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1 Introduction

The presence of pests can be offensive, present infection hazards, contaminate foodstuffs, damage materials and structure or be a nuisance. Once established, pests can be difficult and costly to deal with. Satisfactory standards of pest control in both clinical and non-clinical areas are integral parts of providing an optimum environment for the delivery of good quality patient care.

The procedure supports the pesticide regulations made under the Food and Environment Protection Act (FEPA) 1985 Part III and the Health and Social Care Act 2008 Regulation 12, which requires that effective systems are in place to protect service users and staff from the risk of acquiring healthcare associated Infection

Shropshire Community Health NHS Trust (The Trust) recognises its legal obligation to take necessary measures to prevent the risk of pest infection in all food storage, distribution and catering areas and to ensure good standards of pest control in all other areas of its sites.

The Trust and its contractors will adopt procedures to rid Trust owned and leased premises of existing infestation and thereafter, by pro-active work, maintain this position. This policy is created to ensure compliance with the Trust's responsibilities under the relevant legislation.

The terms rid and riddance are defined as eradication or achieving the best level of control that is technically and practicably possible.

The Trust recognises its legal obligation to take necessary measures to ensure good standards of pest control in all other areas of its site, prevent the risk of pest infestations in all food storage distribution and catering areas, and ensure good standards of pest control in all other areas of its site.

Information on common pests and their control is provided in Appendix 1.

2 Purpose

The Trust will ensure as far as is reasonably practicable that patients, staff and other persons are protected against risks of acquiring healthcare acquired infection through the provision of adequate pest control measures

Staff will ensure reporting of any sightings and/or evidence of pests at the earliest opportunity

The Trust will implement a process for monitoring and eradication of pests

3 Scope

This policy sets out the requirements for pest control within the Trust. It takes into account initiatives such as (but not limited to) the Hygiene Code.

For the purpose of this policy the properties to be included are all the buildings currently owned, managed, leased or occupied (under a full maintenance lease or otherwise) by the Trust.

Where Trust staff work in premises provided by a third party, the Trust will work pro- actively with the third party.

4 Definitions

Term / Abbreviation	Explanation / Definition
CCR	Clinical Case Review
COPR	Control of Pesticides Regulations (1986)
COSHH	Control of Substances Hazardous to Health (COSHH) Regulations 2002

DIPC	Director of Infection Prevention and Control
FEPA	Food and Environment Protection Act (1985) Part III
HCAI	Healthcare Associated Infection
IPC	Infection Prevention and Control
MPFT	Midlands Partnership Foundation NHS Trust
PAS	Publicly Available Specification
PIR	Post Infection Review
RCA	Root Cause Analysis
Rid / Riddance	Eradication or achieving the best level of control that is technically and practicably possible.
SaTH	Shrewsbury and Telford Hospitals
SIP	Service Improvement Plan
The Trust	Shropshire Community Health NHS Trust

5 Duties

5.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

5.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

5.3 Director of Finance

The Director of Finance for the Trust will determine the available budget for the pest control service within the Trust premises and for:

- Arrangements to ensure compliance with the Trust's Standing Orders and Standing Financial Instructions
- Ensuring that satisfactory arrangements are in place for the provision or procurement of the pest control contract.

5.4 Directorate / Service Leads/ Service / Locality Manager/Site managers

The manager for any service or premise is responsible for ensuring that procedures are disseminated to staff in their area of responsibility to maintain a safe environment.

5.5 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

5.6 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis.

5.7 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

All employees are responsible for their own safety and the safety of others due to their actions or inactions with respect to Health and Safety Law. Staff must ensure they are aware of the procedures for reporting any sighting or evidence of infestation.

5.8 Contractors

Other employers, contractors or individuals providing goods and/or services to the Trust shall be required to comply with Trust policies and procedures with regard to the management and disposal of waste.

5.9 Patients and Visitors

Patients and visitors will be alerted of all procedures in place for the safe management of all waste and will be expected to comply with all reasonable requests, relevant guidance and procedures that are pertinent to them whilst on our sites.

5.10 Committees and Groups

5.10.1 Quality and Safety Committee

Is notified of all IPC incidents.

5.10.2 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

6 Reporting Procedure

All sightings of pests or evidence of their existence should be reported in the first instance to the Facilities and Estates Department Helpdesk at the earliest opportunity.

The information required will be:

- Location i.e. ward, department, clinics etc.
- Precise location i.e. bathroom, office etc.
- Type of pest if known
- Possible numbers of and the frequency of sighting
- Name and contact number of the person reporting
- Date and time of sighting

Estates and Facilities will contact the contracted pest control company who will respond within 24 hours. Action taken by the contractor following notification will be recorded on site in the Estates Log Book.

6.1 Basic Pest Control Measures

- Food should be covered or stored in pest proof containers.
- Spillages should be promptly removed.
- Waste should be stored in a manner suitable to prevent access by pests.
- Accumulation of static/stagnant water should be avoided.
- Buildings should be of sound structure and well maintained, drains should be covered, and leaking pipe work repaired and damaged surfaces made good.
- Defects should be reported to the Estates Department.
- Cracks in plaster and woodwork, unsealed areas around pipe work, damaged tiles, badly fitted equipment and kitchen units are likely to provide excellent harbourage and should be maintained in a suitable condition.
- Where fitted, fly screens should always be closed when windows are open.
- Doors to food storage/preparation areas must be kept closed and adequately proofed to prevent access to pests. Where appropriate the doors should be fitted with metal kick plates at base of door.
- Treatment with insecticides and rodenticides alone is seldom sufficient; attention must be paid to good hygiene and structural maintenance.

6.2 Pest Control Contract

The Trust will ensure that an appropriate pest control contract is in operation at all times.

The pest control contract will be monitored by the Nominated, Supervising and Authorised Officers at MPFT against the MPFT pest control contract specification.

Due to the particular vulnerability of catering areas there will be a strict timetable of inspection. Main catering areas, including dining rooms, kitchens and ward kitchens will be inspected weekly by Trust staff. Other catering areas such as storage areas, ducting and associated plant rooms will be inspected at least quarterly by an external contractor.

All pesticides used by the Trust's pest control contractor will be approved in accordance with the Control of Pesticides Regulations (COPR) 1986 (as amended 1997), be strictly controlled and monitored and fully comply with the requirements of the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and also Food and Environment Protection Act (FEPA) 1985 Part III.

7 Process for Monitoring Compliance and Effectiveness

The Pest Control Contract will be subject to ongoing monitoring and reporting of performance against the specification by the contractor who will ensure regular and timely reviews of performance and information to encourage the continual maintenance and improvement of quality standards and highlight any need for any additional resources, equipment, materials or training. It is essential that the monitoring process is comprehensive, robust, transparent and representative of the whole service provided.

The Person in Charge/Site Coordinator as appropriate is given the opportunity to comment on the information and to acknowledge they have been consulted and are satisfied that standards are being maintained at each service visit by completing the Contractor's Visit Sheet.

The Pest Control Contractor may be asked at any time to produce detailed information or records relating to their own monitoring/ performance measurements, these records may be

used by the Trust to compare and verify standards and results gained via the Trust's own monitoring procedure/ system.

Typical sources of information that is likely to form part of the monitoring process are:

- compliance to the specification
- the contractors reports
- regular review meetings with the contractor
- the Monitoring/Authorised officers own observations
- Site visit form, signed and dated by Trust Site Coordinator or representative

It is a requirement that a quarterly quality assessment summary report will be provided by the Pest Control Contractor to the Building Manager or other nominated person by the 7th of the month following the quarter of assessment. As a minimum each report will provide:

- A breakdown of service activity levels e.g. scheduled/ planned/undertaken.
- Details of all requests received from the Facilities Management Helpdesk or other authorised source.
- Details of any complaints received and the actions resulting.
- Details of any incidence of 'service' quality failures, indication of the consequences of the failures and the steps taken to prevent their re-occurrence and timescales involved.
- A review of previous quality assessments and the identification of repetitive shortfall in service levels and trends, together with steps being taken to improve performance
- Inventory of chemical usage (quarterly).

8 Training Requirements

The Trust will work towards staff/contractors being trained in line with the requirement to ensure the correct measures are in place for the prevention and management of pest control.

All external contractors/suppliers will provide at the request of the Trust and/or nominated authorised person(s) relevant training information for their engineers/technicians working within Trust premises to ensure the Trust is compliant with all training measures and updates.

Internal staff awareness training will be given by line manager(s) for identification and reporting procedures.

9 Consultation

This policy has been developed by the IPC team in consultation with appropriate Locality Clinical Managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), PHE and IPC Governance Meeting members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

9.1 Approval Process

The IPC Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

10 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff - via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

10.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

10.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes Standard Infection Control Precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including Clinical Case Review (CCR), Root Cause Analysis (RCA) and Post Infection review (PIR), following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

11 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments
- Cleaning standards within Community Hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as Self- audits as part of the IPC audit programme
- Additional periodic auditing and self-audits by clinical teams
- The IPC Governance Meeting will monitor compliance of the cleanliness audit scores and the IPC team audit programme

Numbers of staff undertaking IPC training, which includes Standard Infection Control Precautions will be monitored by the Organisational Development and Workforce Department

As appropriate the IPC team will support Services' Leads to undertake IPC CCRs/RCAs/PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPC Governance Meeting.

Knowledge gained from CCR/RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Risk Manager, advise on appropriate remedial actions to be taken.

12 References

The following national, regional and Trust strategies and policies have been identified as having an impact on the Pest Control Policy for managing and controlling the infestation of pests across all areas of the Trust. Infection Prevention and Control Guidelines such as:

- Department of Health (2015) The Health and Social Care Act 2008: Code of practice on the prevention and control of Infections. DOH, London (updated 2015)
- Control of Substances Hazardous to Health Regulations 2004
- The Health and Safety at Work Act 1974
- Chemicals (Hazard Information and Packaging For Supply Regulations 2002 (CHIP)
- The Management of Health and Safety at Work Regulations 1999
- Lifting Operations and Lifting Equipment Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Workplace (Health, Safety and Welfare) Regulations 1992.
- Control of Substances Hazardous to Health (Amendment) Regulations 2003
- Wildlife and Countryside Act 1981
- Animal Welfare Act 2006
- Health Service Guidelines HSG(92)35,
- Pest Control management for the Health Service
- Hygiene Code of Practice
- Department of Health – Standards for Better Health April 2006 MHRA: Medical device
- Alert MDA/2006/001 Reporting Adverse Incidents and disseminating Medical Device Alerts 2006
- Department of Health – Standards for Better Health April 2006
- Provision and use of Work Equipment Regulations 1998

13 Associated Documents

This policy should be read in conjunction with the Trust's:

- Cleaning and Disinfection Policy
- Community Hospital Cleaning Policy
- Food Hygiene Policy
- Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy

- Waste Management Policy

14 Appendices

Appendix 1 - Individual Pests and Wildlife (Including But Not Exclusive)

Appendix 1 – individual pests and wildlife (including but not exclusive)**1. Houseflies****Significance**

Houseflies can transmit intestinal worms or their eggs and are potential vectors of disease such as dysentery, gastro-enteritis, typhoid, cholera and tuberculosis. They will frequent and feed indiscriminately on any liquefiable solid food, putrefying material or food stored for human consumption.

Control

Flies have rapid, prolific breeding habits and high mobility. In order to break the life-cycle, control measures should be directed against larval and adult flies.

Hygiene/Management

Satisfactory hygiene is necessary to limit potential breeding sites and food sources. Entry of flies into buildings can be prevented by 1.12mm mesh fly screen, air cushions, bead screens or self-closing door equipment with rubber seals.

2. Cockroaches**Distribution**

Cockroaches are common in premises associated with the production or handling of food. As nocturnal creatures they spend the day hiding in cracks and crevices around areas such as sinks, drains, cookers, the backs of cupboards and in refrigerator motor compartments. They favour buildings with service ducts and complex plumbing installations which allow them to travel freely.

Significance

Cockroaches are potential vectors of disease such as dysentery, gastro-enteritis, typhoid, and poliomyelitis. Their diet is omnivorous and includes fermenting substances, soiled dressings, hair, leather, parchment, wallpaper, faeces and food for human consumption. The latter may be contaminated either by the mechanical transfer of causative agents of disease from the insect's body, or by transmission in the faeces.

Control

Monitoring and control is essential although successful control of cockroaches is a complex subject, and depends very much upon tailoring control measures to the species concerned. Infestations can be difficult to control as cockroach eggs are poorly penetrated by insecticides. Consequently surveillance of the area by the pest control contractor may need to be prolonged.

Hygiene/Management

A high standard of hygiene will deny sources of food and hiding places.

3. Ants**Black Ants**

Foraging worker ants cause a nuisance as they travel widely in search of food, following well defined trails and clustering around the food source. Sweet foods are preferred. They are obviously an unpleasant sight and may damage food for human consumption

Pharaohs

These 2mm omnivorous light brown ants are half the size of the black ants. They cannot breed without artificial heat, are very persistent and pose a serious cross infection risk in hospitals. The ants may be found in wall cavities, heating pipes, behind sinks and ovens and therefore in laundry, linen rooms, clinical and residential areas. They are particularly attracted to sweet or light protein.

Hygiene/Management

Although frequently inaccessible and difficult to destroy, ants' nests must be eradicated. If infestation is to be successfully controlled, hormone treatment is required which sterilises the female ant.

4. Wasps

Wasp stings cause pain and distress. Some individuals are particularly sensitive. Wasp nests are only used for one season, so it may be possible to put up with the problem temporarily.

They are often found in cavities in brickwork, in air bricks and roof vents. The nest can be treated by the Trust's pest control contractor; such work may be best carried out in the evening or weekend as poisoned stupefied wasps can cause problems. Particular attention should be paid to areas around rubbish bins that should be kept in a hygienic condition.

5. Other Insect Pests

There are many other insect pests that occur sporadically in hospitals. The most common of these being flies of various species, crickets, silverfish and the stored product insects and mites which can be found infesting dried foods such as flour weevils.

6. Mice and Rats

These are the vertebrates with greatest potential for damage to food stocks and building fabric in hospitals. Modern rodenticides are extremely efficient in the eradication of mice and rats from hospitals.

The Trust will notify the relevant local authority of any infestation of its land or buildings by rats and mice in "substantial numbers" as required by the Prevention of Damage by Pests Act 1949.

Rodents have been to gnaw through electric cables and cause fires. All sightings and other evidence of their presence should be reported to the Nominated Officer.

The Trust will take reasonable steps to ensure that its buildings are rodent proofed by, for example, fitting collars where pipes pass through walls and by filling gaps in the building fabric, etc. All food and organic waste shall be kept in rodent proof containers.

7. Bats

Bats are protected by the Wildlife and Countryside Act 1981 and the Conservation (Natural Habitats etc. Regulations 1994.) The penalties for contravention are severe.

If bats are discovered in any of the Trust's buildings or on any of its land they must not under any circumstances be killed, expelled, stopped from gaining access, touched or disturbed. Contractors must be prevented from doing work anywhere near them. English Nature should be contacted for advice. www.naturalengland.org.uk

8. Birds

The nuisance of birds can be controlled in the first instance by preventative measures, e.g. blocking of nesting holes and the application of devices to discourage perching. Netting and trapping can also be considered with the aim of immediate release away from the area/location of capture. As a last resort birds may be culled by shooting with the approval of the Trust Chief Executive and local police authority. No attempt should be made to poison them. Whichever method is employed it should take into account whether the birds are currently in a nesting season or whether they are protected by law. Advice should be sought from the Royal Society for the Protection of Birds (RSPB).

9. Squirrels

The most serious damage in urban areas arises where the squirrel enters the roof spaces of houses by climbing the walls or jumping from nearby trees. Once inside, they chew woodwork, ceilings, insulation or electrical wiring or tear up the loft insulation to form a drey.

The best method of control is to proof the building/loft. Prevention is better than cure. If a cure is required the best form of control is trapping with the use of a squirrel trap.

10. Foxes

Foxes in this country may occasionally spread disease such as Toxocara and leptospirosis but the risk is believed to be small. More significantly foxes do cause nuisance in a number of ways. During the mating season the noise of barks and blood curdling screams proliferate and in addition to the feeding habits described above there is the damage to gardens caused when digging for food and of course the indiscriminate depositing of faeces. Killing foxes in urban areas is both unnecessary and unlikely to provide a long-term solution as other foxes move in to vacant territories.

11. Rabbits

Rabbits can cause great damage by burrowing under buildings and putting at risk the foundations of buildings, however there is strict guidelines on their removal so please contact the nominated officer for advice. This applies to any suspected myxomatosis cases.

12. Moles

Moles are a widespread species and are not protected by conservation legislation, only having basic protection from cruelty under the Wild Mammals Protection Act 1996.

The mole is a common British mammal and, although not often seen, the results of its tunnelling are well known and may cause damage in a range of situations. In gardens and amenity areas, molehills and tunnels can be a nuisance. In agriculture, contamination of grass by soil may lead to poor quality silage being produced. There is also a risk of damaging grass cutting machinery. Mole runs may disturb roots and adversely affect plant growth.

Before carrying out any mole control, it is important to consider if such action is warranted or if the molehills and tunnels can be tolerated. Where control measures can be justified, there are two main methods, trapping or poisoning with aluminium phosphide. Please note that strychnine hydrochloride can no longer be legally purchased or used for mole control in the UK.

13. Deer

From 1 October 2007, under the Deer Act 1991 (as amended), all wild deer with the exception of Muntjac (*Muntiacus Reevesi*) are protected by a close season. The Regulatory Reform (Deer) (England and Wales) Order 2007 amends the original Act and will improve deer welfare in a number of ways.

The best long-term solution to reduce the damage caused by deer is to achieve an adequate cull each year and so reduce the local deer population. This is best achieved through a wider, co-coordinated cull undertaken by a local Deer Management Group (DMG) rather than on an ad-hoc basis by individuals. However, the legislation makes provisions for actions that can be taken in exceptional circumstances where problems cannot readily be resolved through normal deer management.

14. Badgers

Badgers and their setts are protected under the Protection of Badgers Act 1992, which makes it illegal to kill, injure or take badgers or to interfere with a badger sett. Interference with a sett includes blocking tunnels or damaging the sett in any way. The majority of problems posed by badgers can be resolved non-lethally, normally by the partial or complete closure of the sett of the badger(s) causing the problem. Sett closures require a license.