Trust Policy

Worcestershire Acute Hospitals NHS Trust

Policy for the Prevention of Inoculation Incidents

Department / Service:	Human Resources	
Originator:	Paul Graham Tracey Cooper	Health and Safety Manager Deputy DIPC
Accountable Director:	Vicky Morris	Chief Nursing Officer Director of Infection Prevention and Control
Approved by:	Trustwide Infection Prevention and Control Committee	
Date of Approval:	19th December 2018	
Review Date: **This is the most current document and should be used until a revised version is in place**	19th December 2020	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Trust wide	
Target staff categories	All Staff	

Worcestershire Acute Hospital NHS Trust recognises its responsibilities and duties under Health and Safety regulations and is committed to ensuring, so far as is reasonably practicable, the Health, Safety and Welfare of its employees, patients, visitors and other persons who may be affected by its activities.

Worcestershire Acute Hospitals NHS Trust also recognises that inoculation incidents caused by needle-sticks, sharp instruments, human bites, ingestion and contamination accidents account for a significant number of injuries within the NHS and that every inoculation incident has the potential to cause serious harm. Several infections may be transmitted via inoculation incident, the most important being HIV, Hepatitis B and Hepatitis C. The relative risk of acquiring these infections varies with each agent and the type and degree of inoculation incident that occurs.

Worcestershire Acute Hospitals NHS Trust is committed to ensure that the risk of injury from inoculation incidents is reduced to the lowest possible level by promoting both good practice and the use of appropriate safe practice based on sound risk assessment.

In the event of an inoculation incident, the Trust will endeavour to reduce the effects of that injury to the absolute minimum.

This policy details the precautionary and preventative measures that are in place to prevent all inoculation incidents.

References: Code:

The Management of Health and Safety at Work Regulations 1999	
The Control of Substances Hazardous to Health 2002	
The Personal Protective Equipment Regulations 1992	
The Provisions and Use of Work Equipment Regulations 1998	
Health and Safety (First Aid at Work) Regulations 1981	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995	
Health and Safety Policy	
Risk Assessment Policy	
Incident Reporting Policy	
Incident Investigation Policy	
Risk Management Strategy	
Health and Safety Strategy	
Guideline for Venepuncture Procedure	
Guideline for Undertaking Venepuncture in Paediatrics	
HTM 07/01 Safe Management of Healthcare Waste	
Guidance on the collection of blood cultures	
Eye of the needle; UK surveillance of significant occupational exposures to BBV in healthcare workers	
WAHT-INF-008 Inoculation incident protocol	
Policy for the Occupational Health Management of the Prevention and Control of Blood Borne Viruses	

Key amendments to this Document:

Date	Amendment	By:
May 2010	Updated with minor amendments	IC, OH & H&S Manager
May 2012	Updated with minor amendments	IC, OH & H&S Manager
23rd June 2014	Updated with minor amendments	Dr Anne Dyas, Paul Graham
14th July 2015	Accountable Director and date of ratification amended	Heather Gentry, Lead IPC Nurse
August 2015	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
October 2015	Document approved for republication	Rab McEwan
Nov 2017	Document extended whilst under review	TLG
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG

June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document extended until end of November	Heather Gentry
Dec 2018	No content changes required, accountable director changed to Vicky Morris	TIPCC

Contents page:

1. Introduction

1.1 Preventing inoculation incidents and the related prevention of infection are health and safety, risk management and clinical governance issues. All employers in the NHS have legal obligations under the Health and Safety at Work Act 1974 (HSWA). They have a duty to protect their employees and others that may be affected by their work such as contractors, agency staff, patients and visitors. Under the HSWA, employers must ensure that their employees are appropriately trained and proficient in the procedures necessary for working safely.

1.2 The Management of Health and Safety at Work Regulations 1999 places a duty on the employer to carry out risk assessments and provide suitable arrangements to minimise risks to health and safety.

1.3 The Control of Substances Hazardous to Health (COSHH) Regulations 2002 includes risks relating to health and includes a specific duty in relation to micro-organisms.

2. Scope of the Policy

2.1 The purpose of this Policy is to offer advice and guidance on best practice to prevent or reduce the number of inoculation incidents.

2.2 Additionally this Policy gives advice on the prevention of injury. The action to be taken following an inoculation incident is described in WAHT-INF-008, which can be found on the Trust Intranet.

2.3 Appendix 1 of this policy is a Best Practice Guide. The purpose of this guide is to give a) practical information and guidance on the recommended type of equipment to be used and b) to give guidance on the best methods of using and disposal of this equipment.

3. Definitions

3.1 Inoculation Injury

An inoculation injury involves an individual having a percutaneous exposure or, a mucocutaneous exposure to blood or body fluids from another individual

- A percutaneous exposure is where a needle/sharp object that has already been used on one individual has broken the skin of another or the victim has been injured by a bite or scratch.
- A mucocutaneous exposure is where a mucous membrane ie mouth, nose or eyes or non-intact skin has been contaminated by blood or body fluids from another individual.

Safe System of Work

A formal procedure which results from a systematic examination of a task, in order to identify all hazards. It defines safe methods to ensure that hazards are eliminated or risks minimised.

4. Responsibility and Duties

4.1 Directors

4.1.1 Corporate accountability for clinical performance and health and safety lies at Trust Board level, with the Chief Executive who takes overall responsibility. Responsibility is further devolved to the Director of Nursing, Midwifery and Allied Health Professionals, through the Directorates as described in the Risk Management Strategy.

4.2 Managers

4.2.1 It is important to ensure that every member of staff involved with sharps or exposed to blood contaminates has the knowledge to ensure the safety of themselves and others who work with them. To this end managers should read and understand the contents of this Policy and ensure that their staff have a thorough understanding of this policy.

4.2.2 All managers should assess the risk to the health and safety of their staff and other people from inoculation incidents. Where risks are identified, records should be made of the level of risk and the methods of elimination and control should be documented.

4.2.3 Managers must ensure that staff receive appropriate training in the prevention of inoculation incidents and that they follow safe working practices in the correct handling, use and disposal of sharps and blood products. Particular attention should be paid to new members of staff to the Trust including agency and bank staff. (Refer to Section 5.6).
Training to prevent inoculation incidents will be provided in accordance with the Trust's Training Needs Analysis, held within Professional Development.

4.2.4 Managers must be familiar with the Inoculation Incident Protocol and ensure that their staff are aware of the need to report ALL inoculation accidents/incidents in line with the Trust's Incident Reporting Policy.

4.2.5 Managers must ensure that a full root cause analysis is undertaken for all inoculation injuries in line with the Trust's Incident Investigation Policy.

4.2.6 Managers have a duty to ensure that there is a "Safe System of Work" and that all necessary equipment for the safe use and handling of

sharps, such as sharps bins and sharps trays etc are readily available for use. Such items can be accessed via the normal 'top up' stores system.

4.3 Employees

4.3.1 All employees must carry out work activities in accordance with the training they have received and follow safe working practices. Employees have a duty to familiarise themselves with the Trust's Health and Safety Policy and Inoculation Incident Protocol and to comply with systems and procedures put in place by the Trust in order to ensure the health, safety and welfare of themselves and others.

4.3.2 In the event of an inoculation incident, all employees must follow the Trust's Inoculation Incident Protocol.

4.3.3 Employees are required to pass on good practice information for the benefit of others and are also required to inform their line managers of any unsafe practices or hazards where persons are put at risk.

4.3.4 If any employee is in any doubt of a safe procedure, they must seek advice from their line manager before commencing that procedure. The Infection Prevention and Control Team can answer questions or provide training for any member of staff who is unsure about safe practice.

4.3.5 All Health Care workers indentified as being at risk of being exposed to blood products in the course of their work will be offered a course of Hepatitis B vaccination. Please refer to the Trust **Policy for the Occupational Health Management of the Prevention and Control of Blood Borne Viruses,** available on the intranet.

5. Policy Details

5.1 **Risk Assessment** (Refer to the COSHH Assessment for Blood and other body fluids – Appendix 2)

5.1.1 The object of the risk assessment is to identify the hazard and reduce the risk of an inoculation incident so far as is reasonably practicable.

5.1.2 A risk assessment should be carried out within every ward and department involved with blood products to ensure that all is being done to reduce the likelihood of an inoculation injury. The risk assessment should be carried out in accordance with the Risk Assessment Policy which can be obtained from the Trust's Intranet. Risk assessment training is also available from the Risk Management Team.

5.1.3 There are no specific procedures or instructions for carrying out a risk assessment on sharps, however, the following guidelines may prove useful:-

- Consider reducing the use of sharps to the lowest possible level.
- Is there an alternative procedure i.e. can a safer method be used?
- What is the procedure and is it understood?
- What is the equipment and is it suitable?
- Is there an alternative safer device that can be used?
- Is the work area safe i.e. clear of obstructions and good access to the patient?
- Is it the safest time to be carrying out this procedure?
- Is the person carrying out the task competent i.e. has the necessary skills?
- Will there be any difficulties in carrying out the procedure i.e. is the patient likely to be violent or obstructive or are there clinical reasons why the procedure may prove difficult?

All or at least some of these will have an impact on the risk assessment and may prove helpful to the assessor.

5.1.4 Environmental factors should be included as they can play a major part in working safely. Stress, noise, interruptions, adequate space and light, or lack of it, should all be taken into account.

5.1.5 The assessment should also take into account the possible use of safer devices.

5.2 Safe System of Work

5.2.1 A 'safe system of work' should follow the risk assessment and applies to all wards and departments where staff handle or work with body fluids/sharps. A 'safe system of work' is a written and comprehensive method on how the use and disposal of sharps are to be managed safely. Once established, this system can be used as a reference and a training aid. The system should be reviewed whenever changes take place and at regular intervals.

5.2.2 The system should include: - drawing up, breaking and use of ampoules, the safe storage of sharps, the 'uncooperative' patient, night time use, taking the syringe to the patient, the correct placement and replacement of the sharps bin and correct sealing of the lid. The system should also include clinical instructions such as the correct use and disposal of giving sets.

5.3 Preventing and Reporting Inoculation Injuries

Preventative and precautionary measures are outlined in the Inoculation Incident Protocol (IIP) Section D2.1

5.3.1 The management and reporting of all inoculation incidents is described in WAHT-INF-008. Additional points include:

- As well as inoculation incidents, all near misses must be reported on the Trust's electronic Incident Reporting Form in accordance with the Trust's Incident Reporting Policy.
- ALL inoculation incidents will be fully investigated using the serious incident process to ensure that a root cause analysis is carried out (refer to Trust incident reporting policy).
- Some inoculation incidents will be reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Those which result in an absence from work for more than 7 working days will be reportable, as will those where the source patient is known to carry a blood borne virus e.g. HIV, Hepatitis B and Hepatitis C.
- All forms of infectious diseases contracted by those at work are reportable under RIDDOR where the work involves the exposure to human blood products. This is the responsibility of the Health and Safety Officer.
- HIV and any other infection will be reportable where it can be readily attributed to work with people (living or deceased) during health care work, or during investigation involving exposure to blood or body fluids.
- The acquisition of any blood borne virus infection by this route will be reported by the Microbiology department to the Health Protection Agency via the local Health Protection Unit.

5.4 Safer Needle Devices

5.4.1 A safer needle device incorporates engineering controls to prevent needle-stick injuries before, during and after use through built-in safety features. The term 'safer needle device' is broad and includes many different types of devices from those that have a protective shield over the needle to those that do not use needles at all. The common feature of effective safer needle devices is that they reduce the risk of needle-stick injuries for health care workers.

5.4.2 The Trust's Medical Devices Committee and Trust Procurement Committee will be responsible for monitoring the use of safer needle

devices and for making recommendations where appropriate to reduce the risk. This includes the procurement and provision of new equipment, methods of work and possible changes of practices etc.

5.5 Use of Personal Protective Equipment

5.5.1 Personal protective equipment provides a barrier to protect skin and mucous membranes from contact with blood and other potentially infectious material, but most personal protective equipment is easily penetrated by needles. However the use of protective gloves will give some protection, and may reduce the number of blood cultures accidentally contaminated with skin commensals. The wearing of gloves for all venepuncture activities is therefore mandatory.

5.5.2 The use of other items of personal protective equipment e.g. eye protection will be used at the discretion of the competent person for example if there is a risk of blood splashes e.g. in theatre.

5.6 Training and further guidance

5.6.1 The Trust will provide adequate levels of training for all staff involved where they may be exposed to body fluids. This training will include an 'in house' venepuncture and cannulation course and the NVQ Obtaining Venous Blood Sampling Level 3 Unit (BD 511). Guidance on the management and avoidance of inoculation incidents is included in induction training for all relevant staff. Targeted updates in the form of posters, stands, payslip advice and one-to-one training are given as required.

5.6.2 All training will be consistent with the Trust's training needs analysis as held within Professional Development

5.7 Monitoring and Review

5.7.1 The use, transportation and disposal of sharps and contaminated material should be monitored by the Ward/Departmental Manager.

5.7.2 Annual pre-acceptance waste audits will be undertaken by the Trusts Waste Advisers

5.7.3 A further risk assessment should be carried out whenever there is a change to products, processes or working practices.

5.7.4 Compliance with the safe use of sharps will be monitored monthly by local clinical managers using the Venepuncture/Phlebotomy Audit Tool. (Ref: Guidelines for Venepuncture Procedures) The results of these audits will be included on the Trust's Balanced Score Card System

5.7.5 The Department of Health/Infection Control Nurses' Association audit tool (2004) for the safe use and disposal of sharps will be administered annually. Regular audit of inoculation incident management will be carried out by members of the Infection Prevention and Control and Occupational Health teams and will be published in the Infection Prevention and Control annual report.

5.7.6 Infection Prevention & Control Team will monitor sharps related injuries and review practice as indicated.

5.7.7 Occupational Health review each incident with the injured party.

5.7.8 A monitoring group, comprising Occupational Health, Health and Safety, Infection Prevention and Control and A&E staff will meet quarterly to review incidents, and will report on a quarterly basis to the Trust-wide Infection Prevention and Control Committee.

6. Background

6.1 Equality requirements

The contents of this policy has no adverse effect on equity and diversity

6.2 Financial risk assessment

There may be a number of undetermined costs associated with the implementation of this policy

6.3 Consultation

This policy was developed to consolidate the existing guidance on the management of inoculation incidents. The following were involved in the consultation process: Occupational Health, Health & Safety and Infection Prevention and Control

6.4 Approval process

This policy is approved by the Trustwide Infection prevention and Control Committee.

7. Implementation

7.1 Plan for dissemination

This policy and procedure will be available on the Trust intranet under Health and Safety and Infection Control.

7.2 Training and awareness

All staff will be informed of the contents of this policy during their local induction process. A copy will also be available on the Trust's intranet. Training will be carried out as detailed in the policy and this document will form part of that training package.

The Trust will run regular information campaigns to raise the awareness of what preventative measures should be adopted to minimise the health risk and to ensure healthcare workers' understanding of the inoculation incident protocol .

Occupational Health will, where appropriate, during a consultation with a healthcare worker discuss on a one to one basis inoculation incident risks and controls.

8. Monitoring and compliance

The Health and Safety Committees will monitor compliance with this policy.

9. Policy Review

The Trustwide Infection Prevention and Control Committee will review this policy every 2 years or upon any significant changes.

APPENDIX 1

'Best Practice'

This guidance is recommended in terms of health and safety for the user or persons who may be affected by acts or omissions by the user. This best practice guidance is intended to enhance the existing clinical procedures to ensure the safest possible practice at all times.

'Always wear latex or nitrile gloves when handling sharps'

Giving Sets (disposal)

The guidance gives recommendations on the disposal of two types of giving set fluids.

1. **Clear fluids** – Place the whole empty giving set (excluding the cannulae) into the clinical waste bag. In the case of partial use where fluids are still remaining in the fluid bag, dispose of fluids in the sluice or sink by cutting bag with scissors and then dispose as above.

   Do not separate the fluid bag from the delivery tubing before disposing otherwise the giving set 'spike' will be exposed.

   The cannulae should be disposed into the sharps box immediately after being removed from the patient.

2. **Blood** – Place the whole empty giving set (excluding the cannulae) into the clinical waste bag after ensuring the flow regulator is closed.

   In case of partial use where blood is still remaining in fluid bag, dispose the whole giving set (excluding the cannulae) using **two** clinical waste bags (double bag).

   Do not separate the fluid bag from the delivery tubing before disposing otherwise the giving set 'spike' will be exposed. Do not cut the delivery tube.

   The cannulae should be disposed into the sharps box immediately after being removed from the patient.

   Note: In the event of a transfusion reaction, follow the advice of laboratory staff regarding disposal or return of remaining blood.

Cannulae

The cannula or 'venflon' is the routine equipment used to deliver intravenous infusions or drugs. It constitutes a sharp introducer which is situated within a plastic sheath. Once the skin is punctured and venflon correctly sited, the sharp is removed, leaving the plastic sheath in place. The process of inserting a venflon carries considerable risk especially if the patient is

uncooperative or the procedure is being undertaken in haste. The sharps bin must be taken to the patient and the sharp inserted directly into the container once removed. Never pass to someone else to discard on your behalf and never leave the sharp on the bed, locker, tray, etc, with the intention of discarding later. Provided these guidelines are carried out, the likelihood of sustaining (or causing) a sharps injury are greatly reduced.

Vacutainers
The use of Vacutainers is now widely accepted as the standard and preferred means of taking bloods. The use of the Eclipse safer needle device is now standard equipment in all clinical areas. Occasionally the Vacutainer suction may not be suitable as it may cause the collapse of a vein or the site intended for needle insertion may be difficult. Where a Vacutainer is not successful, it is accepted that either a standard hypodermic syringe with needle attached or a winged infusion set (butterfly) is used.

Suture Needles
Suture needles, being small, need extra care when handling to avoid injury. Suture needles can also be 'lost' if not carefully handled. To avoid this, needles may be 'parked' on a piece of equipment called a 'Discarder pad'. The pad has a 'sticky' surface which allows the needles to stay where placed. This is particularly useful when the needle is to be used more than once. At the end of the procedure, the lid of the discarder pad is closed and the pad and needles may be disposed into the sharps bin.

Scalpels (including stitch cutters)
As with needles, the disposable scalpel should be correctly disposed of in the sharps bin as soon as the procedure is completed. The general advice for handling scalpels is:-

1. Take care - for yourself and others
2. Never pass a scalpel to others except in receptacle or tray
3. There is a recommended device known as a 'click smart' for removing blades from non disposable scalpels.

Trochars (used in chest/cavity drain insertions)
A Trochar is a long needle-like device which needs careful consideration when disposing of. If the length of the introducer prevents the use of a standard sharps bin then a purpose designed long bin such as the 'Daniels Long bin' (code DD445) is advised.

Ampoules
The danger arising from the breaking of glass ampoules is (a) shards of glass splintering and (b) risk of cuts to the fingers and thumb.

The safest way of opening a glass ampoule is to use an 'ampoule breaker'. If there is not one available then you can use a piece of clean gauze wrapped around the ampoule for protection before breaking.

Patient (self administering) Insulin Pens

Inoculation incidents have occurred to staff whist removing the used needle from the patient's Insulin pen or administering the insulin using the patient's own device. Where possible, patients should be fully instructed on the correct use of the pen prior to its use and should administer their own insulin. Staff must not attempt to administer insulin or remove the used sharp unless conversant with the device, but should use alternative Trust equipment, eg insulin syringe with attached needle.

This list is not exhaustive and if staff are not familiar with the equipment they should not use it and ask for advice.

APPENDIX 2

Worcestershire NHS
Acute Hospitals NHS Trust

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH ASSESSMENT FORM

Name of Hazardous Substance: ***Blood and other bodily fluids***

Where is the substance found: On a variety of wards and clinics and in clinical waste storage areas (Trust-wide)

How is the substance used:

Blood and other bodily fluids for example urine, sputum and faeces are all hazardous substances that staff can commonly come into contact with as part of their daily work routine. Staff who are employed to carry out venepuncture in order to collect blood specimens for example Phlebotomists, Health Care Assistants (HCA's) and Nurses are at a potentially higher risk due to the nature of their work.

Several viral infections may be transmitted via blood and other bodily fluids particularly if they are visibly contaminated with blood, the most important being HIV, Hepatitis B and Hepatitis C. These are all classified as Hazard Group 3 agents. The relative risk of acquiring these infections varies with each agent and the type and degree of exposure that occurs. It is also very likely that there are other infections as yet not discovered or fully characterised which may be spread via the blood borne route.

Blood and bodily fluids can also transmit bacterial infections for example Meticillin Resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C Diff).

Blood and other bodily fluids are often contaminants in clinical or infectious waste and as such staff handling or disposing of such material may also be exposed to the above blood borne viruses and bacteria.

A. Identified HAZARDS

Main Hazards: (Refer to the hazards on label or in Sections 2 or 15 of the Material Safety Data Sheet - MSDS)

□ Irritant □ Corrosive □ Harmful □ Toxic □ Very toxic ✓ Biohazard
□ Other Briefly describe: ……

List any other hazardous properties here e.g. flammable, cryogenic etc:

Nil

B: Assessment of RISK

Identify how exposure may occur: (i.e. Methods of entry)

✓ Ingestion □ Inhalation □ Skin Absorption
□ Skin local effect ✓ Injection □ Sensitisation

Person(s) affected by exposure:

Person(s) (individuals or groups)	Sex (Male/Female)	Numbers
1. Phlebotomist	Female	Approx 25
2. HCA's and Nurses	Male & Female	Varies
3. Doctors	Male & Female	Varies
4. Porters	Male	Varies
5. Housekeepers	Female	Varies

Others □ Patients □ Visitors □ Contractors

Details of any susceptible groups: ……Pregnant workers……

Frequency of exposure:

✓ More □ Hourly □ Daily □ Weekly □ Monthly □ Less

Level of Risk:

☐ LOW ✓ MEDIUM ☐ HIGH

C. Required CONTROLS

What controls are in place? (Refer to precautions on label or Section 2 or 15 of the MSDS.)

- □ General ventilation
- □ Local Exhaust Ventilation (LEV)
- ✓ Personal protective equipment (PPE)
- ✓ Other. Briefly describe:
  - General Infection Control training for all staff
  - Specific competency based 'in house' venepuncture training for all qualified clinical staff and additional NVQ training for phlebotomy staff, HCA's and unqualified nurses
  - Strict hand hygiene control in all clinical areas
  - Infection Control Manual including the Inoculation Injury Protocol
  - New & Expectant Mothers at Work Policy
  - Waste Management Policy
  - COSHH Policy
  - Use of safer needle devices e.g. vacutainer eclipse
  - Use of infectious and biohazard warning labels
  - HBV immunization programme
  - Incident Reporting System

NOTE: If using materials where health surveillance is required or the process generates significant hazardous fumes requiring atmospheric monitoring, record it

here:

- □ Health surveillance required
- □ Atmosphere monitoring required

Briefly describe requirements: ……N/A……..

D. MAINTENANCE of Controls

How are the controls maintained? (List maintenance, such as log book entries for respirator checks, service records of exhaust ventilation systems, etc.)

PPE, safer needle devices and hand gels are all provided and maintained locally via the Supplies Department. Policies are reviewed every 2 years and revised as required. Attendance at training is monitored by local managers during an individual's SDR process. Training records are centrally held by the Education and Development Department.

Controls are functioning properly ✓ YES □ NO Explain reasons: …….

E. ELIMINATION/SUBSTITUTION of the hazardous substance

Record actions you can take if any (Check and confirm that no new risks will be introduced)
N/A

F. Are ADDITIONAL CONTROLS required?

What else is necessary? (List additional actions e.g. training on control measures, improve ventilation, etc)
The Trust is currently trialling alternative safer needle devices to supplement the existing supply.

G. EMERGENCY PROCEDURES

In the event of an inoculation injury

Report the accident immediately to the local manager and contact Occupational Health or A&E for a risk assessment and further advice. Refer to Infection Control Manual, Section D, Protocol 2 for further guidance.

In the event of spillage

In the event of a blood spillage follow the guidance given in the Infection Control Manual. The basic requirements include containing the spill, restricting access through the contaminated area and dealing with the hazardous substance as instructed using a prescribed cleaning technique. Refer to General Decontamination Protocol, Infection Control Manual, Section B, Protocol 3.

Assessment completed by: Paul Graham **Date:** July 2012
Position: Health and Safety Manager **Date of Review:** June 2014

Supporting Document 1

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.

	Title of document	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	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	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?**	N/A	
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	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2
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: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval