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# Ventilation Policy

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## 1 Introduction

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The Health and Safety at Work Act 1974 puts a duty of care upon both employer and employee to ensure the safety of all service users (patients), staff and visitors whilst using Trust premises.

The Trust recognises and accepts its responsibilities to ensure Ventilation Systems are provided, maintained and used safely in accordance with standards set out in HTM 03-01 Specialist Ventilation For Healthcare Premises (Parts A&B), Provision and Use of Work Equipment Regulations 1998 (PUWER), Control of Substances Hazardous to Health Regulations 2002 (COSHH) etc, so as to minimize the risk of injury to service users (patients), staff and general public.

Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time.

This policy supports all three goals of Our Journey To Change by co-creating an environment that is fit for purpose and we can be proud of. We aim to work with patients, colleagues, stakeholders and our Ventilation contractors to provide an excellent service, involving the right people, maintaining safety at all times, and ensuring there is no adverse impact on the workplace. We will work closely with our Trust colleagues so they understand the key aspects of this policy.

## 2 Why we need this policy

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### 2.1 Purpose

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This policy will ensure that the ventilation systems are constructed and maintained so as to prevent danger to patients, staff and visitors whilst on Trust premises by implementing the duties set out under HTM 03-01 and other authoritative industry guidelines.

TEWV NHS FT shall observe the generally accepted purposes of Ventilation and seek therefore to accommodate the associated requirements. These main purposes are:

- To reduce the chance of infection through the [mechanical] distribution system:
  - Acting as a vector or as a fomite
  - Supplying air improperly filtered
- In general areas, ensuring adequate supply of fresh air.
- Thermal comfort, appropriately responding to heat loading, either from metabolic, imposed, or environmental sources.
- Control of moisture [humidity] levels so that inappropriate condensation – with a possible attendant infection risk - is avoided.
- Removal by extraction - in support of COSHH Regulations and the substances and airborne contaminants (which includes odours) it describes - in areas such as

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woodworking, welding and battery-charging are carried out. This system is referred to as Local Exhaust Ventilation (LEV).

- Supplying make-up air (for example where LEVs are used).
- To ensure that in carrying out its design functions, the Ventilation Installation or System does not act to create or spread Fire.
- To align with the general principles of Health Building Note (HBN) 03-01 – Adult acute mental health units - and the prescriptions it contains in relation to patient comfort and safety.
- These purposes can be distilled to the principal aims of maintaining an environment or control volume as comfortable as possible [mitigating against Infection and Fire].
- The maintenance of Ventilation systems will reflect and support these purposes.
- Compliance with the governing appropriate regulatory frameworks, guidance, standards and regulation will also be achieved.
- TEWV NHS FT will observe the classification of Critical ventilation systems, as described in HTM 03-01. To that end, Seclusion Rooms and De-escalation rooms will be included as Critical systems, as well as the more obvious systems, such as Local Exhaust Ventilation (LEV).

## 2.2 Objectives

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The Trust implements best practice for safety of ventilation systems by following the principles and recommendations of the HTMs (Health Technical Memoranda). Adhering to these policies will ensure that:

- The Trust fulfils its legal and legislative duties.
- All Trust personnel dealing with ventilation systems are adequately qualified and authorized accordingly.
- All ventilation systems comply with legislative requirements.
- All systems are tested/maintained in line with the pre-planned maintenance routines recommended by the statutory bodies.
- All nominated 'Duty Holders' are fully trained

## 3 Scope

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### 3.1 Who this policy applies to

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This policy applies to ALL staff, patients, visitors and contractors (see Control of Contractors Policy).



### Respect

- Listening
- Inclusive
- Working in partnership



### Compassion

- Kind
- Supportive
- Recognising and Celebrating



### Responsibility

- Honest
- Learning
- Ambitious

## 3.2 Roles and responsibilities

Role	Responsibility
Designated Person	<ul style="list-style-type: none"> <li>• This person provides the essential senior management link between the organization and professional support. The Designated Person should also provide an informed position at Board level. The Designated Person has the authority to delegate this task down to other Senior Estates Managers.</li> </ul>
Authorising Engineer	<ul style="list-style-type: none"> <li>• The AE(V) is defined as person designated by management to provide an independent auditing and advice on ventilation systems and to review and witness documentation on validation.</li> </ul>
Authorised Person (Ventilation) AP (V)	<ul style="list-style-type: none"> <li>• 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 the managements safety policy and procedures relating got the engineering aspects of ventilation systems.</li> </ul>
Competent Person (Ventilation) (CPV)	<ul style="list-style-type: none"> <li>• The CPV is defined as a person designated by management to carry out maintenance, validation and periodic testing of ventilation systems.</li> </ul>
Infection Control Officer	<ul style="list-style-type: none"> <li>• The Infection Control Officer (or consultant microbiologist if not the same person) is the person nominated by management to advise on monitoring the infection control policy and microbiological performance of the systems.</li> <li>• 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).</li> </ul>
Plant Operator	<ul style="list-style-type: none"> <li>• The Plant Operator is any person who operates a ventilation system.</li> </ul>
User	<ul style="list-style-type: none"> <li>• The user is the person responsible for the management of the unit in which the ventilation system is installed (for example,</li> </ul>

	the Head of Department, Operating Theatre manager, Head of Laboratory or other Responsible Person).
Contractor	<ul style="list-style-type: none"> <li>The Contractor is the person or organization responsible for the supply of the ventilation equipment, its installation, commissioning or validation. This person may be a representative of a specialist ventilation organisation.</li> </ul>

The Trust has a legal obligation to comply with all statutory legislation and it is their responsibility to ensure that all ventilation systems and related equipment is safe and fit for use.

## 4 Roles and duties

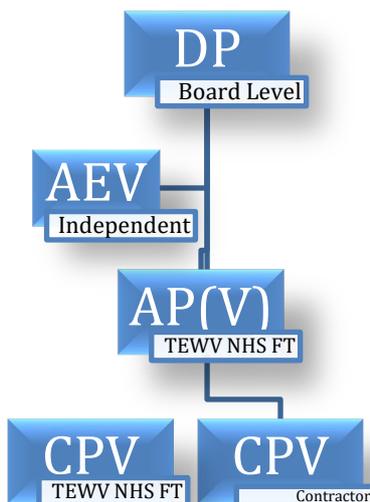
### 4.1 Dutyholder

TEWV NHS FT will be the Dutyholder for Ventilation

### 4.2 Organisation of the operation and management of ventilation

Organisation of the operation and management of ventilation shall be in accordance with the HTM 03-01 model (Table 1 below) and its stipulated roles and responsibilities. The titles shown are HTM Office-Holders and therefore will be concurrent with TEWV NHS FT job titles (such as Estates Officer, Technician etc).

Table 1





### 4.3 The Designated Person (DP)

The Designated Person (DP) will duly appoint the Authorising Engineer (AE(V)), Authorised Person (AP(V)) and Competent Person(s) Ventilation (CPV). Delegation of operation and management of the Ventilation Installations be made to the duly appointed AP(V), with suitable reporting arrangements, responsibilities and Terms or reference defined. The minimum grade to hold AP(V) post will equate to Estates Officer level.

The DP shall ensure directly or indirectly that suitable provision for the AP(V) to execute duties in connection with the operation and management of ventilation is made. This will include allocation of time and resources, such as training and formally stated authority. A minimum of one AP(V) per premises will be appointed, having been duly trained and assessed. If an AP(V) is needed to cover more than one premises/site, then this will require assessment and endorsement of the AE(V).

### 4.4 Authorising Engineer Ventilation AE(V)

To help establish an informed view, an Authorising Engineer Ventilation (AE(V)) can be used for independent training, continuous assessment, advice, witness commissioning and validation, ensuring verifications are carried out, audit of the overall Ventilation organisation, its systems and producing reports at all levels of activity.

The AP(V) shall be formally appointed by the DP, having received a recommendation from the AE(V) and be registered on-site. There will be a document of record for this appointment, signed by the DP, AE(V) and AP(V), showing the areas authorised and any restrictions or limitations. It will also note any endorsements that may be made by the AE(V).

As outlined in HTM 03-01, the AP(V) will be responsible for the practical implementation of Managements (TEWV NHS Trust), safety policy and procedures relating to the engineering aspects of the ventilation systems. Terms of Reference will delineate the AP(V)'s responsibility and

accountability, as well as establishing boundaries and protocols for when advice must, should and could be accepted by management.

The AP(V) portfolio shall therefore include:-

- Presiding over maintenance.
- Ensuring standards are being achieved.
- Monitoring and analysing maintenance.
- Reporting deviation of values from requirements.
- Implementing a Safe System of Work (SSoW).
- Vetting contractor competency.
- Overseeing elements of Competence Management.
- Maintaining currency and training standards.
- Liaising with user group (Table 1) to co-ordinate all aspects of maintenance.
- Managing CPV's and contractors.
- Reporting to Notifiable Bodies when necessary.
- Communicating operational restrictions to the AE(V).
- Advising on risks to ventilation.
- Advising of any discovered hazards to personnel, such as asbestos, or any other noxious substance, or sub-optimal internal air quality.
- Attending such committees or forums as may be necessary to develop cross-stakeholder understanding and working relationships in regards to ventilation.
- Maintaining training and qualification records for all personnel working in ventilation.

## **4.5 Competent Persons Ventilation (CPV)**

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Competent persons Ventilation will:-

- Register (having satisfied it) under a Competence management scheme.
- Competent in the HSE and generally agreed meaning.
- Carry out servicing, repairs and testing.
- Follow SSoW procedures.
- Report all faults, hazards and anomalies to the AP(V).
- Maintain currency and demonstrate this periodically to the AP(V).
- Liaise with contractors as directed by the AP(V).

## **4.6 Competent persons Ventilation (CPV) – Contractor additional notes**

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AP(V)'s will ensure that each contractor Company evidentially confirms the competence of each of its employees that is sends to attend ventilation maintenance. These competencies shall include, but not limited to:

- 
- Standards, guidance and procedures to the level provided in publications such as HTM's, CIBSE Guides and HSG's.
  - SSoW procedures.
  - Contractors who refuse full positive assurance for these due diligence procedures will not be employed on site.

## 5 Mechanical Ventilation

### 5.1 The Mechanical Ventilation Installation

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The Mechanical Ventilation Installation comprises of myriad systems. Each system has its major components:-

- Air handling Unit (AHU) (Supply and Extract). (This includes variants such as Heat Recovery Units, Fan-Coil Units and Air Conditioning Systems).
- Ductwork.
- The compartment/area served.

Each of the components in turn comprise sub-components, a (non-exhaustive) few of them are as follows:

#### 5.1.1 AHU component examples

- Isolation dampers.
- Heat exchangers.
- Fan.
- Filters.
- Carcass.
- Motors and inverters.
- Differential pressure gauges.
- Drainage system.
- Attenuator.

#### 5.1.2 Ductwork component examples

- Intake louvres.
- Plenum chamber.
- Fire dampers.
- Access doors and panels.
- Control dampers.
- Terminal discharge devices (grilles).

### 5.1.3 Compartment/area served

- Fabric.
- Canopies and hoods (LEV's).

## 5.2 Asset Register - critical and non-critical ventilation systems

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For the avoidance of doubt, an asset register shall be presented annually (or at any other appropriate period), for ratification, showing the critical and non-critical ventilation systems. This shall confirm continued and intended use of systems, also acting in support of maintenance planning.

## 6 Non-Mechanical Ventilation (Natural ventilation)

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### 6.1 Definition

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Non-mechanical ventilation, or natural ventilation describes where air is not captured, tempered or transported using some form of mechanical apparatus.

In one sense, there are no physical components, such as Air Handling Units. However, the other way of looking at this is to consider the building (or envelope), itself as the apparatus, in particular as being a series of 'compartments/areas served' (Section 5.2.5 above).

### 6.2 Types of non-mechanical (natural) ventilation

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Whilst the air itself in natural ventilation is usually un-filtered, the movement (transportation), can be affected by both the design of the building, or the way it has been re-configured. This is because natural ventilation is usually classified as:

- Single-sided: this is where only one side of a compartment is open to outside-the air enters and exits using the same route.
- Cross-flow: both sides of a compartment are open to the outside and it travels across the compartment.
- Stack: this is the combination of air moving horizontally and then vertically, usually using an enhanced tower/atrium/chimney.

### 6.3 Additional elements

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Supporting this also, will possibly be louvres, transfer grilles, window configuration, skylights, trickle ventilators as well as heating, such as radiant panels, under-floor heating and in some cases cooling devices.

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## 6.4 Ventilation strategy

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Consequently, AP(V)'s will consider the ventilation strategy for naturally-ventilated buildings, to ensure these elements that can be controlled are, in order to meet the purposes of ventilation outlined in section 2 above.

## 6.5 Mixed-mode ventilation

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Some premises have mixed-mode ventilation, a mixture of mechanical and natural ventilation. This can be either mechanical supply only, mechanical extract only, or both, but covering only certain zones, the remainder being natural ventilation.

## 6.6 TEWV NHS FT Estate - Ventilation

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This means therefore, across the TEWV NHS FT Estate, there are some premises purely mechanical, some mixed mode and some natural ventilation only. The ventilation regime and its consequential strategy will therefore be identified and logged by AP(V)'s and TEWV NHS FT will therefore aim to optimise ventilation where possible.

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# 7 Maintenance

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## 7.1 Planned Preventative (PPM) strategy

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Maintenance in general will be based on a Planned Preventative (PPM) strategy, using Time Change Interval (TCI) approach, directed towards a ratified asset register. Some of its influences that will therefore have to be balanced and prioritised by AP(V)'s-are:-

- Frequency, based on either resource, dictates of HTM 03-01, statutory requirements, access or contract.
- Original Equipment manufacturer (OEM) and other reference data, such as commissioning and validation.
- Stores holding policy.
- Budgetary constraints.
- The Computer Assisted Facilities Maintenance (CAFM) system.
- Response requirements for reactive tasks.
- Supply for the Purposes of ventilation', (Section 2.0 above).
- Specialist requirements such as F-Gas.

### 7.1.1 Registered CPV requirement

Only registered TEWV NHS staff (CPV's) and contractors will carry out ventilation maintenance. This should be co-ordinated by AP(V)'s overall, to ensure consistency, quality assurance and control.

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### **7.1.2 PPM annual forecast requirement**

As a minimum, there will be an annual forecast or plan for PPM's on each property to show when maintenance will be carried out and the corresponding job cards/numbers to show it has been carried out. Reactive or remedial works should be similarly treated and linked to the asset by a central Computer Aided Facilities Management (CAFM) system. Incomplete items will be held on the system to show interested parties.

### **7.1.3 Critical ventilation system requirement**

All deemed critical ventilation systems shall be inspected quarterly and will undergo an annual verification, a report of performance values produced. These records shall be maintained with others previously described. Items for attention in annual verification reports will be subsumed under the central CAFM system to ensure they are closed out.

### **7.1.4 Building Management Systems (BMS) data**

Where applicable, the Building Management Systems (BMS) data will also form part of the maintenance records and should be considered for appropriate retention. Personnel altering set-points or adjusting BMS sensors in the ventilation installation will be competent and provide reports in advance and following routine or remedial maintenance to the AP(V). Automation of certain elements, such as windows and skylights of naturally ventilated buildings or zones may be considered for automation using BMS, as part of the maintenance review.

### **7.1.5 Analysis purposes**

As well as providing essential evidential assurance that maintenance is being carried out satisfactorily, records will also provide a platform for AP(V) for analysis purposes. This can range from detecting patterns of machinery defects, through impeded flows to quality assurance monitoring of CP(V)'s (part of the competency management system) and air quality. The AP(V) will regularly review data and publish any anomalous findings.

### **7.1.6 Safe System of Work (SSoW)**

Maintenance will be carried out under a Safe System of Work, which means as a minimum that all activities will have AP(V) approval, Risk Assessments and Method Statements and be carried out by registered CPV's or contractors. Where work is carried out on critical systems, a Permit To Work (PTW) will be issued. This will be in addition to any maintenance administrative requirements.

### **7.1.7 Authorised Engineer (Ventilation) Audit**

Periodically, at intervals of no more than 12 months, an AE(V) audit will be carried out. This will examine aspects of personnel, equipment and documentation relating to the Ventilation Installation. Based on the collective findings, a risk value (Major, Moderate or Minor) will be assigned, which will determine the due date of the next inspection. Audits will be carried out in the presence of the AP(V)'s.

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### **7.1.8 Evidential record of surface cleanliness of ductwork**

Although ductwork cleaning is not generally mandated at less than 10 year intervals, from a due diligence aspect it is useful to have an evidential record of surface cleanliness of ductwork (based around the model TR19's System Quality Class), at least on a sampled set. This will be considered for a sample set.

### **7.1.9 Safe to enter-for maintenance purposes**

For the avoidance of doubt, TEWV NHS FT will produce written confirmation (positive assurance) that premises are safe to enter-for maintenance purposes-for example, with regards to asbestos or processes being carried out, for staff, patients and contractors.

### **7.1.10 Regular inspection**

Measures should be in place to establish a regular inspection of air-conditioning systems of an effective rated combined output of more than 12.5 kW's. This will be done on a 5 year basis, using the TM44 Air Conditioning Inspection (ACI) report.

### **7.1.11 Records of maintenance**

Records of maintenance (to include design and commissioning data, as well as reactive maintenance) will be filed and held for a minimum of 5 years (when applicable). Those coming under the Medicines Act 1968, will be held for 35 years. Generally, records should be retrievable within 30 minutes. Where records are missing and cannot be found, this will be explained and logged with any planning assumptions stated.

### **7.1.12 Operational Portfolio**

In addition to the records kept for maintenance, AP(V)'s shall maintain on Operational Portfolio, such that currency as an AP(V) can be demonstrated at periodic inspections. This will also contain a log of advice given to Management and signatures of the appropriate Officer when that advice has been vetoed. It should be remembered the HSE and other interested parties (for example, licensing bodies), have a statutory right to inspect certain records at any time and they should be produced and retained with that in mind.

### **7.1.13 Fire Dampers test results**

All fire (to mean any device for controlling fire or smoke movement) dampers (in mechanical ventilation systems) will be inspected annually and a register maintained to record results. Any inaccessible or ineffective dampers will be discussed at the earliest opportunity with the Fire Safety Advisors.

### **7.1.14 User group surveys**

In addition to the procedure described for critical ventilation systems (para 7.5 above), periodic surveys to ensure adequacy of ventilation conditions (whether mechanical, mixed or natural

modes), will be carried out by AP(V)'s, liaising with the user group (clinical staff, corporate staff, Ventilation Committee etc.).

### 7.1.15 Building Log

Although it is not a mandatory requirement for extant buildings, a Building Log will be compiled as far as possible by AP(V)'s, following the format outlined by CIBSE's TM31.

## 8 Approaches To Safety Management

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Nothing in this section should be taken to contradict TEWV NHS FT's overall Safety Policy, which has primacy.

### 8.1 Risk model

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In general, the TEWV NHS FT approach to risk shall be intelligent, recognising that zero-risk does not exist. Using methodology to identify hazards (anything that may cause harm) and taking appropriate measures to attenuate the risk (hazard) occurrence or escape as far as reasonably practicable.

#### 8.1.1 Risk profiling

This general model will be applied to risk profiling, with each of the stages below, formalised to allow a systematic approach to identify, quantify and treat all hazards through:

- Detection.
- Characterisation.
- Control.

Once a hazard has been identified in the course of the maintenance activities, four courses of action can be considered in deciding how to respond

- Transfer (to a third party).
- Terminate (cease, or don't start the process).
- Tolerate (it has already been assessed as at lowest level possible or achievable).
- Treat (produce sufficient risk control measures to minimise to as low a risk as practicable).

Each hazard will therefore be examined formally to include:

- Likelihood of occurrence.
- Severity, consequence or degree of potential harm.
- The number of people concerned.
- Frequency of exposure to the hazard.

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## 8.2 Risk Assessment and Method Statement (RAMS),

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Ultimately, TEWV NHS FT will, when 'treating' a hazard, produce (or, where applicable, cause to have a contractor produce), a Risk Assessment and Method Statement (RAMS), to provide profiling created with a sufficient assiduity and containing sufficient technical detail to the extent that the necessary works will be conducted at the lowest level of risk practicable.

## 8.3 Permit To Work

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In addition, critical work will be carried out under a Permit To Work and only registered (Competent) personnel will be authorised to work on ventilation systems. In total, this will address the hierarchy of risk and provide demonstrable governance. Combined with overwatch, scrutiny and monitoring, this systematic hazard identification, assessment and management of risk, approach is integrated.

### 8.3.1 Notices and Alerts

Safety management of ventilation will be enhanced by having procedures and distribution networks in place to deal with notices from the NHS EFM as well as Central Alerting System (CAS), that promulgates information such as Estates Facilities Alerts. The AP(V) will be in receipt of data emanating from CAS and will make any necessary and appropriate investigations.

### 8.3.2 Notifiable Diseases

Legal requirements for Notifiable Diseases in connection with the Public Health (Control of Diseases) Act 1984 and Public Health (Infectious Diseases) Regulations 1988 will also be managed through AP(V)'s where applicable, for ventilation systems. AP(V)'s will also understand the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013), in order that any such (discovered) reportable incidents are sent to the HES.

### 8.3.3 Personnel safety

AP(V)'s will also ensure that personnel working on the ventilation installation are acquainted with TEWV NHS FT standing or safety programmes and how to make an entry into the Datix system. All of this safety management documentation forms part of the maintenance record and should be filed accordingly (section 7.0 above).

### 8.3.4 Handling design variance from current guidance

Premises and (mechanical) ventilation systems will possibly have been designed under Firecode 81 (Fire precautions in New Hospitals) and HTM 83 (Fire safety in Healthcare Premises, General Fire Precautions), as well as HTM 2025. These are all cited but no longer current having been superseded by HTM 05 and HTM 03-01. Therefore, it is imperative that any anomalies, that might exist between the design and current guidance is highlighted and confirmed as not of absolute hazard. AP(V)'s will co-ordinate this with the Fire Safety Advisors.

### 8.3.5 Fire damper testing frequency

In accordance with the published Department of Health policy (and HTM requirements for annual verifications), all fire dampers are tested annually, and in the case of those in very dusty atmospheres, more frequently and confirm them in working order, recording the results. Any unproven damper will be reported to the Fire Safety Advisors immediately for clarification.

### 8.3.6 Risk Assessment of system design

A Risk Assessment of mechanical ventilation systems should be carried out, to include, but not be limited to location of motors, manufacturers assurances on distribution system components, combustibility, configuration, fire dampers, fire-stopping and building fire system. Consideration to an entry onto the Estates Risk Register for any anomalous items connected with the response of the Ventilation Installation to fire, will be given.

### 8.3.7 Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) shall be issued in accordance with (Health and safety At Work Etc Act 1974, section 9) and the Personal Protective Equipment at Work Regulations 1992 (regulation 4). PPE and personal air monitors will be considered for determination of environmental conditions. A PPE register will be kept. Requests from CP(V)'s, or discovery of use by contractors for specialist PPE must have AP(V) approval.

### 8.3.8 Safety Rule Book and Approved Procedures

A Safety Rule Book and Approved Procedures will be produced for ventilation related activities, based around TEWW NHS Ft's overall Safety Policy.

## 9 Definitions

Term	Definition
CAFM	A Computer Aided Facilities Management IT System
EFM	Estates and Facilities Management
LEV	Local Extract Ventilation
PTW	Permit To Work
HSG	Health and Safety Guidance
CIBSE	Chartered Institution of Building Service Engineers
PPM	Pre Planned Maintenance
ACI	Air Conditioning Inspection

## 10 Related documents

- The Chief Executive has ultimate accountability for this policy. Specific responsibility for policy implementation is delegated to nominated staff. A senior manager within the Estates and facilities Department will appoint Authorised Persons to adopt responsibility for controlling and managing any identified risks from ventilation systems/equipment or work activities within the Trust.
- The implementation of this policy shall be delegated to appropriate identified Estates staff and maintenance contractors. These persons appointed to carry out control measures shall be suitably informed, instructed and trained to a standard which, ensures that tasks are carried out in a safe, technical, competent manner. The operational requirements shall be determined and scheduled with a planned preventative maintenance regime set in place for identified tasks in accordance with the relevant guidance.
- This policy will be published on the Trust’s intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Appropriate training is an essential element of safe working practices and staff that is suitably qualified shall be fully trained prior to appointment.

The procedures that are linked to this policy, and any other policies and procedures that the reader may need to refer to:-

- [Trusts Health and Safety Policy](#)

TEWV NHS Trust operates a Safe System of Work. This document is kept outside of this Policy.

## 11 How this policy will be implemented

### 11.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Authorised Person	Attendance on an approved training course	3-4 days	3 years
Competent Person	Attendance on an approved training course	1-2 days	3 years

Authorised Persons & Competent Persons	Attendance on an Approved Emergency First Aid At Work, First Aid Course	1 Day	3 years
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## 12 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	HTM 03-01	Annually, Inspection of records etc., site visits. AE(V)	AP(V), Senior Estates Manager, Ventilation Safety Group (VSG), IPC Team.
2	HTM 03-01	Ad hoc site visits, AP(V)	AP(V), AE(V), (VSG), IPC Team

## 13 References

- Health and Safety At Work Etc Act 1974
- Provision and Use of Work Equipment Regulations 1998
- Workplace, Health, Safety and Welfare Regulations 1992
- Management of Safety At Work Regulations 1999
- Public Health (Control of Diseases) Act 1984
- Public Health (Infectious Diseases) Regulations 1988
- HSG 258-Controlling Airborne Contaminants
- Control of Substances Hazardous to Health Regulations 2002
- Medicines and Healthcare Products Regulatory Agency (MHRA)
- BS EN1886 AHU Mechanical Performance
- BS EN 13053 Ventilation Rating and Performance for Units, Components and Sections
- HTM 00 Policies and Principles of Healthcare Engineering
- HTM 03-01 Specialised Ventilation in Healthcare Premises-Parts A and B
- Health Building Notes
- CIBSE Guide B Heating, Ventilating, Air-Conditioning and Refrigeration
- BESA: Internal Cleanliness of Ventilation Systems
- BESA: DW172: Specification for Kitchen Ventilation

- ACOP L4
- HTM 04-01
- HTM 05-02

Note: This is not an exhaustive list.

## 14 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	02 March 2022	
Next review date:	02 March 2025	
This document replaces:	n/a - new document	
This document was approved by:	Name of committee/group	Date
	Ventilation Group	(2 <sup>nd</sup> March 2021)
	EFM DMT	(11 <sup>th</sup> March 2021)
	Health and Safety Group	(5 <sup>th</sup> August 2021)
	Circulated to EFM DMT group for formatting changes and minor wording changes	(9 <sup>th</sup> December 2021)
This document was ratified by:	Name of committee/group	Date
	SLG	05 January 2022 (was approved subject to OJTC language being amended)
	SLG	02 March 2022 (for approval of OJTC language)
An equality analysis was completed on this document on:	25 November 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

### Change record

Version	Date	Amendment details	Status
1	05 January 2022	New document	pending
1	02 March 2022	Amendment to OJTC language + correction of typo from 'lift' to 'ventilation' in Introduction paragraph 3.	Ratified

## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	EFM-Estates				
Policy (document/service) name	Ventilation Policy				
Is the area being assessed a...	Policy/Strategy	X	Service/Business plan	Project	
	Procedure/Guidance			Code of practice	
	Other – Please state				
Geographical area covered	Trustwide				
Aims and objectives	This policy aims to ensure that the ventilation systems and associated equipment are constructed and maintained so as to prevent danger to patients, staff and visitors whilst on Trust premises by implementing the duties set out under the HTM 03-01 Parts A and B and other authoritative guidance.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	(1 <sup>st</sup> March 2021)				
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	25 November 2021				

**You must contact the EDHR team if you identify a negative impact - email [tevv.eandd@nhs.net](mailto:tevv.eandd@nhs.net)**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Benefits all patients, staff and visitors to trust sites.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveller)	Yes/No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No	<b>Sex</b> (Men, women and gender neutral etc.)	Yes/No
<b>Gender reassignment</b> (Transgender and gender identity)	Yes/No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No	<b>Age</b> (includes, young people, older people – people of all ages)	Yes/No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	Yes/No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	Yes/No
<p><b>Yes</b> – Please describe anticipated negative impact/s</p> <p><b>No</b> – Please describe any positive impacts/s</p> <p>Safe clean air in trust properties.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? <b>If 'No', why not?</b></p>	<p>Yes</p>	<p>X</p>	<p>No</p>	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> <li>• Health Technical Memoranda (HTMs)</li> </ul>			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>				
<p>The document was developed with the ventilation group committee.</p>				
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
<p><b>Yes/No</b> Please describe the identified training needs/service needs below</p> <p>Only suitably trained and qualified personnel will be allowed to work on the ventilation systems</p>					
A training need has been identified for;					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
<p><b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b></p>					

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Not applicable</b>	<b>Comments</b>
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Approved Thu 25/11/2021 10:27
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	