Shropshire Community Health
NHS Trust

Document Details	
Title	Miscellaneous IPC policy, including Christmas decorations, flowers and the use of handheld devices
Trust Ref No	2277-85570
Local Ref (optional)	
Main points the document covers	Safe management handheld devices and display of Christmas decorations and flowers in SCHT occupied premises
Who is the document aimed at?	All staff
Author	Deputy Director of Infection Prevention and Control
Approval process	
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, Locality Clinical Managers, Specialist Nurses, Medicines Management and Public Health England
Approved by (Committee/Director)	Infection Prevention and Control Committee
Approval Date	22 October 2026
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	N/A
Lead Director	Director of Nursing
Category	Clinical
Sub Category	Infection Prevention and Control
Review date	31 October 2029
Distribution	
Who the policy will be distributed to	IPC Committee Members
Method	Electronically to IPC Committee Meeting Members and available to all staff via the Trust website
Document Links	
Required by CQC	Yes
Keywords	Christmas decorations, flowers, handheld devices

Amendments History		
No	**Date**	**Amendments**
1	September 2026	Minor changes to wording, no change to clinical processes

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1 Introduction and Purpose

This document provides guidance on the presence of Christmas decorations and flowers in clinical areas, without compromising patient safety. It also provides guidance on the use of handheld devices in clinical areas.

The policy also applies to individuals employed by agencies and other contractors.

2 Duties

2.1 Responsibility for Infection Prevention and Control (IPC) outside the immediate scope of this policy

For duties and responsibilities for IPC practices outside the specific scope of this policy, please refer to the IPC Arrangements and Responsibilities Policy on the Staff Zone SCHT Staff Zone (shropcom.nhs.uk).

2.2 IPC Duties specific to this policy

2.2.1 Ward Managers

To risk assess flowers and Christmas decorations, taking into account individual patient needs such as allergies and complete risk assessment if appropriate.

To ensure ward staff are aware of this policy.

3 Christmas and other festive decorations

	Rationale
All decorations must be fire retardant	Fire Safety
Decorations should be limited to one single area in Outpatient areas / departments.	To ensure effective cleaning regimes can be maintained. Decorations attract dust so every effort should be taken to ensure they can be cleaned.
As SCHT's Community Hospitals are not Acute Care and do not usually have patients with complex needs, Christmas displays and decorations can be placed in Bays, corridors, day rooms and around reception desks, but must be positioned so as not to cause a trip hazard or hinder/obstruct Clinical or Rehab activities. Due to the limited number of Side Rooms for isolation purposes, consideration should be given to the amount and easy of cleaning of decorations on display, as these decorations will need to be damp dusted/cleaned (or disposed of) between each separate occupation of the room, depending on the nature of the Alert Organism being isolated.	Risk of cross infection through dust collecting on decorations which can be disturbed into the air through ventilation and activity.
Decorations suspended from walls and ceilings must be secured with blutac or drawing pins. Sellotape must not be used.	Fixings must not leave sticky residue or cause damage to the decoration when removed.
The use of spray-on fake snow is not permitted.	Risk of respiratory irritation due to aerosols. Prevents appropriate cleaning taking place.

Decorations which cannot be appropriately cleaned and disinfected must be discarded in the event of an outbreak in the area where they are displayed.	Risk of cross infection
Christmas decorations which have been appropriately cleaned and disinfected where necessary, must be stored in a plastic lidded box between each use.	To prevent dust during storage
Relevant to all NHS premises including offices: Christmas tree/fairy lights should be of a **battery type**. Where a plug-in type light is being considered, these must have an official and in-date PAT* test sticker attached before being plugged into a mains socket.	 Fire safety regulations *Trust approved Portable Appliance Testing of electric type decorations cannot be guaranteed as deemed to have no priority.
Hampers for raffles are acceptable where the items are appropriately packed and displayed in an appropriate non-clinical area.	

4 Flowers in Clinical Areas

This guidance is relevant to staff with responsibilities for clinical areas and volunteers with designated responsibility for flower management.

Ward Managers should ensure the guidance is followed by all relevant staff or volunteers.

4.1 Process for flower management

The following process **must** be in place in all clinical areas displaying flowers:

- Daily – clean vase and clean water
- Positioned so as not to hinder clinical care, activity or environmental cleaning

Ward Managers have the discretion to prohibit flowers from all or part of their clinical area after recognising the associated risks (e.g. slips, trips, falls, broken glass, allergies) as well as whether there is space available for them.

4.2 Exclusion Process

- Ward Manager to complete risk assessment
- Ward Manager to notify Locality Clinical Manager of their decision to prohibit flowers
- Service Manager to consider communication requirements relevant to the decision to prohibit flowers within the specific location e.g. Communications Team

5 Use of Handheld Devices in Clinical Areas

This guideline covers the process to be followed by clinicians to ensure infection control measures are being observed when passing handheld devices between nurses and patients in the Clinical environment.

It is the responsibility of the clinician to clean the device to minimise the risk of infection being transferred. If the device has been passed to other staff or patients:

- the device, screen and cover should be thoroughly cleaned by the clinician using detergent or disinfectant wipes.
- The device, screen and cover should then be dried with a paper towel.

Where possible the taking of handheld devices into isolation rooms or bays should be avoided, however, should this be necessary, the item must be appropriately cleaned with an appropriate disinfectant solution or wipe.

6 Consultation

This policy has been developed by the Infection Prevention, Education and Advice Team (IPEAT) in consultation with appropriate Locality Clinical Managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), PHE and IPC Operational Group Meeting members.

6.1 Approval Process

The IPC Operational Group Meeting members will review this policy and it will then be tabled to members of the IPC Committee for approval.

7 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, digital Staff Noticeboard and IPC newsletters
- 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.

7.1 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.

8 Monitoring Compliance

- IPC nurses will monitor on routine visits
- Ward Managers. Departmental managers and Locality Clinical managers will ensure clinical areas follow this policy.