

## The Newcastle upon Tyne Hospitals NHS Foundation Trust

### Decontamination of the Patient Environment (including Terminal & Deep Cleaning)

Version No.:	4.1
Effective From:	8 February 2012
Expiry Date:	1 April 2014
Date Ratified:	1 November 2011
Ratified By:	IPCC

#### 1. Introduction

- 1.1 All patients admitted to Newcastle upon Tyne Hospitals must be cared for in a clean environment. In order to ensure this, cleaning takes place on a daily basis, following spillage, following transfer/ discharge, on cessation of isolation and following an outbreak.
- 1.2 This policy also contains a section on cleaning the patient environment in community premises others than those based on NUTH hospital sites.
- 1.2 This policy provides guidance for all staff who are involved in cleaning of the environment which includes bed frames, mattresses and other equipment in line with the [Cleaning and Disinfection Procedure](#). For specialist equipment, staff should refer to manufacturer's instructions and advice can be sought from Infection Prevention and Control (IPC) if required.
- 1.3 A flexible approach in terms of responsibility between Nursing and Hotel Services must be adopted to ensure patient care is not compromised and that the environment and equipment is correctly cleaned without undue delay.
- 1.4 All relevant Trust employees have a responsibility to ensure this policy is complied with. The Ward Sister/Charge Nurse/Department Manager has 24 hour responsibility to ensure this standard is achieved. Compliance is monitored through daily/weekly/monthly cleanliness checks.
- 1.5 The key principle underpinning this policy is the prevention and control of infection.
- 1.6 This policy replaces the Trust Decontamination of Bed Space and Terminal Cleaning Policies.

#### 2. Process

- 2.1 Prior to cleaning, all equipment should be inspected for signs of damage which renders cleaning ineffective. If there are concerns about the integrity of the equipment, replacement/repair should be discussed with the Ward Sister/Charge Nurse/Department Manager.

- 2.2 Refer to the [Medical Device Management Policy](#) for equipment which requires condemnation.
- 2.3 Staff undertaking cleaning must wear appropriate Personal Protective Equipment (PPE) in accordance with [Isolation Policy](#) and [Standard Precautions Policy](#).
- 2.4 In order to achieve effective disinfection, there is a five minute contact time for combined detergent/chlorine releasing agent 1,000ppm.
- 2.5 Disposable and reusable cloths must be changed/discarded after one immersion into the chlorine solution. This will prevent reduction of the efficiency of the chlorine solution linked to the presence of organic material.
- 2.6 Equipment must be decontaminated and thoroughly dried at the patient bed space prior to storage. Dirty equipment **must not** be transferred to a clean environment without being decontaminated first.
- 2.7 Containers/bottles from which cleaning agents are dispensed should be wiped down with chlorine solution as above on completion of terminal cleaning.
- 2.8 Where possible windows must be opened to facilitate drying and reduce chlorine odour.
- 2.9 Following decontamination of all parts of a commode, decontamination tape must be attached across the commode seat and secured (refer to Commode Decontamination poster, January 2011). The person responsible for cleaning must document the time, date and provide a signature. The tape must be removed at the patient bedside and disposed of immediately prior to use.**
- (i) Routine Cleaning**
- Hotel Services perform routine cleaning of elements for which they are responsible, using a combined detergent/chlorine releasing agent 1,000ppm (e.g. Actichlor plus) which is adequate to remove dirt and dust. All items should be thoroughly dried.
  - Nursing staff perform routine cleaning using Universal Sanitising Wipes or a combined detergent/chlorine releasing agent 1,000ppm (see [Cleaning and Disinfection Procedure](#)). Equipment should be thoroughly dried.
  - All other staff have a responsibility to ensure any equipment they use is cleaned in accordance with Trust guidance.
- (ii) Transfer/Discharge Cleaning**
- On transfer/discharge of patients from wards, the vacated area is identified by staff as 'N/C' (Not Clean) on the bed-communication board.

- Upon completion of cleaning amend the bed-communication board to 'C' (Clean) and inform Patient Services Co-ordinator that the bed is available for use.
- Bed/trolley area should be cleaned at the earliest opportunity and within a maximum of a 1 hour period.
- Nursing and Hotel Services perform transfer/discharge cleaning using a combined detergent/chlorine releasing agent 1,000ppm. See Trust Cleaning and Disinfection Procedure for exceptions. Items/equipment should be thoroughly dried.
- All other staff have a responsibility to ensure any equipment they use is cleaned in accordance with Trust guidance.

**(iii) Terminal Cleaning**

- Following cessation of isolation, the environment and equipment must be decontaminated using a combined detergent/chlorine releasing agent 1,000ppm (e.g. Actichlor plus) unless contraindicated by manufacturers instructions.
- Routine wall washing is not always required unless a patient has been diagnosed with known/suspected C. difficile or suspected infectious diarrhoea or is nursed in a high risk area. Advice may be sought from the Infection Prevention and Control Team.
- It is the responsibility of the nurse in charge of the ward/dept to organise a terminal clean, including co-ordination of Wall Washers, Hotel Services and Nursing staff.
- Wall Washers & Hotel Services must be informed immediately once nursing staff are aware of the requirement for terminal cleaning. Domestic Supervisors/Rapid Response Cleaning Team can be contacted via switchboard.
- Prior to terminal cleaning of the room/bed space, the patient must have vacated the area. Nursing staff must ensure that disposable/opened items must be discarded; the area must be cleared of all personal effects, equipment (once cleaned), linen and clinical waste prior to access by Hotel Services staff.
- If a patient is nursed in an open ward, then the entire surrounding area up to the next bed should be cleaned and clean curtains hung upon completion. Consideration must also be given to bathroom and toilet facilities.
- Blinds must be included in a terminal clean following cessation of isolation. This will be undertaken by the 'Wall Washing Team' regardless of the requirement to wall wash or not.

- Hotel Services staff will remove the curtains/shower curtain prior to cleaning and send for laundering in accordance with [Used Laundry Management Policy](#). On completion Hotel Services will hang clean curtains/shower curtains.
- All linen from the area (regardless of whether or not it has been used) should be bagged before removal from the area and sent as foul or infected linen in accordance with Used Laundry Management Policy.
- One Microfibre mop is used per isolation room, two - three mops are used per bay. Microfibre mops must be laundered following use.
- The area may be used for other patients when all equipment and surfaces are clean and dry. Leaving an area for a period of time following terminal cleaning is not required.
- Cutlery and crockery should be returned to the kitchen as normal for machine washing. However, items normally washed at ward level should be washed separately in the ward kitchen in hot, soapy water.
- All waste from the isolation room should be disposed as clinical waste in line with the [Waste Management Policy and Procedures](#).
- All clinical and non clinical equipment e.g. beds/chairs/tables etc **must be** decontaminated prior to transferring to a clean area.

**(iv) Deep Clean**

- A deep clean is required following an outbreak or where environmental screening demonstrates contamination; this will be at the request of the Infection Prevention and Control Team (IPCT). All areas within the defined environment (including treatment room, clean & dirty utilities, linen and offices etc) and all equipment must be decontaminated using a combined detergent/chlorine releasing agent 1,000ppm (e.g. Actichlor plus) unless contraindicated by manufacturers instructions.
- Deep cleaning of a ward or department may take a number of days to complete to ensure all areas, including equipment, are thoroughly decontaminated effectively.
- It is the responsibility of the nurse in charge of the ward or department to co-ordinate the deep clean process, including the organisation of Wall Washers, Hotel Services and Nursing staff.
- Wall Washers & Hotel Services must be informed immediately once staff are aware of the requirement for deep cleaning.
- The Infection Prevention and Control Nurse (IPCN) is responsible for informing the Waste Officer that a deep clean is to be undertaken.

- Prior to a deep clean of an area, the patient(s) must have vacated the area to be cleaned. Nursing staff must ensure that disposable/opened items must be discarded; the area is cleared of all personal effects, equipment (once cleaned), linen and clinical waste prior to access by Hotel Services staff.
- Blinds must be included in a deep clean. This will be undertaken by the 'Wall Washing Team'.
- Hotel Services staff will remove the curtains/shower curtain prior to cleaning and send for laundering in accordance with [Used Laundry Management Policy](#). On completion Hotel Services will hang clean curtains/shower curtains.
- Hotel services are responsible for cleaning all of the environment including en-suite facilities/patient lockers/tables/underside of bedframe etc as per Cleaning Procedure and Standards document (please refer to Section 3 and Appendix 2).
- Nursing staff are responsible for cleaning all clinical equipment including the silver rail behind the bed (please refer to Section 3 and Appendix 2).
- All equipment (clinical and non clinical) **must be** decontaminated prior to transferring to a clean area.
- The area may be used for other patients when all equipment & surfaces are clean and dry. Leaving an area for a period of time following deep cleaning is not required.
- All linen on the ward including items stored in the Linen Cupboard (regardless of whether or not it has been used) should be bagged before leaving the area and sent as foul or infected linen in accordance with Used Laundry Management Policy.
- Cutlery and crockery should be returned to the kitchen as normal for machine washing. However, items normally washed at ward level should be washed separately in the ward kitchen in hot, soapy water.
- All waste should be disposed as clinical waste in line with the [Waste Management Policy and Procedures](#).

Hotel Services Supervisors will undertake random spot checks following completion of a Terminal or Deep Clean using a standard checklist (see Appendix 3).

**(v) Wall Washing**

- In addition to terminal and deep cleaning, walls may also be washed as part of an ongoing planned preventative maintenance (PPM), where the

fabric of the building has been disturbed (decoration/renovation) and to remove visible splashes or stains.

- Between 9am – 5pm Monday to Friday, wall washing can be requested via the Estates Helpdesk (2100). Areas not identified as high risk must obtain authorisation from an IPCN. The Patient Services Coordinator will authorise and book wall washing out of hours.
- The following high risk areas are authorised to access wall washers without authorisation whether in or out of hours:
  - FH - Theatres, 23, 25A, 26, 26A, NCCC including 33, 34, 35, 36, 37/ITU, PICU, EAS
  - RVI - Theatres, 3, 4, 12, 14, 18,19, 37, ITU, HDU, SCBU, SCIDS, PICU, ED, AS, CF Unit

### **3. Community premises**

- 3.1 If a patient is known to have an infection they should be seen at the end of a clinic session wherever possible.
- 3.2 Surfaces, trolleys, couches, chairs and any equipment used must be cleaned with a universal sanitising wipe.
- 3.3 Any pieces of equipment which are to be returned to Loan equipment for decontamination must be thoroughly cleaned with a universal sanitising wipe prior to collection by the loan equipment service. Appendix 1 provides advice on cleaning of mattresses when being used for patient care.
- 3.4 Blood or bodily fluid spillages, with the exception of urine to be inactivated using spill kits or chlorine releasing agents diluted to 10,000ppm in line with manufacturer's instructions. Windows should be opened to allow for adequate ventilation.
- 3.5 The area should then be cleaned using a universal sanitising wipe.
- 3.6 Personal protective equipment including gloves and aprons should be worn when dealing with spillages. All waste should, be disposed of in the clinical waste stream.
- 3.7 Curtains should be changed and laundered when visibly soiled. Contact Infection Prevention and Control Nurse for advice.
- 3.8 **N.B.** Cleaning products containing chlorine must not be used on patient's furniture or carpets. Any blood/bodily fluid on these items must be cleaned using hot soapy water and disposable cloth.

**4. Cleaning Responsibilities:**

	<b>Clinical equipment</b>	<b>Upper part of bed (including base where mattress lies)</b>	<b>Underside of bed (including orange lead)</b>	<b>Curtain change</b>	<b>Furniture (chairs/lockers/table etc)</b>	<b>Wall Washing</b>
<b>Routine</b>	Nursing	Nursing	Hotel Services	Hotel Services	Hotel Services	N/A – unless instructed by IPCN
<b>Transfer/discharge</b>	Nursing	Nursing	Hotel Services	N/A	Hotel Services	N/A – unless instructed by IPCN
<b>Terminal</b>	Nursing	Nursing	Hotel Services	Hotel Services	Hotel Services	Wall Washing Team – walls & blinds
<b>Deep</b>	Nursing	Nursing	Hotel Services	Hotel services	Hotel Services	Wall Washing Team – walls & blinds

**(For decontamination of Mattresses, please refer to Appendix 1)**

The area to be cleaned includes:

**(a) Nursing Responsibilities**

All clinical equipment including:

IV stands / pumps

Monitoring equipment, oxygen/suction etc

Mattresses (*See Appendix 1*)

Upper part of bed frame (including base where mattress sits)

Trolleys

Cots/cot mattresses

Cot sides

Pillows/duvets

Clipboards/files/holders

Vases

Game Consoles/Toys (see [Toy Cleaning Protocol](#))

Radios

Remove clinical waste bags and replace (FH site)

Washing machines/tumble dryers

**(b) Hotel Services Responsibilities**

Horizontal Surfaces, fixtures and fittings

Floor

Bed frame – underneath and orange lead

Locker including Patient Medicine Box upon discharge

Hospedia unit

Macerators/Slop hoppers

Table

Water jugs and glasses

Remove domestic waste bags

Remove clinical waste bags and replace (RVI & Centre for Life only)

En-suite facilities

Wash hand basin where applicable

Crockery and cutlery

Curtains

Showers curtains

**(c) Estates Responsibilities**

Ceiling ventilation grilles

Wall mounted televisions (not Hospedia)

Wall washing required:

Following suspected/known infectious diarrhoea e.g. *C.difficile* infection

As annual planned preventative maintenance

If visible contamination present

**(d) Hospedia**

All Hospedia wall units must be removed and cleaned on a quarterly basis.

Headphone ear pieces will be changed on a weekly basis and between each patient unless otherwise directed as above.

These lists are not exhaustive and staff should refer to the Nursing Cleaning/ Decontamination Schedule – All Clinical Areas (Appendix 2) and [Cleaning and Environmental Strategy](#).

## 5. Monitoring

Compliance with this policy will be monitored by:

- Annual Heads of Nursing Cleanliness Audits  
All clinical areas (Except Dental Hospital & Theatres) visited annually by Corporate Nursing / IPC/Estates & Hotel Services. Results reported to individual directorates for action.
- Quarterly Cleanliness Spot Checks are undertaken in all clinical areas visited on a quarterly basis by a system of peer review. It monitors standards with elements for which Nursing staff have responsibility for. Quarterly reports submitted to Trust Board.
- Clinical Assurance Tool (CAT) incorporating Matrons monthly cleanliness checks monitors standards of environmental cleanliness. The CAT scorecard is reported to Trust Board, IPCC and Directorate Managers on a monthly basis.
- Hotel Services Credits4Cleaning is undertaken on a monthly basis by Hotel Services in all clinical areas. It monitors cleaning standards with elements for which Hotel Services have responsibility for. Results reported to Trust Board on a quarterly basis.
- Clinical Staff Internal Mattress audit (quarterly) and Nurse Consultant Tissue Viability Trust Wide Mattress Audit (annually). All mattresses are unzipped and checked for ingress. The A4 laminated audit chart is completed using indelible black ink. This is verified during the annual Tissue Viability Mattress Audit. Results reported to Trust Board on a quarterly basis.
- Community Environmental Action team (CEAT) inspections and clinic spot checks. Quarterly reports to IPCC.

### References:

The Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) Policies, Procedures and Guidelines:

- [NuTH Cleaning and Disinfection Procedure](#)
- [NuTH Cleaning and Environmental Strategy](#)
- [NuTH Decontamination of Healthcare Equipment following Patient Use and Prior to Service or Repair Policy](#)
- [NuTH Isolation Policy](#)
- [NuTH Medical Device Management Policy](#)
- [NuTH Standard Precautions Policy](#)
- [NuTH Toy Cleaning Protocol](#)
- [NuTH Used Laundry Management Policy](#)
- [NuTH Waste Management Policy and Procedures](#)

## Appendix 1

### Decontamination of Mattresses

As part of the decontamination process all foam mattress covers must be un-zipped and inspected for staining and/or ingress of fluids. This must be routine practice on **transfer/ discharge/terminal clean**. Tissue Viability must be contacted via email if the cover is not intact to arrange replacement. Out of hours contact Patient Services co-ordinator.

**Table 1 – How to decontaminate mattresses**

	<b>Static Mattress</b>	<b>Dynamic Mattress</b>	<b>Crash Mats</b>
Transfer/Discharge/Terminal Clean	Combined detergent/ chlorine releasing agent 1,000ppm (RVI AS/RVI ED/FH EAS/ FH27 have agreement with Infection Prevention and Control to use Universal Sanitising Wipes except in cases of known/suspected infectious diarrhoea)	Decontaminate via contractor. Transport in sealed red bag	Combined detergent/chlorine releasing agent 1,000ppm
Daily Clean (where necessary)	Universal Sanitising Wipes (except in cases of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1,000ppm)	Universal Sanitising Wipes (except in cases of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1,000ppm)	Universal Sanitising Wipes
Contamination with blood/bodily fluids	Combined detergent/chlorine releasing agent 10,000ppm/Universal Sanitising Wipes	Decontaminate via contractor. Transport in sealed red bag	Universal Sanitising Wipes

- Mattresses used for long term patients must be cleaned weekly with universal sanitising wipes to maintain a clean environment as per Table 1.
- Avoid using excessive combined detergent/chlorine releasing agent 1,000ppm.
- **All mattresses must be rinsed with cold water and dried thoroughly following decontamination with combined detergent/chlorine releasing agent.**
- Do not use antiseptic solutions or alcohol.
- RIK top covers must be changed between each patient episode or earlier if contaminated and decontamination is not possible.
- In Critical Care RIK covers will be visually inspected in between patients for breaches in integrity then terminally cleaned with 1,000 ppm chlorine solution in between patients. These will be replaced if damaged or following an infected patient.
- Soiled Visio sheets and RIK covers can be replaced by the Loan Equipment Library.
- RIK and Visio covers **must be placed** in red transport bags (stocked at ward level). The Loan Equipment Library will collect the red bags and send away for decontamination by the contractor.
- All tubing, the motor and the hanging bracket from Dynamic Mattresses must be decontaminated with combined detergent/chlorine releasing agent 1,000ppm. If contaminated with blood or body fluids use 10,000 ppm prior to return to the Loan Equipment Library.
- Contact Loan Equipment Library as soon as the dynamic mattress is no longer required; they will arrange collection from the ward by the contractor within 48 hours.
- Dynamic mattresses awaiting collection can be stored in the dirty utility area providing the red bag is sealed.
- As part of the decontamination process all foam mattress covers must be unzipped and inspected for staining/ingress of fluids in between patients. Any untoward findings must be reported to the Tissue Viability Team.
- Static mattresses for storage must be decontaminated as per Table 1.
- Should a dynamic mattress or a bed frame appear faulty or broken, a Medical Device Fault Reporting and Contamination Status Form must be completed in accordance with Trust [Decontamination of Healthcare Equipment Following](#)

[Patient Use and Prior to Service or Repair Policy](#). The Equipment Library will arrange repair of a dynamic mattress. Medical Electronics will arrange repair of the bed frame.

- Parent/relative beds must be decontaminated after every use and if visibly soiled with combined detergent/chlorine releasing agent 1,000ppm unless contraindicated by manufacturer's instructions.

## Appendix 2

### Nursing Cleaning/Decontamination Schedule – All Clinical Areas

Daily cleaning of the environment is the responsibility of domestic staff. Nurses have responsibility to clean and decontaminate all patient equipment in line with Trust Cleaning and Disinfection Procedure and the Cleaning and Environmental Strategy to reduce the risk of healthcare associated infection. The following schedule describes the frequency of cleaning activities undertaken by nurses. This list is not exhaustive.

Daily Schedule	Weekly Activity	After patient use / discharge
<ul style="list-style-type: none"> <li>• Commodes/bedpans/ potties</li> <li>• Computers</li> <li>• Linen skips</li> <li>• Monitors</li> <li>• Nurses Station (including telephones)</li> <li>• Oxygen points/suction</li> <li>• Pendants (Critical Care)</li> <li>• Raised toilet seats</li> <li>• Scales</li> <li>• Urinal holders</li> <li>• Washing machines</li> <li>• Tumble dryers</li> </ul>	<ul style="list-style-type: none"> <li>• Bath / moving &amp; handling hoists (&amp; following patient use)</li> <li>• Bed call /Nurse control</li> <li>• Beds/cots (including mattresses, pillows, duvets and frames)</li> <li>• Clinical equipment (and following patient use)</li> <li>• Clip boards</li> <li>• All fridges</li> <li>• Fans</li> <li>• IV drip stands</li> <li>• Medicine trolley &amp; medicine box on locker</li> <li>• Notes trolley</li> <li>• Resus trolley</li> <li>• Shower chairs</li> <li>• Storage cupboards</li> <li>• Toys</li> <li>• Vases</li> <li>• Mobility aids</li> </ul>	<ul style="list-style-type: none"> <li>• Bath / moving and</li> <li>• Handling/hoists</li> <li>• Beds/cots (including mattresses, pillows, duvets and frames)</li> <li>• Clinical equipment</li> <li>• Clip boards</li> <li>• Commodes/bedpans</li> <li>• Fans</li> <li>• Hospedia (out of hours)</li> <li>• IV drip stands</li> <li>• Medicine pots</li> <li>• Nurse call</li> <li>• Pendants (Critical Care)</li> <li>• Plastic IV trays</li> <li>• Raised toilet seats</li> <li>• Shower chairs</li> <li>• Vases</li> <li>• Mobility aids</li> <li>• Wheelchairs (ward/dept own)</li> </ul>

### Appendix 3

#### Terminal Clean Checklist Hotel Services

Ward: \_\_\_\_\_

Date: \_\_\_\_\_

Time Commenced: \_\_\_\_\_

Time Completed: \_\_\_\_\_

Bed Area/Cubicle Number: \_\_\_\_\_

	SIGNED DOMESTIC	SIGNED SUPERVISOR
Do you know the correct cleaning product/dilution to use		
Is the area ready to be cleaned		
Remove curtains, place in soluble laundry bag, remove to outside door and place immediately inside red skip, remove to sluice		
Check the patient/nursing equipment removed		
Check the area has been wall washed		
Check the upper part of bed-frame, mattress, pillows, bed rails, base of bed where mattress sits have been cleaned by nursing staff		
Are the pillow protective covers intact (if you need to dispose of pillows, note how many)		
Have the following been removed from the area including bathroom: Hand Towels, Liquid Soap, Toilet Tissue Laminated Notices, Alcohol Gel, Patients Wash Bowl		
<i>If any of the above provide a negative response consult your Domestic Supervisor before commencing with the clean</i>		
Thoroughly clean curtain rail around the bed space		
Thoroughly clean patient line TV including inside handset		
Thoroughly clean bed including headboard, footboard and frame		
Thoroughly clean bedside table including underside and wheels		
Thoroughly clean patient locker inside and out – (removing draw) Note: 2/3 members of staff required to tip locker depending on size		
Thoroughly clean all bins (Clinical and Domestic Waste) – ward area		
Thoroughly clean all bins (Clinical and Domestic Waste) – Bathroom		
Thoroughly clean sanitary – ward area		
Thoroughly clean all hand rails		
Thoroughly clean all sanitary ware in bathroom		
Damp mop floor surface		

Replace all furniture		
	<b>SIGNED DOMESTIC</b>	<b>SIGNED SUPERVISOR</b>
Replenish all supplies, re-line waste bins with disposable bags		
Re-hang clean curtains ensuring they are the correct fit		
Bleep your Domestic Supervisor and advise her that the clean is complete		

**Supervisor's Name:** \_\_\_\_\_

	Standard met	
	YES	NO
Cleanliness		
Curtains, hung correctly, can fully close, stain free		
All supplies replenished		
Comments: Note any damage to fabric/environment		
Advise ward staff when area is ready for patient		
Name of member of staff _____		

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Decontamination of the Patient Environment (including Terminal & Deep Cleaning)	Policy Author:	Louise Hall, Maria Leader, Sue Craggs
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: louise Hall ..... Date: 30.12.11 .....

Names & Designations of those involved in the impact assessment screening process: Louise Hall, Maria Leader, Sue Craggs .....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*