Royal Cornwall Hospitals
NHS Trust

Use of Hydrogen Peroxide Vapor (HPV) in Wheal Prosper Side Rooms 1, 6, 7 and 12 Standard Operating Procedure

V1.0

August 2025

Table of Contents:

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

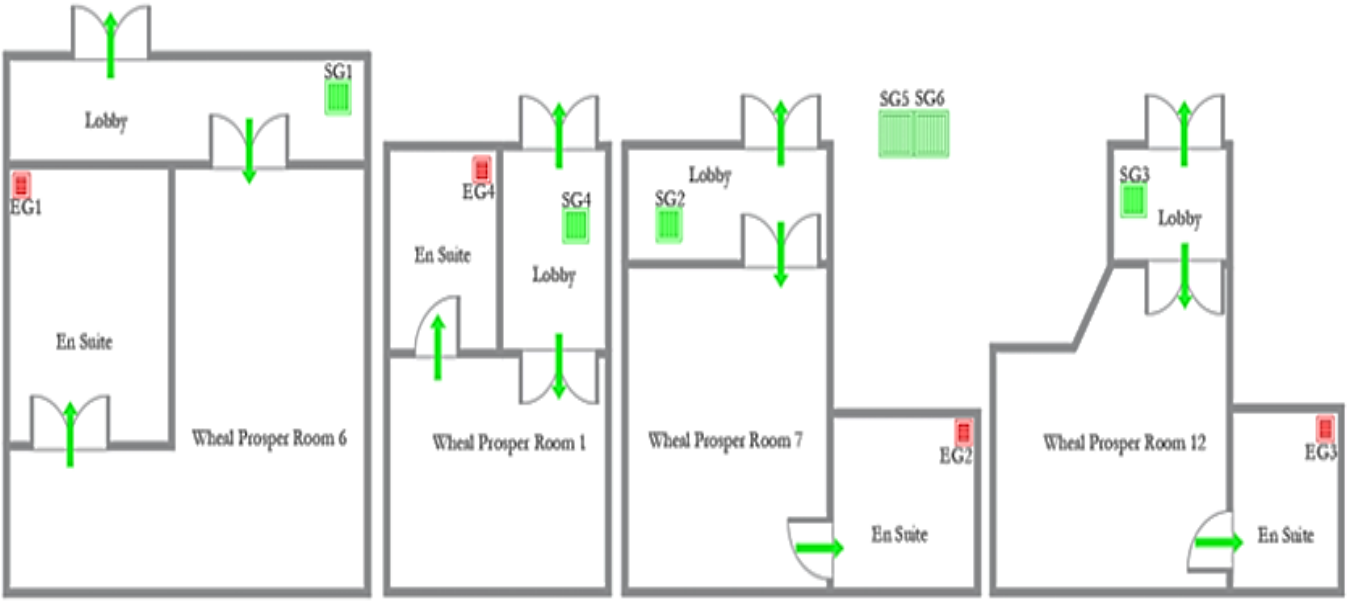
Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Hydrogen peroxide vapor (HPV) is a sporicidal and mycobactericidal decontamination technique which is considered the gold standard at RCHT for rooms requiring the highest level of clean (also known as a red clean).

1.2. A list of what infections require a red clean can be found in Royal Cornwall Hospital Trust's (RCHT) (2024) cleaning policy. Advice regarding what level of cleaning is required can also be sought from the Infection Prevention and Control (IPAC) team.

1.3. Side rooms 1, 6, 7 and 12 on Wheal Prosper have positive pressure lobbies which provide a barrier between the patient's room and the surrounding ward area (preventing the spread of infection). Air flows from the lobby into the patient's room and then contaminated air is extracted via a vent in the en-suite toilet. The specialist ventilation in these rooms means that extra measures as described in section 4.1. are required if any of these rooms need to be cleaned using HPV.



2. Purpose of this Standard Operating Procedure

This SOP aims to provide guidance on the use of HPV in Wheal Prosper side room 1, 6, 7 and 12.

3. Ownership and Responsibilities

3.1. Role of the IPAC team

The IPAC team are responsible for the development and implementation of this SOP; in conjunction with support and co-operation from Domestic Services/ Facilities, Wheal Prosper Ward Staff and Clinical Site Managers. In addition to offering support, advice and guidance on specialist cleaning requirements.

3.2. Role of Domestic Services/ Facilities

Domestic Services/ Facilities are responsible for ensuring that resources are deployed to meet the cleaning requirements as specified within this SOP and that cleaning is carried out to a high standard.

3.3. Role of Individual Staff

Individual staff are accountable for reading this SOP, following the guidance and accessing mandatory IPAC training and education as appropriate. Individual staff are also responsible for ensuring they work in a safe and compliant way to ensure their own health and safety and those around them.

3.4. Role of Wheal Prosper Ward Staff

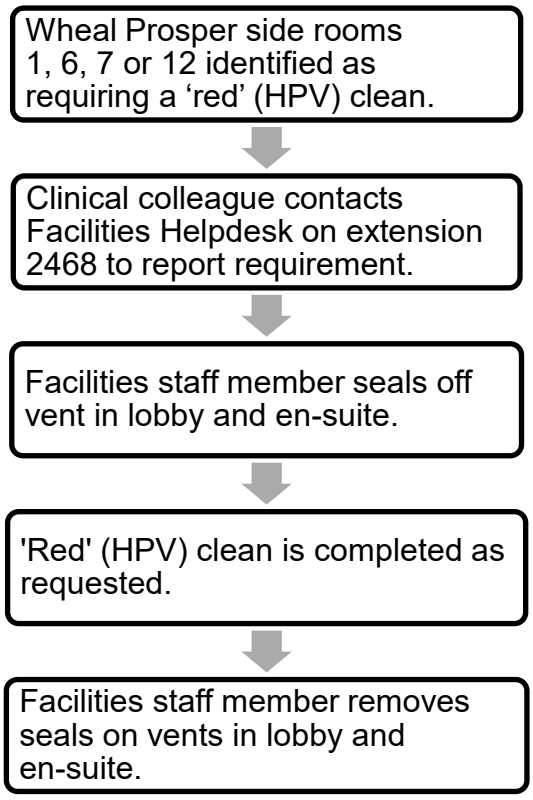
Wheal Prosper Ward Staff are responsible for contacting Facilities Helpdesk to request a red clean of side rooms 1, 6, 7 and 12 when necessitated and reporting any incidents of poor cleanliness.

3.5. Role of Clinical Site Managers

The Clinical Site Managers are accountable for ensuring operational delivery is undertaken in a safe way in accordance with the cleaning requirements of this SOP.

4. Standards and Practice

4.1. This flow chart outlines the necessary precautions required to safely and effectively HPV clean side rooms 1, 6, 7 and 12 on Wheal Prosper.



A red clean should take approximately 3-4 hours to complete. In the infrequent occasion that the HPV machine cannot be used due to humidity levels, a violet (ultraviolet) clean should be used instead.

5. Dissemination and Implementation

This SOP will be shared via email to all relevant stakeholders and shared at the hospital cleaning operations group (HCOG) for communicating and sharing at a local clinical level.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Cleanliness standards across the Trust will be monitored in accordance with the National Standards of Healthcare Cleanliness (NSHC) (2021).
Lead	Charlotte Wakeham (Domestic Services Manager).
Tool	Cleaning audit tool.
Frequency	As specified in the NSHC (2021).
Reporting arrangements	• Any concerns regarding cleaning will be included as a regular agenda item at HCOG and will be escalated to the IPAC team as required. • Accidents, incidents and near misses are to be reported via the intranet on the Trust's Datix system.
Acting on recommendations and Lead(s)	Required actions will be identified and completed in a specified timeframe as indicated by the HCOG or IPAC team.
Change in practice and lessons to be shared	Required changes to practice and resource will be identified and action taken within a timeframe indicated by the HCOG or IPACC. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This SOP will be updated every 3 years unless there has been a significant change which supersedes this time frame.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Use of Hydrogen Peroxide Vapor (HPV) in Wheal Prosper Side Rooms 1,6,7 and 12 Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document.
Date Issued / Approved:	August 2025.
Date Valid From:	August 2025.
Date Valid To:	August 2028.
Author / Owner:	Lauren Wootton (Senior Infection Prevention and Control Specialist Practitioner).
Contact details:	01872 254969.
Brief summary of contents:	This SOP provides guidance on the use of HPV in Wheal Prosper side rooms 1, 6, 7 and 12.
Suggested Keywords:	Wheal Prosper. Hydrogen peroxide vapour (HPV). Cleaning.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Endocrine Governance, Microsoft Forms, Senior Management Team, Care Board and Policy Review Group Meetings.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Medicine.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.
Related Documents:	RCHT. (2024) Cleaning Policy. RCHT. (2021) Decontamination Policy.

Information Category	Detailed Information
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Infection Prevention and Control

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025	V1.0	Initial issue.	Lauren Wootton (Senior Infection Prevention and Control Specialist Practitioner).

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Use of Hydrogen Peroxide Vapor (HPV) in Wheal Prosper Side Rooms 1,6,7 and 12 Standard Operating Procedure V1.0
Department and Service Area:	Infection Prevention and Control.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lauren Wootton (Senior Infection Prevention and Control Specialist Practitioner).
Contact details:	01872 254969.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Relevant stakeholders who may have input regarding the cleaning of Wheal Prosper side rooms 1, 6, 7 and 12.
2. Policy Objectives	To provide clear guidance on the HPV cleaning side rooms 1, 6, 7 and 12 on Wheal Prosper.
3. Policy Intended Outcomes	To ensure that Wheal Prosper side rooms 1, 6, 7 and 12 are effectively cleaned to RCHT's gold standard.
4. How will you measure each outcome?	Audits.
5. Who is intended to benefit from the policy?	Patients, staff and visitors.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category).	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Lisa Waine (Ward Manager). Charlotte Wakeham (Domestic Service Manager). Stephen Rogers (Senior Facilities Manager). Infection Prevention and Control Team.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This SOP describes a cleaning process that has no impact on age.
Sex (male or female)	No	This SOP describes a cleaning process that has no impact on sex.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	This SOP describes a cleaning process that has no impact on gender.
Race	No	This SOP describes a cleaning process that has no impact on race.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	All staff are required to comply with this policy, however if they had a disability that prohibited them from complying then the Trust should make suitable alternative arrangements to assist them.

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	This SOP describes a cleaning process that has no impact on religion or beliefs.
Marriage and civil partnership	No	This SOP describes a cleaning process that has no impact on whether an individual is married or other.
Pregnancy and maternity	No	All staff, including those who are pregnant are required to comply with this policy, however if this was to prohibit them from complying then the Trust should make suitable alternative arrangements to assist them.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	This SOP describes a cleaning process that has no impact on sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Lauren Wootton, Senior Infection Prevention and Control Specialist Practitioner, Endocrine, Specialist Services and Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis