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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:**  3 |
| **Status:**  Ratified |
| **Scope:**  Staff required to respond to large scale spillages and leaks of sewage or offensive matter within the hospital | **Classification:**  Organisational |
| **Author / Title:**  Anna Smith – Head of Health, Safety and Risk | **Responsibility:**  Estates & Facilities |
| **Replaces:**  Version 2, Management of Sewage Leaks in the Hospital Setting, Corp/SOP/095 | **Head of Department:**  Tom Lloyd, Head of Facilities |
| Does this document refer to and account for the prescribing, supply, storage or administration of medication (especially via electronic media)? **No** | |
| **Validated By:**  Health and Safety Committee | **Date:**  15/01/2024 |
| **Ratified By:**  Trust Procedural Document Group Chair’s Action | **Date:**  09/04/2024 |
| **Review dates may alter if any significant changes are made** | **Review Date:**  01/02/2027 |
| * Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes** * Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes** | |
| **Document for Public Display: Yes** | |

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| SUMMARY |
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| Due to the age and construction of some Trust main buildings there have been events of 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. |

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| PURPOSE |
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| 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. |

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| SCOPE |
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| Any member of staff required to respond and engage the services of the Patient Environmental Services and Estates Teams.  Note: This document only covers Trust owned premises. |
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| Roles and Responsibilities |
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| |  |  | | --- | --- | | **Role** | **Responsibilities** | | Patient Environment Services Manager | Ensure the Spill Kit is kept fully stocked all at times | | Patient Environment Services Manager | To restock any used items following usage | |

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| STANDARD OPERATING PROCEDURE |
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| Contents of Major Leak Kit for sewage, waste, water leaks etc. |
|  |
| See Appendix 1 |

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| Procedure |
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| 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.  **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   * 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\*.**   Foul water leak  **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](mailto:information.governance@mbhci.nhs.uk) who will liaise with Caldicott Guardian re disposal for soiled notes. * Service Managers should be informed that notes will not be available and to refer to Lorenzo.   **\*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.   Sewage leak   * 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.   **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.   **Leak is identified:**   * Department with incident contacts Estates dept to investigate leak. Response time may be 20 minutes (this may be longer if not one of the main sites) * Department contacts nominated Site Manager to inform of situation. (Where there is no Clinical Site Manager, the Patient Services Manager responsible for that site must be informed, who will liaise with the Estates Dept directly.) * Department 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. |

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| Post Procedure |
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| After every use ensure stock is replaced.  Report and debrief to Patient Environment Services Manager to ensure stock is replaced, the bin is stored back in its correct location and to review if any lessons can be learned from the incident.  If Estates use the kit they are responsible for returning it to Patient Environment Services who will check the contents (referring to the contents card in Appendix 1). |

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| Disposing of waste |
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| **Clean or cold water leaks**   * Contact the porter allocation to arrange collection to the bulky waste skips   **Fouls sewage leaks**   * Contaminated Small electrical equipment must be submerged in Chlorclean, drained and then sent at WEEE waste * All items that can be wiped clean must be cleaned and sent as bulky waste * Items that can’t be wiped clean must be submerged in Chlorclean, drained  and sent as bulky waste. * Items too large to be submerged, and that cannot be cleaned - contact the Waste Compliance manager to arrange disposal.   No items should be bagged in orange bags or placed into the yellow clinical waste bins. |

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| ATTACHMENTS | | |
| **Number** | **Title** | **Separate attachment** |
| 1 | Contents of Major Leak Kit for sewage, waste, water leaks etc | N |
| 2 | Monitoring | N |
| 3 | Values and Behaviours Framework | N |
| 4 | Equality & Diversity Impact Assessment Tool | N |

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| OTHER RELEVANT / ASSOCIATED DOCUMENTS The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](https://nhscanl.sharepoint.com/sites/TrustProceduralDocumentLibrary/) intranet homepage. | |
| **Unique Identifier** | **Title and web links from the document library** |
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| SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS | | |
| Every effort been made to review/consider the latest evidence to support this document? | | Yes |
| **If ‘Yes’, full references are shown below:** | | |
| **Number** | **References** | |
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| DEFINITIONS / GLOSSARY OF TERMS | |
| **Abbreviation or Term** | **Definition** |
| 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. |
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| CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document | | |
| **Name/Meeting** | **Job Title** | **Date Consulted** |
| Dave Sanderson | Director of Estates and Facilities | November 2023 |
| Governance Business Partners and Care Groups | Governance Business Partners | November 2023 |
| Clare Grootendorst | Waste and Compliance Manager | November 2023 |
| Infection Prevention Team Infection Prevention Team | | December 2023 |
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| DISTRIBUTION & COMMUNICATION PLAN | |
| Dissemination lead: | Patient Environment Services Managers |
| Previous document already being used? | Yes |
| If yes, in what format and where? | Trust Procedural Documents Library |
| 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 Include in the UHMB Weekly News.  New documents uploaded to the Document Library. |

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| TRAINING Is training required to be given due to the introduction of this procedural document? **No**  **If ‘Yes’, training is shown below:** | | |
| **Action by** | **Action required** | **To be completed (date)** |
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| AMENDMENT HISTORY | | | | |
| **Version No.** | **Date of Issue** | **Section/Page Changed** | **Description of Change** | **Review Date** |
| 2.0 | 13/03/2021 |  | Previous uncontrolled procedure reformatted and formally approved | 01/02/2024 |
| 3.0 | 09/04/2024 | 3.3 Roles and Responsibilities | Added to SOP | 01/02/2027 |
| 4.2 Procedure | Offsite information added |
| 4.3 Post procedure | Additional information on what to do post procedure |
| 4.4 Disposing of waste | Additional section regarding disposal of waste added in to the SOP |
| Apprendix 2 | Monitoring section added |
|  |  |  |  |  |
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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

# Appendix 2: Monitoring

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| **Section to be monitored** | **Methodology (incl. data source)** | **Frequency** | **Reviewed by** | **Group / Committee to be escalated to (if applicable)** |
| Spill Kit Contents | Audit check – to check contents of each bin and check processes for re-stocking and processes around use and Estates processes to use and return | Annual | Patient Environment Team | Facilities Senior Manager Meeting |
| Spill Kit Contents | Audit check – to check all contents of the kit and ensure all in place including flow charts | Monthly | Patient Environment Services | Facilities Senior Manager Meeting |
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# Appendix 3: Values and Behaviours 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 positive workplace culture. By following our own policies and with our **ambitious** drive we can cultivate an **open, honest and transparent culture** that is truly **respectful and inclusive** and where we are **compassionate** towards each other.



# Appendix 4: Equality & Diversity Impact Assessment Tool

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| Equality Impact Assessment Form | | | | | |
| 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 | | 27/11/2023 | | | |
| What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process. | | Patient Experience and Involvement Group? | | | NO |
| Staff Side Colleague? | | | YES |
| 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:**   * Advance Equality of opportunity * Foster good relations between different groups * Address explicit needs of Equality target groups | | **Negative:**   * Unlawful discrimination / harassment / victimisation * Failure to address explicit needs of Equality target groups | | **Neutral:**   * 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**   * Provide brief description of the positive / negative impact identified benefits to the equality group. * Is any impact identified intended or legal? | | |

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| **Race**  (All ethnic groups) | Neutral |  |
| **Disability**  (Including physical and mental impairments) | Positive | Staff who will be cleaning up the spillages must be able to physically able to carry out the relevant tasks |
| **Sex** | Neutral |  |
| **Gender reassignment** | Neutral |  |
| **Religion or Belief** | Neutral |  |
| **Sexual orientation** | Neutral |  |
| **Age** | Neutral |  |
| **Marriage and Civil Partnership** | Neutral |  |
| **Pregnancy and maternity** | Positive | Staff who will be cleaning up the spillages must be able to physically able to carry out the relevant tasks |
| **Other** (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights) | Neutral |  |

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| 1. In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation? |  | | |
|  | | | |
| 1. 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** |
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This form will be automatically submitted for review once approved/noted by Trust Procedural Document Group.

For all other assessments, please return an electronic copy to [EIA.forms@mbht.nhs.uk](mailto:EIA.forms@mbht.nhs.uk) once completed.