

HAND HYGIENE POLICY

(EFFECTIVE HAND DECONTAMINATION)

Barking Havering & Redbridge Hospitals NHS Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Policy No: 2009/PC/28 THIS POLICY IS VERSION 3	Infection Control Committee Chair's approval – June 2009	Review Frequency: 3 Yearly Next review due: June 2012
Responsible Officer: Director of Infection Prevention & Control	Advice: Head of Infection Prevention & Control	
Core Infection Control Policy: Yes	Applicable to Clinical and Non-Clinical Areas: Yes	

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1.0 EXECUTIVE SUMMARY

Barking, Havering & Redbridge Hospitals NHS Trust places the utmost importance on minimising the risks to patients and staff from poor infection control practices. The aim of this policy on hand hygiene is to prevent cross-infection by removing transient organisms from hands, or reducing them to a level where they no longer pose a threat to the next person.

The document provides clear guidance on the various methods available to decontaminate hands, stressing the importance of following the guidance when entering and leaving all clinical areas. It clearly identifies where responsibilities lie emphasising that clinical staff play the principal role in reducing cross-infection and the numbers of health care associated infections occurring in this Trust.

2.0 SCOPE OF POLICY

All hospital staff and visitors **MUST** decontaminate their hands on entering and leaving a clinical area within the hospital setting. This policy describes the guidance on when and how hands must be decontaminated.

3.0 BACKGROUND

In 2003, the Chief Medical Officer published an 'Infectious Disease Strategy' highlighting the need for intensified control measures to control infectious diseases, an areas which had had a relatively low profile until then. In subsequent years there have been many documents from the Department of Health on related infection control topics such as decontamination of medical devices, MRSA, surveillance schemes and the spread of anti-microbial resistance. In parallel, the National Audit Office also published a report on *The Management and Control of Hospital Acquired Infections in Acute Trusts in England (2000)* which highlighted the importance and cost of such infections to patients and the NHS as a whole.

From April 2009, certain NHS organisations will be legally required to register with the Care Quality Commission under the Health and Social Care Act 2008 and, as a legal requirement of their registration, must protect patients, workers and others who may be at risk of acquiring HCAI.

People's hands are the most common way in which microorganisms, particularly bacteria, might be transported and cause infection, especially to those who are most susceptible to infection. In order to prevent the spread of micro-organisms to those who might develop serious infections through this route while receiving care, hand hygiene must be performed adequately and consistently. The evidence shows clearly that hand hygiene remains the **SINGLE MOST IMPORTANT AND ECONOMICAL MEANS OF PREVENTING AND CONTROLLING THE SPREAD OF INFECTIONS** ('Pratt R J, Pell owe C, 2001').

4.0 BEHAVIOUR

All staff must consider the hand hygiene procedure being undertaken, they should think about the actual hazards that have, or might be encountered; the subsequent

potential and/or actual contamination of hands; and the risks that may present as a result. The nature of the clinician / patient interaction will often determine this.

Staff must however, always be aware that every person they encounter could be carrying potentially harmful micro-organisms that could be transmitted and cause harm to others. For this reason, hand hygiene is one precaution that must be applied as standard. We all have a responsibility to prevent and control infections but the responsibility to decontaminate your hands effectively lies with the individual.

All clinical areas should have sufficient hand washbasins to enable hand washing with water and soap. In the absence of such, the alcohol hand rub can be used as long as hands are socially clean. Alcohol hand rub is not a substitute for routine hand decontamination / hygiene. More significant methods of hand hygiene are described in the policy.

5.0 RESPONSIBILITIES

5.1 The **Chief Executive**, as Accountable Officer, and **Trust Board** members have overall responsibility for the safety of patients and staff. That responsibility extends to ensuring infection control procedures are robust and are effective for minimising the spread of transient organisms and the acquisition of healthcare associated infections. The Trust Board has responsibility for monitoring infection control data and ensuring reporting requirements are met and any actions to address shortfalls, are implemented.

5.2 The **Director of Infection Prevention and Control** (DIPC) within BHRT is the Medical Director. Their role is to oversee local control of infection policies and their implementation, the organisation and management of the Infection Prevention & Control Team and to provide a direct reporting line to the Chief Executive and the Trust Board on all infection control issues.

The DIPC, and Infection Prevention & Control Team, have the authority to challenge inappropriate clinical hygiene practice and antibiotic prescribing. They will assess the impact of all existing and new policies and plans on infection within the Trust and make recommendations for change. The DIPC links closely with clinical governance and patient safety teams to ensure consistency and continuity of care.

5.3 **Matrons** will be responsible to ensure all staff attend relevant training (undertaken on induction and/or mandatory training programmes including Passport). Dates and booking instructions are available on the BHRT intranet. Matrons will be responsible for weekly/monthly hand hygiene audits in their areas. Additionally, they will investigate and manage non-attendees as and when notified.

5.4 **Senior Sisters/Departmental Managers** will ensure hand hygiene compliance within their areas throughout the year. Additionally, they shall facilitate the release of staff to attend training. Senior Sisters will be responsible for weekly/monthly hand hygiene audits in their areas. Additionally, they will investigate and manage non-attendees as and when

notified.

5.5 The **Director of Education** will be responsible to ensure that:

- All records of attendance are maintained on the Electronic Staff Record

5.6 The **Head of Infection Control (HOIC)** leads the Infection Prevention & Control Team with regard to the review and revision of practices and procedures that have an impact on the control of infection, and acts in an advisory role to staff. The HOIC has responsibility for planning, implementing and monitoring infection control programmes. This will include appropriate recording of such and follow up of non-attendees. Individual line managers will be informed of any non-attendance. They have responsibility for planning, implementing and monitoring infection control training programmes.

5.7 The **Infection Prevention & Control Team (IPCT)** will regularly update the hand hygiene policy and ensure that all staff has hand hygiene training as part of the Trust's central induction programme. Hand hygiene training will also be incorporated into other infection control training session designed and delivered to specific groups of staff such as the Nurse and Junior Doctor Induction. The Team will complete a Trust annual hand hygiene programme and promote the topic by organising hand hygiene awareness weeks. Additionally, the IPCT will record all training undertaken.

5.4.1. The Matrons/Senior Sisters will ensure hand hygiene compliance within their areas throughout the year.

5.8 The Trust's **Purchasing Team** have a responsible for ensuring that procurement and supplies provide to enable compliance with this policy are readily within the Trust.

5.9 The **Fire, Health & Safety Adviser** has responsibility for ensuring that all hand hygiene products are stored in accordance with the COSHH regulations to ensure staff and patient safety.

5.10 **All Clinical Staff** have the responsibility, under there Codes of Professional Conduct to maintain patient safety at all times. Abiding by the hand hygiene guidance within this policy is crucial to prevent the spread of infection. They have a responsibility to report to the Infection Prevention & Control Team any occasion where hand hygiene is compromised. Any serious breaches of hand hygiene guidance must be reported using the Trust's Incident Report Form (see *Incident and SUI Reporting Policy available on the Intranet*). Failure to comply with the guidance within this policy may result in disciplinary action being taken.

Additionally, ALL Registered Nurses & Midwifery grades (AfC 5-8) including healthcare workers (AfC 1-4), will attend the Infection Prevention Passport.

Furthermore, Mandatory Training Programmes for Registered Nursing & Midwifery Staff reiterates and reinforces Infection Control & Hand Hygiene issues.

5.11 All Trust Staff, whether working in a clinical area or not, are responsible for ensuring hand hygiene guidance is complied with at all times.

6.0 THE EXPECTED STANDARD

ALL hospital staff and visitors **MUST** decontaminate their hands (either using soap and water if available or alcohol hand rub) on **ENTERING AND LEAVING** a clinical area and between all patient care contact and examinations.

KEY WORDS

DECONTAMINATION OF HANDS

This means physically removing:

- Visible dirt
- Visible soiling (blood / bodily fluids)
- Potentially pathogenic organisms (disease producing bugs) which you cannot see

All of which deem your hands to be contaminated. Unless removed from your hands, these organisms pose a risk to the next person or object you touch.

KEY WORDS

TRANSIENT ORGANISMS

These organisms are easily acquired by touch and easily transferred to people and surfaces. They are effectively removed with soap and water or alcohol hand rubs.

RESIDENT ORGANISMS

These organisms are permanently ingrained in the skin, and are not readily transferred during routine activities. They are not removed by soap and water, but their numbers are greatly reduced by antiseptic agents.

7.0 TYPES OF HAND DECONTAMINATION

Routine hand decontamination using:

- Soap and water
- Alcohol hand rub
- Both

Surgical hand decontamination using:

- Antiseptic agent

8.0 GUIDANCE ON WHEN HANDS MUST BE DECONTAMINATED

ALL hospital staff and visitors must decontaminate their hands on entering and leaving a clinical area. Consider all surfaces touched to be contaminated.

Apart from the above, there is no set frequency for hand decontamination. The decision to decontaminate hands will be based on the risk assessment (below).

Healthcare workers must consider the level of contamination on their hands following any task, and the risk they pose to the next person touched – or the environment. Remember, transient organisms are readily acquired during daily activities and contact with skin, and transferred by unwashed hands.

Therefore, hand decontamination should occur between any activities, which results in **more than superficial skin contact**.

9.0 RISK ASSESSMENT

Consider the following when assessing the risks **YOUR** hands pose, and whether decontamination is necessary:

- The task just completed and the level of contamination on your hands
- Are your hands visibly soiled?
- Length of time in direct contact with patient's skin or object
- The next task – is it a high-risk procedure, i.e. drawing up IV drugs, inserting urethral catheters, venepuncture and cannulation?
- Vulnerability of the next patient, i.e. immuno-compromised, neonate, ITU patient

You **must** decontaminate your hands in the following instances:

- On entering and leaving a clinical area
- Immediately before and after each direct patient contact / care (taking observations, manual handling, bathing, etc)
- After any activity or contact that potentially results in hands becoming contaminated (i.e. contact with blood and bodily fluids, skin, wounds, dust, linen, waste, making beds, coughing or sneezing into hand)
- Before and after carrying out a clinical procedure (i.e. aspirating NG tube, mouth care)
- Before and after manipulating any invasive device (e.g. IV line, urethral catheter)
- Before and after handling food
- Before preparing / dispensing medications
- Before and **AFTER** wearing gloves (to remove glove product residue and reduce risk of allergy developing)
- Between different procedures for the same patient (i.e. mouth care, catheter care, tracheal suction)
- After visiting the toilet
- Before and after smoking

- When hands feel unclean or are visibly dirty

Remember **PATIENTS' HANDS** may also pose a risk of cross-infection to health care workers and the environment. Therefore, they need to be offered hand-washing facilities. If the patient is bed bound and cannot get to a sink, a bowl of water or moist hand wipes should be offered. An information leaflet is available to patients on hand hygiene.

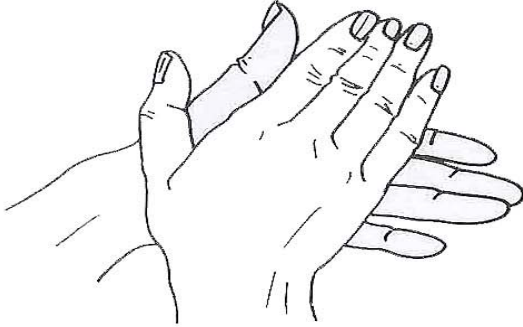
10.0 HANDWASHING TECHNIQUE

An effective hand washing and drying technique plays a key role in the standard infection control practice (SICP) to prevent cross-infection, and is described below:

- a) Firstly, REMOVE ALL JEWELLERY (plain wedding band excepted), and ROLL UP SLEEVES:
- b) Wet hands first using warm water
- c) Apply soap and rub hands together vigorously for a minimum of 10-15 seconds, ensuring contact with all areas of the hands and wrists. Pay particular attention to thumbs, fingertips between fingers, and under wedding ring, as these are the areas most commonly missed
- d) Rinse hands thoroughly under warm running water removing all lather
- e) Dry thoroughly with paper towels
- f) Use elbow to turn off if elbow-operated mixer taps are available. If not, use a paper towel
- g) Dispose of paper towels in domestic waste bin
- h) Use foot pedal of waste bin to lift the bin, **NOT YOUR CLEAN HANDS!**
- i) **Use a paper towel if the foot pedal is not working**

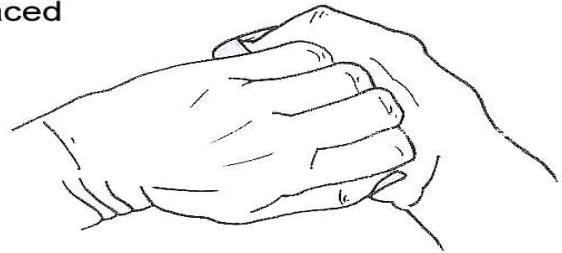
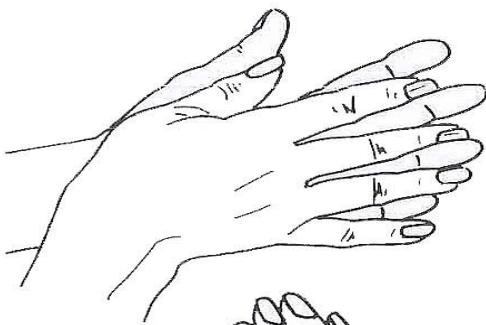
How to wash hands correctly and reduce infection

1. Rub palm to palm



2. Rub the back of both palms

3. Rub palms again with fingers interlaced



4. Rub backs of interlaced fingers



5. Remember to wash back thumbs

6. Rub both palms with fingertips

7. Wash hands under running water using soap, rinse and dry thoroughly

11.0 ALCOHOL HAND RUB TECHNIQUE

Use one application of 70% alcohol hand rub and vigorously rub hands together until the alcohol dries, ensuring that all areas of the hand are covered including fingertips

Use exactly the same technique for applying alcohol gel as for hand washing

Alcohol is only effective on visibly clean hands and when allowed to dry thoroughly

Hands should be washed with soap and water after every five or so applications of alcohol rub

Alcohol is not effective against bacterial spores, e.g. *Clostridium Difficile* or certain viruses, e.g. Norovirus (D&V).

12.0 HAND CARE

Regular hand washing or a poor hand washing technique can result in dry, sore hands. In addition to discomfort, dry, cracked skin is more likely to harbour micro-organisms. To avoid this:

- Wet hands first before applying soap
- Ensure hands are rinsed and dried thoroughly
- Apply an emollient hand cream regularly to protect the skin from becoming too dry (use individual pots, or communal if in a pump dispenser). DO NOT USE communal pots
- If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, seek occupational health advice.
- Nail brushes must not be used (except for disposable brushes for theatre use) as they can damage the skin.
- Cover cuts and abrasions with waterproof dressings
- Keep nails short, clean and varnish free
- **Do Not** wear false nails – these harbour micro-organisms.

13.0 FACILITIES

Within the clinical area there should be adequate hand hygiene facilities within easy reach of each bed and patient contact area, whether it is a hand-wash basin or alcohol hand rub

13.1 Hand Wash Basins

Hand-wash basins should be easily accessible and have the following:

- Warm water by means of mixer taps or temperature controlled water
- Liquid soap in a clean dispenser (no bars of soap) e.g:
Soft - in clinical areas
Mild - a detergent-based liquid soap in public toilets, non-clinical areas and kitchens
- **No anti-microbial soap** should be used within the clinical area
- Soft disposable paper towels in a **clean** dispenser (check the underside)
- Foot-operated domestic bin (clinical waste bin on advice of ICPT in certain areas)
- Hand wash technique poster
- **ALL HAND PAPER TOWELS CAN BE DISPOSED OF IN A BLACK DOMESTIC WASTE BAG**

13.2 Alcohol Hand Rub (Placement)

The placement of alcohol hand rubs within the clinical area needs to be based on a risk assessment. Suggested placements include:

- Entrance of clinical areas
- Each bed space (if safe to do so)
- Drugs trolley
- Notes trolley
- Resus trolley
- Individual staff bottles (e.g. Tottles)
- **Alcohol hand rub is not required at sinks**

14.0 HAND WASHING AGENTS

The selection of the correct agent will depend on whether the removal of transient or resident organisms is required. The time available to decontaminate hands will also influence the choice.

14.1 Soap and water

- Soap and warm water is suitable for routine hand decontamination / hygiene
- There is NO anti-microbial agent in liquid soap. It is the frictional movement of vigorously rubbing your hands together using the soap and water, which will remove transient organisms. Therefore, a good hand wash technique is vital as illustrated above and on posters within the clinical environment.

14.2 Alcohol Hand Rub

- Alcohol hand rub is suitable for routine hand decontamination in most circumstances
- Alcohol hand rub is a quick alternative to hand washing if hands are not visibly soiled with blood or body fluids. It is highly effective in destroying most transient organisms, but it has limited activity against bacterial spores, e.g. *Clostridium difficile* and Noro virus. Therefore hands need to be washed with soap and water when in contact with these organisms.

14.3 Antiseptic Agent

- Antiseptic agents are suitable for more invasive tasks, i.e. central line insertion, and surgery

- Aqueous antiseptic hand washing agents will both remove and destroy transient organisms, and also reduce counts of resident organisms.
- Some agents offer residual activity, so providing continued anti-microbial activity for some time after its use.

14.4 Approved Agents

<u>Liquid Soap:</u>	a) Liquid Soap (clinical areas) – improved hand protection b) Detergent based (non-clinical areas)
<u>Antiseptic Soaps:</u>	a) Chlorhexidine 4% surgical scrub b) Chlorhexidine 4% in 70% alcohol c) Povidine Iodine 7.5% surgical scrub
<u>Alcohol Hand Rub:</u>	* 70% alcohol with emollient

<u>Liquid Soap:</u>	a) Oil based (clinical areas) – improved hand protection b) Detergent based (non-clinical areas)
<u>Antiseptic soaps:</u>	a) Chlorhexidine 4% surgical scrub b) Chlorhexidine 4% in 70% alcohol c) Povidine Iodine 7.5% surgical scrub
<u>Alcohol Hand Rub:</u>	* 70% alcohol with emollient

15.0 HAND CREAM

It is advisable to carry one's own personal tube of hand cream. Do NOT use multi-dose pots of cream, as these may become contaminated.

16.0 SKIN LESIONS

If any member of staff has a hand lesion, or experiences skin problems associated with hand-washing, he or she should consult the Occupational Health Department.

If skin problems such as eczema are present, then staff should report to the Occupational Health Department or IPCT or manager for advice. Staff with eczema are at high risk of acquiring resistant hospital-associated staphylococci.

Cuts and abrasions on the hands must be adequately covered with an impermeable dressing when starting duty.

17.0 POLICY DEVELOPMENT

This policy complements the Infection Control Policy and promotion and compliance with this policy is supported by a poster campaign from the National Patient Safety Agency who champion the '**cleanyourhands**' campaign which commenced in 2005.

18.0 APPROVAL PROCESS

This policy has been approved at the Infection Control Committee.

19.0 DISTRIBUTION AND TRAINING PLANS

This policy will be made available to all staff via the Trust's intranet, and hand hygiene issues will periodically be publicised within the in-house magazine 'Vital Signs' and the weekly electronic newsletter 'Vital Link'.

Patient information on various infection control topics including hand hygiene is available on the wards.

The Trust's mandatory Induction Programmes (corporate, nurse, health care worker, and junior doctors) includes guidance on hand washing as outlined in the Training Needs Analysis included within the Risk Management Strategy.

20.0 AUDIT AND REVIEW PLAN

The Infection Prevention & Control Team will include hand hygiene compliance audits in their annual programme of work and feed results back to the Trust Board. Matrons and Senior Sisters will be responsible for weekly/monthly hand hygiene audits in their areas.

Ad hoc audits will be undertaken by the Infection Prevention & Control Team in the event of an outbreak of infection or infection control incidents in a particular area.

The success of the Trust's hand hygiene policy will be monitored through the infection control surveillance data, collected and shared with the Department of Health and reported to the Infection Control Committee, Clinical Governance Committee and Trust Board.

Infection control practice is also included in the annual cycle of audits by the Trust's internal auditors, Parkhill and external auditors, The Audit Commission, to ensure systems are robust and support good infection control performance.

Any hand hygiene related risk assessment graded 'red' will be included on the Trust's Risk Register and any hand hygiene incidents notified through the IR1 system will be monitored by the Risk Team, based within the Clinical Governance Department.

21.0 AMENDMENTS

The clinical content of this policy has not been changed, however the document has been broadened and reformatted to ensure it meets CNST requirements as of April 2009.

Revisions to Policy:

Pg.4	Sections 1-4 added
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Pg.5	Section 5 added
Pg.6	Section 5 continued
Pg.12	Sections 17-19 added
Pg.13	Section 20, 21 added

22.0 REFERENCES

Department of Health. (2005). *Saving Lives*. A delivery programme to reduce Healthcare Associated Infection including MRSA

Department of Health. (2003) *Winning Ways*. Working together to reduce Healthcare Associated Infections in England. Report from the chief Medical Officer

Hospital Acquired Infection: Information for Chief Executives. Handwashing Liaison Group, Department of Health. 1998

Infection Control Nurses Association Guidelines. May 2002

McCormick R, January 2002 . *New Proposed CDC Hand Hygiene Guidelines*. 3M Infection Control Rounds. (Vol 5. no.1. 4-8)

Pratt RJ, Pellowe C, Loveday HP et al *The Epic Project*, January 2007. Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections Phase 1: Guidelines for Preventing Hospital Acquired Infections. *Journal of Hospital Infection* 47 (supplement)

CleanYourHands Campaign website: <http://www.npsa.nhs.uk/cleanyourhands>

The Health and Social Care Act 2008 (Revised January 2009)
Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

23.0 GLOSSARY

COSSH	Control of Substances Hazardous to Health
DIPC	Director of Infection Prevention & Control
D&V	Diarrhoea & Vomiting
HOIF	Head of Infection Control
IPCT	Infection Prevention and Control Team
MRSA	Meticillin Resistant Staphylococcus Aureus
NG	Naso Gastric
SICP	Standard Infection Control Precautions
SUI	Serious Untoward Incident
HCAI	Healthcare Associated Infection

24.0 Equality Monitoring and Impact Assessment

Although certain employment Acts require policies to be assessed for their impact and that the general duties are being adhered to, the Trust has decided to assess for impact on all areas identified under its Equal Opportunity Policy to ensure that no group is disadvantaged by any condition or requirement which cannot be shown to be justified.

Please complete and attach to any policy document when submitting it to the appropriate committee for consideration and approval.

Policy Name:	HAND HYGIENE
Policy Number:	2009/IC/XXXX
Responsible Officer:	Director of Infection Prevention and Control
Approving Committee:	Infection Control Committee

		Yes/No	Comments
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	Age	N	
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems.	N	
	Race	N	
	Nationality	N	
	Ethnic origin – including gypsies and travellers	N	
	Gender / Gender reassignment	N	
	Religion	N	
	Beliefs	N	
	Sexual orientation – including lesbian, gay and bisexual people	N	
	Domestic circumstances	N	
	Social and employment status	N	
	Marital/partnership status	N	
	HIV status	N	
	Political affiliation	N	
	Trade Union membership	N	

2.	What is the overall purpose of this policy area, function or activity?	That all clinical staff comply with the hand hygiene guidance within this policy to prevent infection.	
3.	What approaches are currently used to measure progress and performance in this area?	Audit, daily monitoring by Infection Prevention and control team.	
4.	What counts as success in this area?	Prevention of cross infection.	
5.	Are there opportunities within this policy to:		
	Eliminate illegal discrimination	N/A	
	Promote equality of opportunity	N/A	
	Promote good relations between people of different groups?	N/A	
6.	Is the impact of the policy likely to be negative e.g. is their risk of:		
	Illegal discrimination	N	
	Reducing equality of opportunity for some groups?	N	
	Harming relations between different people of different groups?	N	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
8.	If so, what action could be taken to reduce adverse effects and promote or enhance positive effects?	N/A	
9.	Please describe the options available for incorporating equality monitoring into routine arrangements?	N/A	