Guidance on police custody healthcare and forensic medical services facilities
## Contents

1.0  Introduction .................................................................................................................3

2.0  Space and Equipment Guidance..................................................................................6

3.0  National Healthcare Cleaning Guidance ......................................................................11

References..........................................................................................................................20

Appendix 1 - Room Data Sheet and Layout......................................................................22

Appendix 2 - NHS Guidance relevant extracts ..................................................................30

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### Disclaimer

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1.0 Introduction

This document provides the national facility guidance to support Police Scotland and NHS Health Board partnerships on the delivery of police custody healthcare and forensic medical services. From 1st April 2014, these new partnerships will be responsible for delivery of detainee medical services throughout Scotland. The services are defined in CNB 2013/11 Memorandum of Understanding and CNB 2013/18, National Guidance on Delivery of Police Custody Healthcare and Forensic Medical Services.

The purpose of this document is to support the delivery of the above partnership medical services within the current Police Scotland custodial estate and encourage a consistent and systematic approach to designs of upgraded and future new facilities.

There is currently very little specific design or facility guidance for current medical facilities within police custodial stations. The Faculty of Forensic and Legal Medicine (FFLM) provide 2012 UK guidelines in:


The current NHS Estates guidance for generic clinical facilities core elements are:

- HBN 00-03 Clinical and clinical support spaces, 2010 www.gov.uk/government/uploads/.../HBN_00-03_Final.pdf
- HBN 00-02 Sanitary spaces, 2008 (for new or upgraded medical room en-suites) https://www.gov.uk/government/uploads -

Also NHSScotland Health Facilities Scotland (HFS) guidance on core building components, cleaning specifications etc are available from http://www.hfs.scot.nhs.uk/publications-/}

Background

“In July 2011 the Director General of NHSScotland, NHS Board Chief Executives and representatives of APCOS agreed to move towards a partnership arrangement for Custody Healthcare and Forensic Medical Services, whereby the services provided by Police Forces under the Scottish Home Department Circular 7362, dated March 1950, should now be jointly enabled by Police and Health and delivered by NHS Boards.” CNB 2013/11 Memorandum of Understanding, (MOU) for the Provision of Healthcare and Medical Services [to Police Scotland]

The above MOU is between the 14 geographical Health Boards and Police Scotland. All 32 Local Authorities also currently work in close collaboration with Police Scotland and Health Boards on clinically related issues, such as Child Protection, Sexual Assault and Offender Management. It is estimated, some 15,000 medical / forensic
examinations take place annually, out with those in hospital.

At least three of the Health Boards currently deliver a medical service service from existing Police Scotland premises. Many others still retain a call-out Police Surgeon/Forensic Medical Examiner (FME) service contracted by Police Scotland, generally to local GPs and delivered in some 43 medical rooms, (24 within the not yet transferred, ex-Strathclyde area) in primary (24/7) custody stations in Scotland. As an example of best practice, St Leonard's Police Station in Edinburgh is the busiest custody centre in Scotland and NHS Lothian provide a constant custody nursing service throughout the peak weekend periods, with reduced staff during the week.

The Police Service of Scotland Act came into force on 1st April 2013, on amalgamation of 8 Scottish Police Forces. The demand of the various medical services across Police Scotland requires consistency for both the service and estate in Scotland. It is agreed all custody medical and forensic services will be delivered by NHS boards by 1st April 2014.

“There is an expectation that any person brought into police custody in Scotland will have access, where required, to competent healthcare professionals who will address any physical health, mental health and substance abuse issues in a way which is sensitive and appropriate to their individual needs”. HMICS report Jan 2013.

The existing Police Scotland custodial estate, and by association, its medical facilities are as disparate in age and condition as the NHSScotland estate. These range from older facilities in Glasgow, Dundee and Aberdeen, to the more modern stations in Falkirk, Edinburgh and Inverness. Notwithstanding, in their January 2013 report, HM Inspectorate of Constabulary Scotland (HMICS) stated “medical rooms were examined during the inspection and all were found to be well equipped, clean and in good condition.” The inspection visited one main custody suite in all eight forces, selected on basis of annual throughput of custodies. As part of their ongoing investment in improved facilities, Police Scotland are currently constructing a new purpose built facility in Aberdeen. The medical facilities design at Kittybrewster is agreed in partnership with NHS Grampian, each clinical room is approximately 18m² with a 4m² disabled access en-suite, plus shared support, storage etc.

It is accepted that the existing Police Scotland estate currently delivers an acceptable standard of medical care, though facilities are in many cases tired and stretched, and could be improved. Just as the NHSScotland estate, the Police estate will not, nor does it need to, comply with all current guidance or new legislation, as this is not generally retrospectively applied, especially when basic activities/ functions have not substantively changed. The MOU states 200,000 people in 2013 were processed, showing a year on year decline. Approximately 72% are male, and 45% are detained. Approximately 52% or approximately 46,000 of the detainees will have substance misuse issues.

This guidance advocates that a partnering and pragmatic, risk assessment approach is taken to deal with the agreed shortcomings of the existing police custody medical facilities. Each current facility should be risk assessed against this and other relevant guidance/ legislation, and the scoring is to be used to prioritise and design future
upgrades, or new build projects. For example, the ex-Strathclyde survey circa 24 stations, should be quickly reviewed, with the agreed highest risk/likelihood items being undertaken, e.g. silicon seal around WHB and floor /timber skirting joint. All other risk items should be dealt with via detailed, planned programmes of maintenance/upgrade works, prioritising the highest throughput custody stations.
2.0 Space and Equipment Guidance

This design guidance is for a generic 12m² medical room to provide for key activities historically undertaken within Police Scotland estate, via contracts with local FMEs, as described in the template for service delivery in National Guidance on Delivery of Police Custody Healthcare and Forensic Medical Services and requires to be deliverable within the vast majority of the existing Police Scotland custodial estate.

The exemplar room is based on the current HBN 00:03 compliant Room Data Sheet (RDS) and layout from NHS Activity Data Base (ADB) for a Consulting Examination room with a single sided accessible examination couch. This C0235 room layout is adapted by NHSScotland following discussion with Police, FMEs and Health Board representatives to provide additional safety/security and storage, due to the custodial and stand alone nature of this specific type of healthcare facility.

The RDS and layouts in Appendix 1 should be mapped on to the existing Police Scotland medical room, and where required, compromises or enhancements as suggested in this guidance should be agreed locally. If the local Health Board is considering an enhanced service delivery model, then RDS should be adapted to suit, however any enhanced facilities would have to be by agreement with Police Scotland.

The potential benefits of dual access couch, and/or increased office and medical storage facilities, are discussed below, however where this requires new build or major reconfiguration, it must dovetail with the wider Police Scotland estate and facilities programme. The spatial implications of potential service enhancements leads to a room size of between 16m² and 20m² (reference ADB C0237 dual access consulting exam room and FFLM suggested medical room of 5.5m x 3.6m). It is hoped this enhanced model of medical facilities is adopted for any new build or major upgrade/reconfiguration of custodial estate by Police Scotland.

Medical staff safety

The medical room is within a police custody setting and police will risk assess all detainees prior to escorting them into the medical room, plus police will be immediately on hand, usually at the door, during a detainee medical assessment. Nevertheless, additional safety and security measures beyond the standard healthcare clinic assumed in ADB rooms should be considered to reduce the risk of a hostage or barricading.

These will include the location of desk and couch to enable staff to occupy the space between the detainee and the door at all times. The number and location of staff alarm buttons/strips is dependent on specific room size and layout, but is at least 2. Alternatively, consider a pocket/neck-strap personal alarm. Also if the room is being upgraded or new, the provision of a door that opens outward in an emergency will reduce the risk of barricading. A door vision panel with obscured glazing but allowing privacy override from the outside to check staff safety should also be considered. The curtains around the couch in original C0235 were removed for safety, however if
considering a project option to reinstate these, they should be disposable.

**Key activities**

The room has four distinct key activity zones:

- consultation/administration
- examination/assessment
- clinical hand washing/disposal
- immediate medical storage/preparation

**Consultation/administration zone**

The size of the consultation table/desk has increased from C0235 900mm to minimum 1200mm in length to allow for some administration and storage, including 3 lockable drawers. NHS staff will require to retain privacy for any healthcare notes/medical records in this room as an alternative administration space will not generally be available. IT and power points should be available to the desk to allow for a computer to access and enter healthcare information into electronic patient records (EPRs), thus reducing local record storage/stationary to minimum.

The desk is shown in two potential positions to allow for local preference/space constraints. A task chair for staff and a chair for the detainee should both be washable and, along with the desk, should be assessed to reduce risk of whole or parts being easily used as weapons, for example, the desk could potentially be secured to floor/wall with a locking bracket. As a project option, a fixed workstation/worktop may be preferred and may include a mobile lockable drawer unit below.

For staff safety there should be at least 2 staff emergency call points or strips, located wherever staff spend majority of time dealing with detainees, for example at the staff side of desk and near head of exam couch. The alarm should be audible and visual, plus located in a nearby occupied police area to ensure a rapid response. As a project option, a personal alarm carried at all times by staff, utilising a remote sensor, may be considered for a new build or space currently not hard wired.

**Examination/assessment zone**

In a custody medical room, the use of the examination couch is considered negligible, as the vast majority of consultations, assessments and interventions are dependency or mental health related and therefore carried out in the consultation zone. However it is deemed healthcare best practice/’just in case’ to have single-sided couch access available if at all possible. In the couple of existing Police Scotland custody medical rooms that are have particular spatial constraints, a folding or retractable chair/couch can be utilised instead, e.g. Lanark. A single sided couch should ideally allow the detainee to lie in two positions to allow access to detainee’s right or left side, if required. A project option if space available could be to provide a dual access couch.
IT and power points should be available near the couch to allow for an examination lamp and potential monitoring equipment. The examination lamp may be either wall-mounted or mobile. In the current Police estate examination lamps are not generally available and where used are mobile.

**Clinical hand washing/disposal zone**

The clinical hand washing and disposal area is near the examination area as shown in C0235. However as the majority of assessments are within the consultation zone, this could be swapped with the storage area and has the benefit of placing this closer to the entrance/exit to encourage use. The preference is for no-touch sensor taps for infection control wherever practical. However elbow-operated taps are a reasonable alternative, wherever already installed. Swan-necked taps and ceramic tiling are not to current SHTM 64 standards and should be replaced on next scheduled estate upgrade.

The quality of the disposal service and bins should be to NHS standards and be consistent throughout the Police Scotland estate. The requirement is for 2 medium, approximately 20 litre sack holders with foot operated lids, black for general refuse, and yellow for clinical waste. A yellow sharps bin, approximately 7 litres, to be wall or bench mounted. A replacement is required when 2/3rds full, or weekly, whichever is sooner. Access to general recycling for the building will be required as well as consideration given for a secure area for a potential pharmaceutical recycling/disposal bin.

**Immediate medical storage/preparation zone**

Due to the spatial constraints of the proposed layout, which ensures a-fit-for-the-majority of the existing Police Scotland estate, only immediate a storage of small quantities of key medical supplies is shown as stored within the room. Due to the bulk nature of most medical supply deliveries, local agreements between NHS Boards and Police Scotland will require to be put in place for use of additional secure storage in each custodial facility. Where practicable, and for any new proposals, the area of the room should be increased to between 16–20m² to accommodate at least double the shown medical storage within the room plus potential for double sided couch access if deemed necessary.

Local drug storage should be in a wall mounted lockable controlled drugs cupboard above a worktop with lockable, medical storage cupboards below with modular pull-out plastic shelving, all to HTM 71. There should be allowance for power points at the worktop for a bench mounted small drugs fridge and potential for equipment charging. If there is available space, consider additional storage, a floor mounted under bench controlled drugs cabinet and drugs fridge.

**Building services guidance**

Descriptions of an NHS medical consulting/examination room’s building services requirements for lighting, power, ventilation and heating are detailed in the Room Data Sheet (Appendix 1) based on NHS Estates ADB C0235. This is for guidance during the design of a planned upgrade of these services or new build project.
It is accepted that the existing Police Scotland estate, as the NHSScotland estate, will not, nor does it need to, comply with all current guidance or new legislation, as this is generally not retrospectively applied. However the current facility should be risk assessed against relevant guidance/legislation and this is to be used to prioritise and design future upgrades or new build projects.

A priority requirement for NHS Health Boards’ partnership delivery by 1st April 2014 is the IT services provision to allow access to EPRs within the custody medical room. There may also be an associated need for increased or relocated power outlets at the desk, consultation / administration zone to achieve this.

### Room finishes guidance

<table>
<thead>
<tr>
<th>SHTM reference</th>
<th>Finishes Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall: 56 =5 &amp; Normal humidity</td>
<td>Walls: min. 2 coats matt or silk emulsion or eggshell. Splash protection, ideally laminated IPS; or min 300mm high wall vinyl or laminate sheet. (existing tiling should be removed at next estate upgrade but may be sealed)</td>
</tr>
<tr>
<td>Floor: 61 =3</td>
<td>Floor and skirtings: impervious - able to resist penetration of liquids; jointless - without joints or having joints which are sealed and make the whole surface impervious plus prevent the collection of dirt and bacteria in the joint and smooth - without pronounced texturing upon wearing surface. SHTM 61 risk assessment - consider anti-slip. (remove all carpet; seal timber skirting joints; and on planned upgrade/new make coved skirtings and anti-slip vinyl)</td>
</tr>
<tr>
<td>Ceiling: 60 =5</td>
<td>Ceiling: imperforate – without holes through the membrane; normal humidity; Class 1 surface spread of flame (no dust ledges on upgrade/new)</td>
</tr>
<tr>
<td>Door: 58-59</td>
<td>Door: solid core, flush; 1000mm doorset. Ironmongery - lockable from outside only or external override (if planned upgrade/new consider vision panel and/or outward opening for risk reduction)</td>
</tr>
<tr>
<td>Window: 55-57</td>
<td>Window: if applicable, obscured glass or film; washable cill; no blinds.</td>
</tr>
<tr>
<td>Sanitary: 64</td>
<td>Sanitary: clinical wash basin; and if applicable, WC en-suite, (on upgrade/new see attached extracts, with risk assessment on work required until then)</td>
</tr>
<tr>
<td>Sanitary: 63 +</td>
<td>Worktop: if applicable, laminate min 600 deep, 55 + 50mm upstand. Cupboards: lockable, metal or laminate min 900 x 300 deep, 4 shelves. If upgrade/new- modular plastic tray inserts, controlled drugs cupboard / fridge.</td>
</tr>
</tbody>
</table>

### En-suite and cleaners room

Following consultation with Health Protection Scotland it is agreed there is no NHS requirement to remove an existing WC en-suite facility from a medical room. New build projects may also decide to incorporate an en-suite to provide safe, controlled, easy access for the provision of urine samples. If new or major upgrade is being proposed by Police Scotland, HBN 00-02 and SHTM 64 should be used for NHS design guidance on sanitary facilities. Cleaning an en-suite is described below.

An existing en-suite should be subject to a local risk assessment, and if access to agreed alternative WC facilities is available/agreed, the en-suite may be removed. It should however be noted the provision of medical storage may be in a shared, secure room, and may be a more efficient use of public resources than removing an en-suite.
The provision of cleaning to the detailed NHS national standards is a requirement for infection control in the medical room and en-suite. It will be subject to regular audit, as all NHS owned and leased premises are, to ensure the standards are met. This is a given, and though Police Scotland may require investment in both existing facilities and training, it does not require dedicated cleaners rooms. NHS Boards will assist in training.
3.0 National Healthcare Cleaning Guidance

Cleaning Services staff are an essential part of the multidisciplinary approach in improving patient, staff and public safety by ensuring that the environment cleaned to a high standard. Critical activities such as cleaning and hand hygiene have to be embedded into every day practice.

Cleaning generally

- General Purpose detergent should be used as the cleaning agent for all daily cleaning tasks – 5ml to 10 litres of water is the manufactures instruction for dilution.
- Actichlor Plus cleaner/disinfectant should be used as the cleaning agent for any infectious deep cleans for wiping, mopping, cleaning, mark removal. The agent should be used per manufacturer’s instructions at a dilution rate of 1 tablet (1.7g) to 1 litre of water.
- In custody areas which are used 7 days a week the medical suite should receive a full clean as detailed in the schedule below once per day Mon-Sun. In custody areas which are used only at weekends the suite should be cleaned once per day Sat-Mon.
- Disposable aprons, disposable gloves and overshoes should be worn during cleaning.
- Disposable mop heads and disposable cloths should be used.
- Cleaner/disinfectant, disposable aprons, gloves, overshoes and mops and cleaning equipment will be provided by the cleaning contractor.
- Clinical waste bins, clinical waste bags, domestic (black) waste bags, paper towels, toilet tissue, hand soap, examination room curtains and examination couch covers will be provided by the police.
- The police will be responsible for uplift from site of clinical and domestic waste.

Cleaning tasks

The frequencies and cleaning schedule sign off must be reviewed and completed on Document 2.

Hard Floors

- Remove debris – pick up litter which cannot/should not be removed by suction cleaning. This could include paper towels, tissues, empty drink cans, paper clips etc.
- Dust control – remove dust and litter from all hard floor surfaces including floor edges and corners using disposable dust control mops and frame.
- Suction clean – remove dry dust and soil using dry suction equipment complying
with a minimum of three stage filtration within patient areas. This process includes floor edges and corners. Check filters and replace per manufactures instructions.

- Damp mop – remove soil and dirt from hard floors using a cotton or mixed fibre mop with neutral detergent 5ml to 10 litres of water. Mop water must be changed between rooms. Ensure to place a hazard warning sign at the entrance of room being treated.

- Scrub floor – remove floor soil, ingrained dirt and scuff marks using floor scrubbing machine, an appropriate pad/brush and neutral detergent 5ml to 10 litres of water. Using appropriate equipment rinse and dry hard floors. Ensure to place a hazard warning sign at entrance of room where the floor is being treated.

**Required outcome**

- The floor is free of dust, grit, litter, chewing gum, marks and spots, water or other liquids.
- The floor is free of polish or build-up at the edges and corners or in traffic lanes.
- The floor is free of spots, scuffs or scratches on the traffic lanes, around furniture and at pivot points.
- Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint, and spots.
- Polished or buffed floors are of a uniform lustre.

Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors.

**Sanitary Fittings**

- Wearing colour coded Personal Protective Equipment (PPE), clean any debris. Damp wipe using disposable cloth, fresh solution of neutral detergent and hand hot water.
- For sanitary fittings i.e. wash hand basin use a sanitizer following manufactures instructions. Ensure all surfaces are rinsed thoroughly.
- Dry and buff the mirror, metal and ceramic surfaces.
- This process applies to wash hand basins and surrounds, sinks and surrounds, and soap and towel dispensers.
- Report dripping taps, chipped or cracked sanitary ware, loose fittings and any other faults to the appropriate responsible person.

**Required outcome**

- To reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces i.e. taps, handles, light switches, pull cords, dispensers, door handles etc.
• Porcelain, cubicle rails and plastic surfaces are free from smudges, smears, body fluids, soap build-up, mineral deposits and manufacturer’s labels.
• Metal surfaces, shower and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits.
• Wall finishes and fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits.
• Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fluids.
• Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits.
• Sanitary fixtures are free from unpleasant odours.
• Polished surfaces are of a uniform lustre.
• Sanitary disposal units are clean, functional and regularly serviced.
• Consumable items are in sufficient supply.
• Waste is removed in accordance with Local Policy.

Furnishings and Fittings
• Remove debris.
• Damp clean wearing colour coded PPE, damp clean using a disposable cloth immersed in hand hot water containing correctly measured neutral detergent solution and wring out as dry as possible. Change neutral detergent between rooms. This process applies to door handles, desks, lockers, beds, tables, overbed tables, examination couches, chairs, overchair tables, cabinets, bed lights, examination lights, light switches, control panels, patient call buttons, worktops, trolleys, radiators, pipe work, ledges and fire extinguishers.
• Clean all wheels and castors and lower part of bed frames. To be performed in rotation and according to work schedule.

Required outcome
• To reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces as above.
• Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillage.
• Soft furnishings are free from stains, soil, film and dust.
• Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.
• Edges, corners, folds and crevices are free of dust, grit, lint and spots where accessible.
• All high surfaces are free from dust and cobwebs.
• Equipment is free of tape/plastic etc which may compromise cleaning.
• Furniture has no unpleasant odour.
• Shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of dust, litter or stains.

Low level surfaces

• Damp clean wearing colour coded PPE; damp clean using a disposable cloth immersed in hand hot water, containing correctly measured neutral detergent solution. Wring out as dry as possible. Change neutral detergent solution when dirty and at least once per 15 minutes and prior to moving to different location/area.

This process applies to dado rails, window ledges, doors and door frames, vents, partition ledges, pipes and skirtings and any other surface which might attract dust, graffiti and spillages.

Required outcome

• Internal and external walls are free of dust, grit, lint, soil, film, graffiti and cobwebs.
• Walls are free of marks caused by furniture/equipment or users.
• Light switches are free of fingerprints, and any other marks.
• Low level light fittings are free of dust, grit, lint and cobwebs.
• To reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces as above.

High level surfaces

• Damp clean all wall surfaces, ledges, cabinets, furnishings, pipes, direction signs and curtain rails. Use either suction cleaner or dust control mop with appropriate attachments to clean all accessible dry surfaces, including edges and corners. In sanitary areas, dust mop down to tile or impervious wall covering level and damp clean area. Include high level internal glass surfaces.

This process applies to window ledges, partition ledges and any other surfaces which might attract dust, cobwebs and any form of spillage.

Required outcome

• Internal and external walls and horizontal surfaces are free of dust, grit, lint, soil, film, graffiti and cobwebs.
• Walls and ceilings are free of marks caused by furniture, equipment or site users.
• To reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces as above.
Paintwork – Walls and Doors

- Remove marks wearing colour coded PPE, damp clean using a disposable cloth immersed in hand hot water, containing correctly measured neutral detergent solution. Wring out as dry as possible, remove all forms of soiling and graffiti. Change neutral detergent solution when dirty and at least once per 15 minutes and prior to moving to different locations.

**Required outcome**

- Internal and external doors and door frames, door handles, kick plates and contact surfaces are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs.
- Doors, door frames and contact surfaces are free of marks caused by furniture, equipment or staff.
- Air vents, grilles and other ventilation outlets are free of dust, grit, soil, film, cobwebs, scuffs and any other marks.
- Door tracks and door jambs are free of grit and other debris.
- To reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces as above.

Hand Hygiene Products

- Replenish consumable supplies ensuring sufficient supplies to cover requirements until next routine clean or check. Supplies include liquid hand soap, paper hand towels, paper rolls, toilet tissue and toilet rolls.

**Required outcome**

- Containers should be free from marks/stains etc.
- Consumable items are in sufficient supply.

To reduce the risk of cross infection, emphasis requires to be placed on the cleaning of:

Refuse

- Collect and dispose wearing colour coded PPE, collect and dispose of refuse from holders, and containers in accordance with local arrangements.
- Clean holders/containers wearing colour coded PPE, damp clean outside and then inside of holder/container with disposable cloth, immersed in correctly measured solution of neutral detergent and wring out as dry as possible,
removing all forms of soiling and graffiti and dry. Change solution when dirty and at each change of location.

**Required outcome**

- Waste/bins or containers are clean inside and out, free of stains and mechanically intact.
- Waste is removed in accordance with Local Policy.
- To reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces.

“In larger custody suites, consideration should be given to separate examination room to carry out forensic examinations, the room being forensically cleaned after each examination and sealed. This would maintain forensic integrity in a similar way to SARCs.” (Sexual Assault Referral Centre) Operational procedures and equipment for medical rooms in police stations, 2012, clause 13

**Cleaning of body fluids (including urine/faeces/vomit/blood spillage)**

**Health and Safety Risks**

Patients, staff and visitors may slip, trip or fall which may cause injury with exposure to infection leading to illness. Therefore, staff members dealing with blood spillages must have the appropriate training and injections ensuring the safe and methodical approach of dealing with body fluid spillages are maintained.

**Equipment:**

- Disposable colour coded gloves
- Disposable colour coded plastic apron
- Paper towels/paper roll
- Colour coded bucket: water and detergent
- Plastic bag - clinical waste bag orange
- Colour coded cloth
- Caution sign/cone

**Methodology:**

- Put on disposable gloves and apron
- Soak up or pick up spill with paper towel/roll
- Dispose of all paper and or gel into an orange waste bag
- Wash area using water and detergent
- If a cloth was used, dispose of in orange waste bag
• If a mop was used, please leave for machine washing, appropriately pre washed and bagged
• Dispose of apron and gloves in an orange waste bag and tag which then is put in clinical waste store within the station
• Wash hands thoroughly
### Cleaning schedule

<table>
<thead>
<tr>
<th>Task</th>
<th>Monday</th>
<th>Tuesday</th>
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<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td>Weekly Cleaning</td>
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<td>Dust, Sweep, Vacuum</td>
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<td>Clean toilets</td>
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<td>Clean corridors</td>
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<td>Clean stairwells</td>
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<td>Monthly Cleaning</td>
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<td>Clean carpets</td>
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<td>Clean upholstery</td>
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<td>Clean curtains</td>
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<td>Clean external areas</td>
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</tr>
<tr>
<td>Clean outdoor areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean signage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean noticeboards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean security cameras</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean car parking areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: This schedule is subject to change based on specific needs and conditions.*
## Police Custody Medical Room

### Cleaning Schedule

**All tasks below must be signed off to verify completed by the Cleaning Technician**

Monthly tasks are highlighted in grey - when you have completed this task and signed it off mark the date in the appropriate scrubbing schedule and check this daily to ensure this task is pick up on its next schedule.

### Week commencing

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clean &amp; Disposal</strong> twice daily, or as required - refer to definitions within guidance note</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Damp Clean holders/containers once weekly using disposable cloth and neutral detergent, dilute 1:100 in 100 litres of water - refer to definitions within guidance note</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Replace Disposable Linens/Containers twice daily - refer to definitions within guidance note</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cleaning Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clean &amp; Dry equipment once daily, and after use - refer to definitions within guidance note</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cleaning Service Provider - Signature**

**Police Scotland Representative - Signature**

---

**Comments**

**This cleaning schedule is required to be signed off at the end of each week by the Medical Staff / Custody Duty Officer.**
References

Acts and Regulations

(The) Building (Miscellaneous Amendment) (Scotland) Regulations (2013)
http://www.scotland.gov.uk/Topics/Built-Environment/Building/Building-standards

The Construction (Design and Management) Regulations (2007)

(The) Health and Safety at Work Act (1974)

(The) Equality Act (2010)
http://www.legislation.hmso.gov.uk

Scottish guidance

SHPN 36: Part 1 General Medical Practice Premises in Scotland

SHTM 56: Partitions

SHTM 60: Ceilings

SHTM 61: Flooring

SHTM 63: Fitted storage system

SHTM 64: Sanitary Assemblies

SHTM 68: Duct and panel assemblies

SHFN 30: Infection control in the built environment: Design and planning

SHTM 2040: The control of Legionella, hygiene, ‘safe’ hot water, cold water and drinking water systems

HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment)

The NHSScotland National Cleaning Services Specification

All available from http://www.hfs.scot.nhs.uk/publications-/
Department of Health resources

HBN 00-02: Sanitary spaces

HBN 00-03: Clinical and clinical support spaces

HTM 71: Materials management modular storage

Model Engineering Specification
https://www.gov.uk/government/collections/health-building-notes-core-elements

Activity DataBase
http://adb.dh.gov.uk/

The Faculty of Forensic and Legal Medicine

Operational procedures and equipment for medical rooms in police stations
http://fflm.ac.uk/upload/documents/1348663475.pdf

Police Scotland / NHS Scotland Partnership

CNB 2013/11: National Memorandum of Understanding

CNB 2013/18: National Guidance on Delivery of Police Custody Healthcare and Forensic Medical Services

HM Inspectorate of Constabulary Scotland (HMICS)

Thematic Inspection: Custody facilities Jan 2013
Appendix 1 - Room Data Sheet and Layout

C0235A
Police Custody Consulting Room
12sqm
<table>
<thead>
<tr>
<th>ADB</th>
<th>Room Data Sheet</th>
<th>C0235A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project:</td>
<td>ADB2009A Activity Database Version 2009a © Crown Copyright</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td>000 3 Clinical and clinical support spaces; List of rooms</td>
<td></td>
</tr>
<tr>
<td>Room:</td>
<td>C0235A Police Custody Consulting Room: single-sided couch access - HBN 00-03</td>
<td></td>
</tr>
<tr>
<td>Room Number:</td>
<td>NHS 01</td>
<td></td>
</tr>
<tr>
<td>Revision Date:</td>
<td>22/11/2013</td>
<td></td>
</tr>
</tbody>
</table>
| Activities: | 1) Detainee Assessments and Consultations.  
2) Examinations from one side of the couch.  
3) Minimally invasive clinical procedures from one side of the couch.  
4) Holding sterile supplies and consumables.  
5) Undressing and dressing.  
6) Accessing and updating electronic patient records (EPRs).  
7) Use of clinical wash-hand basin.  
8) Collection of forensic evidence |
| Personnel: | 1 x patient / detainee (never left alone)  
1-2 x staff |
| Planning Relationships: | located within Police Scotland Custody Suite  
access to WC for urine sample, healthcare storage & cleaners room |
| Space Data: | Area (m²): 12.00  
Height (mm): 2,700 |
| Notes: | The lamp repeat call is situated outside the room, e.g. over the door.  
The following items are shown on the room layout but are optional:  
- examination light;  
- room in use switch and indicator;  
- controlled drugs cabinet, lockable;  
- drugs fridge, lockable, bench mounted;  
- door, two-way opening, to prevent barricading;  
- door vision panel, privacy control with external override. |
<table>
<thead>
<tr>
<th><strong>AIR</strong></th>
<th><strong>Requirements</strong></th>
<th><strong>Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Winter Temperature (DegC):</strong></td>
<td>Permissible space temperature range (dry bulb) (degC): 18 - 28</td>
<td>Range over which the temperature may float.</td>
</tr>
<tr>
<td><strong>Summer Temperature (DegC):</strong></td>
<td>Heating design temperature (degC): 22</td>
<td>1. Minimum internal room temperature that the heating system will sustain at an outside temperature of minus 5 °C. 2. External temperature values may be modified in accordance with CIBSE Guide A subject to Healthcare Organisation approval.</td>
</tr>
<tr>
<td><strong>Mechanical Ventilation (Supply ac/hr):</strong></td>
<td>Minimum air changes per hour (AC/hr): 6</td>
<td>100% primary fresh air.</td>
</tr>
<tr>
<td><strong>Mechanical Ventilation (Extract ac/hr):</strong></td>
<td>Ventilation type: S/E/N</td>
<td>S = Supply, E = Extract, N = Natural Ventilation</td>
</tr>
<tr>
<td><strong>Pressure Relative to Adjoining Space:</strong></td>
<td>Supply air - final filter class: G4</td>
<td>To comply with BS EN 779 or BS EN 3928, as applicable.</td>
</tr>
<tr>
<td><strong>Filtration (%DSE and % Arrestance):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Humidity (%RH):</strong></td>
<td>Permissible relative humidity range (%): 35-70</td>
<td>RH control not normally required but subject to local risk assessment.</td>
</tr>
<tr>
<td><strong>General Notes:</strong></td>
<td>Heating and ventilation system installations to comply with the following documents, as applicable:</td>
<td>1. HTM 03-01; Part A and Appendix Z. 2. Building Regulations Approved Document F 3. CIBSE Guides A and B2</td>
</tr>
</tbody>
</table>
## LIGHTING

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Illumination (Lux):</strong></td>
<td>Daytime - general (lux): 300</td>
</tr>
<tr>
<td></td>
<td>1. At couch level.</td>
</tr>
<tr>
<td></td>
<td>2. Permissible range 300-520 lux.</td>
</tr>
<tr>
<td></td>
<td>Daytime - specific (lux):</td>
</tr>
<tr>
<td><strong>Service Illumination Night (Lux):</strong></td>
<td>Night - general (lux):</td>
</tr>
<tr>
<td></td>
<td>Night - specific (lux):</td>
</tr>
<tr>
<td><strong>Local Illumination (Lux):</strong></td>
<td>Local task illumination (lux): 1000</td>
</tr>
<tr>
<td></td>
<td>1. At couch level.</td>
</tr>
<tr>
<td></td>
<td>2. Medical examination lamp.</td>
</tr>
<tr>
<td><strong>Colour Rendering Required:</strong></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>Colour rendering characteristics (Ra): 80</td>
</tr>
<tr>
<td></td>
<td>Minimum colour appearance of 4000K</td>
</tr>
<tr>
<td><strong>Standby Lighting Grade:</strong></td>
<td>General lighting: B</td>
</tr>
<tr>
<td></td>
<td>Reduced lighting level between 30% and 50% of the normal lighting</td>
</tr>
<tr>
<td></td>
<td>sufficient to enable general hospital activities to be carried out.</td>
</tr>
<tr>
<td></td>
<td>Local lighting: A</td>
</tr>
<tr>
<td></td>
<td>Lighting of the level and quality equal or nearly equal (i.e. 90+)</td>
</tr>
<tr>
<td></td>
<td>to that provided by the normal mains lighting.</td>
</tr>
</tbody>
</table>

**General Notes:**

- Type of control: S/V;  
  N = Normal;  S = Selective;  V = Variable;  EM = Energy Management System

- Unified glare rating limit (UGRL): 19

- Areas in which VDT present to comply with CIBSE Lighting Guide LG3 "The Visual Environment for Display Screen Use" Addendum 2001

- Emergency escape route lighting required? (Yes/No): N
  Not normally required unless need to comply with BS 5266.

General lighting notes:

1. Healthcare environment lighting installations to comply with CIBSE Lighting Guides LG2, LG3, & LG7 as applicable.
2. Default values to be used where surface reflectance factors not known: Ceilings: 0.7; Walls: 0.5; Floors: 0.2
3. The working plane is 0.85 metres above finished floor level.
<table>
<thead>
<tr>
<th><strong>NOISE</strong></th>
<th><strong>Requirements</strong></th>
<th><strong>Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy Factor Required (dB):</td>
<td>Noise intrusion from external sources: equivalent continuous sound pressure level, 1 hr.</td>
<td></td>
</tr>
<tr>
<td>Mechanical Services (NR):</td>
<td>Daytime: 40 ; Night:</td>
<td></td>
</tr>
<tr>
<td>Intrusive Noise (NR Leq):</td>
<td>Maximum f night:</td>
<td>1. Maximum value inside room space. 2. See Table 1 of HTM 08-01</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum internal noise from M&amp;E services (NR): 35</td>
<td>1. See Table 2 of HTM 08-01. 2. All plant to be operating at maximum normal design duty.</td>
</tr>
<tr>
<td></td>
<td>Sound insulation parameters: See Table 3 of HTM 08-01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Privacy: Confidential</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Noise generation: Typical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Noise sensitivity: Medium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sound insulation rating: 47</td>
<td>1. Minimum value of noise sensitivity of receiving room. 2. See Table 4 of HTM 08-01. 3. Adjust for specific room adjacencies in accordance with table 5 of HTM 08-01.</td>
</tr>
</tbody>
</table>

*Acceptable Sound Level [L10dB(A)]:

*Speech Privacy Required: \( N \)

*Quality Which Cannot Be Tolerated: (* alternative format)

**General Notes:**
1. Acoustic design to be compliant with HTM 08-01.
2. Maximum weighted standardised impact sound pressure level (L’nT,w) to be 65 dB for floors over noise sensitive areas.
3. A minimum Speech Transmission Index (STI) of 0.5 to BS EN 60268-16 (or equivalent standard) to apply to assessing speech intelligibility of audio systems for public announcements.

<table>
<thead>
<tr>
<th><strong>SAFETY</strong></th>
<th><strong>Requirements</strong></th>
<th><strong>Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot Water Max. Temp (DegC):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Notes:**
1. Domestic hot water maximum discharge temp (degC): 41
2. Temperature equilibrium to be achieved within 1 minute of draw-off period.
3. Type 3 Thermostatic Mixing Valve.
4. Maximum cold water discharge temperature (degC): 20
5. Temperature equilibrium to be achieved within 2 minutes of draw-off period.

Safe temperature systems to comply, as applicable, with HTM 04-01, Parts A & B and HSC ACOP ‘Legionnaires’ disease L8: the control of legionella bacteria in water systems.

Clinical risk: 3
Maximum patient clinical risk category for which the room should be used.
Business risk: 3
Maximum non-clinical business continuity risk category applicable to the room.
See HTM 06-01, Part A for definition and application of risk categories.
### FIRE

**Enclosure:**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic Detection:</td>
<td>Smoke Ceiling mounted.</td>
</tr>
</tbody>
</table>

**General Notes:**
1. Fire detection and alarm systems to comply with HTM 05-03, Part B and BS 5839, where applicable.
2. Fire safety generally to comply with relevant parts of Firecode (HTM 05) together with Building Regulations 2011 and associated Approved Codes of Practice (ACOP).

### FINISHES

**Walls:**
- Surface Finish (HTM 56): 5:
- Hygiene and cleaning (HTM 56): Paragraphs 2.3 - 2.4

**Floor:**
- Surface Finish (HTM 61): 3: hard, impervious, jointless, smooth
- Hygiene and cleaning (HTM 61): Paragraphs 2.7 - 2.9

**Ceiling:**
- Surface Finish (HTM 60): 5: imperforate
- Hygiene and cleaning (HTM 60): Paragraphs 2.9 - 2.10

**Doorsets:**
- (HTM 58) 1 x 1000 mm, single leaf, plain flush, lockable with external override. See HBN 00-04 for effective clear width access requirements. Door vision panel as detailed in "Internal Glazing. Option: two-way swing for anti-barricade.

**Windows:**
- (HTM 55) Obscured glass for privacy.

**Internal Glazing:**
- (HTM 57) Door vision panel, privacy control with external override.

**Hatch:**
- N/A

**Notes:**
- Facilities/ surfaces should be sufficiently robust, to withstand potential ad-hoc abuse from detainees.
### ADB Room Data Sheet C0235A

**Project:** ADB2009A  
**Department:** 00-03  
**Room:** C0235A  
**Room Number:** NHS 01  
**Revision Date:** 22/11/2013

<table>
<thead>
<tr>
<th>Grp</th>
<th>Qty</th>
<th>New</th>
<th>Trans</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>CHA301</td>
<td>CHAIR, swivel, height adjustable, high back, with arms, wipeable, 5 star base, on castors</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td>COM033</td>
<td>COMPUTER KEYBOARD</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td>COM046</td>
<td>COMPUTER MONITOR, 15”; TFT, digital flat panel display, desk top</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
<td></td>
<td>OUT010</td>
<td>SOCKET outlet, switched, 13 amp, twin</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>OUT133</td>
<td>SOCKET outlet, computer data, double</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>HOO019</td>
<td>HOOK, single, small, wall mounted</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>CAL007A</td>
<td>PULL/PUSH BUTTON or STRIP, staff emergency call, reset and integral/adjacent indicator lamp/ alarm</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>CAL034</td>
<td>LAMP, repeat call, staff emergency or assistance call</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>SWC076</td>
<td>SWITCH, 'Room in use' illuminated sign</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>LIG073</td>
<td>ILLUMINATED SIGN, 'Room in use'</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>OUT005</td>
<td>SOCKET outlet, switched, 13 amp, single</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>SWC025</td>
<td>SWITCH, light</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td>COU007A</td>
<td>COUCH, examination/treatment, (2 or 3 section), with paper roll holder, variable height, retractable wheels</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>LIG015</td>
<td>LUMINAIRE, examination, mobile. Wall mounted exam lamp is a project option. Connection unit &quot;OUT049&quot; also required if provided.</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DIS013</td>
<td>DISPENSER, paper towel, wall mounted</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DIS026</td>
<td>DISPENSER, Medical hand sanitizer, lever action, wall mounted</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DIS438</td>
<td>DISPENSER, disposable gloves set of 3 and disposable apron, wall mounted</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>BAS101</td>
<td>BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D. HTM64LBHM</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>TAP892</td>
<td>TAP, bib, 2x8 mm thermostatic mixer, automatic action, sensor operated, non-touch, HTM 64 TBH6</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>WAS107</td>
<td>TRAP, bottle, 1.1/4 in, plastic resealing. HTM64TRR1/P</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DIS011</td>
<td>DISPENSER, barrier cream, disposable single cartridge, wall mounted</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DIS030</td>
<td>DISPENSER, soap, disposable single cartridge, lever action, wall mounted</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>OUT049</td>
<td>CONNECTION UNIT, switched, 13 amp, flex outlet.</td>
</tr>
<tr>
<td>Grp</td>
<td>Qty</td>
<td>New</td>
<td>Trans</td>
<td>Code</td>
<td>Description</td>
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<td>-----</td>
<td>-------</td>
<td>------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>PAN307</td>
<td>SANITARY BACK-Panel: IPS type; 700W</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>CHA017</td>
<td>CHAIR, upright, stacking, wipeable</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DOR100</td>
<td>Doorset, 1000mm, left hand</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>HOL006</td>
<td>HOLDER, sack, with lid foot operated, medium, freestanding, 875H 430W 385D</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td>REF059A</td>
<td>REFRIGERATOR, drugs (e.g. 46 litre capacity, lockable, bench mounted; 535H 445W 465D)</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>CUP125A</td>
<td>CUPBOARD, controlled drugs (e.g. 161 litre capacity, 50kg, lockable, securely wall-mounted 600H 898W 300D)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>OUT050</td>
<td>OUTLET, controlled drugs cupboard</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>OUT056</td>
<td>CONNECTION UNIT, unswitched, 13 amp</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>DES006</td>
<td>DESK, cantilever, single pedestal 3 drawer, modesty panel, 1200W 750D</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>SMW081</td>
<td>WORKTOP, clinical, min 1000W 650D</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>SMC013A</td>
<td>STORAGE, base unit on plinth, for pull out plastic trays (6 No), with door, lockable 850H 1000W 500D. HTM 71.</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>BOA901</td>
<td>BOARD, marker/magnetic; 600x600mm, wall mounted.</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>CLO001</td>
<td>Clock, battery, wall mounted</td>
</tr>
</tbody>
</table>

**Equipment Codes:**

- **Trans**: TRANSFER - equipment can be transferred from Police Scotland
- **New**: NEW - equipment is provided new by Police / NHS partnership
- **Grp 1**: equipment is a fixture; generally supplied and fitted via building contract by building owner
- **Grp 2**: equipment is a fixture; supplied by NHS/ Police and fitted via building contract
- **Grp 3**: loose equipment; supplied by NHS/ Police
- **N or P**: the supplier's suffix should be added to the Grp code once known
Appendix 2 - NHS Guidance relevant extracts

Sheet 7: Basin assemblies for use in connection with clinical procedures

The typical assembly requirements are:
1. Hospital pattern basin, integral back outlet, large or medium.
2. Washing hands and forearms under running water (therefore no plug).
3. Hospital pattern (lever-action) tap or automatically by sensor to avoid contamination.
4. Single horizontal spout, open nozzle and flow straightener.
5. Thermostatic mixer in hot supply (TMV3 D08-approved).
6. Connecting to concealed services.

![Diagram of basin assemblies]

Figure 8: Basin assemblies for use in connection with clinical procedures

SHTM 64 Sanitary Assemblies 1, 2009, page 44
Clinical wash-hand basin

3.12 These ergonomic drawings (see Figure 6) show the space requirements for standing use of a clinical wash-hand basin assembly. For seated use, the basin will need to be lowered.

3.13 The basin should be fitted with non-touch taps.

3.14 The recommended fixing height of a lever tap on a clinical wash-hand basin is 1095 mm. Where a lever tap is used, the fixing height of the dispensers should be chosen to reduce any possible conflicts in use.

3.15 The illustrated clinical wash-hand basin projects 400 mm from the back panel or wall. However, clinical wash-hand basins may vary from 350 to 500 mm projection. Where basins deeper than 400 mm are used, the impact on/from other components and/or activities undertaken within any space should be considered when evaluating any room layout.

3.16 The glove and apron dispenser illustrated is a combined unit; this is considered the most compact solution although separate units may also be used. Even the most compact unit cannot practically be located within comfortable reach of the basin; it should, however, be conveniently located within the room.

3.17 The ergonomic advice for the height of horizontal elbow operated lever taps is based on the following data:

“Elbow height for shod, slightly bent posture (as when leaning forward) for 50%ile UK male = 1134 mm, for female 1049 mm. 1090 mm is considered the best compromise for an elbow height for both male and female use. The ergonomic advice for the height of a lever tap is 75 mm below elbow height giving a figure height of approx 1015 mm.”

3.18 Lever taps are not illustrated.

3.19 For detailed information on basins, see Health Building Note 00-10 Part C – ‘Sanitary assemblies’.