

Ventilation Policy

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What is in this policy?

This policy states the requirements for University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) to fulfil the obligations for the management of ventilation systems in the context of the operational effectiveness, comfort and risks associated with airborne microbial pathogens. This policy contains all information relating to ventilation including individual roles involved in maintaining and upholding this policy.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
Feb 2020	1.00	Senior Estates Officer - Mechanical	First Draft	Initial policy reviewed and redrafted by Business and Compliance Manager

Sign off Process and Dates	
Groups consulted	Date agreed
Estates and Facilities Divisional Management Board	27/02/2020
Ventilation Safety Group	30/01/2020
Policy Assurance Group	20/02/2020
Risk Management Group	14/04/2020

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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Table of Contents

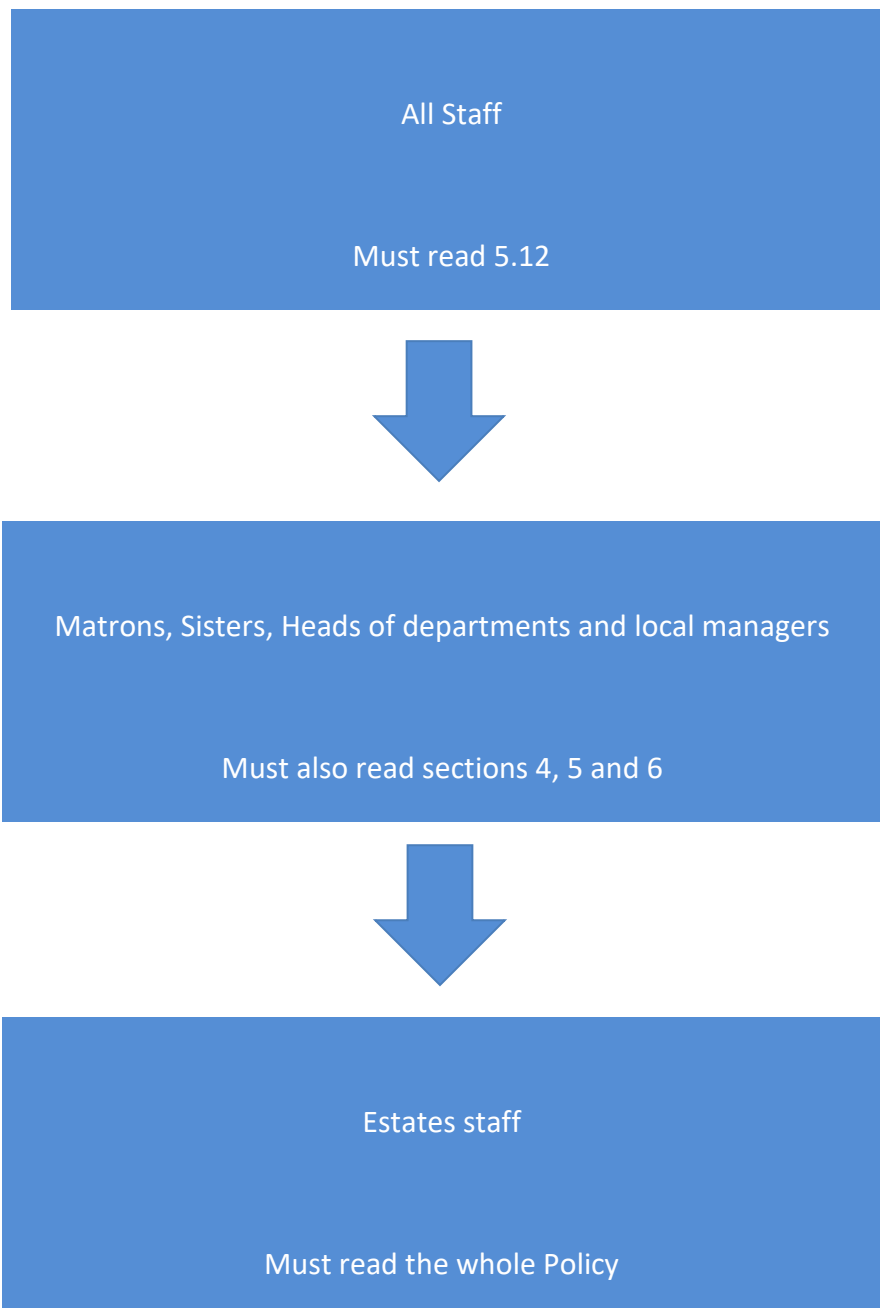
Do I need to read this Policy?	5
1. Introduction	6
2. Purpose	6
3. Scope	6
4. Definitions	7
4.1 Ventilation	7
4.2 Mechanical ventilation systems	7
4.3 Air-conditioning	8
4.4 Specialised ventilation	8
4.5 Local exhaust ventilation (LEV)	8
4.6 Extract ventilation	8
4.7 Natural ventilation	8
4.8 Management	8
4.9 Designated Person	8
4.10 Authorising Engineer (Ventilation) (AE(V))	9
4.11 Authorised Person (Ventilation) (AP(V))	9
4.12 Competent Person (Ventilation) (CP(V))	9
4.13 Infection Control Officer	9
4.14 Plant Operator	9
4.15 User	9
4.16 Contractor	9
4.17 Glossary of Terms	9
5. Duties, Roles and Responsibilities	10
5.1 Chief Executive	11
5.2 Director of Estates and Facilities	11
5.3 Associate Director of Estates	11
5.4 Authorising Engineer (Ventilation)	11
5.5 Authorised Person (Ventilation)	11
5.6 General Manager - Estates	12
5.7 Ventilation Safety Group	12
5.8 Director of Infection Prevention and Control (DIPC)	12
5.9 The Infection Prevention and Control Team (IPC)	12

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5.10	Competent Persons	13
5.11	Contractors	13
5.12	All Staff (Plant Operator or User)	13
6.	Policy Statement and Provisions	14
6.1	General Requirements	14
6.2	Specialist Training and Qualifications	15
6.3	Risk Assessment	15
6.4	Records	16
6.5	Drawings	16
6.6	Specialist Training and Qualifications	17
6.7	Annual Verification Inspections	17
7.	Standards and Key Performance Indicators	18
7.1	Applicable Standards	18
7.2	Audit and Review	18
8.	References	18
9.	Associated Internal Documentation	19
10.	Appendix A – Monitoring Table for this Policy	20
11.	Appendix B – Dissemination, Implementation and Training Plan	20
12.	Appendix C – Equality Impact Assessment (EIA) Screening Tool	21

Do I need to read this Policy?



1. Introduction

All workplaces need an adequate supply of fresh air. This can be natural ventilation, from doors, windows etc., or controlled, where air is supplied and/or removed by a powered fan. Ventilation is used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff. More specialised ventilation is provided in primary patient treatment areas such as operating departments, critical care areas and isolation units.

The Ventilation policy is required to fulfil statutory obligations under health and safety legislation, building regulations and Health Technical Memorandum (HTM-03) Specialised Ventilation Systems for Healthcare Premises.

The Trust recognises its responsibilities in ensuring that inspection, service and maintenance activities are carried out:

- Safely
- In accordance with both statutory, legislative and healthcare guidelines
- Without hazard to staff, patients or members of the public.

In achieving this, the Trust will ensure that all personnel associated with its effective and safe operation are competent and trained, and that periodic reviews of this policy and the supporting operational procedures are undertaken to ensure their relevance.

2. Purpose

This policy aims to provide a clear framework that provides appropriate guidelines and supporting operational procedures to ensure that the Trust complies with its duties. Therefore, the purpose of the policy is to ensure that systems and procedures are established to both manage and maintain ventilation systems by;

- Complying with the Health and Safety at Work etc. Act 1974 as it is the core legislation that applies to ventilation installations.
- Complying with Health Technical Memorandum (HTM 03-01): Specialist Ventilation for Healthcare premises
- Providing guidance to those responsible for the management of ventilation systems;
- Ensuring liaison between Infection Prevention and those with overall responsibility for maintaining ventilation systems;
- Ensuring ventilation systems operate at optimum levels of performance and within their intended design criteria;
- Maintaining a clean and appropriate environment which facilitates the prevention and control of HCAI (Health Care Associated Infection) in a manner conducive to quality clinical care.

3. Scope

This policy relates to staff that are responsible for the management of departments, wards or clinics where ventilation systems operate. Plus, to the staff who inspect, service and maintain the equipment to the required standards.

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All air conditioning and mechanical ventilation systems serving clinical areas must be designed, commissioned, validated and maintained in accordance with Health Technical Memorandum (HTM) 03-01 'Specialist Ventilation for Healthcare Premises', HVCA's Technical Report (TR) 19, 'Internal Cleanliness of Ventilation Systems' and the relevant Health and Safety Executive publications, in particular; The Management of Health and Safety at Work Regulations 1999.

The Health and Safety Executive document HSG258 states, 'Where employers use or intend to use LEV [local exhaust ventilation] they must ensure that it is appropriate for the task, installed and operated correctly and subsequently maintained so it continues to operate as when originally installed'.

A management structure within the roles and responsibilities section of this policy identifies the responsibilities for the implementation and management of this policy to designated stakeholders.

The operational procedures associated with this policy detail the responsibilities and safe systems of work for the operation of the various ventilation systems. The operational procedures will be authorised by the Ventilation Safety Group and place on DMS.

Appropriate training and guidance will be given to all persons using or working with mechanical ventilation and air conditioning systems so that they are aware of their responsibilities, the requirements of the policy, procedures and how to implement the appropriate safe systems of work.

Appropriate records must be maintained in accordance with the guidance given within the Health Technical Memorandum.

4. Definitions

There are various types of 'ventilation systems' used within Trust premises to manage a range of scenarios and circumstances that have different requirements or purposes

The terms "ventilation" and "air-conditioning" are often used interchangeably to describe the same type of equipment however for clarity the following definitions are used by the Trust;

4.1 Ventilation

Ventilation is a means of removing and replacing the air within a space. In its simplest form this may be achieved by simply opening windows and doors.

4.2 Mechanical ventilation systems

Provide a more controllable method. Basic systems consist of a fan and collection or distribution ductwork; more complex systems may include the ability to heat and filter the air passing through them. Ventilating equipment may be required in order to remove smells, dilute contaminants and ensure that a supply of fresh air enters a space.

4.3 Air-conditioning

Is the ability to heat, cool, dehumidify and filter air. For full air-conditioning, humidification may also be provided. Air-conditioning equipment may be required in order to provide close control conditions within the space.

4.4 Specialised ventilation

In healthcare premises, certain activities will necessitate the provision of ventilation equipment with additional features in order to achieve and maintain specific conditions. These may be required in order to assist in the treatment of patients or to maintain the health and safety of staff. Typical examples of areas requiring specialised ventilation are outlined in Health Technical Memorandum 03-01 'specialised ventilation for healthcare premises'.

4.5 Local exhaust ventilation (LEV)

LEV is a term used to describe systems installed to prevent hazardous substances from entering the general atmosphere of the room in which they are being operated. Their primary function is to protect staff from the effects of their work activity, for example, laboratories, aseptic suites, mortuaries or woodworking equipment. Simple LEV systems comprise a receptor or capture hood, extract ductwork and a fan.

4.6 Extract ventilation

Is required in sanitary facilities, dirty utilities and rooms where odorous but non-toxic fumes are likely to be present. A single fan is generally provided to meet that need.

4.7 Natural ventilation

Is a term that generally refers to the natural movement of air through a building due to changes in air temperature and pressure between open doors and windows, although it is difficult to maintain consistent air flow rates and ensure that minimum ventilation will be achieved at all times. This variability is normally acceptable in such areas as office accommodation, staff areas, seminar rooms and dining areas where open windows are available.

4.8 Management

Management defined as the owner, occupier, employer, general manager, chief executive or other person who is ultimately accountable for the safe operation of premises.

4.9 Designated Person

This person provides the essential senior management link between the organisation and professional support. The Designated Person should also provide an informed position at board level.

4.10 Authorising Engineer (Ventilation) (AE(V))

The AE(V) is defined as a person designated by Management to provide independent auditing and advice on ventilation systems and to review and witness documentation on validation.

4.11 Authorised Person (Ventilation) (AP(V))

The AP(V) will be an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing by the Designated Person (in conjunction with the advice provided by the AE(V)), who is responsible for the practical implementation and operation of Management's safety policy and procedures relating to the engineering aspects of ventilation systems.

4.12 Competent Person (Ventilation) (CP(V))

The CP(V) is defined as a person designated by Management to carry out maintenance, validation and periodic testing of ventilation systems.

4.13 Infection Control Officer

The Infection Control Officer (Director of Infection Prevention and Control) is the person nominated by management to advise on monitoring the infection control policy and microbiological performance of the systems. Major policy decisions should be made through an infection control committee. The infection control committee should include representatives of the user department and estates and facilities or their nominated representative (that is, the Authorised Person).

4.14 Plant Operator

The Plant Operator is any person who operates a ventilation installation.

4.15 User

The User is the person responsible for the management of the unit in which the ventilation system is installed (for example head of department, operating theatre manager, head of laboratory, production pharmacist, head of research or other responsible person).

4.16 Contractor

The Contractor is the person or organisation responsible for the supply of the ventilation equipment, its installation, commissioning or validation. This person may be a representative of a specialist ventilation organisation or a member of the general manager/chief executive's staff.

4.17 Glossary of Terms

For clarify the following abbreviations are use with regard to the Ventilation policy;

ACoP	Approved Code of Practice
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AE(V)	Authorising Engineer (Ventilation)
AP(V)	Authorised Person (Ventilation)
CP (V)	Competent Persons (Ventilation)
BMS	Building Management System
CAD	Computer Aided Design
COSHH	Control of Substances Hazardous to Health
DIPC	Director of Infection Prevention Control
EHO	Environmental Health Officer
HPA	Health Protection Agency
HSE	Health and Safety Executive
HTM	Health Technical Memorandum
TR19	Internal cleanliness of ventilation systems guide to good practice
PPM	Planned Preventative Maintenance

5. Duties, Roles and Responsibilities

The Chief Executive of the Trust has overall accountability and responsibility for ensuring that suitable and sufficient policies and procedures are in place to manage and maintain the Trust's ventilation systems. This responsibility is delegated to the Director of Estates and Facilities to ensure this policy is implemented, with the Associate Director of Estates being the responsible person for ensuring that all ventilation and air conditioning equipment is inspected, serviced and maintained in a safe manner without hazard to staff, patients or members of the public.

In order for the effective implementation of this policy, specific actions may be delegated to specialist persons within the organisation, or contracted to specialist contractors. Accountability cannot be delegated.

A person intending to fulfil any of the staff functions specified below should be able to prove that they possess sufficient competence, knowledge and experience to be able to safely perform their tasks.

5.1 Chief Executive

- (a) The Chief Executive has ultimate management responsibility, which includes allocation of resources and appointment of personnel for the safe and efficient operation of air conditioning and ventilation systems throughout the Trust. To ensure this responsibility is managed the Chief Executive has delegated this role under the remit of the Deputy Chief Executive and Chief Operating Officer, who has allocated a Designated Person to take overall responsibility and authority on behalf of the Trust Board for the implementation of this policy.

5.2 Director of Estates and Facilities

- (a) The Director of Estates and Facilities, as Designated Person, has the responsibility for ensuring that premises owned or leased by the Trust are safe, and do not present a uncontrolled risk to staff, patients and others. The Director of Estates and Facilities will, as requested and in line with this policy, ensure that any premises used by the Trust or leased to other parties are provided and maintained in accordance with this policy.

5.3 Associate Director of Estates

- (a) The Associate Director of Estates has delegated authority from the Director of Facilities and Estates, for the operation and management of the Trust's air conditioning and ventilation systems, with day to day responsibility for controlling any identified risks, and acts as the 'Senior Operational Manager' referred to in HTM 03-01 Parts A & B.

5.4 Authorising Engineer (Ventilation)

- (a) The AE(V) is defined as a person appointed by 'Management' to provide independent and professional auditing and advice on ventilation and air conditioning systems.
- (b) They may also review and witness documentation on the design, installation, commissioning and validation of new systems which are to be installed.

5.5 Authorised Person (Ventilation)

- (a) The AP(V)'s role, in consultation with the Ventilation Safety Group, is to ensure the Trust complies with all statutory and regulatory requirements for air conditioning and ventilation systems. Where significant risks are identified they will ensure that the appropriate person is advised and action plans to address any identified risks are documented and managed until such time as the risk is controlled. Specifically the AP(V) will;
 - (i) Implement the required annual verifications of 'Critical Care Ventilation Systems'.
 - (ii) Ensure that adequate records are maintained.
 - (iii) Ensure management and reporting of corrective works as identified in the verification action plan.

- (iv) Management control of contractors and Estates staff carrying out the maintenance regimes identified in this policy.
- (v) Ensure the continuing competency of contractors and Estates staff at all levels in respect of work being carried out on air conditioning and ventilation systems.
- (vi) Complete the required risk assessments for air conditioning and ventilation systems across the Trust, and management the associated risks allocated on the Estates and Facilities risk register.

5.6 General Manager - Estates

- (a) The General Manager - Estates is responsible for the effective completion of maintenance (reactive and planned) by directly employed labour in a timely manner.
- (b) The General Manager - Estates is responsible for the monitoring the performance and quality of the maintenance regime, reporting and providing assurance to the Trust's Authorised Person periodically or by exception if critical events or omission occur. To provide quarterly reports to the Ventilation Safety Group.
- (c) To chair, or their nominated deputy, the Ventilation Safety Group.

5.7 Ventilation Safety Group

- (a) The Trust Ventilation Safety Group (VSG) provides a management structure forum for the discussion and assurance that the proper operation and maintenance of air conditioning and ventilation systems are being managed and maintained to the required regulatory and HTM requirements, that risks are managed appropriately and identified issues are escalated.
- (b) The VSG undertakes its duties as per the approved Terms of Reference (ToR) that will be reviewed annually. The ToR is available on the VSG Workspace for all stakeholders.
- (c) A report from the VSG shall be included within the quarterly Estates and Facilities report to the Infection Control Group. This report will be prepared by the AP(V).
- (d) A copy of the minutes will be sent to the Trust's AE(V).

5.8 Director of Infection Prevention and Control (DIPC)

- (a) The DIPC has responsibility to oversee and implement the Trust's Infection Prevention and Control policy and procedures, and review current clinical practice. They report directly to the Trust Chief Executive.

5.9 The Infection Prevention and Control Team (IPC)

- (a) It is the responsibility of the IPC Team to provide input to all matters relating to hospital environment, maintenance of hospital buildings and engineering systems in relation to infection prevention and control, and to work with the Estates team.
- (b) An IPC team representative will attend the VSG and form part of its quorum.

5.10 Competent Persons

- (a) All Competent Persons (Ventilation), employed by the Trust either directly or indirectly, must be assessed and appointed by the AP(V) to carry out maintenance, validations verifications and repairs to ventilation systems. Their roles are to carry out the following duties relevant to their appointment:
 - (i) To undertake work on ventilation systems in accordance with the Trust's maintenance specification and HTM 03-01
 - (ii) To undertake repairs, alterations or extension works as directed by an AP(V) in accordance with the permit-to-work system and HTM 03-01
 - (iii) To perform engineering tests appropriate to all work carried out and inform the AP(V) of all test results
 - (iv) To comply with the Trust's Health and Safety policy, procedures and protocols relating to air conditioning and ventilation systems.

5.11 Contractors

- (a) The Contractor(s) is the person or organisation responsible for the supply of the ventilation equipment, its installation, commissioning and/or validation. The Contractor will generally be a representative of a specialist ventilation organisation. All ventilation systems so installed shall conform to current legislation and HTM guidance.

5.12 All Staff (Plant Operator or User)

- (a) The User is any person who operates an air conditioning or ventilation system.
- (b) The User is also the person responsible for the day to day management of the location in which the air conditioning or ventilation system is installed; for example Departmental Head, Theatre Manager, Laboratory Head, Production Pharmacist, Head of Research or other such responsible person/s.
- (c) The User shall ensure that ventilations systems within their control are operated to manufacturer's recommendations and that, where appropriate, any relevant testing procedures are undertaken as per local User instructions and guidelines.
- (d) The User is responsible for completing local risk assessments, reporting defects on Agility and reporting any incidents with the air conditioning or ventilation system on Datix.

6. Policy Statement and Provisions

The policy objective is to reduce the risk of airborne contaminants as far as is reasonably practicable by ensuring the provision of safe systems through proper design, installation, operation and maintenance of air conditioning and ventilation systems.

In order to comply with the legal duties under the Health and Safety at Work etc., Act (1974) and the Management of Workplace Regulations (1999), and more specifically under the Control of Substances Hazardous to Health Regulations (2002), the Trust must ensure all air conditioning and ventilation systems are 'fit for purpose' and appropriately tested and maintained.

All staff that manage or operate air conditioning and/or ventilation systems for the Trust must be aware of their duties and responsibilities under this policy and its associated procedures.

This document indicates the requirements of the Trust; any departures from the policy must be documented and agreed with the AP(V) and recorded in the Ventilation log book. Failure to do this places the responsibility of the system on the individual deviating from the policy.

6.1 General Requirements

- (a) Air conditioning and ventilation systems are used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff alike. Increased health risks to patients have been known to occur when air conditioning and ventilation systems fail to achieve and maintain the required safety standards. The link between surgical site infection and theatre air quality has been well established and it is essential that all air conditioning and ventilation systems are managed and maintained to appropriate standards.
- (b) Those standards are outlined in detail within the following documents and shall be adopted for all ventilation systems on Trust premises:
 - (i) Health Technical Memorandum HTM 03-01: Specialised ventilation for healthcare premises – Parts A&B
- (c) Air conditioning, mechanical ventilation and ductwork should be inspected and maintained as described in HTM 03-01 Part B and TR 19 - Internal cleanliness of ventilation systems guide to good practice in order to ensure the cleanliness and general condition is of the required standard.
- (d) Once a system has been in commission for a period of time, even with the correctly filtering system install dirt accumulation can occur. It may be necessary to consider cleaning of the system based on the values mentioned in TR 19. However, accumulation of dirt in a relatively short period of time is indicative of either:
 - (i) Poor filter arrangement and design;
 - (ii) The use of incorrect filters; or
 - (iii) Of the filtration system.
- (e) In particularly polluted areas it may be necessary to consider the installation of high grade secondary final filters and pre-filters. The quality of filter housing design and

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in particular the seals are a critical factor in maintaining the efficiency of the filtration system by ensuring that air does not bypass the filter panels.

- (f) All information on condition, cleanliness etc., is to be recorded on the maintenance work order sheets and entered Agility, with any non-compliance or incidents being identified to the AP(V) immediately on identification, and a Datix report completed.
- (g) The ventilation policy must be coordinated with the Trust Fire Safety policy to ensure that no conflict is created.

6.2 Specialist Training and Qualifications

- (a) The Trust Estates staff, Consultants employed on behalf of the Estates Department and contractors undertaking any of the specialist roles required in connection with the specialised or critical ventilation systems MUST be assessed and certified as competent.
- (b) All staff Estates and/or Contractors will be adequately trained and assessed for their level of competence before working on any aspect of the sites mechanical ventilation systems. The assessment and approval of the competence and training for those working under the control of the Estates department will be provided by the AP(V), and supported by the AE(V) where appropriate.
- (c) Contractors must be able to demonstrate that their Competent Persons are sufficiently trained and experienced prior to attending site.
- (d) A record of those trained including contractors, is maintained and managed by the AP(V).

6.3 Risk Assessment

- (a) Risk management is the process by which the Trust identifies risks, assesses their significance, determines the appropriate risk control mechanism and ensures that the agreed action is taken to mitigate any uncontrolled risks.
- (b) The Management of Health and Safety at Work Regulations 1999 requires a suitable and sufficient written assessment of all 'significant' risks in the workplace, both to staff and others, and to ensure that awareness is raised around the control measures that are available to staff by communicating risk assessments in order to minimise such risks.
- (c) A risk assessment is no more than a careful examination of what could cause harm to the Trust, staff, patients, visitors, contractors and others, to evaluate whether there are enough existing controls in place to reduce the risk to as far as reasonably practicable, or more control is required to reduce the risk further.
- (d) All works associated with the ventilation systems MUST have an appropriate risk assessment completed prior to undertaking the works. This can be simple generic

risk assessments for routine tasks of maintenance or specific detailed work plans and risk assessments for complex or project works. All risk assessments must be assessed by the AP(V) for suitability and sufficiency for the task being undertaken.

6.4 Records

- (a) For all critical ventilation systems and units all maintenance works, inspections, verifications and validation testing must be recorded in the Trust Ventilation systems log book.
- (b) Comprehensive records associated with the inspection and maintenance of ventilation systems should be retained and typically should include evidence of:
 - (i) Routine inspections
 - (ii) Routine maintenance
 - (iii) Breakdowns and unscheduled service and maintenance activities
 - (iv) Refurbishments, additions or alterations
 - (v) Changes in control strategy
 - (vi) Fire damper tests
 - (vii) Disinfection of equipment
 - (viii) Decontamination of the system
 - (ix) Filter changes
 - (x) The results of any test carried out on the system
- (c) For simple ventilation systems these records may take the form of the maintenance and inspection checklists.
- (d) Specialised or critical systems require more detailed records as some of the checks are of a statutory nature. These would include;
 - (i) Manufacturer's test data
 - (ii) Results of validation and verification checks
 - (iii) Re-commissioning and/or performance monitoring data
- (e) All records shall be kept for a minimum of 5 years and should be available for inspection at any time.

6.5 Drawings

- (a) All existing drawings of the Trust air conditioning and ventilation systems must be kept in the Estates office under the control of the AP(V).

6.6 Specialist Training and Qualifications

- (a) The Trust Estates staff, Consultants employed on behalf of the Estates Department and contractors undertaking any of the specialist roles required in connection with the specialised or critical ventilation systems MUST be assessed and certified as competent.
- (b) All staff Estates and/or Contractors will be adequately trained and assessed for their level of competence before working on any aspect of the sites mechanical ventilation systems. The assessment and approval of the competence and training for those working under the control of the Estates department will be provided by the AP(V), and supported by the AE(V) where appropriate.
- (c) Contractors must be able to demonstrate that their Competent Persons are sufficiently trained and experienced prior to attending site.
- (d) A record of those trained including contractors, is maintained and managed by the AP(V).

6.7 Annual Verification Inspections

- (a) All ventilation systems are subject to, at least, a simple visual inspection annually. This inspection includes;
 - (i) General condition of air handling unit (AHU)
 - (ii) Internal cleanliness of AHU and associated ductwork
 - (iii) Condition of fire containment
 - (iv) Operation of fire dampers
 - (v) Condition of thermal insulation
- (b) If any faulty item is identified which may affect the provision of the mechanical ventilation services, this must be reported to the AP(V) and recorded. Details of this and the repairs undertaken must be recorded by the AP(V) in the ventilation log book.
- (c) Critical Ventilation Systems are subject to annual performance verification to ensure that the systems continue to provide required performance against original design criteria.
- (d) LEV systems (including fume and safety cupboards) are subject to similar inspection and validation as critical ventilation systems under the HSE guidance HSG 258 "The Maintenance, Examination, and Testing of LEV's" annually.
- (e) All inspections and maintenance works must be recorded in the ventilation system log book.

- (f) A copy of the critical ventilation annual inspections, verification and original validations are held on file in estates department.

7. Standards and Key Performance Indicators

7.1 *Applicable Standards*

- HTM03-01 - Specialised ventilation for healthcare premises. Part A Design and installation
- HTM03-01 - Specialised ventilation for healthcare premises. Part B Operational management and performance verification
- HSG 258 - The Maintenance, Examination, and Testing of LEV's
- TR/19 HVCA Guide to Good Practice Internal Cleanliness of Ventilation Systems

7.2 *Audit and Review*

The AP(V) implements a system of audit and review to ensure that the maintenance and management regime is operating satisfactorily to HTM03-01.

This is mainly achieved through the Annual Verifications of critical ventilation systems, and assurance received and reviewed through the Ventilation Safety Group.

The Trusts AE(V) undertakes an annual independent audit on the compliance of the Trust. These reports are sent to the Designated Person, AP(V) and presented at the Ventilation Safety Group. Any action plans developed from the AE(V) annual audit are monitored and reviewed by the Ventilation Safety Group.

8. References

- Building Regulations Approved Document B
- HTM03-01 Specialised ventilation for healthcare premises. Part A Design and installation
- HTM03-01 Specialised ventilation for healthcare premises. Part B Operational management and performance verification
- HTM 04-01 Safe water in healthcare premises parts A, B and C
- HTM 05-03 Firecode – fire safety in the NHS Operational provisions Part A: General fire safety
- National Health Service Model Engineering Specification C04 – Mechanical Ventilation & Air Conditioning Systems
- BS EN 15650:2010 Ventilation for Buildings – Fire Dampers
- BS 9999:2017 Code of practice for fire safety in the design, management and use of buildings
- BESA specification DW/144 Sheet Metal Ductwork Specification
- HVCA DW/145 Good Practice Guidance for the Installation of Fire and Smoke Dampers
- Health Technical Memorandum 00 - Policies and principles of healthcare engineering 2014 edition
- Health Building Note 00-07 - Planning for a resilient healthcare estate 2014 edition
- CIBSE Guide B - Heating, ventilating, air conditioning and refrigeration
- CIBSE Guide M - Maintenance engineering and management

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- HVCA SFG 20 - Standard Maintenance Specification for Services in Buildings
- BESA - TR/19 Guide to Good Practice Internal Cleanliness of Ventilation

9. Associated Internal Documentation

[Fire Safety policy](#)

10. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
Monitoring compliance to HTM and regulations	Compliance data	Report	Quarterly	Authorised Person (Ventilation)	Ventilation Safety Group
Monitoring compliance to HTM and regulations	Annual AE(V) external audit	Report	Annual	Authorising Engineer (Ventilation)	Ventilation Safety Group
Incidents	Datix reports	Summary	Quarterly	Authorised Person (Ventilation)	Ventilation Safety Group

11. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Authorised Person (Ventilation)
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	C
If answer above is B: Alternative documentation this policy will replace (if applicable):	N/A
This document is to be disseminated to:	Estates and Facilities managers, Infection Control and Heads of Nursing
Method of dissemination:	Estates Compliance Group presentation, email to IC and Heads of Nursing
Is Training required:	Not Applicable
The Training Lead is:	Authorised Person (Ventilation)

Additional Comments

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12. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

<http://nww.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
What is the main purpose of the document?	To provide information and instruction to those who manage or use air conditioning or ventilation systems across the Trust
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients Visitors Carers Others

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		X	
Disability (including physical and sensory impairments, learning disabilities, mental health)		X	
Gender reassignment		X	
Pregnancy and maternity		X	
Race (includes ethnicity as well as gypsy travelers)		X	
Religion and belief (includes non-belief)		X	
Sex (male and female)		X	
Sexual Orientation (lesbian, gay, bisexual, other)		X	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		X	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		X	
Will it help to get rid of discrimination?		X	
Will it help to get rid of harassment?		X	

Status: Approved

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Will it promote good relations between people from all groups?		X	
Will it promote and protect human rights?		X	

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Will the document create any problems or barriers to any community or group? YES / **NO**

Will any group be excluded because of this document? YES / **NO**

Will the document result in discrimination against any group? YES / **NO**

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Is a full equality impact assessment required? YES / **NO**

Date assessment completed: 6/02/20202

Person completing the assessment: Ian Britton – Business and Compliance Manager