

HYDROTHERAPY POOL POLICY

POLICY

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Approving Body	Estates & Facilities Governance Committee		
Date Approved	3 February 2022		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
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Date of Environmental Impact Assessment (if applicable)	16th February 2022		
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Review Date	February 2025		
Sponsor (Position)	Head of Estates and Facilities'		
Author (Position & Name)	Head of Estates and Facilities		
Lead Division/ Directorate	Estates and Facilities		
Lead Specialty/ Service/ Department	Estates and Facilities, Physiotherapy		
Position of Person able to provide Further Guidance/Information	Lead Executive/Lead Manage		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
N/A		N/A	
Template control		June 2020	

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APPENDICIES

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1.0 INTRODUCTION

This policy is issued and maintained by the Director of Strategic Planning and Commercial Development (the sponsor) on behalf of Sherwood Forest NHS Foundation Trust (herein known as the Trust), at the issue defined on the front sheet, which supersedes and replaces all previous versions.

The Trust is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises relating to pool & pool water safety. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible.

The Chief Executive and Board carry ultimate responsibility for a safe and secure healthcare environment. Aspects of that responsibility have been assigned / delegated to other appointed individuals within the Trust, these are defined under “Roles and Responsibility” section of this Policy document.

The Trust’s Board of Directors are responsible for ensuring overall operational control is in place, it is the Designated Persons responsibility to ensure implementation of operational control.

The Financial Director has been appointed by the Chief Executive as the Designated Person [Water]. This Policy is issued and maintained by Responsible Person [Water] on behalf of the Trust.

This Policy is formally accepted by the Chief Executive and approved by the Board of Directors. The Chief Executive will do all that is reasonably practicable to comply with its requirements, and will make the necessary resources available

The Trust’s pool has been defined as a ‘Hydrotherapy Pool’ based on the users of the pool who follow structure care plans led by physiotherapists.

The Trust will do all that is reasonably practicable to proactively manage and minimise risk to ensure the health and safety of staff, patients and their accompanying visitors whilst using or maintaining the pool.

This policy should be read in conjunction with the separate Hydrotherapy Pool Procedure Manual. This procedure manual has been developed to support staff with clear instructions of actions required when using or maintaining the pool.

2.0 POLICY STATEMENT

2.1 This Hydrotherapy Pool Policy aims to outline the management principles that must be followed to maintain the quality of water and environment in order that the health and safety of staff, patients and their accompanying visitors is not compromised.

This policy sets out the management approach to be adopted by the Trust and their PFI Partners [herein known as partners] [Central Nottinghamshire Hospitals Plc [CNH Plc or 'Project Co'] and their service providers [herein also known as partners] [SFS]]; for providing and maintaining a safe water system at the Hydrotherapy Pool and preventing infection and Medirest for providing soft services. The Trust recognises it still has a duty of care to ensure this water system is being managed appropriately.

2.2 Purpose

This Policy shall ensure the following are in place to safeguard all patients, visitors, staff and assets in order to prevent and reduce harm or loss;

- a. To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with the hydrotherapy pool and the pool water;
- b. To identifying the correct practice for managing water risk systems so far as is reasonably practicable for staff to implement based upon nationally accepted guidance;
- c. To enable staff to understand their responsibilities in relation to this Policy document and associated pool procedures manual;
- d. To detail arrangements for ensuring this Policy is monitored and reviewed to reflect current legislation and guidance;
- e. To detail the process for version control to ensure persons who require it, have access to the most current version of the document. Ensuring arrangements are in place for archiving revised policies.

2.3 Scope

This Policy sets out the management approach to be adopted by the Trust for providing, maintaining a safe environment for patients, visitors and staff who are using the hydrotherapy pool and preventing infection from the pool water.

The Policy applies to all service users, visitors and staff associated with the Trust and should be read and implemented whenever management advice is required.

3.0 DEFINITIONS/ ABBREVIATIONS

Private Finance Initiative [PFI]:

The initiative under which the Trust has entered into an agreement with partners to build and provide certain services [such as Planned Preventative Maintenance [PPM]] at its hospitals.

PFI Project Agreement:

The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services

Project Co.:

This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust

Skanska Facilities Services [SFS]:

This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

Medirest/Compass Group:

This is the organisation appointed by Project Co to provide soft FM facilities management services.

Approved Code of

The Control of Legionella Bacteria in Water Systems:

Practice L8 [fourth edition]

Approved Code of Practice prepared by the HSE and gives practical advice on the requirements of the Health and Safety at Work Act 1974 [HSWA] and the Control of Substances Hazardous to Health Regulations 2002 [COSHH] concerning the risk from exposure to legionella bacteria in circumstances where the Health and Safety at Work.

HTM04-01:

The Control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems – Part A, Part B, Part C and addendum: prepared by the Department of Health and gives guidance to healthcare management, design engineers, estate managers and operations managers on the legal requirements, design applications, maintenance and operation of hot and cold water supply, storage and distribution systems in healthcare premises.

PWTAG Code of Practice:

The Management and Treatment of Swimming Pool Water Pool Water Treatment Advisory Group August 2019. Gives guidance on the pool water treatment system requirements previously featured in the HSE document Managing Health and Safety in Swimming Pools (HSG179). And the update to HSG 179, the 4th Edition. The HSE says that it recognises PWTAG guidance as a useful resource for pool operators when drawing up their operating procedures. That detailed technical guidance on types and efficacy of pool water treatment systems and associated risks is contained in the PWTAG Code of Practice and the Swimming Pool Water book. And that, enforcing authorities (HSE and local authorities) consider this guidance as the standard to be achieved in effectively managed swimming pools.

Legionella:

Type of aerobic bacterium, which is found predominantly in warm water environments [singular of legionellae]. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water.

Pseudomonas aeruginosa:

A bacteria commonly found in wet or moist environments. It thrives in relatively nutrient-poor environments at a range of temperatures. It is commonly associated with disease in humans with the potential to cause infections in almost any organ or tissue, especially those patients compromised by underlying disease, age or immune deficiency.

4.0 ROLES AND RESPONSIBILITIES**4.1 TRUST Duty Holder**

The Chief Executive is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within The Trust, including water safety.

On behalf of the Trust Board, take responsibility for ensuring compliance with all current legislation.

Discharge 'day to day' operational responsibility for the Hydrotherapy Pool to the appropriate Board Director.

4.2 TRUST Designated Person Water

The Designated Person is the Trusts Chief Financial Officer is the Appointed Board Level Executive responsible for the hydrotherapy pool and pool water.

The Designated Person is responsible for the Hydrotherapy Pool and pool water by ensuring that:

- There is an appointed a Responsible Person [Pool] for the hydrotherapy pool who will ensure a clearly defined policy and relevant supporting pool operations procedures manual is in place;
- Relevant programmes of investment in the Hydrotherapy Pool are properly accounted for in the Trusts annual business plan;

4.3 TRUST Responsible Person [Pool] – Head of Physiotherapy

The Responsible Person [Pool] is the Head of Physiotherapy. The RP [Pool] retains ultimate accountability for safe and correct management of Hydrotherapy Pool. They shall:

- Develop and maintain this Policy document;
- Develop, maintain and approve the operation pool procedures manual;
- Co-ordinate with the pool contractor, Infection Control Officer [Water], Responsible Person [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues;
- Chair the Pool Management Group meetings;

- Monitor the implementation and efficacy of this Policy and the associated operations pool procedures manual;
- Assist with audits and ensure risk assessments of the hydrotherapy pool are reviewed and remain current;
- Ensure pool water results are reported from the lab to members of the Pool Management Group and actioned according to the operational pool procedures manual;
- Ensure suitable training of all hydrotherapy pool staff is completed and remains current;
- Undertake an Equality Impact Assessment & Privacy Impact Assessment.

4.4 TRUST Responsible Person [Water]

The Responsible Person [Water] is the Head of Estates & Facilities who is appointed in writing by the TRUST Designated Person.

The Responsible Person [Water] shall support Responsible Person [Pool] in their role with actions such as the drafting of the Policy, pool operations procedures manual, reviewing risk assessments and they shall attend the Pool Management Group.

4.5 TRUST Authorised Person [Water]

The Authorised Person [Water] is the Senior Estates Manager – Hard FM who is appointed in writing by the TRUST Designated Person.

The Authorise Person [Water] shall support Responsible Person [Pool] in their role with actions such as the drafting of the Policy, pool operations procedures manual, reviewing risk assessments, confirming the appointed FM service provider follows the pool operations manual and delivers the service required. They shall attend the Pool Management Group as deputy for the RP [Water].

4.6 Physiotherapist Pool Maintenance Operative.

To deliver the maintenance and monitoring tasks in accordance with the pool operations procedures manual and ensure all staff and associated contractors are suitably qualified and competent to do so [The Trust requires contractors shall be members of SPATA, this is a measure of competence for contractors appointed to work on pools].

4.7 TRUST Infection Prevention and Control Officer

The Infection Prevention and Control Officer is the Consultant Microbiologist who is appointed in writing by the Duty Holder.

The Infection Prevention Control Officer shall support the Responsible Person [Pool] in their role with actions such as inputting on review and drafting this Policy, continuing improvements with the pool operational procedures manual, review pool water sample results and assist with interpreting results and shall attend the Pool Management Group meeting. They are supported by the Lead Nurse Infection Prevention & Control.

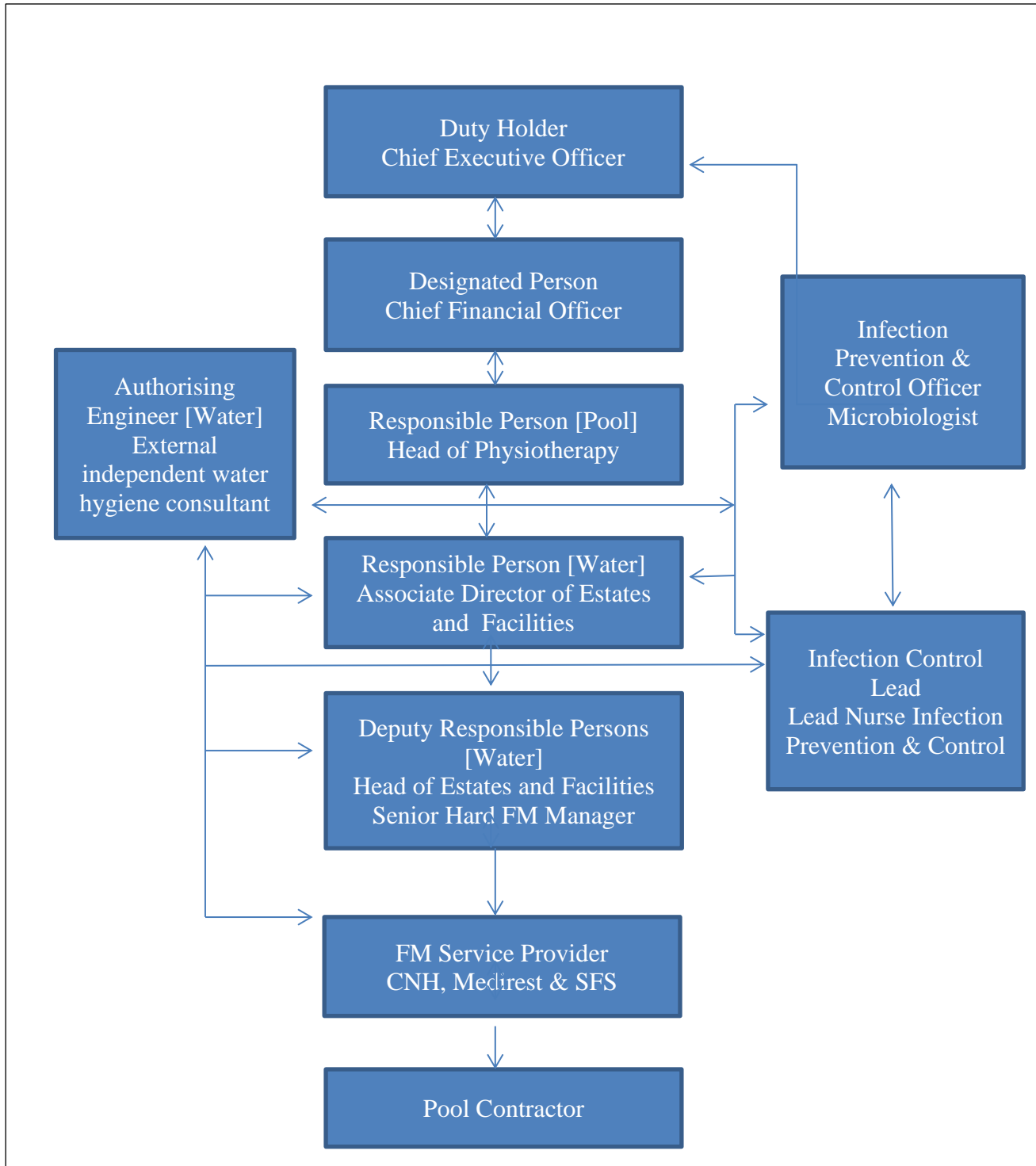
4.8 TRUST Authorising Engineer [Water]

An appointed independent professional advisor to the Trust [must be independent from the operations of the Trust]. Acting as assessor and recommending appointments for the Responsible Person to monitor the performance of the service and conducts annual audits.

4.9 FM Service provider.

To deliver the pool plant room maintenance and monitoring tasks in accordance with the pool operations procedures manual and ensure all staff and associated contractors are suitably qualified and competent to do so.

4.9 Communication Pathways



5.0 APPROVAL

This Policy has been presented to the following groups for comment and approval

Contributors	Method	Dates consulted
Hard Facilities Management Group	Face to face	
Trust Health and Safety Committee;	Email	
Trust Risk Management Group [Non Clinical].	Email	
Estates Governance Committee	Email	
Central Nottinghamshire Hospitals PLC	Email	
SFS	Email	
Hydrotherapy Management Group	Email & Teams	
Operational water Safety Group	Email	

6.0 DOCUMENT REQUIREMENTS

This policy seeks to both set out and define the Trust's management approach and commitment to maintaining a safe Hydrotherapy Pool and associated activities and systems on its premises, as well as providing a framework for partners to adopt when coordinating the management of risk.

This policy and the procedures outlined require the cooperation of all employees, all regular building users and contractors who also have responsibilities to ensure a safe and healthy working environment is maintained at all times.

For the purposes of this policy the Trust Estate comprises all the buildings owned or occupied under a full maintenance lease or otherwise by the Trust. This policy applies to all the properties owned or managed on behalf of Sherwood Forest Hospitals NHS Foundation Trust.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Undertake Directorate level risk assessment.	Head of Physiotherapy	Periodic review of hydrotherapy incident reports. Periodic review of maintenance records. Annual Report. Facilities cleaning audits	Annual formal review.	Trust Hydrotherapy Group Trust Water Safety Group
Policy	RP [Pool] RP [Water] AE [Water] IPC Officer	Audit/review	Annually	PMG
Operational Pool Procedures Manual	RP [Pool] AP [Water] AE [Water] FM Services	Audit/review	Annually	PMG
Incident Reports	RP [Pool]	Review	Biannually	PMG
Auditing -Management Infection Control Cleanliness	RP [Pool] AP [Water] AE [Water] IPC Officer	Audit	Annually	PMG
Audit – Records & Performance	FM Service Provider	Audit	Biannual	PMG
Risk Assessments [Inc. schematics]	RP [Pool] AP [Water] AE [Water] IPC Officer FM Service Provider	Audit/review	Biannual	PMG
RA Action Plans	RP [Pool] FM Service Provider	Audit/review	Biannual	PMG
Training Matrix	RP [Pool]	Review	Biannual	PMG

8.0 TRAINING AND IMPLEMENTATION

8.1 Each Head of Department will be responsible for ensuring all staff are briefed regarding relevant procedures.

8.2 Pool Management Group

The group is chaired by the Head of Estates and Facilities. The group will meet every 6 months. The group will be attended by the Responsible Person [Pool], Responsible Person [Water] or Authorised person [Water], Infection Prevention & Control Officer, FM Services Provider and & Authorising Engineer [Water]. The group shall ensure the policy remains current and the pool operations procedures manual is current and effective, reviews the monitoring data & results.

8.3 Operational Pool Procedures Manual

This is a separate document to this Policy. It is prepared by the RP [Pool] with input from the AP [Water], FM Services Providers, AE [Water] & Infection Prevention & Control Officer.

The manual defines the operational procedures, routine maintenance, routine monitoring, emergency actions [non-compliant occurrences] for the hydrotherapy pool. Along with the documented record management system, the associated forms and check sheets to be used by the appointed contractor as part of the routine monitoring and inspections.

The manual also details the control strategy for managing the pool water along with water sampling need and their associated acceptable parameters and actions to take when non-compliant.

8.4 Auditing

A programme of auditing the written scheme elements is defined in section 8 'Monitoring Compliance'. This will inform the organisation's assurance framework.

Monitoring the performance of a contractor should be completed either by RP[Pool] or FM Services Provider. The use of another contractor to monitor the performance of the first contractor should be avoided as this could lead to a conflict of interest.

8.5 Risk Assessment

The Trust requires the risk assessment to be completed by a competent person, the RP [Pool] shall ensure the assessor is competent [this may include the need for formal interview with examples of risk assessment reports and projects they have been involved with] and independent of supplying any on-going remedial work.

The assessment of risk is an on-going process, as such the RP [Pool] should ensure the risk assessments are regularly reviewed and updated [see section 8 'Monitoring Compliance'], specifically when:

- a. a change to the pool or its use;
- b. a change to the use of the building where the system is installed;
- c. new information available about risks or control measures;
- d. the results of checks indicating that control measures are no longer effective;
- e. changes to key personnel;
- f. an incident / case of illness / infection associated with the hydrotherapy pool.

8.6 Records Management

All records shall be readily available on site, in an appropriate format, for use by any member of the Pool Management Group or outside organisations. Electronic data management tools are to be utilised to facilitate the intelligent use of data for the Pool Management Group to easily monitor trends and analyse chemical and microbiological parameters.

Records should be kept for at least five years.

Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection - any commissioning data should be kept with these manuals

Record	Retention Period
This Policy and WSP	Throughout the period for which they remain current and for at least two further years
Risk assessments	
Risk minimisation scheme and details of its implementation	
Monitoring, inspection, test and check results, including details of the state of operation of the system	At least five years

8.7 COMPETENCE

Any appointed contractor shall be members of SPATA. The FM service provider shall ensure competency is checked for any appointed contractor and their personnel hold a relevant National Pool Plant Operators certificate.

The RP [Pool] shall ensure all pool side staff are competent in their day to day tasks, where this includes monitoring pool water parameters they shall be required to observe their performance and record approval for monitoring.

8.8 Training

The Pool Management Group will review training needs analysis at each meeting and implement a training programme to ensure all those defined in the management of the pool have received appropriate information, instruction and training to enable the undertaking their associated duties. Records of training, attendance to training shall be kept. Refresher training shall be given dependent on review of training needs analysis.

Competence shall be assessed according to their role and duties. To ensure competence has been assessed it will viewed in context with the individuals experience, knowledge and background.

Where allocated tasks are being undertaken by others then supervisors / managers / operatives need to have received adequate training in respect to role, duties, water hygiene and control strategies.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 3
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- PWTAG: - Code of Practice The Management and Treatment of Swimming Pool Water, Pool Water Treatment Advisory Group; August 2019
- Health and safety in swimming pools - HSG179; March 2019
- Legionnaires' disease - Risk systems - Spa-pool systems – Sept 2020
- HTM04:01 – Health Technical Memorandum - The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems
- ACoP L8 – 4th Edition 2013 - The control of legionella bacteria in water systems

Related SFHFT Documents:

- Hydrotherapy Pool Operations Procedures Manual

11.0 KEYWORDS

Hydro pool

12.0 APPENDICES

APPENDIX 1 - TERMS OF REFERENCE

APPENDIX 3- EQUALITY IMPACT ASSESSMENT FORM (EQIA)

APPENDIX 1**Hydrotherapy Pool Management Group****TERMS OF REFERENCE****Purpose:**

The Hydrotherapy Pool Management Group is a multi-disciplinary group that will provide assurance to the Trust that there are in place an appropriate level of measures to minimise the risk of harm to patients, visitors and staff from water born bacteria in the Hydrotherapy Pool.

Reporting arrangements:

The Hydrotherapy Pool Management Group is responsible to the Trust Infection Prevention and Control Committee and Estates Governance with respect to the water safety in the pool.

Quoracy:

The quorum necessary for the transaction of business shall be the Chair/Deputy Chair and at least four of the core members', and these must include the Responsible Person Water for both the Trust and Project Co, and either the Nurse Consultant Infection Prevention and Control or the Infection Prevention and Control Doctor. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group.

It is expected that members attend a minimum of 3 meetings per year. There is an expectation that where a core member cannot attend that they nominate a deputy. This representative should have delegated decision making responsibility.

Majority:

A course of action requires support from the Hydrotherapy Pool Management Group Chairperson [TRUST Responsible Person [Water]] and Project Co, the representative of Infection Prevention and Control and more that 50% of the group members who attended the meeting.

Membership:

- Chair - Head of Estates and Facilities
- Core Membership:
- Senior Estates Manager – Hard FM (Deputy Chairperson)
- Infection Prevention and Control Doctor
- Nurse Consultant Infection Prevention and Control
- Health and Safety Manager
- Project Co Responsible Person [Water]
- SFS Responsible Person [Water]
- Authorising Engineer [Water]
- Hydrotherapy Pool Physiotherapy Manager

In Attendance – E&F Admin [minutes].**Function of the Group:**

1. Regularly review this Policy and the Operational Pool Procedures Manual;
2. Review the performance of the Trust and to provide assurance that this Policy as well as the physical infrastructure are fit for purpose and it can be demonstrated that the risk of harm is reduced to as low as reasonably practicable;
3. Appoint individuals of the Hydrotherapy Pool Management Group to assist in the event of a major incident;
4. Ensure the appropriate measures are being taken to identify the cause of the bacteria and to put in place action plans to reduce the risk of harm to visitors, patients and staff. While at the same time carry out remedial works to the physical infrastructure to address the contamination;
5. Provide a final report of the incident and the actions to be taken to prevent so far as practicable a re-occurrence of a serious contamination;
6. Provide regular reports to the Trust Infection Prevention and Control Committee on the status of water safety in the Hydrotherapy Pool;
7. Review the Trust Business Continuity Plans with regards to the provision of the Hydrotherapy Pool water on a regular basis;

Frequency of Meetings:

Meetings will take place biannually [every 6 months]. The Chairperson of the group will call extraordinary meetings as required.

Timing of Meetings:

The meetings will be set a year in advance.

Agenda and Papers:

Agenda and papers will be published three working days in advance of the meeting. Agenda items should be sent through to the SP&CD Secretary one week prior to the date of each monthly meeting for inclusion on the agenda. In normal circumstances, no papers will be tabled at the meeting.

Terms of Reference Documentation Control:

Author: Ben Widdowson, Head of Estates and Facilities

Approved by: IPCC

Date of Approval: 13 May 2016

Review Date: 13th May 2019

Key Contact: Head of Estates and Facilities

APPENDIX 5
CERTIFICATION OF EMPLOYEE AWARENESS

Document Title: Hydrotherapy Pool Policy

Version (number): 2.0

Version (date):

I hereby certify that I have:

- Identified (by reference to the document control sheet of the above policy/ procedure) the staff groups within my area of responsibility to whom this policy / procedure applies.
- Made arrangements to ensure that such members of staff have the opportunity to be aware of the existence of this document and have the means to access, read and understand it.
-

Signature

Print name: Ben Widdowson

Date:

Division /Directorate: Estates and Facilities

The manager completing this certification should retain it for audit and/or other purposes for a period of six years (even if subsequent versions of the document are implemented). The suggested level of certification is;

- Clinical Divisions – Divisional General Manager or nominated deputies
- Corporate Directorates - Deputy Director or equivalent.
-

The manager may, at their discretion, also require that subordinate levels of their directorate / department utilise this form in a similar way, but this would always be an additional (not replacement) action.

APPENDIX 3- EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Hydrotherapy Pool Policy			
New or existing service/policy/procedure: existing			
Date of Assessment: February 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	None	None
Gender	None	None	None
Age	None	None	None
Religion	None	None	None
Disability	Visual accessibility of this document	Already in font size 14. Use of technology by end user. Alternative versions can be created on request.	None
Sexuality	None	None	None
Pregnancy and Maternity	None	None	None
Gender Reassignment	None	None	None

Marriage and Civil Partnership	None	None	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None	None
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> None 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> Trust policy approach to availability of alternative versions. 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> None 			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Ben Widdowson			
Signature: BEN WIDDOWSON			
Date: 16th February 2022			

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No No No	N/A
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No No	N/A N/A
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No No No	N/A N/A N/A
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No No No	N/A N/A N/A
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	N/A
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	N/A