwork, in air bricks and roof vents. The nest can be treated by the Trust's pest control contractor; such work may be best carried out in the evening or weekend as poisoned stupefied wasps can cause problems. Particular attention should be paid to areas around rubbish bins that could be kept in a hygienic condition.

For bee nests or swarms, a specialist contractor can be contacted to remove the bees safely from site. Identification of nests or swarms must be reported using the procedure in Appendix 3 and site contact details in Appendix 4 of this policy.

OTHER INSECT PESTS

There are many other insect pests that occur sporadically in hospitals. The most common of these being flies of various species, crickets, silverfish and stored product insects and mites which can be found infesting dried foods such as flour weevils.

MICE AND RATS

These are the vertebrates with greatest potential for damage to food stocks and building fabric in hospitals. Modern rodenticides are extremely efficient in the eradication of mice and rats from hospitals.

The Trust will notify the relevant local authority of any infestation of its land or buildings by rats and mice in "substantial numbers" as required by the Prevention of Damage by Pests Act 1949. Rodents have been known to gnaw through electric cables and cause fires. All sightings and other evidence of their presence should be reported. The Trust will take reasonable steps to ensure that its buildings are rodent proofed by, for example, fitting collars where pipes pass through walls and by filling gaps in the building fabric, etc. All food and organic waste shall be kept in rodent proof containers.

BATS

Bats are protected by the Wildlife and Countryside Act 1981 and the Conservation (Natural Habitats, etc) Regulations 1994. The penalties for contravention are severe. If bats are discovered in any of the Trust's buildings or on any of its land they must not under any circumstances be killed, expelled, stopped from gaining access, touched or disturbed. Contractors must be prevented from doing work anywhere near them. English Nature should be contacted for advice.

BIRDS

The nuisance of birds can be controlled in the first instance by preventative measures, e.g. blocking of nesting holes and the application of devices to discourage perching. Netting and trapping can also be considered with the aim of immediate release away from the area/location of capture. As a last resort birds may be culled by shooting with the approval of the Trust Chief Executive and local police authority. No attempt should be made to poison them. Whichever method is employed it should take

into account whether the birds are currently in a nesting season or whether they are protected by law. Advice should be sought from the Royal Society for the Protection of Birds.

SQUIRRELS

The most serious damage in urban areas arises where the squirrel enters the roof spaces of premises by climbing the walls or jumping from nearby trees. Once inside, they chew woodwork, ceilings, electrical wiring insulation or tear up loft insulation to form a drey. The best method of control is to proof the building/loft. Prevention is better than cure. If a cure is required the best form of control is trapping with the use of a squirrel trap.

FOXES

Foxes may occasionally spread disease such as toxocara and leptospirosis but the risk is believed to be small. There may be damage to grounds caused when digging for food and the indiscriminate depositing of faeces.

RABBITS

Rabbits can cause great damage by burrowing under buildings and putting at risk the foundations of buildings, however there is strict guidelines on their removal so please contact the nominated officer for advice. This applies to any suspected myxomatosis cases.

MOLES

Moles are a widespread species and are not protected by conservation legislation, only having basic protection from cruelty under the Wild Mammals Protection Act 1996.

The mole is a common British mammal and, although not often seen, the results of its tunnelling are well known and may cause damage in a range of situations. In gardens and amenity areas, molehills and tunnels can be a nuisance. In agriculture, contamination of grass by soil may lead to poor quality silage being produced. There is also a risk of damaging grass cutting machinery. Mole runs may disturb roots and adversely affect plant growth.

Before carrying out any mole control, it is important to consider if such action is warranted or if the molehills and tunnels can be tolerated. Where control measures can be justified, there are two main methods, trapping or poisoning with aluminium phosphide. Please note that strychnine hydrochloride can no longer be legally purchased or used for mole control in the UK.

DEER

From 1 October 2007, under the Deer Act 1991 (as amended), all wild deer with the exception of Muntjac (Muntiacus Reevesi) are protected by a close season. The Regulatory Reform (Deer) (England and Wales) Order 2007 amends the original Act and will improve deer welfare in a number of ways.

The best long-term solution to reduce the damage caused by deer is to achieve an adequate cull each year and so reduce the local deer population. This is best achieved through a wider, co-coordinated cull undertaken by a local Deer Management Group (DMG) rather than on an ad-hoc basis by individuals. However, the legislation makes provisions for actions that can be taken in exceptional circumstances where problems cannot readily be resolved through normal deer management.

BADGERS

Badgers and their setts are protected under the Protection of Badgers Act 1992, which makes it illegal to kill, injure or take badgers or to interfere with a badger sett. Interference with a sett includes blocking tunnels or damaging the sett in any way. The majority of problems posed by badgers can be resolved non-lethally, normally by the partial or complete closure of the sett of the badger(s) causing the problem. Sett closures require a license.

Pest Reporting Procedure

1. All sightings of pests and/or evidence of their existence should be reported in the first instance to the Estates and Facilities Department or the Pest Control Contractors Helpdesk (see Appendix 4 for contact telephone numbers).

For out of hours issues emergency problems contact the Estates On-Call Manager. If necessary, the Estates On-Call Manager will contact the pest contractor out of hour's service.

- 2. When reporting, the following information must be provided:
 - i. The location, i.e., ward, department, clinic, etc.
 - ii. Precise location, i.e. bathroom, office, etc.
 - iii. The type of pest if known
 - iv. Possible numbers and the frequency of sighting
 - v. The name of the person reporting
 - vi. The date and time of the sighting
- **3.** In the event that a satisfactory response is not received within 24 hours of the time of reporting the Estates and Facilities Department should be contacted by telephone or email.
- **4.** Follow advice given by the pest control contractor following attendance/treatment. This may include advice on housekeeping, cleaning and maintenance issues.
- 5. An Eclipse report should be completed for any incidences of a serious infestation.

Contact details by site

- Amey Helpdesk (Northern Area of the Trust)
- Barberry Domestic Office (Barberry, Oleaster) Ext 2049 or 2052
- Zinnia Domestic Office (Zinnia Centre and Community Sites) Ext 5308 or 5309
- Reaside Domestic Office (Reaside and Hillis Lodge Ext 3034 or 3038
- Ardenleigh Domestic Office (Ardenleigh and Rookery Gardens) Ext 4431
- Tamarind Domestic Office Ext 0521
- SSL Estates On-call Manager (via Reaside Switchboard)
- Pest Control Contractor Helpdesk 08700 660 999