University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR OPTICAL RADIATION SAFETY

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	V1	26/1/22	Perways Akram	New Policy
	V2	March 2023	Perways Akram	Scheduled review
Intended Recipients: Divisional Nurse and Heads of Departments where Optical Radiation is used. Specialist Advisors and Duty Holders identified within this Policy Summary to all staff				
Training and Dissemination: To be disseminated through the Radiation Protection Group				
To be read in conjunction with: Health and Safety Policy (UHDB Combined Policy POL-RM/1920/19) Incident and Serious Incident Management (Burton Hospital Sites Policy POL-RISK/2875-256/2018-RISK) Incident Reporting, Analysing, Investigating and Learning Including Serious Incidents (Policy Derby Hospital Sites POL-RKM/1448/07-RISK) Trust Medical Devices Management Policy & Procedure				
In consultation with and Date: Radiation Protection Group (RPG) 2023				
EIRA stage One Completed Yes stage Two Completed No				

Approving Body and Date Approved	Trust Delivery Group
Date of Issue	March 2023
Review Date and Frequency	March 2026 and then every 3 years
Contact for Review	Mr. Perways Akram
Executive Lead Signature	Dr James Crampton – Executive Medical Director

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1 Introduction

The Trust uses artificial optical radiation to benefit patients directly through laser surgery, blue, red and ultraviolet (UV) light therapies, and indirectly e.g. disinfection of patient rooms with UV-C light.

It is the responsibility of Trust to ensure, as far as is reasonably practicable, the health and safety of its employees, patients and the public who may be exposed to the hazards arising from the use of optical radiation.

The Trust is committed to a policy of limiting the risk of accidental harm from exposure to optical radiation to as low as reasonably practicable.

The general principles by which the Trust manages risk are set out in the Trust's Risk Management Policies and procedures. This policy supports, supplements, and clarifies those principles in relation to the use of artificial optical radiation.

2 Policy Statement

The purpose of this Policy is to:

- State the Trust's objectives in respect of establishing a robust optical radiation safety framework
- To set out management responsibilities and supporting organisational and monitoring arrangements for ensuring it meets these objectives

3 Definitions

The Trust is University Hospitals of Derby and Burton NHS Foundation Trust. The Trust has the duties and responsibilities of the Employer under the artificial optical radiation regulations.

Artificial optical radiation is defined as any electromagnetic radiation in the wavelength range between 100nm and 1mm which is produced by non-natural sources. This includes ultraviolet (UVA, UVB and UVC), visible and infrared (IR) radiation. Depending on the source, the radiation can be either coherent (e.g. lasers) or incoherent (UVC lamps).

4 Roles and Responsibilities

Trust Board

The Trust Board is responsible for:-

- The optical radiation safety of employees, patients, members of the public, contractors and outside workers on its premises

- Ensuring the Trust fulfils all legal requirements relating to the safe use of artificial optical radiation

- All statutory obligations assigned to the “employer” by the above sets of regulations. The board exercises these responsibilities through the Chief Executive. The Executive Medical Director is the member of the Trust Board with direct responsibility for optical radiation safety and the Responsible Officer

- Ensuring provision of adequate resources (including equipment and personal protective devices and staff protected time) which secure compliance with statutory requirements and with nationally accepted standards of good working and medical practice.

Strategic Health, Safety and Wellbeing Group (SHS&WG)

The Trust Strategic Health, Safety and Wellbeing Group is responsible for:-

- Monitoring the optical radiation safety programme through reports received from the Radiation Protection Group and escalating issues of concern or significant non-compliance to higher level groups

- Providing advice on relevant aspects of clinical governance, quality improvement and patient safety issues.

Radiation Protection Group

The purpose of the Trust Radiation Protection Group is to provide the strategic direction for; and assurance of effective management and compliance with statutory requirements; to the Trust Board and the Responsible Officer in regard to optical radiation.

The Trust’s Radiation Protection Group has the following core responsibilities (please see the Terms of reference for the Radiation Protection Group for a full list):

- Monitoring that the Trust fulfils all legal obligations relating to the safe use of optical radiation arising from The artificial optical radiation regulations

- Monitoring that the Trust complies with national standards, guidance and best practice relating to optical radiation

- Reporting to the Trust’s Strategic Health, Safety and Wellbeing Group on all aspects of optical radiation safety

- Reporting to the Trust's Patient Safety Group on matters specifically relating to the safe use of optical radiation on patients

- Annual report to the Trusts Quality Assurance Committee

- Ensuring that::

    - Reports are received, in writing, from the Laser Protection Advisor. Such reports will be scheduled so that all areas of the Trust are covered annually
    - Such reports must include sufficient information to assure the group of compliance with regulations and identify areas of non-compliance
    - Issues which could result in censure in the event of external inspection or audit are promptly escalated within the Trust so that the Executive Medical Director, as responsible officer, is aware.

- Monitoring that::

    - Divisional and Business Unit management teams are fulfilling their responsibilities and duties with regard to equipment replacement, maintenance, quality assurance and staff training
    - Divisional and Business Unit management teams consider and take appropriate advice on relevant optical radiation safety issues in future plans and developments.

- Drawing up the Trust's Optical Radiation Safety Policy and reviewing it in the context of revised or new legislation, or because of changes in operational practice. Review should be performed at intervals of no more than 3 years

- Seeking the advice of the LPA and consulting with stakeholders on changes to the Trust's Optical Radiation Safety Policy

- Receiving evidence based assurance of compliance with employer's procedures and other optical radiation safety procedures from Business Units owning optical radiation equipment. Where significant non-compliance with the artificial optical radiation regulations is identified this must be escalated to SHS&WG or directly to the Trust Delivery Group.

Individual Officers

<u>Chief Executive</u>

Although the Chief Executive retains overall responsibility for ensuring that systems are in place to manage risks arising out of the use of optical radiation, they discharge this responsibility through designated individuals.

Within this Policy the Executive Medical Director will act as the Responsible Officer, who has delegated executive responsibility for the preparation and implementation of the Optical Radiation Safety Policy and the associated procedures, structures and processes.

Executive Medical Director (Responsible Officer)

The Executive Medical Director will appoint a Laser Protection Adviser (LPA) to advise on all aspects of optical radiation safety.

The Executive Medical Director, through this Policy, ensures that Heads of Service in departments where there is an optical radiation facility are authorised to sign off employer procedures under this Policy.

The Executive Medical Director is advised on the health of workers exposed to optical radiation by the Occupational Health Department in conjunction with a relevant doctor, as defined by regulations.

Heads of Service

Heads of Service in departments where there is an optical radiation facility or optical radiation practices are undertaken are responsible for ensuring that required safety and protection measures are carried out. Their responsibilities include ensuring that:

Explicit provision (i.e. separately from other hazards) for the management of optical radiation risks is made within the department's governance arrangements.

Systems for optical radiation safety, including up-to-date local rules and procedures, and appropriate equipment and security measures, are in place.

The advice of the LPA is sought when updating optical radiation safety management systems and planning new or modified facilities.

A risk assessment is carried out in consultation with the LPA before the introduction of any new practice or device involving optical radiation or before the modification of an existing one and that risk assessments are reviewed regularly and shared with all relevant staff.

New, replacement or re-sited optical radiation equipment undergoes appropriate safety and commissioning tests prior to first clinical use.

Loan or demo optical radiation equipment is safe and fit for purpose before it goes into clinical use by following the Trust Medical Devices Management Policy & Procedure and the specific steps for loan / trial optical radiation equipment given in Appendix 1

An inventory of optical radiation equipment is maintained.

Any personal protective equipment (PPE) necessary for individuals working with optical radiation is provided, worn and maintained. All PPE must conform to the relevant British standards e.g. BS EN 207:2017 for eyewear

Systems are in place to ensure the safety of outside workers, carers & comforters, visitors and the control of contractors e.g. the use of equipment handover forms (see appendix 2)

With the advice of the LPA a suitably trained and experienced person is appointed as Optical Radiation Protection Supervisor (ORPS) to manage optical radiation safety on a day-to-day basis. A copy of the appointment letter must be sent to the LPA. The duties of the ORPS are given in Appendix 3.The Head of Service must ensure the ORPS is given the time and resources to perform their duties.

In the context of lasers the ORPS role is termed the Laser Protection Supervisor (LPS).

Where appropriate to guarantee continuity of supervision one or more Deputy Optical Radiation Protection Supervisors are also appointed.

For each specialty, a Clinical Laser Expert is appointed with responsibility for formally authorising staff who wish to undertake specific laser procedures. The laser should only be used on patients under the direct supervision of an Authorised User. A copy of the duties of a Clinical Laser Expert is given in Appendix 4

Written procedures are in place for medical exposures, including ensuring that Trust R&D procedures for the exposure of research study participants are followed.

Staff who take responsibility for, or undertake medical exposures are formally authorised in writing to do so following an assessment of their competence by a clinical expert and an up-to-date list of their names is maintained.

Staff are adequately trained (Appendix 5) and updated to carry out their duties under this Policy and their optical radiation duties are given in their job descriptions. Part of this training is to ensure relevant staff have read and understood the Local Rules for Optical Radiation Safety.

Training records are maintained and are available for inspection.

Contingency plans are developed and implanted, including staff training, so that any failure of systems and / or equipment resulting in an optical radiation incident is dealt with in a timely manner and that the LPA is notified as soon as practicable.

An audit of compliance against this Policy is carried out and appropriate records are kept.

Laser Protection Adviser

The Laser Protection Advisor is appointed by the Executive Medical Director and has the following responsibilities;

- To advise the Trust / Executive Medical Director and appropriate management on compliance with all relevant legislation and guidance regarding optical radiation.
- To assist Heads of Service and LPSs in their development of appropriate systems, local rules, risk assessments and incident investigations
- To undertake annual audits of all optical radiation services
- To report the outcome of all service audits to the relevant LPS, Head of Service and divisional governance lead
- To provide the Radiation Protection Group with an annual report on the state of optical radiation safety within the Trust
- To undertake a relevant CPD programme to stay abreast of all current developments in technology, legislation and attendant guidance.

All Staff

Staff are required to co-operate with the Trust in implementing this Policy. All staff must only carry out activities involving optical radiation for which they have had appropriate training and only undertake the responsibilities for optical radiation work outlined in their job descriptions.

Staff must follow the local rules and comply with any requirements for wearing personal protective equipment detailed therein. Staff should report all incidents or near misses that involve their safety or that of others their line manager as soon as possible following the incident or near miss as per their departmental procedure.

5 Policy and / or Procedural Requirements

Documentation and supporting procedures

All written procedures relating to optical radiation work must be controlled documentation within an appropriate quality system, with a version, issue date and authorising signature on them. All written procedures relating to optical radiation work must be audited at least once every 3 years, and the results of the audit recorded and reviewed.

Implementation of the Optical Radiation Safety Policy is supported by detailed Trust wide procedures. Appropriate procedures will be developed under the direction of the LPA and will be ratified by the Trust Development Group.

Incident Reporting

Incidents must be reported in accordance with the Trust Incident Reporting Policy and Procedures. Optical radiation incidents must also be reported to the LPA. The Trust will be responsible for reporting the incident to the HSE and / or MHRA where necessary e.g. as required by RIDDOR regulations.

Servicing and maintenance

During servicing and maintenance the hazards from optical radiation sources may be significantly greater than those associated with routine use (e.g. if covers are removed or interlocks disabled). Therefore handover arrangements for passing over control of the equipment and work area to the engineer must be in place. The handover form in appendix 2 should be used unless another method has been agreed with the LPA. The handover procedures should be documented in the local rules for the relevant area.

External Audit and Inspection

External audits and inspections by the Care Quality Commission and the Health & Safety Inspectorate must be managed according to current Trust policies.

The LPA must be invited to such visits and will make all possible endeavours to attend.

Audit

Heads of Service are responsible for ensuring that clinical audit is undertaken to confirm that good standards of optical radiation practice are demonstrated and to improve the quality and outcome of patient care.

There will be an annual LPA audit of optical radiation departments that will include the LPS and management representatives and will include a review of the outcome of previous audits and current risk assessments.

The outcome of audit will be reported to the Head of Service and relevant divisional governance lead.

Research Exposures

Exposures carried out for the purposes of research studies require the authorisation of the LPA prior to the study starting. It is the responsibility of the Research and Development Department to obtain such authorisation.

Procedures for the governance of optical radiation within research are held by the R&ID Department. Chief and Principal Investigators are responsible for ensuring that these procedures are followed.

Record Keeping

A list of records which must be maintained for inspection is given in appendix 6.

6 Training, Implementation and Resources

Training

All new members of staff working with optical radiation must receive appropriate instruction on optical radiation protection and safety procedures as part of their induction training.

Staff working in designated optical radiation areas are required to sign a statement that they have read and understood the Local Rules.

All staff using optical radiation or with responsibility for optical radiation protection shall receive appropriate training prior to undertaking such work, and shall receive regular update training. This training is defined in Appendix 5. It is the responsibility of relevant Heads of Service to ensure staff receive such training and records of this training are kept for inspection.

Implementation

In accordance with the Trust's Risk Management Policy the Responsible Manager is assured of optical radiation safety via reports from the Laser Protection Advisor submitted to the Radiation Protection Group.

Detailed items for submission to the Radiation Protection Group are attached at Appendix 7.

Resources

No other additional resources are required.

7 Trust Impact Assessments

Equality Impact Assessment

An equality impact assessment has been undertaken on this draft and has not indicated that any additional considerations are necessary.

Environmental Impact Assessment

An environmental impact assessment has been undertaken and has not indicated that any additional considerations are necessary.

8 Policy / Procedure Monitoring Matrix

Minimum requirement to be monitored	Responsible individual/ group/ committee	Process for monitoring e.g. audit	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Incidents	Head of Service, LPS	Review of Datix	Yearly	LPA	Head of Service to request LPS develop action plan to address	Head of Service

					any issues identified	
LPA audits	LPA	Annual laser safety audit reports sent to LPS, Head of Service and divisional governance lead	As per audit schedule	Divisional governance	LPS + LPA	Divisional governance

9 Relevant Legislation, National Guidance and Associated UHDB Documents

Health and Safety at Work Act 1974

The Control of Artificial Optical Radiation at Work Regulations 2010

MHRA (2015) Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices

Trust Policy for the Management of Medical Devices 2019
(RKM 2008 026)

Loan and Trial Equipment Procedure

1. Any clinician wishing to use loan or trial optical radiation equipment within the Hospital must inform the appropriate Optical Radiation Protection Supervisor (ORPS). The ORPS is responsible for ensuring that the necessary facilities and staffing levels exist for the safe use of the equipment, and must consult with the Laser Protection Adviser (LPA) and a representative of the company supplying the equipment as necessary before agreeing to the use of the equipment.

2. The ORPS is responsible for ensuring that all procedural requirements (e.g. indemnity forms, PPQ and pre-use tests) as detailed in the Trust Policy for the Management of Medical Devices are fulfilled.

3. The loan/trial equipment must whenever possible be used in a room or theatre already equipped for optical radiation use. **A risk assessment must be performed for the equipment and the environment in which it is to be employed prior to clinical use.**

4. The Supplier is responsible for ensuring that adequate numbers of safety glasses/ goggles are delivered with the equipment. The protective eyewear must be marked with the wavelength for the laser being used, and must conform to BS EN 207:2017. At the end of the loan/trial period, the ORPS must ensure that any protective eyewear used for with the device is removed from the department.

   In the case of trial equipment, a representative of the Supplier must be with the equipment throughout its period of use within the Hospital, and is responsible for supervising its safe use by the clinician and assisting staff

Equipment Handover Form

Part 1: CUSTOMER - Handover of optical radiation equipment to Company Representative

FACILITY / DEPARTMENT:	ROOM / AREA: EQUIPMENT:
CALL REFERENCE NO:	COMPANY CARRYING OUT THE WORK:
REASON FOR WORK:	
Identify any known hazards that exist with the equipment or environment such that the company carrying out the work is able to perform the necessary risk assessments.	
If ticked, the customer also hands control of the room / area identified above to the company representative, who may exclude all others from this area as a safety measure.	

As an authorised representative of the customer, I hereby handover the above equipment / room for the reason stated above. Information has been exchanged to enable appropriate risk assessment to be made.

Customer Representative	Signature	Date	Time

The person named below accepts responsibility for the identified equipment on behalf of the company carrying out the work. Risk assessments will be made using the information provided and company procedures followed.

Company Representative	Signature	Date	Time

Part 2: COMPANY REPRESENTATIVE - Handover of equipment/room back to Customer

CATEGORY OF WORK COMPLETED (tick all those applicable)

	Routine service		Modification
	Repair		Hazard (Safety) notice response
	Fault diagnosis		Incident response (e.g. fire, flood)
	Other (please specify)		Upgrade (Hardware or Software)

Equipment Status	☐	Equipment is **OPERATIONAL** following work as indicated above & detailed on the visit/service report, subject to appropriate customer acceptance testing.
	☐	Equipment is **PARTIALLY OPERATIONAL**, but limitations may exist, please refer to visit/service report. Any return to operation should be subject to appropriate customer acceptance testing.
	☐	Equipment is **NOT OPERATIONA**L and **MUST NOT BE USED**. Please refer to the visit/service report for details.

Company Representative	Signature:	Date:	Time:

Important: Please consult your quality management system and / or clinical procedures to determine and perform appropriate checks / tests before returning this equipment to normal use.

Customer	Signature:	Date:	Time:
Part 3: CUSTOMER - Returning equipment to use			
I have completed all of the procedures necessary to return this equipment to use.			
Equipment returned to use?		Yes ☐	No ☐
Name	Signature	Date:	Time:

Duties of the Optical Radiation Protection Supervisor

The prime function of this appointment is: To supervise work with optical radiation equipment within their area or department and ensure the local rules are implemented in practice. The ORPS will have responsibility for supervising the overall safety or the environment but the clinician/nurse carrying out the procedure remains responsible for the safety of the patient. In addition the ORPS will be expected to take responsibility, working with the Departmental Manager and to the LPA for the following:

1. Prepare and review risk assessments, local rules and standard operating procedures with advice from LPA.

2. Ensure that all staff who are required to be present in the controlled area during A procedure have been trained in the local rules for optical radiation safety. Specifically this will include;
    a. Ensuring all such staff have read the local rules and have signed a statement to say they have read and understood the Local Rules.
    b. Keeping records of the signed statements as evidence of training.
    c. Ensuring that all staff have a general optical radiation safety training talk as part of induction and an update as agreed with the LPA.

3. Ensuring that all staff who enter the controlled area adhere to the Local Rules.

4. To ensure that the Laser(s) are only used by authorised persons.

5. **LASERS ONLY:** Ensuring that an up-to-date list of authorised users is kept and displayed during laser procedures, and specifically;
    a. Keeping suitable training records of Authorised Users, namely;
        i. Initial and update Core of Knowledge training records
        ii. Formal approval to act as an Authorised User from the Clinical Lead

6. Ensuring that a register of operations is kept for each piece of equipment in use in the clinic/area as agreed with the LPA.

7. Ensure routine quality assurance tests are performed.

8. Ensuring that the equipment is correctly maintained and that maintenance records are kept for inspection.

9. Ensuring that local handover procedures for service engineers are correctly followed.

10. To regularly inspect the condition of all safety glasses/goggles and controlled area warning lights (at least every quarter) and keep a record of such checks.

11. Ensuring that any replacement goggles are inspected and approved by the LPA before use.

12. Inform management and the LPA immediately after any optical radiation incident and assisting with any subsequent investigation.

13. Consulting with The LPA before arrangements are made to loan or trial any optical radiation equipment on Trust premises.

Duties of the Clinical Laser Expert

1. Ensuring that treatment protocols are in place for each laser which set out the necessary pre-treatment checks and tests, the manner in which the procedure is to be applied, the acceptable variations in the settings used, and when to abort a treatment.

2. To exercise supervision of the clinical work with lasers for which you are appointed Clinical Laser Expert

3. Ensuring that all staff wishing to undertake specific laser procedures are authorised in writing and that a copy of that authorisation is held by the Laser Protection Supervisor.

4. Prior to issuing the authorisation, ensuring all such staff have received the following training;

    a. Attendance at a recognised Core of Knowledge course.
    b. Suitable practical competency training in the laser procedures requested.
    c. Practical training in the operation of the specific laser to be used.
    d. Training from the Laser Protection Supervisor in the Laser Local Rules.

4. Making clinical assessments of the suitability of other clinicians who wish to use the equipment for a particular procedure.

5. To ensure that authorised laser users within their area of responsibility maintain their competence.

6. Ensuring that suitable training records are in place to support the written authorisation.

7. Ensuring that the LPA is informed of any new proposed laser procedures to ensure a prior risk assessment may be performed.

8. To report any known or suspected incidents to the Laser Protection Supervisor or Laser Protection Advisor, and assist in their investigation as required.

APPENDIX 5

TRAINING REQUIREMENTS FOR LASER/UV USERS AND THOSE WITH OPTICAL RADIATION PROTECTION RESPONSIBILITIES

Staff Group	Initial Training	Update Training	Compliance Assurance
LPA [Mandatory]	RPA2000 LPA certification	RPA2000 LPA certificate renewal every 5yrs	Head of MPCE checks
ORPS/LPS [Statutory]	Laser core of knowledge course Training in ORPS/LPS duties by LPA	Core of knowledge refresher every 5 years 3 yearly update.	Head of Service checks certificates; LPA Audits
Clinical Laser Expert [Statutory]	Relevant specialist clinical training; Relevant training in specific laser, Core of Knowledge course and Induction training by LPS & signing Laser Local Rules;	CPD Core of knowledge refresher every 5 years	Lead clinician in clinical area/ Head of Service OR Clinical Director
Authorised Laser Operator [Statutory]	Relevant specialist clinical training, Relevant training in specific laser, Core of Knowledge course and Induction training by LPS & signing Laser Local Rules [Nurses assisting in the laser procedure by operating the laser controls do not require the 'relevant specialist clinical training' or Core of knowledge course but do require laser safety awareness training and instruction on how to use the laser]	CPD Core of knowledge refresher every 5 years	Clinical laser expert checks certificates, LPS checks authorisation forms, LPA audits
Optical Radiation Worker [Statutory]	Induction training by LPS or other appropriate safety supervisor; signing LRs	Annual refresher as CPD talk	LPS checks

Heads of Sections, Responsible Managers (under Policy) [Essential]	LPA briefing into responsibilities under Policy.	Refresher when Policy significantly altered.	Responsible Manager

APPENDIX 6

Record
Risk Assessments
Local rules
ORPS appointment letter
Equipment commissioning documents
Staff training records (including authorised users and local rules signatures)
Quality assurance tests (including PPE and warning light checks)
Fault log
Handover documents
Maintenance/servicing
Laser safety compliance audits
LPA audits

APPENDIX 7

Reporting Arrangements to the Radiation Protection Group

Annual Report

The LPA shall provide the Radiation Protection Group with an Annual Report that shall address the following issues:

- A summary of the risks faced by the Trust in relation to Optical Radiation Safety
- A brief summary of the state of optical radiation safety, along with any issues requiring action by the Radiation Protection Group
- A list of audits carried out by the LPA with any significant findings
- A list of all optical radiation incidents along with any significant issues arising from the subsequent investigations.

Equality Impact Assessment (EQIA) Form (Please complete all sections)

Q1. Date of Assessment: 6th Mar 2023			
Q2. For the policy 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? i.e. 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	Only available in English	Alternative versions can be created on request.	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	Visual accessibility of this document	Already in font size 14. Use of technology by end user. Alternative versions can be created on request.	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None
Marriage and Civil Partnership	None	Not applicable	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None

Area of service/strategy/function

Q3. What consultation with protected characteristic groups inc. patient groups have you carried out?

None.

Q4. What data or information did you use in support of this EQIA?

Trust Policy approach to availability of alternative versions.

Q.5 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.

Q.6 What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the Policy and its implementation is not discriminating against any groups

What	**By Whom**	**By When**	**Resources required**
Not applicable			

Q7. Review date	Not applicable

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	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?	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? (e.g. bunded containers, etc.)	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)	Not applicable
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (e.g. 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?	Not applicable
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	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)?	Not applicable