

# Medical Gases Policy

This policy sets out LPT's arrangements for the provision and management of Medical Gases used within the Trust.

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Which Relevant CQC Fundamental Standards?	Regulation 15	

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## Stakeholders and Consultations

### Key individuals involved in developing the document

Name	Designation
Bernadette Keavney	Head of Trust Health and Safety Compliance
Members of the Medical Gases Group	Monitoring Group
Richard Brown	Associate Director of Estates and Facilities

### Circulated to the following individuals for comment

Name	Designation
Members of the Health and Safety Committee	Agreeing Committee
Members of the Directorate Health, Safety and Security Action Group	Sub-group of the Agreeing Committee
Member of the Medical Gas Group	Accountable group for the management of medical gases

### Version Control and Summary of Changes

Version Number	Date	Comments (description change and amendments)
Version 1	September 2012	Harmonised policy from three former organisations
Version 2	January 2013	Amendments incorporated to training section following Policy Groups recommendations
Version 3	September 2015	
Version 4	August 2018	Reviewed to reflect changes to the provision of the Estates and Facilities Services.
Version 5 5.1	October 2020	Format of policy reviewed to comply with Trust Procedural Document Guidance 3 month ext

### For further information contact:

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## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

## **Due Regard**

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 3) of this policy

## **The NHS Constitution**

The Constitution sets out the principles and values that guide how the NHS should act and make decisions It brings together a number of rights, pledges and responsibilities for staff and patients alike. Policy Authors must take account of the NHS Constitution and identify which of the rights and pledges are applicable to the policy being developed.

## Definitions that apply to this Policy

<b>Medical Gases</b>	<p>Medical gases may be defined as those gases, which are prescribed for a patient by a clinician.</p> <p>The quality and product standards of such gases are regulated by the European Pharmacopoeia</p>
<b>European Pharmacopoeia</b>	<p>A book that lists a wide range of active substances and excipients used to prepare pharmaceutical products in Europe. It includes specific and general monographs, including various chemical substances; All medicines sold in the Member States of the European Pharmacopoeia must comply with these quality standards. The main standards that relate to medical gases are the relevant pharmacopoeia monograph standards which are defined in the relevant section of this book</p>
<b>Health Technical Memorandum 02-01 “Medical Gas Pipeline Systems</b>	<p>Best Practice guidance that provides comprehensive advice, on design considerations and The safe operation of a medical gas pipeline system applicable to healthcare premises. It outlines the “best practice” philosophy for systems where patient safety and well-being are of prime importance</p>
<b>Medical Gas Pipeline System (MGPS)</b>	<p>An MGPS is designed to provide a safe and effective method of delivering medical gases, medical air and surgical air from the source of supply to the appropriate terminal unit by means of a pipeline distribution system. Medical vacuum is also provided by means of a pipeline system.</p> <p>Anaesthetic gas scavenging disposal systems are provided to control occupational exposure to waste anaesthetic gases and agents</p>
<b>Due Regard</b>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## 1 Introduction

The Management of Medical Gases Policy applies to all staff employed by, or contracted to LPT to be referred to throughout as 'the Trust'.

The organisation has made a commitment to manage all of its estates and all tasks carried out within in a safe and appropriate manner to reduce the risk to the health and safety of all staff, patients and visitors.

## 2 Purpose

The objective of this Medical Gases Policy is to set out the Trusts arrangements for the provision for the management and guidance to ensure that all appropriate steps are taken to comply with the duty to manage Medical Gases within the Trust and to comply with related legislation, approved codes of practice, and Medical gases Health Technical Memorandum 02-01: Medical Gas Pipeline Systems

This Medical Gases Policy is an overarching Policy that is supported by three Operational Procedures

- The Use, Handling and Storage of Medical Gas Cylinders
- Site Specific "Operational Policy and Procedures for the Management of Medical Gas Pipeline Systems" to include other NHS Stakeholders who access our equipment
- Guidance on the Safe Storage and Handling of Liquid Nitrogen

This policy lays down the mandatory requirements of the Trust for the activities associated with the services for the supply of:

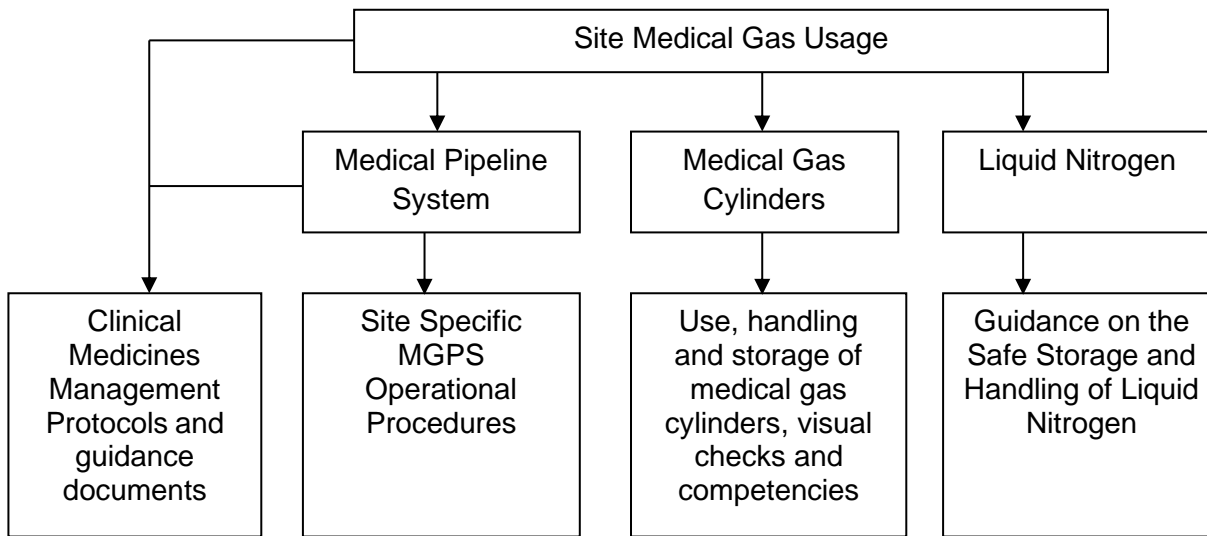
Medical Oxygen  
Nitrous Oxide  
Nitrous Oxide / Oxygen (Entonox)  
Medical Compressed Air (7 bar / 4 bar)  
Medical Vacuum / Piped Suction  
Anaesthetic Gas Scavenging Systems

Medical gases are medicines as defined by the European Pharmacopoeia and prescribed by a clinician and as such it is essential that personnel at all levels have a sound general knowledge of the principles, functions and safe use of handling functions of Medical Gas Pipeline Systems (MGPS).

No person should operate medical gas systems or equipment unless they have received the appropriate training.

The chart below (Chart 1) demonstrates the type of medical gases and associated operational procedures to be used:

**Chart 1**



### **3 Organisational Responsibilities**

Everyone is responsible for complying with the Trusts arrangements for the management of Medical Gas. In order to comply with this policy, all staff must be aware of the lines of communication and levels of responsibility, which exist to ensure that all matters, are dealt with effectively.

#### **3.1 Chief Executive Officer**

The Chief Executive Officer (CEO) has overall responsibility for all matters relating to the management of medical gases. This responsibility includes ensuring that all management of Medical Gas matters are seen as an important priority for the Trust and addressed through comprehensive policies and procedures that are effectively implemented.

The CEO will ensure that financial resources are made available to support this Policy.

#### **3.2 Authorising Engineer (MGPS)**

This person will have specialist knowledge of MGPS, in particular the systems for which an Authorised Person (MGPS) will assume responsibility on appointment. He/she acts, and is employed, independently of the organisation.

#### **3.3 Authorised Person (MGPS)**

The Authorised Person (MGPS) is defined as that person designated by the CEO via contractual arrangements for facilities management to be responsible for the day-to-day management of the MGPS at a particular site or sites. This includes the issue of permits in accordance with the permit-to-work procedure. All Authorised Persons (MGPS) should be appointed in writing by the Executive Manager on the recommendation of an Authorising Engineer (MGPS). An individual assessment of the suitability of the potential Authorised Person (MGPS) will be required before such a recommendation can be made.



### **3.4 Competent Person**

The Competent Person (MGPS) is the person who carries out the installation and/or maintenance work on the MGPS, whom should have received appropriate training and should be on a list of Competent Persons (MGPS). In the case of directly employed labour, this list should be held by the Authorised Person.

### **3.5 Quality Controller (MGPS)**

The Quality Controller (MGPS) is the person designated as the quality controller for MGPS. They are responsible for the quality control of the medical gases at the terminal units and plant such as medical air compressors. This person will accept the professional responsibility for the last independent check of an MGPS that, if faulty, could cause critical clinical consequences to patients. This function is managed and monitored by University of Hospitals of Leicester (UHL) Estates and Facilities.

### **3.6 Designated Nursing Officer**

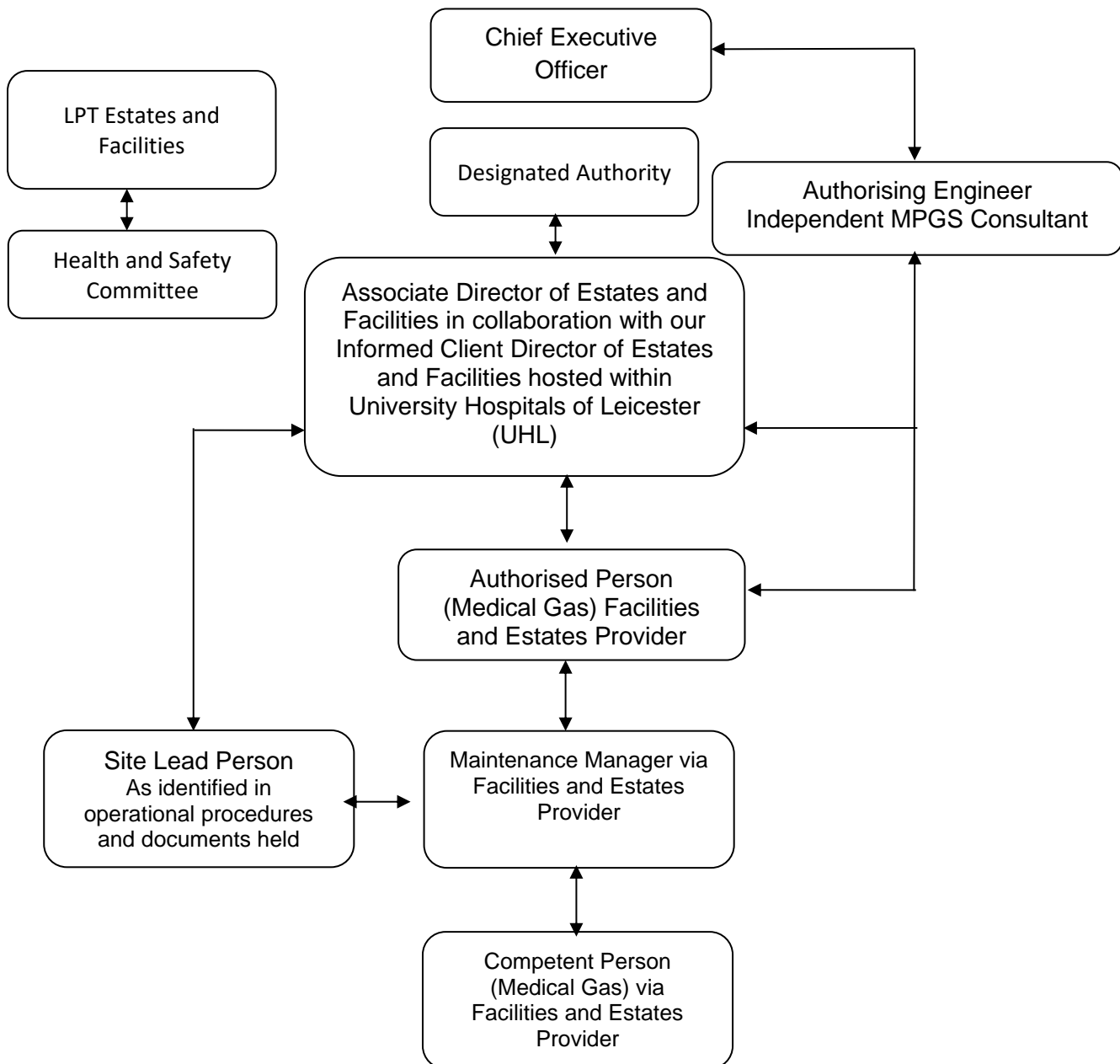
The Designated Nursing Officer (MGPS) (hereafter Designated Officer (MGPS)) is the person in each department with whom the Authorised Person (MGPS) liaises on any matters affecting the MGPS and who would give permission for a planned interruption to the supply. The Designated Nursing Officer (MGPS) acts as the focal point for communications related to the MGPS and advises on any special requirements for his/her department relating to MGPS, e.g. within the Trust this role/functionality would be the most senior nurse or matron with responsibility for the ward/department at that time.

### **3.7 Designated Porter**

The Designated Porter (MGPS): A suitably trained person who has been given responsibility for a particular operation involving medical gas cylinders.

All of the above roles are as defined in the HTM 02 Medical Gas Pipeline Systems.

### 3.8 Hierarchy of Responsibility for the Management of Medical Gases



### 3.9 Medical Gases Group

The Medical Gases Group must meet at a minimum on a six month basis to ensure medical gases are effectively monitored and managed within the Trust LPT. Terms of Reference for this group are included as Appendix 1

The Medical Gases Group will provide assurance to the Trust Health and Safety Committee Group via an annual report and inclusion in the quarterly Estates and Facilities exception report.

## 4 Medical Gas Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training / role development training.

The course directory will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on uLearn.

The governance group responsible for monitoring the training is Health and Safety Committee via the Medical Gases Group.

All staff required to work with or carry out work activities relating to the use, handling and storage of medical gases will have undertaken and achieved the competences as per the e-learning provided.

All estates/nursing/medical staff must receive this training within the first four weeks of joining the Trust before using the medical gas systems and undertake refresher courses as detailed in Table 1.

It is identified within the term Terms of Reference for the Medical Gases Group that they will be responsible for ensuring that relevant training is made available for staff to attend.

Authorised and Competent Persons (MGPS) should be suitably qualified, trained and appointed in writing in accordance with the HTM 02.

Retraining and reassessment should be carried out at regular intervals. Table 1 shows recommended intervals, but there will be occasions when additional training may be required (for example response to changes in technology or guidance, equipment failures, and incidents involving risks to staff/patients).

Note Medical gases (Oxygen) is used within the community setting and in the patient homes. Training is provided to Registered Nurses and health care workers training is provided from the provider to parents and carers.

**Table 1** – Refresher training and reassessment schedule for personnel working with medical gas systems

<b>Personnel</b>	<b>Initial Training and Qualifications Required</b>	<b>Retraining</b>	<b>Re-assessment</b>
Authorising Engineer (Independent External Contractor)	Institute of Healthcare Engineering and Estate Management (IHEEM) Authorising Engineer Register	Every 3 years	Every 3 years
Authorised Person	Medical Gas pipeline Systems Authorised Person (HTM02) BTEC Accreditation	Every 3 years	Every 3 years
Competent Person	Medical Gas pipeline Systems Competent Person (HTM02) BTEC Accreditation	Every 3 years	Every 3 years
Designated Nursing Officer	Medical Gas Safety Course: Designated Nursing Officer	Every 3 years	Every 3 years
Quality Controllers (Independent External Contractors)	Medical gas pipeline systems - quality controllers (HTM 02)	Every 5 years	Every 5 year
Designated Porter / Hotel Services	Medical Gas Safety Course: Designated Porter	Every year	Every year
General Nursing staff	Medical Gas Safety Course: Nurses E-learning and competency	Annually	Annually

## **5 Medical Gas Storage**

Storage of medical gas is the responsibility of the Estates and Facilities Provider. Individual risk assessments are undertaken which are held locally in a protected / locked area under their responsibility.

## **6 Policy Monitoring and Review**

To facilitate the monitoring of this policy, managers at all levels are responsible for the on-going monitoring of the use of medical gases in their service / department/area of responsibility.

This policy shall be reviewed at a minimum frequency of three years or when substantial changes occur in the organisational structure of the Trust or when changes to legislation occur.

- Training attendance will be reported via the bi-monthly training report record at the Health and Safety Committee. This will include DNO and service uptake figures.
- Training report to Medical Gas Group
- Report LLR EFMC on six monthly basis compliance on HTM, AP and AE roles and Designated Porter training and role.
- Service leads will monitor attendance via their Governance Groups for clinical medical gas training

## **7 Reference and Bibliography**

Medicines Management Policy  
Clinical Risk Assessment Policy  
Health and Safety at Work Policy

Medical Devices Policy  
Workwear Personal Protective Equipment  
Moving and Handling Policy  
Fire Safety Management Policy  
Guidance on the security and storage of medical gas cylinders



## **Medical Gases Group**

### **Terms of Reference**

***References to “the Group” shall mean the Medical Gases Group***

#### **1.0 Purpose of Group**

To provide assurance to Health and Safety Committee that medical gases are effectively monitored and managed within LPT.

#### **2.0 Focus and Engagement**

#### **3.0 Authority**

3.1 The Group is authorised by the Health and Safety Committee to conduct its activities in accordance with its terms of reference.

The Group is authorised by the Health and Safety Committee to seek any information it requires from any employee of the Trust/NHS Horizons/Facilities Management Contractor in order to perform its duties.

3.2 The Health and Safety Committee will escalate

#### **4.0 Membership**

The Medical Gases Group will be chaired by Head of Trust Health and Safety Compliance.

The group membership will be drawn from employees of the management and staff side representatives. This will include the following:

- Head of Trust Health and Safety Compliance (Chair)
- Long Term Conditions Representative
- Senior Nurse Representation
- Theatre Manager – Alliance
- Statutory Compliance Manager (NHS Horizons)
- Patient Safety and Experience Lead
- Training and Quality Assurance Lead
- External Service Provider/Interserve/Facilities Management Contractor
- Quality Controller (ad hoc – as required)
- Consultant Anaesthetist (ad hoc – as required)
- Moving and Handling Advisor (ad hoc as required)
- Medical Clinician (ad hoc as required)
- Prescribing Lead (ad hoc as required)

Members are expected to attend all meetings or designate a representative from their service/team who will have delegated responsibility.

## **5.0 Secretary**

Secretarial support will be provided from the Health and Safety Compliance Team.

## **6.0 Quorum**

The quorum for transaction of business shall be the Chair, Interserve/Facilities Management Contractor, Senior Nurse and DNO Representative, or deputies for any of these positions.

## **7.0 Frequency of Meetings**

The Group shall normally meet four monthly, and at such other times as the Chair shall require at the exigency of the business.

## **8.0 Agenda/Notice of Meetings**

8.1 Notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the Committee, and any other person required to attend.

8.2 Papers must be received 10 days in advance of the meeting and will be issued seven days prior to the meeting.

8.3 Papers will not be tabled without the express permission of the Chair and will not be tabled without the completion of the Trust front page template.

8.4 Any other Business must be notified to the Chair in advance of the meeting and cannot be tabled on the day unless considered urgent by the Chair.

## **9.0 Minutes of Meetings**

9.1 The proceedings and resolutions of all Group meetings will be minuted including the names of those present and in attendance.

9.2 Minutes of the meetings shall be circulated to all members and shall be issued within five working days of the meeting. The minutes will be open to scrutiny by the Trust's auditors.

## **10.0 Duties**

10.1.a To provide a forum for the monitoring of medical gases risk management activities within LPT properties, incorporating the review of related incidents.

10.1.b From the terminal unit connection point, medical equipment and staff training and use of gas will be the responsibility of LPT.

10.1.c Monitoring all tenants of LPT properties adhere to LPT Medical Gas Policy.

- 10.1.d Monitor NHS Horizons, IFM delivery and contractual arrangements re: medical gases.
- 10.2 To promote staff participation in the prevention of accidents, incidents and near misses.
- 10.3 To assess training requirements, implement training and to monitor non-attendance of mandatory medical gas training requirements in relation to HTM 02.01.
- 10.4 To promote and monitor that medical gas policies and procedures are implemented and adhered to across the operational areas of LPT.
- 10.5 To disseminate information and provide feedback to appropriate groups, committees, staff and other stakeholders on medical gas risk issues.
- 10.6 To act as an early warning mechanism to alert the Health and Safety Committee and Patient Safety Group to emerging risks.
- 10.7 Receive the annual Authorised Engineers Audit, and take forward remedial actions as recommended by our external informed client acting on behalf of LPT.

#### **11.0 Reporting Responsibilities:**

- 11.1 Minutes of the meetings shall be provided to the Health and Safety Committee for information and assurance.
- 11.2 The Group shall provide a six monthly report to the Health and Safety Committee.

#### **12.0 Annual Review**

The Group shall, at least once a year, review its own performance, constitution and terms of reference (including membership) to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Health and Safety Committee.

#### **13.0 Risk Responsibility**

- 13.1 The risk areas the Group has special responsibility for are all aspects of the Trust's business undertakings re: medical gases.
- 13.2 The Group is accountable for providing assurance for elements the following Care Quality Commission elements: Regulation 13, Outcome 9 (Management of Medicines Re: medical gases) and Regulation 16, Outcome 11 (Safety, Availability and Suitability of Equipment) relating to medical gases within the scope of its remit

#### **14.0 Monitoring Arrangements**

- 14.1 Audits to be undertaken by NHS Horizons to provide assurance and validation of IFM Contractual obligations re: medical gases. in conjunction with the Authorised Person and Health and Safety Compliance Team.
- 14.2 Learning and development team will monitor training compliance and quality training delivery and learning outcomes for LPT staff.



### 14.3 Annual audit from Medical Gas Authorised Engineer

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

*Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.*

**Monitoring Compliance and Effectiveness**

Ref	Minimum Requirements to be monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
6	Policy review every three years	Policy in date and reviewed	Policy	Health and Safety Committee LPT Medical Gas Group	Three years
6	Staff attending relevant training	Staff have attended and are in date with identified training recorded in uLearn	Training report from Learning and Development	Health and Safety Committee LPT Medical Gas Group	Bi-monthly
6	Appointed Person and Authorising Engineer training	Report to Medical Gas Group and Quarterly report to Health and Safety Committee	Report from UHL E&F to ensure that competent persons are in post	LPT Medical Gas Group	Six month / annually
2	Compliance with HTM02	Report to Medical Gas Group and Quarterly report to Health and Safety Committee	Incident review Monitor that remedial actions from audits are addressed	Medical Gas Group	Bi-monthly

Section 1			
<b>Name of activity/proposal</b>		Medical Gas Management	
<b>Date Screening commenced</b>		29 June 2015	
<b>Directorate / Service carrying out the Assessment</b>		Health and Safety Compliance	
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>		Bernadette Keavney Head of Trust Health and Safety Compliance	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b> To promote a safe and secure environment for staff and patients			
<b>OBJECTIVES:</b> To ensure staff have the correct information, instruction and training to use, handling and stow medical gas cylinders.			
<b>PURPOSE</b> To set out the organisational arrangements for the management of medical gases.			
Section 2			
Protected Characteristic	Could the proposal have a positive impact? Yes or No (give details)	Could the proposal have a negative impact? Yes or No (give details)	
Age	Yes	No	
Disability	Yes	No	
Gender reassignment	Yes	No	
Marriage & Civil Partnership	Yes	No	
Pregnancy & Maternity	Yes	No	
Race	Yes	No	
Religion and Belief	Yes	No	
Sex	Yes	No	
Sexual Orientation	Yes	No	
Other equality groups?	Yes	No	
Section 3			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>			
<b>Yes</b>		<b>No</b>	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
<b>Signed by reviewer/assessor</b>	Bernadette Keavney	<b>Date</b>	15/10/2020
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>		<b>Date</b>	

Training Needs Analysis

Training Required	YES	NO
<b>Training topic:</b>	Medical Gas Mandatory Training and Designated Nursing Officer	
<b>Type of training:</b> (see study leave policy)	<input checked="" type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
<b>Staff groups who require the training:</b>	Senior Nurses, Ward Matrons where medical gas is used	
<b>Regularity of Update requirement:</b>	Annually for mandatory training and 3-yearly for Designated Nursing Officer training	
<b>Who is responsible for delivery of this training?</b>	Learning and Development / External Provider	
<b>Have resources been identified?</b>	Yes	
<b>Has a training plan been agreed?</b>	Yes	
<b>Where will completion of this training be recorded?</b>	uLearn	
<b>How is this training going to be monitored?</b>	Health and Safety Committee and Medical Gas Group through Health and Safety Training Compliance Report	

# The NHS Constitution

## NHS Core Principles – Checklist

**Please tick below those principles that apply to this policy**

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/>
<b>Respond to different needs of different sectors of the population</b>	<input type="checkbox"/>
<b>Work continuously to improve quality services and to minimise errors</b>	<input checked="" type="checkbox"/>
<b>Support and value its staff</b>	<input type="checkbox"/>
<b>Work together with others to ensure a seamless service for patients</b>	<input checked="" type="checkbox"/>
<b>Help keep people healthy and work to reduce health inequalities</b>	<input type="checkbox"/>
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input checked="" type="checkbox"/>

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>Medical Gas Policy</b>	
<b>Completed by:</b>	<b>Bernadette Keavney</b>	
<b>Job title</b>	<b>Head of Trust Health and Safety Compliance</b>	<b>Date</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	No	
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	No	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	No	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	No	
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>	No	
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	No	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	Bernadette Keavney	
<b>Date of approval</b>	15/10/2020	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust