

SOP30

Standard Operating Procedure For Use of Portable Bladed Fans in the Clinical Environment

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[Appendix 1 – Risk Assessment for the use of Portable Bladed Electric fans in clinical areas](#)

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

This SOP aims to assist with the risk assessment for the choice of fan to be used, when and where they can be used, and the cleaning and disinfection required when the fan is no longer in use. This SOP will include fans for use for patient comfort and for cooling areas when the temperature outside increases, and in the event of a heatwave.

Portable fans have been linked to cross infection in health and social care facilities. Dust and debris can accumulate on the surface of fans particularly on the internal blades which provides a reservoir for microorganisms and increases the risk of transmission. A risk assessment should be completed prior to the use/reuse of fans and decontamination schedules must be in place.

This SOP will apply to all clinical areas and clinics where fans may be used.

2.0 Accountabilities

- Infection Prevention Team
- Reinforce details in the SOP
- Provide specialist advice for when fans can be used within clinical areas
- Provide specialist advice for the cleaning and decontamination of fans
- Monitor the use and decontamination of fans as part of the environmental audit process
- Procurement
- Ensure only fans which are compliant with the SOP are purchased and supplied
- Matrons, Senior Sisters, Charge Nurses, Department managers
- To ensure all staff are aware of this SOP
- To ensure all staff complete a risk assessment prior to the use of a fan
- Ensure only fans which are compliant with this SOP are used
- Ensure fans are only used in accordance with guidance in this SOP
- Ensure fans are cleaned and decontaminated after use and stored appropriately
- Ensure a visual safety check of the fan is performed prior to use
- Ensure the monitoring of fans is included as part of the monthly environmental audits
- Ensure any non-compliant fans are removed from the clinical area and sent for disposal

Ward/Department staff

- Ensure compliance with this SOP
- To ensure a risk assessment is completed prior to the use of a fan

- Ensure only fans which are compliant with this SOP are used
- Ensure fans are only used in accordance with guidance in this SOP
- Ensure fans are cleaned and decontaminated after use and stored appropriately
- Ensure a visual safety check of the fan is performed prior to use
- Ensure any non-compliant fans are removed from the clinical area and sent for disposal

3.0 Procedure/Guidelines Detail / Actions

3.1 Use of portable fans in clinical areas

Adjust heating, ventilation, and air conditioning system to achieve comfortable humidity, temperature, and fresh air, therefore avoiding the need for a fan.

If all other cooling methods have been attempted with no success a risk assessment should be completed on a case-by-case basis prior to each use/reuse of portable fans in a clinical area. (See attached risk assessment tool)

Fans should only be used as a temporary measure unless there are exceptional circumstances, and it has been approved by the Infection Prevention team in advance.

3.2 Recommendations for use of fans in clinical areas:

- The use of a fan is of benefit to the patient's clinical condition and/or comfort.
- Portable fans should not be used during outbreaks or when a patient is known or suspected to have an infectious agent. This will include the use of fans on the nurses' station and in communal areas.
- Do not use in rooms where a patient is being cared for using airborne precautions e.g., TB, Measles, Chicken Pox etc.
- Do not use in rooms where a patient is being cared for using droplet or contact precautions e.g., *Clostridioides difficile*, MRSA, Norovirus, COVID-19, Influenza etc.

Portable fans should **NOT** be used in:

- High risk areas e.g., ICCU, NNU, Renal Dialysis, Haematology/Oncology, operating rooms
- In areas where there are immunocompromised patients
- Areas where sterile supplies are stored.
- Areas where the reprocessing of medical devices takes place e.g., endoscopy, sterile service, dental instrument reprocessing etc.
- Patient kitchens or in food preparation areas

3.3 Placement of portable fans

Portable fans should be dedicated to individual use and each patient should have their own portable fan for use within their bedspace only. 1 fan should not be used to cool multiple patients at a time.

- Ensure the fan is clean and ready for use, no visible dust, dirt, or debris.
- The fan should be positioned so the air flow is directed towards the patient.

- Ensure the airflow is positioned so as not to flow directly at the door or entrance to a room, corridor or across environmental surfaces. Ideally the flow should be directed upwards towards the ceiling, avoiding smoke detectors.
- Position the fan on a clean surface at the patient's bed/chair level or higher. Do not place table fans on the floor.
- Ensure airflow is not blowing directly on any wounds or wound dressings or other invasive devices or directly into the patient's face.
- In communal non-patient areas e.g., staff rooms and offices ensure the airflow is directed within the area.

Fans must be turned off before the following activities take place:

- Any sterile or aseptic procedure e.g., cannulation, administering an injection or IV medication, catheterisation, dressing changes etc.
- Any procedure that may result in sprays or splashes of blood or bodily fluids.

3.4 Cleaning and Decontamination

- Portable fans in clinical areas should be removed from the area immediately and decontaminated after each individual patient use.
- Fans should be cleaned as per the manufacturer's instructions using a detergent wipe.
- If contaminated with bodily fluids (except blood) fans should be cleaned with a detergent wipe, then followed by a chlorine-based solution at 1000ppm or detergent/chlorine-based wipe.
- In the presence of a blood spillage a chlorine-based solution at 10,000ppm should be used to clean after the use of a detergent wipe.
- All fans (including blades) in a clinical area should be decontaminated each week as part of the cleaning schedule to prevent build-up of dust and debris and to minimise the risk of cross contamination.
- Fans should be included on the cleaning schedule for ward/department area.
- It is the responsibility of the clinical team to ensure fans are cleaned.
- When not in use fans should be cleaned, dried, labelled as clean and stored ready for use.
- Fans in non-clinical areas are not covered by the Estates and Facilities alert however they should be kept clean, and a visual check performed prior to use to assess for safety.
- Perform hand hygiene before and after handling a fan.

3.5 Procurement

All fans purchased for use at RWT should be purchased via procurement and include manufacturers' information and advice on how to decontaminate the fan.

- Bladed fans only to be purchased through procurement which are suitable for use in a Healthcare setting. Bladeless fans are not recommended and must not be used in clinical areas.

- The fan guard should have quick release clips (not screws) to allow for easy removal for decontamination.
- Can be easily decontaminated with detergent wipes (or chlorine if in contact with a blood/bodily fluid spillage).

4.0 Equipment Required

Bladed fans which are compliant with this SOP

5.0 Training

Staff will be shown how to clean a fan as part of Infection Prevention education and training sessions. Advice can be sought from the Infection Prevention Team.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment.

An equality analysis has been carried out and it indicates that:

Tick	Options
	There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The Infection Prevention Team will be responsible for the maintenance and review of this SOP in accordance with national guidelines and best practice at least every three years.

9.0 Communication and Training

The approved SOP will be communicated through Trust Brief and can be found on the Trust Intranet system.

Managers and Matrons will be informed of the launch and any revisions to the SOP.

Basic Training will be provided as part of Infection Prevention education sessions.

Further training will be arranged in response to audit findings.

10.0 Audit Process

This Standard Operating Procedure will be monitored through Infection Prevention Governance, IPCG and Environment Group.

Criterion	Lead	Monitoring method	Frequency	Evaluation
Monitoring use of fans including cleaning and decontamination as part of environmental audit process and ward/department visits	Infection Prevention Team	Ward/department visits	Monthly	Environment group
	Ward/Department Manager	Monthly IP environmental audits		IPCG
	Matron			

11.0 References - Legal, professional, or national guidelines

- Alsaffar, L., Osbourne L., Bourne NT. (2018) *Bacterial Colonisation of Bladeless Electrical Fans*. Journal of Hospital Infection.
- Estates and Facilities Alert. (2019) *Portable fans in health and social care facilities: risk of cross infection*. Reference: EFA/2019/00. Crown Publication.
- Health Protection Scotland. (2018) SBAR: *Portable cooling fans for use in clinical areas*.
- National Infection Prevention and Control manual, Health Protection Scotland

Part A - Document Control

Procedure/ Guidelines number and version	Title of Procedure/Guidelines	Status:		Author:
SOP30 Version 1.0	Standard Operating Procedure for use of Portable Bladed Fans in Clinical Areas	Final		Matron Infection Prevention For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Aug 2023	Matron Infection Prevention	New SOP
Intended Recipients: All RWT clinical staff				
Consultation Group / Role Titles and Date: IPCG				
Name and date of group where reviewed		IPCG June 2023 Trust Policy Group September 2023		
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)		Trust Management Committee Sept 2023		
Date of Procedure/Guidelines issue		October 2023		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		3 Yearly - September 2026		
Training and Dissemination: This document will be sent out in Trust Brief, IP Newsletter and discussed at Senior Nurses and Matrons' Group. The SOP will be uploaded onto the Trust Intranet.				
To be read in conjunction with: <u>IP01 Hand Hygiene</u> <u>IP04 Transportation of Clean and Contaminated Instruments, Equipment and Specimens</u> <u>IP10 Isolation Policy for Infectious Diseases</u> <u>IP12 Standard Precautions</u> <u>HS01 Management of Health and Safety</u> <u>HS11 Management of Medical Devices Policy</u> <u>HS12 Decontamination of Re-usable Medical Devices</u>				

Initial Equality Impact Assessment: Completed Yes	
Contact for Review	Matron Infection Prevention
Monitoring arrangements	Infection Prevention and Control Group Environment Group
Document summary/key issues covered. This SOP aims to assist clinical staff with the risk assessment for the choice of fan to be used, when and where it can be used, and the cleaning and disinfection required when the fan is no longer required or in use.	
Key words for intranet searching purposes	SOP30, Portable Bladed Fans, Fan, Fans, Portable Fan, Bladed Fans, Portable, Portable Fans, Bladed

Appendix 1

Risk Assessment for the use of Portable Bladed Electrical fans for the Use in Clinical Areas

Assessor:	
Date of Assessment:	

Have all other methods of cooling been attempted with no success? Yes/No

e.g., windows opened, blinds closed, regular hydration, clothing adjustments within permitted dress code, regular breaks?

If **NO** a fan should not be used

If **YES**, please continue to complete the risk assessment.

Patient assessment	Yes	No
Is it possible to lower the patient's temperature by other means? E.g., remove a layer of clothing, cool drinks etc.		
Is the patient being cared for using airborne precautions? E.g., does the patient have suspected or confirmed TB, Measles, Chicken Pox etc?		
Is the patient being cared for using droplet or contact precautions? E.g., does the patient have suspected or confirmed <i>Clostridioides difficile</i> , MRSA, Norovirus, COVID-19, Influenza etc?		
Is the patient deemed to be immunocompromised due to disease or treatment or being nursed in protective isolation?		
Has the Infection Prevention Team advised a fan must not be used for this patient or in this room?		
Is it clinically unsafe for the patient to have a fan in their room/at the bedside?		
Please note the fan MUST be switched of when undertaking aseptic procedures		

If you have answered **YES** to any of the above questions a fan should **NOT** be used

Environmental assessment	Yes	No
Is it possible to lower the temperature of the room by any other means e.g., opening windows and doors, reducing heating levels?		
Is air conditioning available in the room?		
Is the patient being nursed in a high-risk area e.g., ICCU, NNU, Renal Dialysis, Haematology/Oncology, Operating theatres?		
Are there any immunocompromised patients within the area?		
Are any sterile supplies stored within this area?		
Does any reprocessing of medical devices take place within this area e.g., endoscopy, sterile services, dental instrument reprocessing etc?		
Is any food prepared in this area?		

If you have answered **YES** to any of the questions above a fan should **NOT** be used.

Equipment assessment	Yes	No
Is the fan bladed?		
Is the fan free from dust, dirt, or debris?		
Is the fan free from any damage? Check the fan including the cord/plug for any wear, tear, or damage?		
Does the fan guard have quick release clips and can be removed for cleaning purposes?		
Can the fan be decontaminated with the Trust recommended cleaning products?		
Does the fan have a valid PAT testing label?		
Does the fan belong to the patient/family? If so, is it compatible with the SOP and has it been cleaned and PAT tested prior to use?		
Is the fan to be used by 1 patient only and not to cool multiple patients?		
Can the flow of air from the fan be directed so that it is level with the surface of the patient's bed or chair and directed upwards towards the ceiling (avoiding smoke detectors)?		
Can the fan be positioned so the air flow is directed towards the patient?		
Can the fan be positioned on a clean surface at the patient's bed/chair level or higher?		

If you have answered **NO** to any of the above questions, then the fan should **NOT** be used until the appropriate actions have been taken. E.g., clean or change for a fan that can be used safely.

Please file this risk assessment in the patient's notes.

Any deviation from this risk assessment is the responsibility of the individual completing the form and the departmental line manager.

The fan MUST be cleaned after each use and prior to returning to storage.