

Pest Control Policy

Department / Service:	Facilities	
Originator:	Caroline Newton	Housekeeping and Linen Service Manager
Accountable Director:	James Longmore	Director of Asset Management and ICT
Approved by:	Trust Infection Control Committee	Signature:
Designation:	Chief Nursing Officer Director of Infection Prevention and Control (Chair of TIPCC)	
Date of Approval:	13 th October 2017	
Review Date:	13 th October 2019	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All Wards and Departments	
Target staff categories	All staff	

Purpose of this document:

This policy sets out the Trust's arrangements for managing pest prevention and control.

References:**Code:**

Standards for Better Health, Department of Health (2004)	
The Health Act 2006, Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health(2006)	
Food Hygiene (England) Regulations 2006	

Key amendments to this Document:

Date	Amendment	By:
July 2010	Update contact details on Appendix 1	C. Newton
April 2012	Policy extended for three months while under review.	C. Newton
March 2013	Republished with no amendments	TIPCC

June 2015	Updated Contact details on Appendix 1	C. Newton
June 2015	Updated names and Job Titles	C. Newton
June 2015	Key Control Document completed	C. Newton
August 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
October 2017	References to Cofely changed to Engie	H Gentry

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1. Introduction

Pest Control services at the Worcestershire Acute Hospitals NHS Trust are contracted out to a specialist Pest Control company. The contract is managed by the Facilities Department at the Alexandra Hospital and Kidderminster Treatment Centre and by Engie on the Worcestershire Royal Hospital site.

2. Scope of the Policy

This policy applies to all staff on all Trust sites. It details the Trust's arrangements for the management of Pest Control and Prevention including the pest control procedure to be followed in the event of a suspected infestation.

3. Definitions

3.1 Pest Control

The management of pest infestation.

3.2 Pest Prevention

The prevention of pest infestation by the implementation of appropriate control measures.

3.3 Designated Pest Control Officer

The designated Pest Control Officer is the point of contact for all pest control issues.

4. Responsibility and duties

4.1 The Trust Board

The Trust Board has overall responsibility for ensuring that adequate resources are provided for Pest Control and Prevention.

4.2 Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for Pest Control and Prevention.

4.3 Director of Estates and Facilities

The Director of Estates and Facilities is responsible for ensuring compliance with national standards or legislation, and for ensuring remedial work is carried out to facilitate pest free premises.

4.4 Infection Prevention and Control Team

The Infection Prevention and Control Team work in conjunction with the Trust Designated Pest Control Officers to ensure compliance with national standards or legislation.

4.5 Designated Pest Control Officer

The Designated Pest Control Officer will be responsible for ensuring that the Pest Control Service operates within the terms of the contract, monitoring the contract and maintaining records.

4.6 Individual Members of Staff

All members of staff are required to follow the Pest Control Policy of the Acute Trust. All staff must ensure that they are aware of the pest control procedure for reporting pest infestations.

5. Equality requirements

The equality risk assessment for this policy has been undertaken and meets all the required standards (see Appendix 2).

6. Policy detail

6.1 The Trust Pest Control Contract is prevention based and pest control measures are in place to prevent infestation. Infestations which occur will be dealt with rapidly and effectively. The Pest Control Service aims:-

- To maintain pest free conditions
- To deal with infestations using the pest control contract call out facility
- To communicate with the pest control company on a regular basis to ensure all measures have been taken and are in place to facilitate pest free conditions.
- To ensure that the comfort and safety of patients is a priority and appropriate and immediate action is taken in relation to pest activity.
- To establish a system of permanent rodent baiting stations and insect monitoring traps where appropriate.

6.2 Each site will have a Designated Pest Control Officer.

The designated Trust Pest Control Officers are:

- Housekeeping Services Manager for the Alexandra and Kidderminster sites and the
- Buildings Manager (Engie) for the Worcestershire Royal site.

6.3 Each site has a number of planned routine inspections each year. The Pest Control Operative will carry out a thorough inspection of the premises, looking for signs of rodent, insect or other pest activity. All food preparation areas and food and linen storage areas will be inspected.

6.4 Follow up visits will be carried out as necessary until control has been achieved. This may be subject to the completion of reasonable recommendations by the Trust.

6.5 The contract operates a 24 hours emergency call out. These emergency calls will be dealt with as a priority and action will be prompt and effective. Pest Control Operatives will attend on the day of the call out where patient areas are affected. Facilities staff may attend in the first instance to ensure that patient comfort and safety is not compromised.

6.6 An inspection report will be completed each time the Pest Control Operative is on site. The report may contain remedial work which needs to be carried out by the Trust to facilitate pest prevention and control.

6.7 All wards and departments will have a copy of the Ward/Department Pest Control Procedure (Appendix 1).

6.8 Pests covered by the Pest Control Contract include:-

Rodents	Rats (<i>Rattus norvegicus</i> , <i>Rattus rattus</i>) Mice (<i>Mus musculus</i>)
Cockroaches'	Oriental cockroach (<i>Blatta orientalis</i>) German cockroach (<i>Blattella germanica</i>) American cockroach (<i>Periplaneta americana</i>)
Garden Ants	<i>Lasius niger</i> (Tropical ants are not included)
Crawling Insects	Silverfish (<i>Lepisma saccharina</i>) House Cricket (<i>Acheta domesticus</i>) Booklice (<i>Psocids</i>)
Casual Intruders	Woodlice (<i>Isopoda</i>) Earwigs (<i>Dermaptera</i>) Ground Beetles (<i>Carabidae</i>) Millipedes (<i>Diplopoda</i>) Centipedes (<i>Chilopoda</i>)

Pests not covered within the contract will be treated following advice from the Pest Control Operative, For example: squirrels, birds.

6.9 All pesticides used by the Pest Control Contractor will be approved for use in the United Kingdom by the Health & Safety Executive. Prior to carrying out any treatments with pesticides, the Pest Control Operative will carry out a COSHH assessment.

6.10 Pesticides used will be recorded on the inspection report.

6.11 Where the Pest Control Operative is unable to identify any pests or evidence, samples will be removed and biological identification will be arranged. Appropriate action will then be taken to resolve the pest infestation.

6.12 Rodent baits and insect monitors will be maintained by the Pest Control Operative to ensure they are effective.

6.13 The Pest Control Operative will carry out any treatments required for the control of rodent or other specified pests.

6.14 The Pest Control Operative will comply with Trust policies and procedures in relation to Infection Prevention and Control and Confidentiality.

7. Financial Risk Assessment

7.1 Remedial work to prevent pest infestation may have a revenue consequence for the Trust. Where resources are required to support Pest Prevention and Control, the financial implications will be identified through the Trust's business planning procedures.

8. Consultation

8.1 All policies will conform to the Trust's standard structure and format and other requirements, as per Trust Policy for Policies (the development, approval and management of key documents – WAHT-CG-001).

8.2 All draft policies will be circulated to key stakeholders and representative of the target audience for comment prior to finalisation and before being submitted for approval.

9. Approval process

9.1 The final draft will be checked to ensure it complies with the correct format and all supporting documentation has been completed appropriately.

9.2 The Pest Control Policy and procedures will be submitted to the Trust Infection Prevention and Control Committee for approval before document code and version number will be confirmed and the policy released for placement on the Trust intranet and hard copy production.

10. Implementation arrangements

10.1 The Ward/Department Pest Control Procedure (Appendix 1) will be circulated to all key staff. This will ensure staff are aware of pest control procedures.

11. Dissemination process

11.1 Dissemination of documents will be as per the Trust Policy for Policies. The policy will be available to view on the Trust intranet and in hard copy as per this policy.

11.2 Line managers are also responsible for ensuring that their staff are kept up to date with new documents.

12. Training and awareness

12.1 It is the responsibility of the line manager to ensure that the Pest Control Procedure is communicated to all staff. A copy of the Pest Control Procedure will be held within all areas of the Trust. Trust staff will be made aware of this policy through local induction training, supported by their manager.

12.2 The policy will be accessible via the Trust intranet.

13. Monitoring and compliance

The Pest Control Service is monitored by the Facilities Department at the Alexandra Hospital and Kidderminster Treatment Centre, and by Engie at the Worcestershire Royal Hospital.

13.1 Pest Prevention and Control is an agenda item on the Trust PEAG forums.

13.2 The Infection Prevention and Control Team advise in matters relating to the prevention or control of infection for contract setting and review.

13.3 A bi-monthly report on pest activity is presented to the Trust Infection Prevention and Control Committee, as part of the Cleanliness Report.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Contracts have been placed with pro- active site visits and call out support available.	All contracts are monitored and reports are signed off after visits by authorised staff. Where follow up visits are required these are also signed off. Log sheets are maintained and monitored.	8 routine visits per year. Call outs as necessary and follow up visits as required.	Designated Pest Control Officer	Patient Environment Operation Group is responsible for monitoring the process.	6 times per annum (bi-monthly)

14. Development of the Policy

- 14.1** This policy has been developed using Trust information relating to document control, including the Policy for Policies (WAHT-CG-001) and has been sent for approval by the Trust Infection Prevention and Control Committee.

Appendix 1. Ward /Department Pest Control Procedure

Worcestershire Royal Hospital

Incidence of pest sightings or infestations should be reported to the helpdesk:-

Telephone Ext: 33333 and choose option for Facilities Helpdesk.

Engie will arrange for the pest control company to inspect the premises.
Facilities staff will attend immediately where patient comfort and safety may be compromised.

Alexandra Hospital

Incidence of pest sightings should be reported to the Housekeeping Services Department

Telephone Ext: 44444

Housekeeping Services will arrange for the pest control company to inspect the premises. Facilities staff will attend immediately where patient comfort and safety may be compromised.

Kidderminster Treatment Centre

Incidence of pest sightings should be reported to the Housekeeping Services Department

Telephone Ext: 53163 Alternatively bleep 53163

Housekeeping Services will arrange for the pest control company to inspect the premises. Facilities staff will attend immediately where patient comfort and safety may be compromised.

Out of hours contact the Portering Department

Bleep 53253

Appendix 2. Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• 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	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative?	no	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

Appendix 3. Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments: To ensure pest free conditions the Trust may be required to carry out remedial work to prevent pest infestation. Pest infestation which occurs and is not covered by the Pest Control Contract will have resource implications, For example: pigeons, squirrels	

Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Pest Control Policy
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-CG-495
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Facilities
6	Clinical lead/s	Caroline Newton Housekeeping and Linen Service Manager
7	Pharmacist name (required if medication is involved)	
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Please describe the consultation that has been carried out for this document	Due to the specialist nature of this policy only the relevant departments involved have been consulted e.g. Infection Control, Consultant Microbiologist, Estates and Facilities
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Pest Control Policy

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Launch to Matrons at Senior Nurses Meeting, Ward Sisters and Infection Prevention Link Nurses at their relevant meetings for wider dissemination to ward and departmental nursing staff	Lead IPC Nurse	November 2017
Launch to all staff groups through Trust Brief	Lead IPC Nurse	November 2017

Plan for dissemination

Disseminated to	Date
Instruction to all staff of revised protocol via weekly Trust Brief.	November 2017
Ward and departmental based clinical staff via Infection Prevention Link Nurses	October 2017
Updated protocol to be made available via Facilities and IPC intranet sites	November 2017

1	Step 1 To be completed by Clinical Governance Department Is the document in the correct format? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Has all mandatory content been included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date form returned ____/____/____	
2	Name of the approving body (person or committee/s)	TIPCC
	Step 2 To be completed by Committee Chair/ Accountable Director	
3	Approved by (Name of Chair/ Accountable Director):	Chief Nursing Officer/ Director Infection Prevention and Control
4	Approval date	

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-CG-495			3.1