The Newcastle upon Tyne Hospitals NHS Foundation Trust

Ventilation Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>15 January 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>15 January 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>22 December 2015</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Estates Management Group</td>
</tr>
</tbody>
</table>

1 Introduction

The Trust, accepts its responsibility under the Health and Safety at Work Act 1974 (HSAWA), the Management of Health and Safety at Work Regulations 1999 (MHSW), Control of Substances Hazardous to Health (COSHH), Building Regulations, HSG258 Guide to LEV, Controlling Airborne Contaminants at Work 2011, Health and Social Care Act, Medicines Act 1968, Provision and Use of Work Equipment Regulations (PUWER), Workplace Health, Safety and Welfare Regulations 1992 Second Edition 2013. All place a duty on Newcastle upon Tyne NHS Foundation Trust (NUTH) to publish, issue and implement a ventilation policy, which outlines the organisation and procedures required to achieve the objectives set out in those legislative documents.

The Trust recognises that the lowest acceptable standards of air quality are contained in legislation and it is the aim of the Trust, as an organisation committed to quality performance, to improve upon these standards. The aim of this policy is to provide staff and contractors with the standards required for the supply, installation and maintenance of all Mechanical Ventilation systems within Trust properties.

2 Scope

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other Service Level Agreements (SLAs) and Private Finance Initiatives (PFI). Where the management of buildings/areas occupied by Trust staff and/or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of the site specific Risk Management requirements is managed by local Policies. It remains; therefore, the Trusts responsibility by the Estates Governance Manager and Facilities and Capital Development Manager, to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

3 Aims

The Trust is committed to the safe and efficient operation of all the ventilation systems for which it has a responsibility in line with all current guidances identified in this policy.
The Trust will adhere to the testing and verification of equipment to help promote a safe working environment for all persons who come into contact with the Trust and its facilities.

The Trust reviews procedures for health and safety matters. Identification of hazards and elimination of risks shall also take account of the ventilation systems, with the safety codes guidance and HTM 03 to ensure compliance with statutory legislation.

The effectiveness of the ventilation policy and procedures detailed in relevant guidances depends mainly on the Estates & Facilities Department to actively assess and maintain the systems at the Trust.

Suitable and sufficient risk assessments and safe systems of work will be undertaken by management.

Management will ensure that employees are competent to undertake tasks involving ventilation maintenance.

Management will ensure correct safety signs are provided to ensure compliance with legislation.

4 **Duties (Roles and responsibilities)**

4.1 **Chief Executive**

The Chief Executive has overall responsibility for ensuring that the Trust’s premises comply with all statutory requirements and also has an overriding duty of care as the duty holder under the HASWA.

This responsibility is delegated to the Director of Estates & Facilities within the Trust. To help with such responsibility, the Authorised Person will help with the day-to-day management and control of the ventilation policy.

4.2 **Designated Person – Director of Estates & Facilities**

The Director of Estates & Facilities is classed as the nominated Designated Person and will provide a link with the Trust Board and the Quality and Governance Committee to ensure that appropriate management systems are put into place to address ventilation issues and ensure compliance with legislation within the Trust.

He/she will oversee the management arrangements and advise the Trust Board accordingly and ensure that the Trust’s risk register is maintained with regard to ventilation management.

He/she will appoint, in writing, an Authorising Engineer to implement, administer and monitor the safety arrangements for the systems installed at the Trust.
He/she will review the appointment of the Authorising Engineer on an annual basis.

Where appropriate, he/she will seek advice from the Authorised Person, Infection Prevention Control and the Non Clinical Risk Advisor to ensure the Trust meets its statutory obligations for the control and management arrangements for ventilation safety.

He/she will agree any deviation from HTM 03 and other current requirements as detailed in this policy.

He/she will ensure that sufficient resources are made available to the Estates and Facilities Department to comply with their duties outlined in this policy.

4.3 Authorising Engineer

The Authorising Engineer will be an independent appointee to the Trust, reporting directly to the Designated Person. They will hold Authorising Engineer qualifications in line with HTM 03.

He/she will be responsible for implementing, administering and monitoring the implementation of HTM 03.

He/she will assess and recommend, in writing, an appropriate number of Authorised Persons.

He/she will define the exact area of responsibility for each Authorised person, and may remove an Authorised Person from their post if appropriate.

He/she will audit compliance of the Trust against HTM 03 and produce an Action Plan for completion by the Trust, and review progress of the Action Plan.

Notify the Department of Health of any known operational restriction issued.

Co-ordinates the investigation of serious incidents relating to the ventilation systems.

4.4 Authorised Persons

Will have a letter of Authorisation explain responsibilities from the Authorising Engineer which is time bound.

There can be more than one Authorised Person for an area, but only one can be on duty at any time. Transfer of responsibility must be recorded;

He/she will follow the duties and responsibilities laid down in HTM 03.
He/she must appoint Competent Persons, who possess the necessary technical knowledge, skill and experience relevant to the nature of the work to be undertaken, who is able to prevent danger.

He/she must maintain a register of all Competent Persons for work on ventilation systems.

He/she must define the extent of the systems for which competent persons are responsible.

He/she must ensure that there are suitable and sufficient risk assessments and safe systems of work in place for all ventilation procedures and tasks.

He/she must ensure that remedial action is taken, as required, when items of equipment are found and/or reported to be defective.

He/she must ensure all staff, under his/her control, receive appropriate training in relation to the duties they are required to undertake.

He/she must ensure that prior to carrying out programmed maintenance which may affect the running of the ventilation system(s), the ward/department manager is informed to ensure clinical activity is not adversely affected.

4.5 Competent Person

A Competent Person is approved and appointed in writing by an Authorised Person for defined work, possessing the necessary technical knowledge, skill and experience relevant to the nature of the work to be undertaken, who is able to accept a permit-to-work from an Authorised Person.

4.6 Infection Prevention Control

It is the responsibility of the Infection Control Team (ICT) to provide input for all matters relating to the hospital environment, maintenance of hospital buildings and engineering systems and to work with the Estates Team including:

- Provide education for maintenance staff and management of Infection Control and reduction in HCAI’s
- Provide guidance and support when advice for controlling the environment is required
- Provide advice on risk assessments for controlling the environment decisions
- Identify priorities for action
5 Definitions

HSAWA – Health and Safety at Work etc. Act 1974
MHSWR – Management of Health and Safety at Work Regulations 1999
Infection Prevention Control IPC
Health Care Acquired Infections HCAI
Designated Person (Ventilation) DP (V)
Authorised Person (Ventilation) AP (V)
Authorising Engineer (Ventilation) AE (V)
Air Handling Unit AHU
Planned Preventative Maintenance PPM
Local Exhaust Ventilation LEV
Outpatients Department OPD

6 Operational Procedures

6.1 Maintenance of Ventilation Systems

All ventilation air handling units (AHU), plant, ductwork and systems shall be included in the planned preventative maintenance (PPM) system.

Inspections and maintenance shall be carried out in accordance with the following:

- Heating and ventilation systems Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises Part A and B.
- Health Technical Memorandum 04-01 – ‘The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems’.

The general frequency of inspections and validation for ventilation system shall consist of:

- All ventilation systems to be subject to inspection and maintenance annually.
- Ventilation systems servicing critical care areas shall be inspected and maintained quarterly with actual performance measured and validated annually.
- Local Exhaust Ventilation (LEV) systems to be examined and tested every 14 months.
Annual tests are to be carried out in order to demonstrate the continuing efficiency of the fire detection and contaminated systems.

A summary Schedule of ventilation systems is shown in Appendix A and B.

6.2 Maintenance and Test Records

In order that ventilation systems can be correctly operated and maintained it is essential that as-fitted drawings, operating manuals, maintenance instructions and commissioning manuals are available. Log books should be kept for each ventilation system consisting of maintenance records, test and validation data.

6.3 Monitoring

6.3.1 The responsibility for monitoring specific aspects is delegated to the appropriate key personnel. It is the duty of the AP (V) for the Trust to update the policy with respect to any of the changes outlined below, and notify all personnel involved with air handling and ventilation systems.

6.3.2 The policy is monitored via the Infection Prevention and Control Committee where quarterly reports will be submitted to monitor compliance of this policy.

6.3.3 The monitoring of the Policy will also be through the Datix reporting system where any untoward incidents occur, and subsequently through the Health & Safety Committee.

6.3.4 The AP (V) will carry out an annual policy audits.

6.4 Competence

It is essential that personnel at all levels have a sound general knowledge of the principles, design, operation and maintenance of air handling and ventilation systems. They should be trained on those specific systems for which they will be responsible and which they will be expected to use.

The training of an individual, which can be by formal education and by on-the-job tuition, as appropriate, is to be assessed for suitability by the person responsible for the appointment of the individual to a particular duty.

Records of all training activities are to be held in the operational procedures manual for each particular system. This will include the records of each individual who has received the necessary training appropriate to the duties to be undertaken.

6.5 Drawings

It is the responsibility of the Authorised Person to ensure the ventilation drawings up to date and ensure that all drawings and supplier information is handed over with every project.
6.6 Incident Reporting

Any incident which involves the ventilation systems and which compromises safety, must be reported on DATIX and to the Estates & Facilities Department, who will inform the Authorised Person for the system, and who, in turn will determine what action is to be taken to prevent any risk or danger arising from the reported equipment.

All reported incidents are to be investigated by the Authorised Person and recorded on a Trust incident/accident system (DATIX).

The reporting of injuries or dangerous occurrences, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2012 (RIDDOR), will be acted upon, as required, by the Health and Safety Department.

7 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.
8 Monitoring Compliance

The Estates and Facilities Department will have the overall responsibility to ensure this policy for ventilation installations is adhered to. Aspects of the policy where user involvement is identified should be adopted and promoted by the relevant managers as identified above.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the ventilation safety procedures and systems across the three different sites to assess compliance with relevant standards as identified in this policy.</td>
<td>Method: Annual Audits, By: Externally appointed Authorising Engineer as detailed in HTM 03, Committee: IP&amp;C, Frequency: Quarterly</td>
</tr>
<tr>
<td>Annual verification of critical ventilation plant</td>
<td>Method: Annual Tests, By: Internal Estates Staff or Contracted-in staff dependant on resources available, Committee: IP&amp;C, Frequency: Annually</td>
</tr>
<tr>
<td>Planned Preventive Maintenance</td>
<td>Method: Testing and maintenance in line with recommendations, By: In-house staff or contract staff, Committee: IP&amp;C, Frequency: Quarterly</td>
</tr>
</tbody>
</table>

9 Consultation and review

This ventilation policy is to be reviewed every 2 years or subject to changes in legislation or practice.

10 Implementation (including raising awareness)

The policy will be circulated Trust-wide with particular emphasis to the Estates & Facilities staff, Health and Safety team and IP&C.
11 References

Health and Safety at Work etc. Act 1974
Health Act 2006
Medicines Act 1968
Control of Substances Hazardous to Health 2002
Regulatory Reform Order 2005
HSG258 Guide to LEV, Controlling Airborne Contaminants at Work. 2011
Health and Social Care Act 2015
The Management of Health and Safety at work Regulations 1999
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2012
Provision and Use of Work Equipment Regulations 1998
Health and Safety (Safety Signs and Signals) Regulations 1996
Health Technical Memorandum 03 (Ventilation Services)

12 Associated documentation

Appendix 1 – Critical Ventilation Systems
Appendix 2 – General Ventilation Systems
## Appendix A - Table of Critical Ventilation System

| Operating Departments                                      | • Treatment Rooms  
|                                                           | • Endoscopy, Day Case Theatres  
|                                                           | • Main Theatres Suites  
|                                                           | • UCV Theatres  
|                                                           | • Recovery and ancillary areas  
|                                                           | • Cardiology  
| Obstetrics                                                 | • Maternity Theatres  
|                                                           | • Birthing Rooms  
|                                                           | • Neonatal Unit  
| Isolation Facilities                                       | • Chemotherapy  
| Sterile Service Departments                                | • Wash Rooms  
|                                                           | • Inspection and Packing Rooms  
|                                                           | • Storage Rooms  
| Pharmacy Departments                                       | • Aseptic Suites  
|                                                           | • Extemporaneous preparation area  
|                                                           | • Radio Pharmacy Suites  
| Pathology Department                                       | • Laboratories  
|                                                           | • Category 3 and 4 rooms  
| Mortuary and Post Mortem Rooms                             | • Mortuary  
|                                                           | • Post Mortem Rooms  
|                                                           | • Specimen Stores  
| General Wards                                              | • Treatment room  
|                                                           | • Isolation room  

## Appendix B - Table of General Ventilation system

<table>
<thead>
<tr>
<th>General Wards</th>
<th>• Stairwell</th>
</tr>
</thead>
</table>
| General Wards Maternity        | • Basement Supply / Extract  
|                                |   • Women's Services       |
| General Areas                  | • Pharmacy                 
|                                |   • X-Ray                  
|                                |   • A and E / Outpatients (OPD) |
**The Newcastle upon Tyne Hospitals NHS Foundation Trust**

**Equality Analysis  Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**PART 1**

1. **Assessment Date:** 22.12.2015

2. **Name of policy / strategy / service:**
   - Ventilation Policy

3. **Name and designation of Author:**
   - Doug Ward, Director of Estates

4. **Names & designations of those involved in the impact analysis screening process:**
   - Samantha Grainger, Estates Officer, Rob Sanderson, Chief Building Officer

5. **Is this a:**
   - Policy X
   - Strategy
   - Service

   **Is this:**
   - New X
   - Revised

   **Who is affected**
   - Employees X
   - Service Users
   - Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**

   The aim of this policy is to provide staff and contractors with the standards required for the supply, installation and maintenance of all Mechanical Ventilation systems within Trust properties.

7. **Does this policy, strategy, or service have any equality implications?** Yes □ No X

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

Newcastle upon Tyne NHS Foundation Trust (NUTH) to publish, issue and implement a ventilation policy, which outlines the organisation and procedures required to achieve the objectives set out in those legislative documents. The Trust recognises that the lowest acceptable standards of air quality are contained in legislation and it is the aim of the Trust, as an organisation committed to quality performance, to improve upon these standards.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>This policy does not differentiate race or ethnic origin</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>This policy does not differentiate between male and female</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>This policy does not differentiate between religions and beliefs</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>This policy does not differentiate between sexual orientation</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Age</td>
<td>This policy does not differentiate between age</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>This policy does not differentiate against any disability; all individuals involved in working on ventilation systems must be appropriately qualified or supervised.</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>This policy does not differentiate against gender re-assignment</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>This policy does not differentiate on this</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>This policy does not differentiate on this</td>
<td>No</td>
<td>NA</td>
</tr>
</tbody>
</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

   No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

   Do you require further engagement? Yes [ ] No [X]
11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Samantha Grainger

Date of completion: 22.12.2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)