PREVENTION OF OCCUPATIONAL DERMATITIS POLICY

POLICY

Reference	HS008		
Approving Body	Trust Health and Safety Committee		
Date Approved	13th June 2024		
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		
Issue Date	11th July 2024		
Version	Version 5		
Summary of Changes from Previous Version	Reviewed and revised from 2022 version		
Supersedes	Version 4		
Document Category	Health & Safety		
Consultation Undertaken	This policy has been developed in conjunction with the Occupational Health Department and the Infection Prevention and Control Team. The policy has been ratified by the Health and Safety Committee		
Date of Completion of Equality Impact Assessment	3rd June 2024		
Date of Environmental Impact Assessment (if applicable)	3rd June 2024		
Legal and/or Accreditation Implications	Compliance with the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.		
Target Audience	All staff regularly washing and cleaning their hands		
Review Date	13th June 2027		
Sponsor (Position)	Director of People		
Author (Position & Name)	Head of Health and Safety		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	People Directorate		
Position of Person able to provide Further Guidance/Information	Head of Health and Safety/H&S Intranet Site/Occupational Health Dept.		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
The COSHH Policy The Incident Reporting Policy The Hand Hygiene Policy Personal Protective Equipment Policy	

CONTENTS

APPENDICIES

1. INTRODUCTION

The Trust is committed to looking after the health and safety of all staff and as part of these measures this Policy gives details of how it will facilitate the prevention of dermatitis and prevent broken skin from becoming an infection risk to patients and individual staff. This Policy outlines the issues involved and how skin problems will be appropriately prevented and managed by the Trust.

2. POLICY STATEMENT

2.1 Everybody needs to take care of their skin whilst at work. Factors that put people at greater risk of skin problems include getting their hands wet during frequent hand washing and the use of gloves, soaps, and alcohol-based hand gels. The Trust is aware that in its efforts to prevent cross infection and implement additional controls relating to Infection Prevention and Control procedures, many staff have to get their hands wet frequently and use soaps and where necessary alcohol-based hand gels. The Trust also makes only limited use of sterile Latex gloves that can cause allergic contact dermatitis and extensive use of gloves in general that can also lead to work related skin diseases.

2.2 It is a fundamental principle of healthcare that individuals involved in providing healthcare should minimise the risk of transmitting potential pathogens to their patients. Cleaning hands after every patient contact, as well as maintaining normal standards of personal hygiene, should be the norm. The use of alcohol-based hand rubs has been promoted as an easy way to make this standard practice because they are available at the point of care and are often more effective on visibly clean skin than hand washing with soap. They are also less irritating to the skin. Unfortunately, frequent hand washing, the use of alcohol-based hand gels, the use of gloves and other hazardous substances can lead to work related skin diseases.

2.3 The most common skin condition to affect people due to their work is dermatitis. The term ‘dermatitis’ can be used interchangeably with the term ‘eczema’. When talking about eczema related to work, it is generally referred to as ‘dermatitis’ or ‘contact dermatitis.

In the latest figures published by the HSE in 2023 there were an estimated 7,000 (95% Confidence Interval: 4,000-10,000) new cases of self-reported “skin problems” each year that were caused or made worse by work according to the Labour Force Survey (LFS) over the five years 2018/19 – 2022/23.

2.4 Contact with soaps and cleaning materials and working with wet hands continue to be the most common causes of occupational contact dermatitis and occupations with the highest rates are florists, hairdressers, cooks, beauticians, and health care related occupations.

2.5 The skin provides protection against the excessive loss of body fluids and water, friction, mild acids, alkalis and solvents, sunlight and micro-organisms. Skin helps to maintain body temperature and produce vitamin D and has an aesthetic function. The protective barrier function of the skin can, however, be overcome and then dermatitis or other skin conditions may develop. Exposure of the skin to certain substances can cause the skin to become itchy, red and dry, and to crack and bleed. These are typical features of dermatitis. How quickly skin disease develops depends on the strength of the substance, how often it touches the skin and for how long. This is referred to as 'contact dermatitis'. It can be very painful and can damage both work and social life.

2.6 Work exposures can also worsen pre-existing skin diseases. Some people may be more vulnerable to developing work-related skin diseases than others and may require additional advice and training, or protective equipment such as gloves. There may be work that is unsuitable for some people to undertake, even after all reasonable measures have been put in place to reduce the hazard.

2.7 Everybody needs to take care of their hands, but some people are more at risk than others, for example people with a history of eczema. However, there are other factors that put people at greater risk of skin problems, and these include:

- getting the hands wet frequently and frequent hand washing.
- some hobbies, like DIY, gardening
- extremes of weather, like cold conditions
- exposure to skin irritants, like polishes, detergents, soaps, some cosmetics, solvents, and stain removers
- handling some foods, like onions, garlic, and some salad foods.

3. DEFINITIONS/ ABBREVIATIONS

3.1 Work related skin disease means a skin disease caused or made worse by activities at work.

3.2 Contact Dermatitis means a disease resulting from the skin coming into contact with an outside agent. These agents can be chemical, biological, or physical in nature.

4. ROLES AND RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive has ultimate responsibility for health and safety within the Trust. For the control of work-related dermatitis this responsibility is delegated to the Director of People to formulate and maintain a policy on the prevention and management of work-related dermatitis. Managers who are responsible for staff that are exposed to agents that can cause work related skin diseases and who are expected to put this policy into action.

4.2 Director of People

The Director of People will ensure that the Trust has an up-to-date policy on the prevention of work-related dermatitis.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control Team will: -

- Ensure that the issue of skin care and the prevention of work-related dermatitis is given appropriate prominence during infection prevention and control training. In particular, the infection prevention and control function will ensure that this topic is covered on annual mandatory update training with all staff that have direct contact with patients for which a pre course workbook and test will be required to be completed by such staff before they attend annual mandatory training regarding hand hygiene and skin care.

- Ensure that the issue of skin care and the prevention of work-related dermatitis is included on induction training with all clinical staff including doctors.

- Ensure that any changes to hand hygiene products (soaps and gels) in use within the Trust are properly trialled and that occupational health and the health and safety manager are consulted prior to any proposed changes being introduced.

4.4 Occupational Health Team

The Occupational Health Team will: -

- Provide information on the prevention of work-related dermatitis to clinical staff prior to them starting work.

- Provide advice to any employees who have developed work related dermatitis. Following discussion with a Specialist Occupational Health Nurse or Occupational Physician, if indicated a letter to the staff members GP to consider a referral to appropriate specialists for diagnosis and treatment. This would apply to staff found to have symptoms of allergic or contact dermatitis related to work. Referral to Dermatology will not be done directly by the Occupational Health department.

- Provide healthcare and advice and appropriate follow up for any staff referred by managers as a result of the implementation of annual skin surveillance forms.

- Keep statistics on referrals made by managers as a result of annual skin surveillance and the production of anonymised statistics on the prevalence of skin problems in the annual occupational health report. Any problems areas should also be reported to the appropriate mangers as trends emerge.

The occupational health doctor will inform line managers in writing when a case of occupational related dermatitis has occurred and advise that a report under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013 should be made.

4.5 Head of Health and Safety

The Head of Health and Safety is responsible for: -

- The development of a policy on the prevention of work-related dermatitis in conjunction with the occupational health department and the Infection Prevention and Control Team.

- The development of a policy on the control of hazardous substances including those that pose a risk to the skin.

- Provide suitable and sufficient risk assessments for individual work areas and the use of hazardous substances in conjunction with line managers.

4.6 Ward and Department Managers

Ward and department managers are expected to: -

- Promote the completion of annual skin surveillance forms by all individuals exposed to risk factors for occupational dermatitis. Performing annual visual skin checks with staff as necessary.

- Record the completion of annual visual skin checks on the staff appraisal paperwork.

- Facilitate meetings between staff and Occupational Health when required.

- Act on any recommendations made by Occupational Health.

- Report any cases of dermatitis diagnosed by a medical practitioner to the HSE via a RIDDOR report.

4.7 Staff

- All staff are asked to report any problems with their skin that could be attributable to work, or that they think is being made worse by their work, to their line manager.

- All staff are asked to wash their hands, wear gloves and use moisturisers in accordance with the training they receive which is aimed at reducing the risk of them developing occupational dermatitis.

- All staff that have to wash their hands frequently due to their patient care duties must complete an annual skin surveillance form. This can be completed with the line manager during the annual visual skin check.

- All staff that wear gloves due to their work at the Trust must also complete an annual skin surveillance form.

- All staff involved in direct patient care should take part in the mandatory training programs related to hand hygiene training.

5.0 APPROVAL

5.1 Approved by the Trust Health and Safety Committee

5.2 Date of approval: 13th June 2024

6.0 DOCUMENT REQUIREMENTS

6.1 Health Surveillance

- The Trust requires staff that as part of their job have to regularly use soaps and alcohol-based hand gels provided by the Trust for the purposes of hand hygiene to complete an annual hand skin surveillance form (Appendix A) which needs to be shared and signed by their manager.

- The manager acts as the designated “responsible person” and is responsible for visually inspecting the hands of people who regularly use soaps and hand gels on an annual basis. This should be recorded on the annual staff appraisal paperwork.

- Regular skin checks will help to identify the early stages of dermatitis or other skin problems. The earlier that health effects are recognised and treated, the more likely it is that the staff member will make a full recovery.

- If the answer is ‘Yes’ to one or more of the questions on the form, then the member of staff may have a problem with their skin and the manager must send the form to the Occupational Health Department and a copy placed in the member of staff’s personal file.

- The Occupational Health Department will contact the member of staff to obtain further information and advice on further action if required.

- If all answers to the questions are no, then the manager must place in the member of staff’s personal file.

- The form is available on the Occupational Health intranet site.

- All staff at risk of developing dermatitis will have a visual inspection made of the skin on their hands at least annually by their line manager. This visual inspection will be recorded via the staff appraisal system.

- The Occupational Health team will provide individual advice and appropriate follow up to any employees who develop skin problems when in employment.

Written advice will be given to the individual and their manager (with the staff members consent) regarding any restrictions or adaptation to duties that are recommended. If in the opinion of the Occupational Health Physician, the skin problem is substantially work related (reportable work-related disease) then the Occupational Health Physician will also inform the Manager of this in writing. It is the Manager's responsibility to contact the Health and Safety Executive and ensure reporting under RIDDOR. The Occupational Health Physician will liaise with employees treating Physicians/General Practitioner's as they consider is required and indicated.

- If staff develop skin problems, they should be encouraged to report this to the Occupational Health Department immediately. Initial advice will be given by an Occupational Health Nurse, who will refer on to the Occupational Health Physician as required.

- Occupational Health will provide individual advice and appropriate follow up for any staff referred by Managers as a result of skin problems.

- Occupational Health will contact staff members who tick 'yes' to any of the questions on the annual skin surveillance form and arrange appropriate follow up.

6.2 Pre-employment screening

- All prospective staff who will work in patient areas or who will have patient contact, be involved in body fluid sample handling (including laboratory workers) and food handlers are required to complete a pre-employment health questionnaire.

- Anybody that self declares any skin health problem will be contacted by an Occupational Health Nurse who will discuss the declarations made on the pre-employment questionnaire and document the discussion. Where necessary an appointment will be made to undertake a hand skin inspection and document the findings within the individual Occupational Health record. Staff will also be given a copy of a hand care advice booklet at this appointment.

- If the prospective member of staff is assessed as having potential problems with their skin, the following guidance will apply. Written advice will be given to the individual and their prospective Manager (with the staff members consent) regarding any restrictions or adaptation to duties that are recommended:

6.2.1 Eczema

- Consider the job the individual has applied for and examine their hands, arms, and elbows. If their skin is intact discuss with them hand hygiene and advise them to contact the Occupational Health Department if their skin shows signs of breaking down when in employment.

Discuss their individual case with the Occupational Health Physician before giving fitness clearance if in the opinion of the assessing Nurse this is required.

- If their skin is broken down on areas that cannot be covered when at work (e.g., hands/arms bare below the elbows) or appears to be infected, they must be advised to see their General Practitioner and have the earliest available appointment to see the Occupational Health Physician. The Occupational Health Physician will liaise with treating Physicians/General Practitioner's as they consider is required and indicated.

6.2.2 Psoriasis

- The tasks required for the post must be considered and the individual assessed in relation to the location and extent of the psoriasis. If their skin is flaking it will need to be kept covered when in patient contact. Discuss their individual case with the Occupational Health Physician before giving fitness clearance if in the opinion of the assessing Nurse this is required. The Occupational Health Physician will liaise with treating Physicians/General Practitioner's as they consider is required and indicated.

6.2.3 Contact Dermatitis

- Establish what substances cause an individual's dermatitis (if known). Consider the tasks required of their job and any contact they may have with chemicals, hand scrubs, gloves etc. If known substance is present in the work environment, inform Manager in writing that member of staff must avoid this substance (with member of staff consent). If their skin is intact, discuss with them the importance of hand hygiene, frequency of hand washing and the need to report any early signs of red or sore skin to the Occupational Health Department as soon as possible. Discuss their individual case with the Occupational Health Physician before giving fitness clearance if in the opinion of the assessing Nurse this is required. If their skin is broken, they will need to be assessed by the Occupational Health Physician as soon as possible. The Occupational Health Physician will liaise with treating Physicians/General Practitioner's as they consider is required and indicated.

6.2.4 Latex Allergy

(It should be noted that Latex gloves are now only used within the Trust in a limited capacity as sterile latex gloves)

- Establish what contact the individual will have with any latex products in their prospective workplace. All prospective staff that have a known latex allergy will either need to be seen by or their individual case discussed with, the Occupational Health Physician prior to medical fitness clearance being issued. The Occupational Health Physician will liaise with treating Physicians/General Practitioner's as they consider is required and indicated.

- Managers will be informed in writing (with member of staff consent) of the latex allergy and advice on an individual basis on any restrictions/adaptations that apply will be given (e.g., provision of latex free sterile gloves) The importance of any symptom reporting to Occupational Health as soon as possible will be discussed with the prospective staff member.

6.3 What does contact dermatitis look like?

- The signs and symptoms of the different types of dermatitis are similar. Dry, red and itchy skin is usually the first sign. Swelling, flaking, blistering, cracking and pain can follow.

- Sometimes the consequences of contact with a material are immediately visible. Sometimes contact occurs without apparent effect. However, every contact can cause minute amounts of 'invisible' damage to the skin that can build up until more serious signs are seen. So, people can be lulled into a false sense of security.

6.4 Hand Washing

Hand washing is still often the most practical way for staff to clean their hands.

Staff should observe the following:

- always wash hands in lukewarm water
- use non-perfumed soap or a soap substitute and rinse hands thoroughly (if the individual has suffered from contact dermatitis a soap substitute would be recommended)
- dry the skin carefully, especially between the fingers – towels provided should be soft disposable paper towels.
- apply a moisturiser (scent and lanolin free)

For more details on hand hygiene see the Trust's Infection Prevention and Control Manual.

6.5 Moisturiser

- Staff should typically use moisturisers at least 3-5 times per shift if they are frequently washing hands. Pots of moisturiser must not be used, as contamination can occur. Moisturisers from dispensers should be made readily available in the workplace.

6.6 Gloves

- Whenever possible, staff should wear appropriate gloves for wet work and when in contact with substances irritant to the skin, for example shampoos, detergents, polishes, solvents, cleaning agents, stain removers. They may also need to use gloves if in contact with fruit or vegetable juices while preparing food, like citrus fruit, potatoes and tomatoes. Nitrile gloves are available throughout the Trust for non-sterile procedures.

- It should be noted that although Nitrile gloves appear to have fewer cases of allergic contact dermatitis associated with their use employees may still react to substances used in the manufacturing of these gloves or prolonged use may cause irritant contact dermatitis. Just because gloves are not made from Latex does not mean they are without risk to the skin.

The following guidelines should apply:

- don't wear the same pair of gloves for long periods of time.
- ensure the correct gloves are worn for the job – staff should follow local policy and ask their manager for further advice if unsure.
- gloves issued should be in good condition with no holes – if they become damaged or if water enters the glove, they should be replaced immediately.
- always wash your hands after removing gloves and again before re-applying them, ensuring the hands are dry.
- do not apply moisturising cream prior to using gloves.

6.7 Latex Gloves

- The widespread introduction of latex gloves into the healthcare to prevent exposure to blood borne pathogens resulted in an increase in reports of asthma and skin complaints attributed to natural rubber latex (NRL). Research has proven that latex is a sensitiser, in that a person can develop a reaction from exposure to it. This sensitivity can increase to the point where severe reactions may occur at the slightest exposure to latex. The proteins naturally present in NRL can cause allergies, either through direct contact with the skin, or by inhalation of powder from powdered latex gloves. Some people may experience an irritant reaction (known as irritant contact dermatitis) when using products made from latex; this is not a true allergy, but symptoms can worsen with continued exposure.

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)
Incident Statistics	Head of Health and Safety	Reported on Datix	Annually	Trust Health and Safety Group
Legal Actions Cases	Head of Health and Safety	Report following Legal action	As required	Trust Health and Safety Group
Staff Survey	Head of Health and Safety	Review findings of Survey	Annually	Trust Health and Safety Committee

8.0 TRAINING AND IMPLEMENTATION

8.1 The Infection Prevention and Control team will ensure that this topic is covered on annual mandatory update training for all staff that have direct contact with patients. A pre-course workbook and test will be required to be completed by such staff before they attend annual mandatory training regarding hand hygiene and skin care.

8.2 The Infection Prevention and Control Team will ensure that the issue of skin care and the prevention of work-related dermatitis is included on induction training with all clinical staff including Doctors.

8.3 The Health and Safety Committee will receive an annual report of the completion of annual visual skin surveillance by managers as recorded on the annual appraisal documentation.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2

- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 3

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

Evidence Base:

- Under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a legal duty to protect the health and safety of their employees and anyone else affected by their work activities.
- In the case of chemicals, the Control of Substances Hazardous to Health Regulations 2002 applies.
- Dermatitis related to a person's occupation is also a reportable disease under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

11.0 KEYWORDS

Gloves, Skin

12.0 APPENDICES

- Refer to list in contents table.

APPENDIX 1 Staff Annual Hand Skin Surveillance Form

NAME OF MEMBER OF STAFF
DATE OF BIRTH AND N.I. NUMBER
JOB TITLE
WORK BASE AND CONTACT NUMBERS
NAME AND JOB TITLE OF MANAGER

To be completed by member of staff:	**Please circle**
Are you currently having any of the following symptoms?	
• **redness and swelling of the fingers**	**Yes / No**
• **cracking or breaking of skin on fingers or hands**	**Yes / No**
• **blisters on fingers or hands**	**Yes / No**
• **flaking or scaling of skin on fingers or hands**	**Yes / No**
• **itching of fingers or hands with skin cracks or splits**	**Yes / No**
• **spots, redness, swelling of any other part of hands**	**Yes / No**

Information for Managers:

- **If the answer is 'Yes' to one or more of these questions, then the member of staff may have a problem with their skin and this form must be sent to the Occupational Health Department and a copy placed in the member of staff's personal file. The Occupational Health Department will contact the member of staff to obtain further information and advise on further action if required.**

- **If all answers to the questions are no then the form must be placed in the member of staff's personal file**

Signed (Member of staff) …….....Date….....

Signed (Manager)…….... Date……

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Prevention of Occupational Dermatitis Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 5th June 2024			
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	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender	None	This policy will encourage a culture that does not tolerate any form of abuse; however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
Age	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Religion / Belief	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None

Disability	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Marriage and Civil Partnership	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Socio-Economic Factors (i.e., living in a poorer neighbourhood / social deprivation)	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None

Area of Service/strategy/function

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.
What data or information did you use in support of this EQIA? 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? No.

Level of impact

From the information provided above and following EqIA guidance document (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: Robert Dabbs
Signature: *Robert Dabbs*
Date: 5th June 2024

APPENDIX 3 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact of policies, 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	• 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	Not Applicable
Soil/Land	• 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	Not Applicable
Water	• 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	Not Applicable
Air	• 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	Not Applicable
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (Estimate quantities)	No	Not Applicable
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	Not Applicable
Name of Responsible Person undertaking this assessment: Robert Dabbs			
Signature: *Robert Dabbs*			
Date: 3rd June 2024			