NHS
Leicestershire Partnership
NHS Trust

Pest Control Policy

This policy outlines the arrangements of management of pests on and within Trust properties.

Key words:	Pest, Control
Version:	Version 3
Adopted by:	Quality Assurance Committee
Date Adopted:	TBC
Name of Author:	Health and Safety Compliance Team
Name of responsible committee:	Health and Safety Committee
Date issued for publication:	March 2019
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Expiry date:	1 March 2022
Target audience:	All staff

Type of Policy	Clinical	Non Clinical
Which Relevant CQC Fundamental Standards?		

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Health and Safety Compliance Team	

Circulated to the following individuals for comments

Name	Designation
Members of the Health and Safety Committee	Agreeing Committee
Members of the Divisional Health and Safety Action Group	Sub-group of the agreeing committee
Equality and Diversity Team	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	January 2014	New document
2	March 2016	Policy extended due to no legislative updates or changes to arrangements
V3	January 2019	Privacy Impact Assessment (Appendix) included

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

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Definitions that apply to this Policy

All procedural documents should have a definition of terms to ensure staff have clarity of purpose (refer to Policy for Policies for assistance)

Pest	Something that can carry infectious organism that may transfer from insects from insects and animals to humans and therefore cause a risk to patients, staff or visitors.
Risk Assessment	A care examination of what in the practice and areas, could cause harm to people or the organisation so that the individual or organisation can weigh up whether they have taken enough precautions or they should do more.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Analysis of Equality

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An analysis of equality review found the activity outlined in this policy to be equality neutral because this policy describes the Trust's health and safety arrangements, including the processes and systems in place for the management of control of construction, repair and maintenance activities to protect all regardless of a protected equality group.

1 Introduction

The Pest Control Management Policy applies to all staff employed by Leicestershire NHS Partnership Trust (LPT) to be referred to throughout as 'the Organisation'.

The organisation has a wide range of teams and services operating from a large number of properties making up our overall estate.

The organisation will ensure that all parts of the premises in which it provides healthcare are suitable for purpose, kept clean and maintained in good physical repair and condition. To ensure a consistent, robust and designed approach to the management of pest infestation and preventative measures.

The organisation has made a commitment to manage all of its estates and all tasks carried out within in a safe and appropriate manner to reduce the risk to health of all staff, patients and visitors.

2.0 Purpose

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.

Pest control is required to:

- prevent spread of disease
- prevent wastage and contamination of food
- prevent damage
- comply with the law.
- If pests become established they can prove difficult and costly to deal with.

Satisfactory standards of pest control in both clinical and non-clinical areas are an integral part of providing the optimum safe environment for the delivery of high quality patient care.

The Trust recognises its legal obligation to undertake all necessary measures to prevent and manage the risk of pest infestation in all food storage, distribution and catering areas. The Trust will ensure high standards of pest control in all other areas of its premises and sites.

The Trust, assisted by its contractors, will deploy and monitor procedures and management systems to rid Trust owned and leased premises of existing infestation and ensure that this position is maintained. Where Trust staff work in premises provided by a third party the Trust will work pro-actively with the third party to ensure satisfactory pest control measures are in place.

3.0 Organisational Responsibilities

Everyone is responsible for complying with the organisations arrangements for the management of Pest Control, including the implementation of local management controls. In order to comply with this policy, all staff must be aware of the lines of communication and levels of responsibility, which exist to ensure that all matters of Pest Control management, are dealt with effectively.

In order to ensure that Pest Control is managed efficiently within the organisation, the following organisational responsibilities have been allocated.

3.1 Chief Executive

The Chief Executive has overall responsibility for all matters relating to the pest control. This responsibility includes ensuring that all pest control matters are seen as an important priority for the Trust and addressed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

The Chief Executive will ensure that financial resources are made available to support this policy based upon a risk assessment of priorities.

3.2 Responsible Person Estates and Facilities Provider

The appointed responsible person is responsible for ensuring that the aims and objectives of the Trusts Pest Control policy are implemented and will nominate a lead officer with specialist expertise to coordinate all aspects of Pest Control.

3.3 Lead Officer(s)

The Lead Officer(s) as identified by the Estate and Facilities function (outsourced) will receive, investigate and initiate appropriate action on all reports of pest evidence or sightings of pests liaising with Infection Prevention and Control where necessary.

It is the Lead Officers' responsibility to ensure that all pesticides used in association with pest control 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 (as amended).

The Lead Officer will liaise with the ward or area based teams, along with the Infection Prevention and Control team and local authorities on any pest infestation problems

The Lead Officer will facilitate and coordinate all aspects of Pest Control management in conjunction with the Head of Trust Health and Safety Compliance.

3.4 Managers

All managers are responsible for the implementation and monitoring of the policy within their specific area of responsibility, ensuring that:

- Risk assessments in relation to Pest Control are carried out, recorded and reviewed regularly;
- Ensuring that Pest Control management procedures and safe working practices resulting from them are produced, documented and implemented for their area;
- Undertaking regular monitoring and recording their findings.

3.5 Contractors

Other employers, contractors or individuals providing goods and/or services to the Trust shall be required to comply with Trust policies and procedures with regard to the management and disposal of waste.

3.6 Patients and Visitors

Patients and visitors will be alerted of all procedures in place for the safe management of all waste and will be expected to comply with all reasonable requests, relevant guidance and procedures that are pertinent to them whilst on our sites.

3.7 Employees

All employees have an individual responsibility for Pest Control management in line with their duties and working environment. Each employee or agent of the organisation has an individual responsibility to:

- Co-operate with the organisations management in the implementation of this policy;
- Report any poor management of pest control to their supervisor/ manager;
- Report any pest activity
- To undergo appropriate training as required.

4.0 Implementation

In order to implement this policy effectively there is a need to encourage all staff to play their part in the organisations overall goal. Senior management will be seen to take the lead in implementing and encouraging Pest Control awareness into everyday activities.

5.0 Reporting Arrangements

All sightings of pests or evidence of their existence should be reported in the first instance to the Interserve Customer Service Centre on 0116 204 7888 and consideration should be given to the completion of an electronic incident reporting form (e-irf) in accordance with the Trust Incident Reporting Policy.

The following information must be provided in all instances:-

- The location i.e. ward, department, clinic etc.,
- Precise location i.e. bathroom, office etc.,

- The type of pest, if known
- Possible numbers and the frequency of sighting
- The name of the person reporting
- The date and time of the sighting

In the event that a satisfactory response is not received within 24 hours of the time of reporting the Responsible Person or their deputy should be contacted.

- Action taken following a notification will be recorded in the pest control logbooks held on site.

6.0 General Pest Control Measures

There are some basic control measures that must be carried out to minimise the risk of pest problems. Trust staff and contractors are required to adhere to the following procedures;

- Food must always be covered and stored off of the floor. Once opened food must be either be stored in pest proof containers which are cleaned before refilling or stored in the original packaging, secured with the use of cleansable food packaging clips.

- Food stock must be rotated frequently to ensure items do not remain in the backs of cupboards providing harbourage to pests.

- Spillages must be promptly dealt with.

- Waste should be stored in a manner suitable to prevent access by pests, disposed of in a timely manner and all waste storage locations must be kept clean and tidy.

- Accumulation of static/stagnant water should be avoided.

- Buildings should be of sound structure and well maintained, drains should be covered, leaking pipework repaired and damaged surfaces made good.

- Cracks in plaster and woodwork, unsealed areas around pipework, damaged tiles, badly fitted equipment and kitchen units are all likely to provide excellent harbourage and should be maintained in a suitable condition.

- Where fitted, fly screens should always be closed when windows are open.

- Doors to food preparation areas should be kept closed or have fitted proofing measures.

- It is the recommendation that all users of the building do NOT feed any birds, pests etc. It is acknowledged that there is therapeutic value and therefore it is the responsibility of the lead clinician to check for pest activity and report to Interserve Customer Service Centre.

- Any Pest Control device (bait box) should not be removed or disposed of. Any damage to the device should be reported immediately to the Lead Officer via Interserve Customer Services Centre.

7.0 Training

A Training needs analysis has been undertaken and this policy has identified specific training requirements.

All members of staff including those with managerial responsibilities for pest control should also receive training commensurate with their duties.

Role	Training Requirement
Contract Manager/Authorise Persons	British Pest Control Association (BPCA) General Pest Control post
Those with managerial responsibilities	BPCA Pest Control Awareness for Administrators

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training.

The course directory will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on Trusts learning management system. The governance group responsible for monitoring the training is Health and Safety Committee.

8.0. Pest Control Contract

In order to provide professional support and advice to the Lead Officer, the Trust will ensure that an appropriate pest control contract is in operation at all times.

9.0. Monitoring

Physical monitoring of records and treatments will be audited by the Lead Officer and the pest control service provider. Incidents will be monitored via Health and Safety Compliance and Infection Prevention and Control teams.

Detailed pest control management system monitoring will be carried out by the Lead Officer and the Pest Control service provider. Monitoring information will be made available to Environmental Health Officers on request.

Clinical monitoring of major infestations will be carried out by the Infection Prevention and Control Team.

10.0 Records

All records relating to pest control will be held by the Lead Officer.

11.0 Policy Monitoring and Review

To facilitate the monitoring of this policy managers at all levels are responsible for the ongoing monitoring of activities that may impact on Pest Control management within their service/department/area of responsibility.

This policy shall be reviewed at a minimum frequency of annually. It should also be reviewed when substantial changes occur in the organisational structure of the organisation or property portfolio or when significant changes to legislation occur.

Appendix 1

Pests that have the potential to cause problems in the hospital environment include:

- Mice,
- Rats,
- Pigeons,
- Squirrels,
- Cockroaches,
- Pharaoh Ants,
- Flies,
- Carpet Beatles,
- Bed Bugs,
- Fleas,
- Foxes.
- Rabbits.

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Appendix 2

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Policy Monitoring Section

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NHSLA Criteria Number & Name (if applicable):

Where applicable NHSLA duties outlined in the policy will be evidenced through monitoring of the other minimum requirements.

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not Applicable	Annual Review External Environmental Health Officer undertakes inspections for food hygiene		Health and Safety Inspections and action plans Quarterly Statutory Compliance Report received into the Health and Safety Committee from NHS Horizons who monitor KPIs for compliance and performance on behalf of LPT for the external facilities management contract (Interserve) Annual Statutory Compliance Report received into the Health and Safety Committee from NHS Horizons who monitor KPIs for compliance	Service Leads responsible for inspections NHS Horizons	Annually Quarterly Annually

			and performance on behalf of LPT for the external facilities management contract (Interserve)		
Not Applicable	Incident Reports		Review of incidents received	Risk Assurance Team / Health and Safety Compliance Team	Quarterly

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

(please add as many lines as required)

An explanation of the requirements is as follows:
Reference – NHSLA standard where applicable.
Minimum Requirements to be monitored – for NHSLA policies these are laid out in the standards. For all other policies these will have to be determined by the policy owner.
Evidence for self assessment – the paragraph references and page numbers for the minimum requirements within the policy.
Process for monitoring – how the minimum requirement will be monitored eg audit.
Responsible Individual / Group – usually a group; who is responsible for monitoring the minimum requirements.
Frequency of monitoring- how often the monitoring should be reviewed.

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Pest Control
Type of training:	Mandatory (must be on mandatory training register) √ Role specific Personal development
Division(s) to which the training is applicable:	√ Adult Learning Disability Services √ Adult Mental Health Services √ Community Health Services √ Enabling Services √ Families Young People Children √ Hosted Services
Staff groups who require the training:	Those defined within the policy.
Update requirement:	Every three years
Who is responsible for delivery of this training?	To be confirmed
Have resources been identified?	No
Has a training plan been agreed?	No
Where will completion of this training be recorded?	√ Trust learning management system Other (please specify)
How is this training going to be monitored?	Via Pest Control Annual Review

Appendix 4

<h2 align="center">Due Regard Screening Template</h2>

Section 1	
Name of activity/proposal	Establishment and effective management of pest control arrangements within Trust premises
Directorate / Service carrying out the assessment	Health and Safety Compliance
Name and role of person undertaking this Due Regard (Equality Analysis)	Bernadette Keavney
To provide guidance to ensure all appropriate steps are taken to comply with the duty to manage pest activity within Trust premises.	

Section 2		
Protected Characteristic	**Could the proposal have a positive impact (Yes or No give details)**	**Could the proposal have a negative impact (yes or No give details)**
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage & Civil Partnership	No	No
Pregnancy & Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? **Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.**			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4	
It this proposal is low risk please give evidence or justification for how you reached this decision:	
Activity undertaken by competently trained individuals. Management of the activity is discreet and does not impact on use or specification of facilities.	

This proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed Bernadette Keavney

Date: 10/01/19

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

**The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services**

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	√
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 6

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Pest Control Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	Date	January 2019

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 **Lpt-dataprivacy@leicspart.secure.nhs.uk** In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.	
IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust