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| Document Type: Standard Operating Procedure | | Unique Identifier: CORP/SOP/095 |
| Document Title: Management of Sewage Leaks in the Hospital Setting | | Version Number: 2 |
| | | Status: Ratified |
| Scope: Staff required to respond to large scale spillages and leaks of sewage or offensive matter within the hospital | | Classification: Departmental |
| Author / Title: Anna Smith – Head of Health, Safety and Risk | | Responsibility: Health & Safety |
| Replaces: Version 1, Management of Leaks in the Hospital Setting | | Head of Department: Anna Smith – Head of Health, Safety and Risk |
| Validated By: Health and Safety Committee | | Date: 21/01/2021 |
| Ratified By: Trust Procedural Documents and Information Leaflets Group | | Date: 10/03/2021 |
| Review dates may alter if any significant changes are made | | Review Date: 01/02/2024 |
| Which Principles of the NHS Constitution Apply? 3 Principles | Which Staff Pledges of the NHS Constitution Apply? 1,2,4 Staff Pledges | |
| Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? *Yes | | |
| Document for Public Display: *Yes | | |
| Reference Check Completed by N/A Kerry Booth | | Date: 26.01.21 (2020-2021/521) |
| To be completed by Library and Knowledge Services Staff | | |

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

| | | |
|--|--|---|
| Introduce yourself with #hello my name is...  | Value the contribution of everyone | Share learning with others |
| Be friendly and welcoming | Team working across all areas | Recognise diversity and celebrate this |
| Respect shown to everyone | Seek out and act on feedback | Ensure all our actions contribute to safe care and a safe working environment |
| Put patients at the centre of all we do | Be open and honest | For those who supervise / manage teams: ensure consistency and fairness in your approach |
| Show support to both staff and patients | Communicate effectively: listen to others and seek clarity when needed | Be proud of the role you do and how this contributes to patient care |

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1. SUMMARY

Due to the age and construction of some Trust main buildings there have been events sewage leaks, water leaks and similar. An immediate safe response is required to ensure minimal disruption to all areas and safe handling of any offensive or contaminated matter.

2. PURPOSE

To advise all staff of the procedure for responding to a leak of sewage or other offensive matter and the availability of appropriate equipment and kit for undertaking the control and clean-up.

3. SCOPE

Any member of staff required to respond and engage the services of the Patient Environmental Services and Estates Teams

4. STANDARD OPERATING PROCEDURE

4.1 Contents of Major Leak Kit for sewage, waste, water leaks etc.

See Appendix 1

4.2 Procedure

The procedure overleaf is initiated by the Department which is experiencing the incident.

Initial response from Estates will identify the nature of the leak and therefore how hazardous it is.

Patient Environment Services are the custodian of the Major Leaks kit and will deliver when required. This kit is not to be used for chemical spills – specific spill kits are available for chemical spills and should be held within the department.

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Leak is identified:

- Department with incident contacts Estates dept to investigate leak. Response time may be 20 minutes.
- Dept contacts Clinical Site Manager to inform of situation
- Dept completes CIR
- If leak appears **significant*** cordon off area and evacuate patients as required following discussions with CSM.
- Cordon off toilets, basins, showers etc above the area of the leak.

Estates review:

- Make area safe/corden off area.
- Identify cause of leak and repair.
- Inform staff in charge of the dept as to type of leak (clean water/foul water/sewage)

Clean
water
leak

Foul
water
leak

Sewage
leak

- Dept staff to contact Patient Environment Services to arrange cleaning and drying out of the area.
- Patients do not need to be evacuated unless leak is **significant***.

- Dept staff to contact Patient Environment Services to arrange terminal cleaning (using Chlorclean) and drying out of the area.
- Patients should be evacuated if leak is **significant***. Room should be thoroughly cleaned and dry before patients readmitted.
- If patients/staff or visitors have been directly affected by the leak then an urgent medical review should be arranged.

***significant leak:**

- Foul water or sewage leak which is entering a patient care area through the walls, floor, ceiling, sink or toilet facility in any quantity.
- Large volume of any leak which causes pooling liquid - slip hazard, or dripping leak from ceilings, spilling out of toilets and washbasins.

If medical records are affected:

- Notes must immediately be made secure. If the room in which they are held is secured, do not remove until bagged to contain contamination.
- Wear paper overalls, full shoes and non-latex gloves whilst bagging and avoid contamination of the bag within the soiled area.
- Contact information.governance@mbhci.nhs.uk who will liaise with Caldecott Guardian re disposal for soiled notes.
- Service Managers should be informed that notes will not be available and to refer to Lorenzo.

If medical devices are affected:

- Affected devices should be cleaned on the dept to remove all visible soiling.
- Medical devices department should be contacted to review equipment.
- All affected devices should be placed out of use until reviewed.

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4.3 Post-Procedure

After every use ensure stock is replaced.

| 5. ATTACHMENTS | |
|----------------|---|
| Number | Title |
| 1 | Contents of Major Leak Kit for sewage, waste, water leaks etc |
| 2 | Equality & Diversity Impact Assessment Tool |

| 6. OTHER RELEVANT / ASSOCIATED DOCUMENTS | |
|--|---|
| The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage. | |
| Unique Identifier | Title and web links from the document library |
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| 7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS | |
|---|------------|
| References in full | |
| Number | References |
| | |
| | |
| Bibliography | |
| | |
| | |

| 8. DEFINITIONS / GLOSSARY OF TERMS | |
|------------------------------------|---|
| Abbreviation or Term | Definition |
| Significant Leak | <ul style="list-style-type: none">Foul water or sewage leak which is entering a patient care area through the walls, floor, ceiling, sink or toilet facility in any quantity.Large volume of any leak which causes pooling liquid - slip hazard, or dripping leak from ceilings, spilling out of toilets and washbasins. |
| | |

| 9. CONSULTATION WITH STAFF AND PATIENTS | | |
|--|---------------------------------|----------------|
| Enter the names and job titles of staff and stakeholders that have contributed to the document | | |
| Name | Job Title | Date Consulted |
| Anna Smith | Head of Health, Safety and Risk | December 2020 |
| Jackie Moreland | Patient Services Manager | December 2020 |

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| 10. DISTRIBUTION PLAN | |
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| Dissemination lead: | Patient Environment Services Managers |
| Previous document already being used? | Yes (Created in 2014) |
| If yes, in what format and where? | Word format on H&S Intranet page |
| Proposed action to retrieve out-of-date copies of the document: | Removed and reformatted for Proc Doc Library |
| To be disseminated to: | |
| Document Library | |
| Proposed actions to communicate the document contents to staff: | No changes to procedure. Initial contact with Estates and Patient Env Services will initiate the procedure |

| 11. TRAINING | | |
|--|-----------------|---------------------|
| Is training required to be given due to the introduction of this procedural document? No | | |
| Action by | Action required | Implementation Date |
| None required | None required | |
| | | |
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| 12. AMENDMENT HISTORY | | | | |
|------------------------------|---------------|----------------------|---|-------------|
| Version No. | Date of Issue | Section/Page Changed | Description of Change | Review Date |
| 2.0 | April 2021 | | Previous uncontrolled procedure reformatted and formally approved | 01/02/2024 |

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Appendix 1: Contents of Major Leak Kit for sewage, waste, water leaks etc.

240L Sewage/Major Leak Kit

In Hi Visible Yellow PVC 240L wheelie-bin container

(image is for reference only- actual kit contents may vary)

Contents:

- 5 x 1.2m absorbent boom
- 2 x 4m absorbent boom
- 1 x large absorbent maintenance roll
- 8 x yellow hazardous waste bag & tie.
- 2 x Tyvek/paper overalls
- 2 pairs goggles
- 2 pairs heavy duty, long cuffed gloves
- 2 pairs Wellington boots



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Appendix 2: Equality & Diversity Impact Assessment Tool



University Hospitals of
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Equality Impact Assessment Form

| | | |
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| Department/Function | Health, Safety and Risk | |
| Lead Assessor | Anna Smith: Head of Health, Safety and Risk | |
| What is being assessed? | SOP for Major Leaks of sewage, foul water and other offensive matter | |
| Date of assessment | 15/01/2021 | |
| What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process. | Network for Inclusive Healthcare? | NO |
| | Staff Side Colleague? | NO |
| | Service Users? | NO |
| | Staff Inclusion Network(s)? | NO |
| | Personal Fair Diverse Champions? | NO |
| | Other (including external organisations): | |

1) What is the impact on the following equality groups?

| | Positive: | Negative: | Neutral: |
|---|---|---|---|
| | <ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups | <ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups | <ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged |
| Equality Groups | Impact (Positive / Negative / Neutral) | Comments | |
| Race (All ethnic groups) | Neutral | <ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? | |
| Disability (Including physical and mental impairments) | Neutral | | |
| Sex | Neutral | | |
| Gender reassignment | Neutral | | |
| Religion or Belief | Neutral | | |
| Sexual orientation | Neutral | | |
| Age | Neutral | | |
| Marriage and Civil Partnership | Neutral | | |
| Pregnancy and maternity | Neutral | | |
| Other (e.g. caring, human rights) | Neutral | | |

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| 2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation? | It does not contribute to or hinder promoting equality and diversity. | |
| 3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. | | |
| ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups | | |
| ➤ This should be reviewed annually. | | |
| Action Plan Summary | | |
| Action | Lead | Timescale |
| N/A | | |
| | | |
| | | |

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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