



National Green Theatres Programme

Prògram Nàiseanta Lannsaireachd Uaine

Reducing the use of couch roll

May 2026

About

This case study outlines the rationale, benefits, and proposed approach for reducing the use of couch roll across clinical settings within NHS Scotland. The aim is to encourage Health Boards to adopt a simple, high impact practice that delivers meaningful carbon savings and supports wider sustainability goals.

While there is no formal reporting requirement, Health Boards are encouraged to consider how reducing the use of couch roll can contribute to broader waste and carbon reduction efforts.

Insights and learning from NHS Borders and NHS Lothian, both of which have already started reducing couch roll use, have been included to provide practical examples and evidence of early progress.

Background

Couch roll has traditionally been used across clinical settings as a hygiene measure, however, NHS Scotland's National Infection Prevention and Control Manual¹ (NIPCM) shows that effective cleaning of examination couches between patients is the required infection prevention measure. As the NIPCM identifies cleaning as the appropriate control measure and does not require routine use of couch roll, its continued use provides little additional infection prevention benefit whilst contributing significantly to unnecessary waste and environmental impacts.

Overusing leads to:

- Significant volumes of single use paper waste
- Increased clinical waste disposal, with uncontaminated couch roll often placed in clinical waste streams
- Avoidable carbon emissions arising from the production, transportation, and incineration
- Unnecessary operational expenditure associated with purchasing and disposing of high volumes of couch roll

Reducing couch roll use supports key national sustainability priorities, including the NHS Scotland Climate Emergency and Sustainability Strategy² and Scotland's Circular Economy and Waste Route Map to 2030³. Several Health Boards have already shown that reducing couch roll in appropriate settings can be introduced safely, without affecting patient experience or infection control standards.

¹ [National Infection Prevention and Control Manual](#)

² [NHS Scotland Climate Emergency & Sustainability Strategy](#)

³ [Scotland's Circular Economy and Waste Route Map to 2030](#)

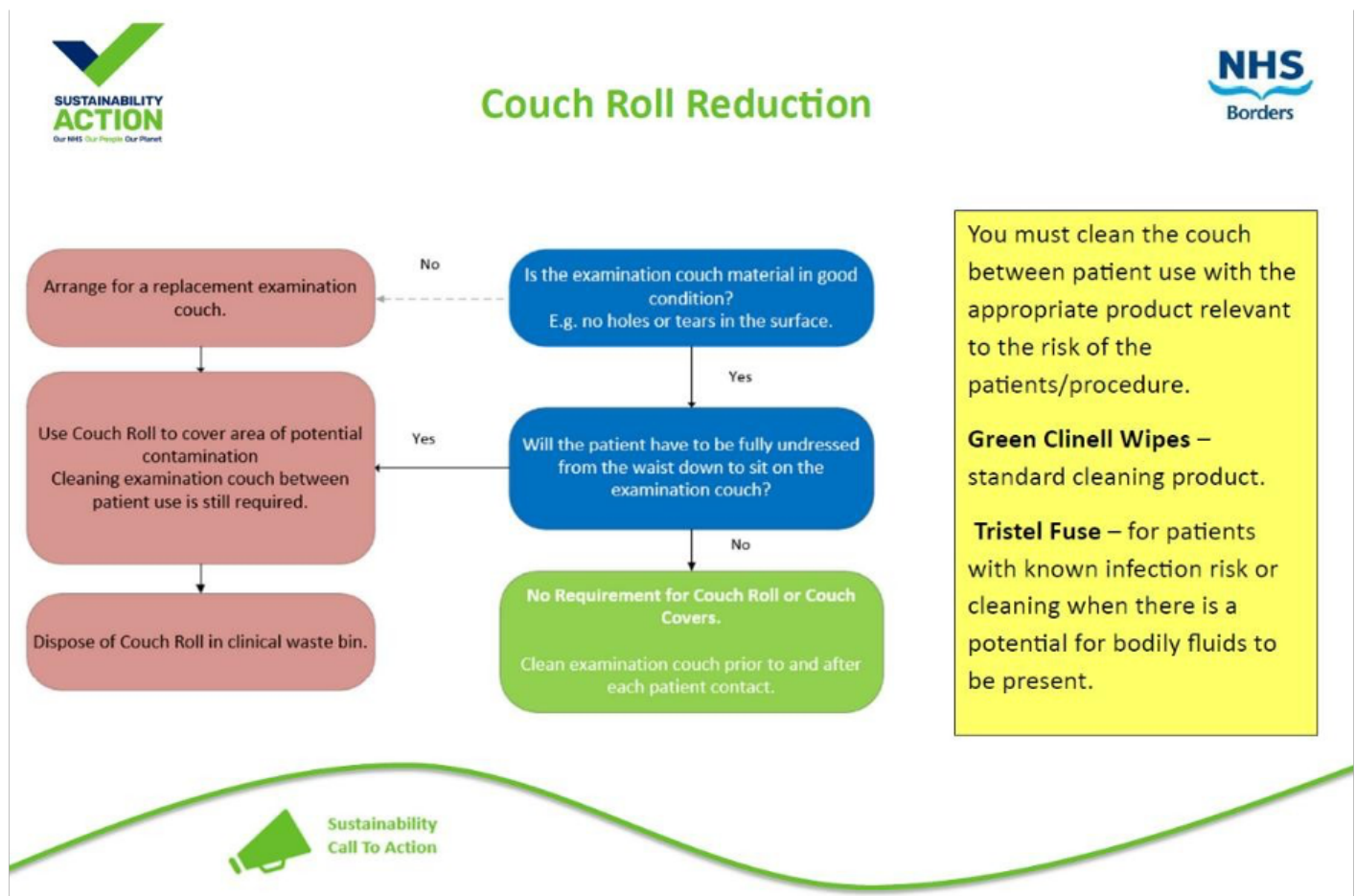
Data provided by National Procurement shows that between April 2025 and March 2026, NHS Scotland purchased 307,086 individual couch rolls, with a total weight of 461 tonnes and a combined total length of 22,051km. If laid from end to end, this exceeds the length of the Great Wall of China and equivalent to crossing the United States from Los Angeles to Boston more than 5 times.

Practice changes adopted by Health Boards

Health Boards that started early have reduced the routine use of couch roll, using it only when it is clinically required for infection prevention purposes. Examples include:

- When the patient is undressed from the waist down
- When the examination couch surface is damaged (e.g., tears, holes)
- When required for a specific clinical procedure

A key element of the change is reinforcing that cleaning examination couches between patients is already standard Infection Prevention Control (IPC) practice, meaning that reducing couch roll use does not increase staff workload. A decision-making flow chart, developed by NHS Derbyshire⁴ and adapted by NHS Borders and NHS Lothian, also supports staff in determining when couch roll is clinically required.



⁴ [Original Flow Chart by NHS Derbyshire](#)

Challenges

Reducing the use of couch roll presents both practical and behavioural challenges. Long standing staff habits and perceptions often reinforce couch roll as a default hygiene measure, while some patients associate it with cleanliness and reassurance. Securing IPC approval can take time and discussion around the importance of consistent cleaning of touch points between patients.

Procurement and waste practices also contribute to the challenge, as couch roll has historically been disposed of as clinical waste, even when uncontaminated. Together, these factors underline the importance of clear communication, strong IPC alignment, and tailored implementation across services.

Outcome/results

Early implementation across NHS Boards shows that reducing routine couch roll use delivers clear environmental and financial benefits, without compromising infection prevention standards. Reported outcomes include reduced waste, lower carbon emissions, cost savings, positive staff engagement, and stronger alignment with national sustainability goals. Ongoing local measurement will be important in demonstrating impact and support wider adoption.

Early results from implementing Boards

NHS Borders has achieved a measurable reduction in couch roll use, preventing significant waste and delivering associated cost savings. This demonstrates the potential scale of impact if adopted more widely across Scotland. Updated Standard Operating Procedures (SOPs) and the decision-making flow chart are now embedded in practice, with implementation extending beyond the initial pilot areas of Outpatients, Radiology and Occupational Health.

NHS Lothian has also identified significant potential savings. Increased usage, linked to rising outpatient activity, and has also highlighted the need for change. Work is underway to develop internal communications and sustainability metrics, alongside plans to host guidance and Frequently Asked Questions (FAQs) on the intranet to support wider rollout.

Across both Health Boards, no negative IPC outcomes have been reported. This provides strong assurance that reducing couch roll use is safe, effective, and fully aligned with the National Infection Prevention and Control Manual.

Learning

Early adopters have identified several key lessons to support successful implementation. Clear and consistent communication is essential to address misconceptions and build staff confidence, particularly in explaining that couch roll is not routinely required in certain clinical settings. Early engagement with IPC teams has also been critical, ensuring clinical assurance, consistent messaging, and a shared understanding of when couch roll is necessary.

Piloting the approach in selected areas has proven valuable, enabling services to identify operational needs, gather staff feedback, and refine local guidance before wider rollout.

Supporting materials, such as posters, updated SOPs and decision-making flow charts, have helped reinforce expectations and encourage behaviour change.

Monitoring usage data has been another important enabler. NHS Borders used departmental reporting to identify high use areas, while NHS Lothian analysed procurement trends to inform action and track progress. Both Health Boards found that highlighting financial savings, alongside carbon reduction benefits, helped strengthened engagement and communicate the wider value of reducing couch roll use.

Opportunities for national impact

Applying a conservative 30% reduction to the national procurement levels suggests that approximately 138 tonnes of couch roll could be prevented from entering NHS waste streams.

Health Boards can begin by reviewing current usage to identify where reductions are feasible, engaging IPC teams at an early stage to confirm clinical appropriateness and agree clear criteria for when couch roll is required.

Piloting the approach in high use areas enables services to test it, gather feedback, and refine processes ahead of wider rollout. Local SOPs, cleaning protocols, and guidance can then be updated to reflect revised practice, supported by clear communication with staff and patients to explain the rationale and expected benefits.

Ongoing monitoring of usage and waste data will be key to demonstrating impact, tracking progress and maintaining momentum. Health Boards are also encouraged to share learning and progress with Green Healthcare Scotland and peers to support wider adoption.

To support effective implementation, Boards can use procurement data to identify priority areas, work with IPC teams to develop a decision-making tool such as flow chart and produce staff facing materials such as FAQs and visual prompts to encourage behaviour change. Hosting guidance and resources on the intranet can help embed consistent practice across services.

Acknowledgements

We acknowledge the valuable contributions of NHS Borders and NHS Lothian, whose early work to reduce couch roll has provided important insights and evidence to inform this case study. We also recognise the support of Infection Prevention and Control teams, sustainability leads, procurement colleagues, and clinical staff across the Health Boards for their collaboration and commitment to improving practice.

We are grateful to National Procurement for providing national data, which has strengthened the understanding of current couch roll usage and highlighted the scale of opportunity for reduction across NHS Scotland. We also extend our thanks to NHS England trusts, whose published resources and implementation tools have helped shape the development of decision-making flow charts, communication materials, and evidence-based approaches to reducing unnecessary couch roll use.