



# Management of bed bugs policy

This policy sets out the process for the management of Bed bugs for all healthcare staff working within Leicestershire Partnership Trust (LPT) who are involved in the care of patients with Bed bug infestation.

**Key words:** Bed Bugs, Infestation, Infection Prevention & Control

**Version:** 1

**Approved by:** Infection Prevention & Control Assurance Group

**Ratified By:** Quality & Safety Committee

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**Type of Policy:** clinical and non-clinical

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## Policy On a Page

### SUMMARY & AIM

The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps that they need to undertake to ensure the safety of all patients and colleagues in accordance with the health and social care act (2015)

This policy has been developed to give clear guidance to staff in relation to the procedures for the management of patients with confirmed or suspected bed bug infestation within LPT services.

It describes the process for ensuring the delivery of effective infection prevention and control management for patients with suspected or confirmed bed bug infestations within all LPT settings.

It also forms part of the organisation's compliance with the health and social care Act (2015).

### KEY REQUIREMENTS

The management of bed bugs policy applies to all staff employed by LPT in a wide range of teams and services operating from a number of different properties over a large geographical area making up the overall estate.

The provision of healthcare carries with it inherent risks to the healthcare worker, this policy ensures that all staff are aware of their responsibilities in regard to safe practice and promotion of effective evidence-based patient care which is in accordance with the revised national and local guidelines when Managing bed bug infestations.

### TARGET AUDIENCE:

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on bank, agency, or honorary contracts.

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## TRAINING

There are no specific training requirements that apply to this policy.

### 1.0 Quick look summary

#### 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1	April 2025	Development of New policy

For Further Information Contact: Infection Prevention and control team on 01162952320

#### 1.2 Key individuals involved in developing and consulting on the document.

- Accountable director: James Mullins Interim Director of Nursing, AHPS & Quality.  
Emma Wallis- Deputy Director of Nursing & quality
- Implementation lead-Amanda Hemsley Head of Infection Prevention and Control.
- Author (s)- Reviewed by Claire King Infection Prevention and Control Nurse.
- Core policy Reviewer Group- Infection Prevention & Control Assurance Group.
- Trust Policy experts – see checklist for list of current contact details.
  - Corporate Governance leads with a responsibility for policies.
  - Head of quality Governance & Quality Improvement
  - Deputy head of nursing
  - Equality and diversity lead
  - Patient safety lead
  - Patient experience and Engagement lead
  - HR representatives
  - Health & Safety Representatives
  - Clinical safety officer
  - Infection Control representative
  - Trust secretary
  - Head of training and Development

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### 1.3 Governance

**Level 2 or 3 approving delivery group** – Infection Prevention & Control team

**Level 1 Committee to ratify policy** – Quality & Safety Group

### 1.4 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.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

### 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

### 1.6 Definitions that apply to this policy.

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.

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- 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.

<b>Personal Protective Equipment (PPE)</b>	Specialised clothing or equipment worn by employees for protection against health and safety hazards and includes gloves, aprons, gowns, masks, and eye protection.
<b>Standard Precautions</b>	Precautions designed preventing the transmission of blood-Borne diseases such as Human Immunodeficiency virus, Hepatitis B and other blood Borne pathogens when first aid or health care is provided. The precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection.
<b>Linen</b>	Linen includes all textiles used in hospitals and community settings, including blankets, pillowcases, mattress covers, Bed sheets, Towels, and curtains.
<b>Bed bugs</b>	Small oval shaped, wingless insects that live on blood hosts such as animals or humans.

## 2.0 Purpose and Introduction

### 2.1 Purpose of this policy

The purpose of this policy is to inform all healthcare staff within Leicestershire Partnership Trust (LPT) who are involved in the care of patients that have a confirmed or suspected infestation of bed bugs of the process and management of the infestation to reduce the risk of further transmission from the patient to other patients, staff, or members of the public.

### 2.2 Introduction

Bed bugs are small wingless insects that can be found worldwide and throughout areas of the UK. Bed bugs have been known as a human parasite for at least 3,500 years and over recent years we have seen a rapid rise in Infestations globally, nationally in the UK and also locally. This rise in cases can be attributed to several reasons:

- Increased travel-More people travelling increases the risk of bed bugs being transported from one location to another.
- Urban living conditions-Densely populated areas facilitate the spread of bed

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bug infestations.

- Resistance to pesticides-Bed bugs have developed a resistance to many of the common pesticides making them harder to control.
- Media attention- Reports of bed bug 'epidemics' in various cities have significantly raised the awareness of bed bugs.

The provision of healthcare carries with it inherent risks to healthcare workers, the purpose of the policy is to ensure that all staff are aware of their responsibilities for safe practice in relation to the management of bed bugs and take the appropriate precautionary measures to protect themselves, their co-workers, and their patients.

The presence of pests within our healthcare environments can present a number of hazards and cause damage to materials and be a nuisance as well as be a cause of alarm and distress to patients, staff, and visitors to our hospitals. This policy also sets out details of good practice and recommendations that should be followed by staff to ensure that we provide a safe environment for service users, staff and others who may access the trusts services.

## 3.0 Policy Requirements

### 3.1 What are Bed Bugs

Bed bugs are small oval shaped wingless insects that live on the blood of hosts such as animals or humans.

Adult bed bugs have a flat body and are approximately the size of an apple seed, bed bugs are not able to fly as they are wingless insects, but they can move quickly over floors, walls, and ceilings.

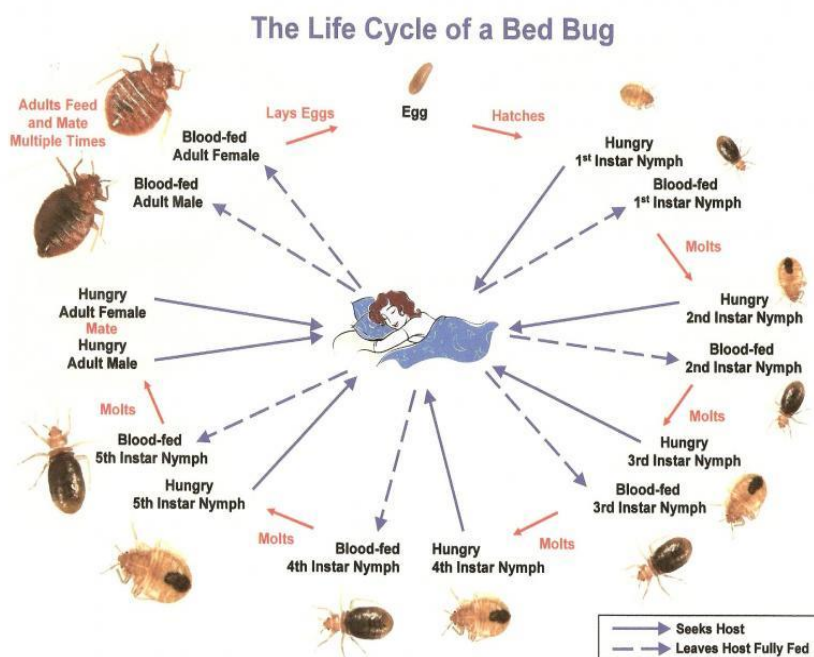
Bed bugs can be dark yellow, Red, or Brown in color and adults are typically around 5mm long.



A female bed bug may lay hundreds of eggs each of which is approximately the size of a speck of dust over their lifetime.

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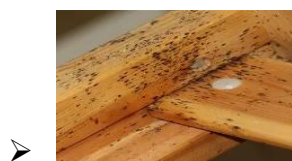
The optimal environmental temperature for the survival of bed bugs and to enable eggs to hatch is above 10-13c., bed bugs are active all year round in the UK as they thrive in indoor environments with stable temperatures. However, bed bugs activity can increase during warmer months due to higher temperatures and increased travel, which can facilitate the spread of these pests.



Immature bed bugs called nymphs shed their skins five times before they reach full maturity and require a meal of blood before each skin is shed. In the right environment and conditions, the bed bug can reach full maturity in as little as a month and can produce three or more generations per year.

Bed bugs can often live on furniture or bedding, they can bite and often their bites can be itchy however they do not usually cause other health problems.

Bed bugs are not known to have nests, but they do tend to live in groups and can be found in the following hiding places:




Bed frames



Mattresses

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-  Clothing
-  Furniture
-  Behind pictures
-  Under loose wall papers

Hiding in these places gives them easy access to their hosts to feed off at night.

### 3.2 Signs & symptoms of bed bug infestations

Bed bugs are most active at night during the hours between midnight and 5am which is when we are typically in our deepest part of sleep. Bed bugs are attracted to the Co2 which we produce when we breathe and also our body heat. Studies that have been carried out have shown that 69% of bed bugs are not directly on the bed, most are found to be in the surrounding area such as headboards, furniture, skirting boards and behind wallpaper.

When a bed bug finds a host, they will bite the skin and excrete anaesthetic before feeding on people, so often people do not feel it when they have been bitten.

The signs that there may be bed bugs present can include the following:

- Visible bites often found on areas of skin that are exposed whilst sleeping such as the face, neck, or arms.



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- Spots of blood may also be visible on bedding from bites themselves or from squashing a bed bug.
- Small brown spots may also be visible on bedding or furniture (Bed bug faeces)



Bed bugs can bite which can cause the affected areas to become painful and itchy, bed bug bites can be raised and itchy and are often found in a line or grouped together.

On white skin, bedbug bites usually look red and on darker colored skin they may look purple and can be harder to see.



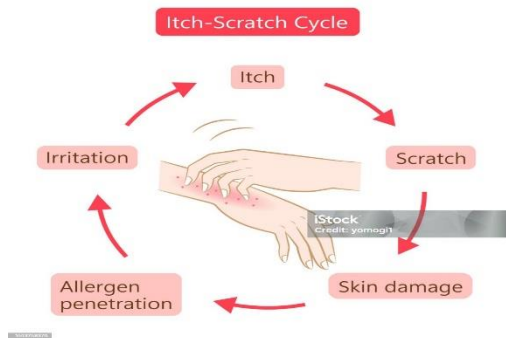
Some people may have a reaction to the bites, and they can be very itchy and may be accompanied by a painful swelling. A severe allergic reaction (anaphylaxis) is also possible, but rare.

### 3.3 Treatment of bed bug bites

Bed bug bites will usually clear up on their own in approximately 1-2 weeks, however there are things that you can be done to alleviate symptoms such as:

- Placing something cool on the area affected by bites such as a clean cold compress, this will help with the itching and any swelling.
- Keeping the affected areas clean to reduce the risk of infections.
- Advise to not scratch the bites as this may introduce infection and will only increase the itchiness of the affected areas (See below itch/scratch cycle)

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If the patient is in the community, then you can advise that they contact their local pharmacist who will be able to advise them on treatment which may help to alleviate any symptoms such as:

- Mild steroid cream like hydrocortisone cream which will help to ease the bedbug bites (Children under 10 and pregnant women should get advice from the doctor though before using a hydrocortisone cream.
- Antihistamines may help if the bites are very itchy, and you find that you are unable to sleep.

However, you may also need to advise that your patient makes arrangements to see their local GP if you notice that your patient has developed any of the following.

- The bed bug bites remain painful, swollen, or itchy after you have tried treatments advised by your pharmacist.
- The pain and swelling around the bite's spreads, this may be indicating that the bites have become infected and will require treatment with antibiotics.

If you are in a hospital environment, then the ward consultant/ Advanced nurse practitioner will need to be notified to carry out an assessment of the bites and ensure that the right treatment is prescribe.

## 4.0 Management of Bed bug infestations

### 4.1 Patient own Home

If you think that a patient may have an infestation of bed bugs in their own home, then you should contact the local council or pest control service covering the area in which the patient lives. They will be able to visit the patient's property and carry out a risk assessment and make arrangements for the infestation to be treated.

To find local council departments you can visit the following website:

[www.Gov.uk-find-local-council](http://www.Gov.uk-find-local-council)

It can be very difficult to irradiate bed bugs, and they can often be hard to find and may be resistant to some insecticides.

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However, there are some things that you can advise that your patients try themselves, but these are unlikely to get rid of the bed bugs completely and escalation to the patient's local authority team will always still be required.

**Advise that the patient if able to:**



To wash all their affected bedding and clothing on a hot wash (60C) and tumble dry on a hot setting for at least 30 minutes.



If they are able to place affected clothing and bedding in a plastic bag and place in the freezer for 3-4 days. This will kill off the bed bugs prior to washing.



Clean and vacuum their home regularly, bed bugs can be found in both clean and dirty places, but regularly cleaning will help spot them early.

**Advise your patient to not:**

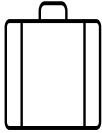


Keep clutter around their house or bed that they may be sleeping in

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Bring secondhand furniture/clothing or linens indoors without carefully checking it first.



Take luggage or clothing indoors without carefully checking it first to see if they have come from somewhere they know has had bed bugs.

**If your patient is found to have an infestation of bed bugs escalation to the following support services may be required to assess their need for additional support and managing the infestation if patient is assessed as vulnerable or at risk:**

- GP
- Social services
- Safeguard team
- Community mental health
- Local authority

#### **4.1.2 Staff guidance for visiting patients in their own home.**

If you are visiting a patient in their home environment and a patient is suspected or confirmed to have an infestation of bed bugs, though there is no requirement for them to source isolate the following precautions will need to be implemented to reduce further transmission or infestation:

- Staff will need to ensure that they wear appropriate PPE Including gloves and apron as a minimum.
- Staff member will need to be Bare Below Elbow (BBE) and wear appropriate uniform in line with LPT workwear and uniform policy.
- Staff will need to ensure that they wash their hands with soap and water on

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entering the property, after each contact. Before donning and after doffing of PPE and on leaving the property.

*\*If staff are unable to decontaminate hands with soap and water, then hand sanitizer can be used until the staff member can wash hands with soap and water as advised\**

- Staff will need to ensure that only the Minimum amount of equipment that is required is taken into the property. All equipment after use will need to be cleaned as per the cleaning and decontamination of equipment policy and removed from the property after each visit.

*\*Please do not leave any equipment in the property as this may become contaminated\**

- Any visits will need to be risk to ascertain if the visit is able to be postponed, re-scheduled or arranged to take place at another venue such as clinic, telephone consultation, virtual appointment, or another appropriate setting.

*\*The outcome of the risk assessment will need to clearly document in the patient SystemOne record\**

- If the visit is essential staff will need to ensure that where able the visit is scheduled for last visit of the day to reduce any risk of transmission to other patient homes that are being visited.
- Staff to where able to reduce the amount of time that is spent in the patient property-This is to reduce the risk of transmission to healthcare workers.
- Staff to ensure that clear documentation regarding the suspected or confirmed infestation of bed bugs is documented within the patient SystemOne record to ensure that all healthcare workers visiting the patient are aware of the bed bug risk and mitigations that have been put into place to facilitate a safe visit.
- Any waste will need to be treated as infective and will need to be disposed of in the appropriate waste streams.
- Following the visit, staff uniform will need to be washed on a hot wash and where able placed in the tumble drier for at least 30 minutes.

Please contact the IPC team for further advice and guidance:

- Telephone-01162952320

Email [pt.lpcteam@nhs.net](mailto:pt.lpcteam@nhs.net)

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## 4.2 Inpatient ward

If you are in a hospital environment and a patient is suspected/confirmed as having bed bugs, though there is no requirement for them to source isolate the following precautions will need to be implemented to reduce further infestation:

- All patient belongings that have been brought into the ward with the patient will need to be placed in a sealed bag.
- The patients' family will need to be contacted and informed that the clothing will need to be immediately removed from the ward area.

**\*Personal belongings that are suspected/confirmed to contain bed bugs must not be stored on the ward whilst awaiting collection\***

- Patient should be advised/assisted to shower daily, and clean clothing provided, check if the patient has any bites visible that may require treatment.
- Staff will need to ensure that they wear appropriate PPE including gloves and apron as a minimum. They will also need to ensure that they wash their hands with soap and water after each contact, before donning and after doffing of PPE and before they carry out any care with other patients on the ward.
- The patients bedding will also need to be removed daily and be placed in a red alginate bag and sealed in a secondary white bag prior to sending to the offsite laundry facilities for laundering.
- Once bed linen has been removed the bed, bed frame and mattress will need to be hoovered and cleaned with chlorclean to remove any remaining bugs/eggs.
- Staff to where able to reduce the amount of contact time that they have with the patient and their environment-This is to reduce the risk of transmission to healthcare workers.
- The patient room and any furniture will also need to be deep cleaned to ensure all eggs/living/dead bugs are removed.
- Once the once the area has been vacuumed the Hoover bag/canister will need to be immediately removed to prevent any re infestation. The Hoover bag/canister will need to be carefully removed/emptied and debris will need to be placed in a clinical waste bag and sealed, once sealed the clinical waste bag will require immediate disposal into the appropriate waste stream.
- Once the Hoover bag/canister has been emptied the Hoover will need to be thoroughly cleaned prior to storage.
- All hard floors/services will need to be cleaned daily with a chlorclean solution and the area checked for any remaining bed bugs.
- Once Bed has been cleaned and dried the bed can be remade with fresh

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clean linen.

Please contact the IPC team for further advice and guidance:

- Telephone-01162952320
- Email [pt.lpcteam@nhs.net](mailto:pt.lpcteam@nhs.net)

**If your patient is found to have an infestation of bed bugs escalation to the following support services may be required to assess their need for additional support and managing the infestation if patient is assessed as vulnerable or at risk:**

- GP
- Social services
- Safeguard team
- Community mental health
- Local authority

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## 5.0 Duties within the Organisation

The duties within the organisation regarding this policy can be located in the LPT Infection Prevention & Control assurance policy.

## 6.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

## 7.0 Monitoring Compliance and Effectiveness

Compliance with this Policy is outlined in the LPT Infection Prevention & Control assurance policy.

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<https://www.nhs.uk/conditions/bedbugs> Accessed 01-04-2024

NHS England (2023) National Infection Prevention & Control Manual for England V2

Leicestershire Partnership Trust (LPT) Pest control policy 2024

Leicestershire Partnership Trust (LPT) hand hygiene policy including Bare Below the Elbows (BBE) 2024

Leicestershire Partnership Trust (LPT) Personal Protective Equipment (PPE) for use in healthcare policy (2023)

Leicestershire Partnership Trust (LPT) Cleaning & Decontamination of equipment, medical devices & the environment (Including the management of blood & body fluid spillages) Policy (2022).

Susser SR, Perron S, Fourmier et al (2012) Mental Health effects from urban bed bug infestations (*Cimex Lectularius* L): A cross sectional study British Medical Journal

## 9.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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## National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

<b>Red</b> Bathrooms, washrooms, showers, toilets, basins and bathroom floors	<b>Blue</b> General areas including wards, departments, offices and basins in public areas
<b>Green</b> Catering departments, ward kitchen areas and patient food service at ward level	<b>Yellow</b> Isolation areas

Your local contact for hospital cleaning is:

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## Appendix 2

### Laundering of patient belongings

#### **Guidance for patient/carer or relative for washing patients own clothing.**

During a patient's admission within our community hospital inpatient wards the overall responsibility for the laundering of personal clothing will remain the responsibility of the patient their carer or relative wherever possible.

If a patients clothing requires to be laundered, then ward staff will need to place any items of clothing that require sending home for laundering into appropriate bags for patient own clothing. Ward staff will then need to ensure that the patient, their carer or relative is informed that items of personal clothing require collection for laundering.

Some of our inpatient mental health areas do have onsite laundry facilities available where patients may (under the close supervision of ward staff) undertake laundering of their own clothing. However, any linen that is infected or potentially infected cannot be washed in our onsite laundry facilities and will need to be taken home to be washed by the patient their carer or relative.

If any items of clothing are thought to be infected, then the procedure outlined in appendix 5 below for infected clothing requiring laundering should be followed carefully.

If the potentially infected clothing items cannot be washed by the patient their carer or relative, then it must be sent to the trusts contracted laundry provider in the appropriate bags as outlined in section 3.6 of this policy.

If you wish for your clothing to be taken home to be laundered, then the clothes should remain within the bag they were placed in by ward staff until they are collected.

Once the patients clothing has been laundered, dried, and ironed then this can be returned to the patient.

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## Appendix 3

### **Guidance for patient/carer or relative for washing patients own clothing that is suspected/known to be infected.**

During a patient's admission within our community hospital inpatient wards the overall responsibility for the laundering of personal clothing will remain the responsibility of the patient their carer or relative wherever possible.

If a patients clothing requires to be laundered, then ward staff will need to place any items of clothing that require sending home for laundering into appropriate bags for patient own clothing. Ward staff will then need to ensure that the patient, their carer or relative is informed that items of personal clothing require collection.

The trust acknowledges however that at times there may be items of clothing that are contaminated from patients that have a known or suspected infection such as Clostridium difficile or MRSA or soiled items that may require laundering.

Staff will not be able to sluice or wash safely any items of personal clothing that have become soiled/contaminated.

The purpose of this guidance is to assist patients their carers or relatives in the safe handling and laundering of personal items of clothing that may be soiled/contaminated.

Any items of patients clothing that are from a patient with a known or suspected infection or that have been contaminated will need to be placed a water-soluble bag inside a patient property bag.

The bag will then need to be named and dated if it contains items of clothing that has been soiled. The bag will then need to be stored within the patient locker or kept in the sluice if heavily soiled until it can be collected. Ward staff will need to inform the patient their carer or relative that the clothing requires collection as soon as possible.

Patients or their carer/relative will also need to be notified that the water-soluble bag has a strip that will dissolves in domestic washers at normal temperatures allowing the bag to then open and release the clothing therefore the bag containing the

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clothing can be placed straight into the washer and will not require opening to remove clothing, Once the wash cycle has finished the items of clothing can then be removed from the machine.

Although soiled/infected clothing has been identified as a source of infection, the risk of spread of disease remains low if this is handled correctly: The patient their carer or relative will need to be instructed on the following when handling the clothing items:

- The water-soluble bag that contains the soiled/contaminated clothing should be handled as little as possible and be placed directly into the washing machine.
- These items of clothing should be washed separately from other household clothing items.
- Where possible a pre-wash cycle should be used in the first instance followed by a full wash cycle using detergent at the hottest temperature that the items of clothing will be able to withstand.
- Hands should then be washed thoroughly with soap and water after handling of the soiled/infected clothing bag to reduce any contamination risk.
- Clothing once washed should then be thoroughly dried ideally in a tumble drier where possible and then ironed.
- Hands should then again be washed thoroughly with soap and water after the handling of the linen.

If the patient their carer or relative do not wish to take their clothing home to wash, then it can be sent to the trusts contracted laundry provider for washing. The patient, carer or relative will need to be informed however that the contracted laundry providers wash at very high temperatures any items of clothing that may be delicate may be damaged during the washing/drying process.

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## Appendix 4



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## Appendix 5 Training Needs Analysis

<b>Training topic:</b>	Management of Bed bug Infestations	
Type of training: (See study leave policy)	Not Required	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	NA	
Regularity of Update requirement:	NA	
Who is responsible for delivery of this training?	NA	
Have resources been identified?	NA	
Has a training plan been agreed?	NA	
Where will completion of this training be recorded?	NA	
How is this training going to be monitored?	NA	
<b>Signed by Learning and Development Approval name and date</b>		<b>Date:</b>

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## Appendix 6 The NHS Constitution

- 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 yes.**

**Respond to different needs of different sectors of the population yes.**

**Work continuously to improve quality services and to minimise errors yes.**

**Support and value its staff yes**

**Work together with others to ensure a seamless service for patients yes.**

**Help keep people healthy and work to reduce health inequalities yes.**

**Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance yes**

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## Appendix 7 Due Regard Screening Template

Section 1	
Name of activity/proposal	Management of Bed bug infestations
Date Screening commenced	24-06-2025
Directorate / Service carrying out the assessment	Enabling Infection Prevention and Control team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection Prevention & Control Nurse.
Give an overview of the aims, objectives, and purpose of the proposal:	
<p><b>AIMS:</b></p> <p>The aim of this policy is to ensure that all staff employed by Leicestershire Partnership Trust (LPT) are aware of the appropriate steps that they need to undertake to ensure that the safety of all patients and colleagues in accordance with the health and social care act (2015).</p> <p>This policy has been developed to give clear guidance to staff in relation to the procedures for the management of patients with confirmed/suspected bed bug infestation within LPT services.</p> <p>It describes the process for ensuring the delivery of effective infection prevention and control management for patients with suspected/confirmed bed bug infestations within all LPT settings.</p>	
<p><b>OBJECTIVES:</b></p> <p>The objective of this policy is to ensure that all staff have clear guidance in relation to the procedures that they need to follow to enable them to safely manage patients who have a confirmed/suspected infestation of bed bugs within all LPT settings.</p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	None identified
Disability	None identified
Gender reassignment	None identified
Marriage & Civil Partnership	None identified
Pregnancy & Maternity	None identified
Race	None identified
Religion and Belief	None identified
Sex	None identified
Sexual Orientation	None identified
Other equality groups?	None identified
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely	

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to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you. reached this decision:			
Signed by reviewer/assessor	NA	Date	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	NA	Date	

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## Appendix 8 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	The Management of bed bugs	
<b>Completed by:</b>	Claire King	
<b>Job title</b>	Infection Prevention & Control Nurse	<b>Date:</b> 24-06-2025
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
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 them? 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	

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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	
<b>If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via</b> <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a> <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b>		
<b>Data Privacy approval name:</b>	<b>NA</b>	
<b>Date of approval</b>	<b>NA</b>	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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