



Public – To be published on the Trust external website

Title: Ventilation Policy

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Contents

1	Introduction	3
2	Why we need this policy	3
2.1	Objectives	3
3	Scope	3
4	Roles and responsibilities	4
4.1	Formal Appointment of Key Roles	6
5	Compliance Statement	6
6	Escalation Process for Ventilation System Failures	6
7	Notifiable Disease Protocol	6
8	Integration with Risk Management Framework	6
9	Commitment to Standardised Documentation	6
10	Compliance with External Standards	7
11	Link to Operation Procedures	7
12	Commitment to Training and Monitoring	7
13	How this policy will be implemented	7
13.1	Training Needs Analysis	7
14	How the implementation of this policy will be monitored	8
15	Related documents	9
16	Definitions	10
17	References	10
18	Document control (external)	11
	Appendix 1 - Equality Impact Assessment Screening Form	13
	Appendix 2 – Approval checklist	16

1 Introduction

The Trust is committed to providing, maintaining, and operating ventilation systems in accordance with statutory requirements and best practice, ensuring the safety of patients, staff, and visitors. This policy supports the Trust's values and strategic goals by fostering a safe and healthy environment.

2 Why we need this policy

This policy sets out the Trust's intent to ensure that all ventilation systems are constructed and maintained to prevent danger and minimise risk, in line with HTM 03-01 and other relevant guidance. The Trust aims to:

- Reduce the risk of infection and fire.
- Ensure thermal comfort and air quality.
- Comply with all legal and regulatory requirements

2.1 Objectives

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

This policy applies to all staff, patients, visitors, and contractors working on or using Trust premises.

4 Roles and responsibilities

The Trust will appoint a Designated Person and Authorised Person(s) (Ventilation) as required by HTM 03-01. These roles are responsible for ensuring compliance with this policy and relevant standards.

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, and 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.

The Trust will appoint a Designated Person and Authorised Person(s) (Ventilation) as required by HTM 03-01. These roles are responsible for ensuring compliance with this policy and relevant standards.

Role	Responsibility
Designated Person	<ul style="list-style-type: none"> 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
Authorising Engineer	<ul style="list-style-type: none"> 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.
Authorised Person (Ventilation) AP (V)	<ul style="list-style-type: none"> The AP(V) will be an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing by the Designated

	<p>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.</p>
Competent Person (Ventilation) (CPV)	<ul style="list-style-type: none"> The CPV is defined as a person designated by management to carry out maintenance, validation and periodic testing of ventilation systems.
Infection Control Officer	<ul style="list-style-type: none"> 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. 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).
Plant Operator	<ul style="list-style-type: none"> The Plant Operator is any person who operates a ventilation system.
User	<ul style="list-style-type: none"> The user is the person responsible for the management of the unit in which the ventilation system is installed (for example, the Head of Department, Operating Theatre manager, Head of Laboratory or other Responsible Person).
Contractor	<ul style="list-style-type: none"> 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.

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.

4.1 Formal Appointment of Key Roles

The Designated Person and Authorised Person(s) (Ventilation) will be formally appointed in writing, in accordance with HTM 03-01 guidance. Appointment records will be maintained and reviewed periodically to confirm validity and compliance.

5 Compliance Statement

The Trust will comply with all relevant Legislation, Guidance and Standards, including:

- Health and Safety at Work Act 1974
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- HTM 03-01 and other applicable standards

6 Escalation Process for Ventilation System Failures

In the event that a ventilation system fails verification or presents a safety risk, the Authorised Person (Ventilation) [AP(V)] must be notified immediately. The AP(V) will escalate the issue to the Ventilation Safety Group (VSG) and Infection Prevention & Control (IPC) team. Emergency operating procedures and contingency plans will be activated to maintain patient and staff safety.

7 Notifiable Disease Protocol

Where ventilation systems are implicated in the transmission of notifiable diseases, the AP(V) will manage the engineering response and support investigations. Statutory notifications remain the responsibility of the registered medical practitioner. The Trust will cooperate fully with Infection Prevention & Control and UK Health Security Agency (UKHSA) to ensure a coordinated response.

8 Integration with Risk Management Framework

Ventilation risk assessments will be integrated into the Trust's Estates Risk Register. Task-specific Risk Assessments and Method Statements (RAMS) will be developed for all planned maintenance activities to ensure risks are managed in line with Trust governance standards.

9 Commitment to Standardised Documentation

The Trust will maintain a formal asset register for all ventilation systems, including critical and non-critical systems. Standard specifications for duct inspection and cleaning will be adopted, and

project handover checklists will be completed for all new installations to ensure compliance and continuity.

10 Compliance with External Standards

In addition to HTM 03-01, the Trust will align its ventilation management practices with relevant external standards and guidance, including SFG20 for maintenance specifications and BS 8580-1 for water quality risk assessments where applicable.

11 Link to Operation Procedures

Detailed operational procedures, including Safe Systems of Work, Planned Preventative Maintenance schedules, and emergency protocols, will be maintained separately from this policy. These procedures will be reviewed annually by the Ventilation Safety Group to ensure alignment with current legislation and best practice.

12 Commitment to Training and Monitoring

The Trust is committed to ensuring that all Authorised Persons (Ventilation) and Competent Persons (Ventilation) maintain competency through approved training programmes. Training records will be audited annually by the Authorising Engineer (Ventilation) to confirm compliance with statutory and Trust requirements.

13 How this policy will be implemented

This policy will be published on the Trust's intranet and 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 are suitably qualified shall be fully trained prior to appointment.

13.1 Training Needs Analysis

Appropriate training is an essential element of safe working practices. All persons appointed to carry out control measures under this policy shall be suitably informed, instructed, and trained to a

standard which ensures that tasks are carried out in a safe, technical, and competent manner. Staff that are suitably qualified shall be fully trained prior to appointment.

The Trust is committed to ensuring that all Authorised Persons (Ventilation) and Competent Persons (Ventilation) maintain competency through approved training programmes. Training records will be audited annually by the Authorising Engineer (Ventilation) to confirm compliance with statutory and Trust requirements.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Authorised Person	Attendance on an approved training course	3-4 days	3 years
Skilled Person	Attendance on an approved training course	1-2 days	3 years
Authorised Persons & Skilled Persons	Attendance on an Approved Emergency First Aid At Work, First Aid Course	1 Day	3 years

14 How the implementation of this policy will be monitored

The Trust will ensure that implementation of this policy is monitored and reviewed regularly. Staff will be provided with appropriate training and information to fulfil their responsibilities under this policy.

Number	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	Frequency = Annual Method = Inspection of Records etc.	AP(V), Senior Estates Manager, Ventilation Safety Group (VSG), IPC Team.

		Responsible = AE (V)	
2	HTM 03-01	Frequency = Ad hoc Method = Site visits Responsible =AP	AP(V), AE(V), (VSG), IPC Team
3	Performance gaps and overdue actions identified in Micad CAFM	Frequency = Quarterly Method = Performance report Responsible = Compliance Team from Micad CAFM data	VSG, Estates Management, IPC Team, Compliance Team

15 Related documents

- [Trusts Health and Safety Policy](#)
- TEWV NHS Trust operates a Safe System of Work. This document is kept outside of this Policy.

16 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

17 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.

18 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	03 March 2026
Next review date	03 March 2029
This document replaces	HS-0020-v1 Ventilation Policy
This document was approved	Ventilation Safety Group 19 November 2025
This document was approved	Estates & Facilities Management Directorate Management Team 14 January 2026
This document was approved	Health, Safety, Security and Fire Group 26 January 2026
This document was ratified by	EDG
This document was ratified	03 March 2026
An equality analysis was completed on this policy on	15 Jan 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	05 January 2022	New Document	Withdrawn
1	02 March 2022	Amendment to OJTC language + correction of	Withdrawn

		typo from 'lift' to 'ventilation' in Introduction paragraph 3	
2	03 March 2026	Policy has had full review and has been condensed; procedural information has been removed and has been added to estates internal Procedures. Note reference to airborne microorganisms' Specialist removed.	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	EFM – Estates
Title	Ventilation Policy HS-0020-v2
Type	Policy
Geographical area covered	Trust Wide
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	19 December 2025
End date of Equality Analysis Screening	15 January 2026

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>Patients, families, staff and visitors</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	<p>N/A</p>
<p>Describe any positive impacts / Human Rights Implications</p>	<p>Safe clean air in Trust Properties</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See References section 16
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes, Ventilation Safety Group, (including external Authorising Engineer)
If you answered Yes above, describe the engagement and involvement that has taken place	Yes, Ventilation Safety Group, (including external Authorising Engineer)
If you answered No above, describe future plans that you may have to engage and involve people from different groups	All staff consultation for this new policy document

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

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
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	All staff consultation and Ventilation Safety group/ Health, Safety, Security and Fire Group/ Estates & Facilities Directorate Management Team meeting
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?		
5. Evidence Base		

Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	No Harm
Does the document identify whether it is private or public?	Y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')

Y