

Management of Building/Premises Ventilation Systems

The purpose of this policy is to outline the Trust's management arrangements for Ventilation Systems within its properties including operational procedures to ensure it meets its statutory obligations.

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1.0 Quick Look Summary

The purpose of this policy is to outline the Trust's management arrangements for Ventilation Systems within its properties including operational procedures to ensure it meets its statutory obligations.

The organisation has a wide range of teams and services operating from a large number of properties making up our overall estate. The combination of mix and ageing condition of the estate means that the organisation has a number of properties that contain Ventilation systems of varying types and for various purposes including clinical, legal and good practice requirements.

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 health of all staff, patients and visitors

Everyone is responsible for complying with the organisations arrangements for the management of ventilation systems, including the implementation of local management controls. 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 of ventilation systems management are dealt with effectively.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
1	June 2014	Harmonised Policy
2	March 2016	Policy extended due to no legislative updates or changes to arrangements
3	September 2019	Reference to Interserve and LLRFMC removed. Document formatted to current Trust format
4	May 2023	Policy reviewed to reflect changes in the provision of Estates & Facilities Services & transferred to new policy template

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Peter Pierce	Compliance Manager
Robert Plowright	Engineering Compliance Officer
Policy Expert Group	

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
EMEC IPC	Quality & Safety Committee

1.4 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. If you require this policy in another format please contact the Corporate Assurance Team.

1.5 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 4) of this policy

1.6 Definitions that apply to this policy

Environment	The totality of a patient's surroundings when in healthcare premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.
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Ventilation	A means of removing and replacing the air in a space. In its simplest form this may be achieved by opening windows and doors etc. Mechanical ventilation systems provide a more controllable method. Basic systems consist of a fan and collection of distribution ductwork; more complex systems may include the ability to heat and filter the air passing through them. Ventilation equipment may be required in order to remove smells, dilute contaminants and ensure that a supply of 'fresh' air enters a space.
Air Conditioning	Air-conditioning is the ability to heat, cool, humidify, dehumidify and filter air. This means that the climate within a space being supplied by an air-conditioning plant can be maintained at a specific level regardless of changes in the outside air conditions or the activities within the space. Air-conditioning may be required in order to provide comfort conditions within a space.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.0. Purpose and Introduction

The purpose of this policy is to set out the organisational arrangements for the management of Ventilation Systems and applies to all staff employed by Leicestershire Partnership NHS Trust. The organisation has a wide range of teams and services operating from a large number of properties making up our overall estate. The combination of mix and ageing condition of the estate means that the organisation has a number of properties that contain Ventilation systems of varying types and for various purposes including clinical, legal and good practice requirements.

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 health of all staff, patients and visitors. Ventilation is provided in healthcare and non healthcare premises for the comfort and safety of the occupants of buildings. More specialised ventilation will also provide comfort but its prime function will be to closely control the environment and air movement of the space that it serves in order to contain, control and reduce hazards to patients and staff from air borne contaminants, dust and harmful microorganisms.

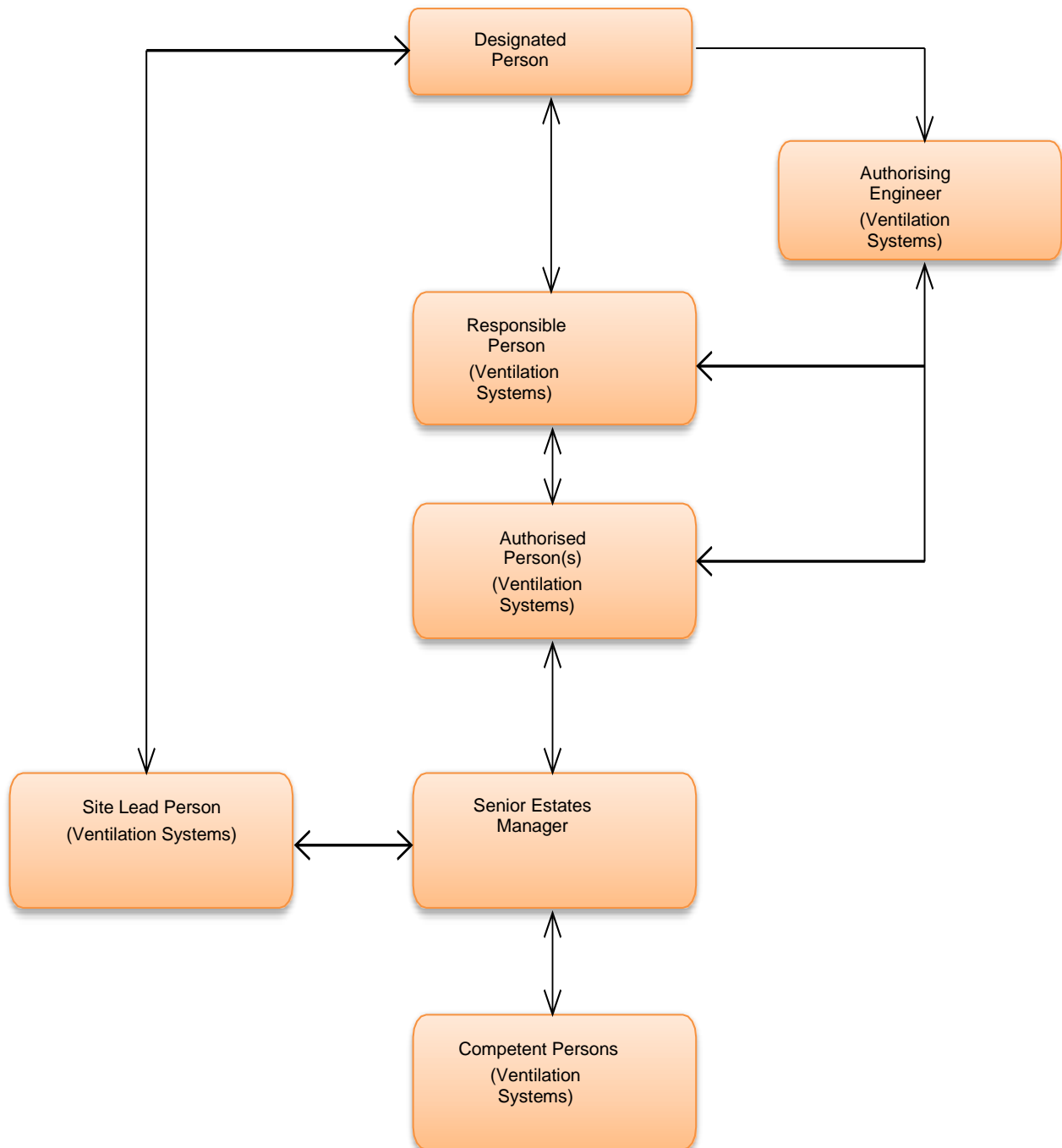
This Policy applies to all premises owned by the Trust or where the Trust holds maintenance responsibilities and to all employees and contractors involved in the construction, management, design, upgrading, refurbishment, extension, maintenance and operation of ventilation plant and equipment.

3.0 Duties within the Organisation

Everyone is responsible for complying with the organisations arrangements for the management of ventilation systems, including the implementation of local management controls. 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 of ventilation systems management are dealt with effectively.

In order to ensure that ventilation systems are managed efficiently within the organisation, the following organisational responsibilities have been allocated.

Management Hierarchy of Responsibility for the management of Ventilation Systems



Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Responsible Person (Ventilation Systems)

The designated Director with responsibility for Estates Management has overall responsibility for all matters relating to ventilation systems management. This responsibility includes ensuring that all ventilation systems management matters are seen as an important priority for the Trust and addressed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

The designated Director will ensure that financial resources are made available to support this Policy based upon a risk assessment of priorities.

The designated Director has responsibility for ensuring that the aims and objectives of the organisation's Ventilation Systems Management policy are implemented and will nominate a lead officer. The Director with designated responsibility for Ventilation Systems will:

- Publicly endorse the organisation's "Ventilation Systems policy";
- Empower staff to take the necessary actions;

Authorising Engineer (Ventilation Systems AE(V))

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

Authorised Person (Ventilation Systems AP(V))

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

Site Lead Person/Appropriate Managers (Ventilation Systems)

All managers are responsible for the implementation and monitoring of the policy within their specific area of responsibility, ensuring that:

- Management procedures and safe working practices resulting from them are produced, documented and implemented for their area(s);
- Arrangements with regard to Ventilation Systems are
- included in induction and regular refresher training for all staff;
- Undertaking regular monitoring and recording their findings;

Where revalidation/ certification of the performance of a given system is required e.g. local exhaust ventilation then this is undertaken by competent individuals and provided within the specified / required timescales.

Employees

All employees have an individual responsibility for Ventilation Systems management in line with their duties and working environment. Each employee or agent of the organisation has an individual responsibility to:

- Co-operate with the organisations management in the implementation of this policy;
- Report any poor management of Ventilation Systems to their supervisor/manager;
- To undergo appropriate training as required.

Senior Estates Manager

The Senior Estates Manager is responsible for day to day operational maintenance of LPT properties.

Contractors

Other employers or individuals providing goods and/or services to the Trust shall be required to comply with Trust policies and procedures with regard to Ventilation Systems management. Specific requirements for Contractors will be detailed in The Policy for the Control of Maintenance and Construction Activities

Patients and Visitors

Patients and visitors will be advised of all procedures in place for the Ventilation Systems management and will be expected to comply with all reasonable requests.

Competent Person (Ventilation Systems (CP(V))

The CP(V) is defined as a person designated by Management to carry out maintenance and periodic testing of ventilation systems, who have sufficient technical knowledge, training and experience to carry out their defined duties, and to understand fully any dangers involved and will be directed, appointed

4.0 Implementation

In order to implement this policy effectively there is a need to encourage all staff to play their part in the organisations overall goal. Senior management will be seen to take the lead in implementing and encouraging effective and efficient operation and maintenance of ventilation systems.

5 Infection Prevention and Control

It is the responsibility of the Infection Prevention and Control Team to provide input for all matters relating to the hospital environment, maintenance of hospital buildings and engineering systems and to work with the Facilities Management Services Team including:

- Provide education for maintenance staff and management on infection control and reduction in Healthcare Associated Infections (HCAI's).
- Provide guidance and support when advice on controlling the environment is required.
- Provide advice on risk assessments for controlling the environment decisions.

6.0 Ventilation Safety Group

The management of the ventilation systems of a healthcare provider should be overseen by the Ventilation Safety Group (VSG). The VSG should have clearly defined roles and responsibilities, be part of a healthcare organisation's governance structure and report to the designated person at Board level. It will be led and chaired by a person who has appropriate management responsibility, knowledge, competence and experience.

7.0 Maintenance of Ventilation Systems

All ventilation air handling units (AHU), plant, ductwork and systems shall be included in the planned preventative maintenance (PPM) system Inspections and maintenance shall be carried out in accordance with the following:

- Health Technical Memorandum 03-01 Specialised ventilation for healthcare premises Part B: The management, operation, maintenance and routine testing of existing healthcare ventilation systems
- Health and Safety Commission's Approved Code of Practice and guidance document
- 'Legionnaires' disease: the control of Legionella bacteria in water systems' (L8).
- (HTM 04-01) Safe water in healthcare premises

The general frequency of inspections and verification for ventilation systems shall consist of:

- All ventilation systems are to be subject to a programme of routine inspection and maintenance which shall be as a minimum frequency of annually.
- Ventilation systems serving critical care areas shall be inspected and maintained quarterly with actual performance measured and verified annually by competent individuals as HTM03.2021 Local Exhaust Ventilation (LEV) systems to be examined and tested every 14 months.
- Annual checks/tests to be carried out in order to demonstrate the continuing efficiency of the fire detection and fire containment

equipment/systems/arrangements used within the ventilation system continue to provide the required levels of protection.

A summary schedule of ventilation systems is shown in Appendix A.

8.0 Records

In order that ventilation systems can be correctly operated and maintained it is essential that “as-fitted drawings”, operating manuals, maintenance instructions and commissioning manual are available. (This information will be held within the Invida CAFM system) Log books should be kept for each ventilation system consisting of maintenance records, test and validation data. Copies of inspection and servicing records should be retained and available for inspection locally.

9.0 System Modification and Changes

When considering building refurbishments and/or the modification of any ventilation system it is essential that these changes do not adversely affect the performance of the rest of the system and the benefits / protection provided to building users. As such careful consideration must be given to this as testing and measurement may be required prior to design and/or works where existing records may not provide the required level of detail.

Where changes are made to ventilation systems all records should be updated as prescribed in:

- Records section 8.0 of this policy and this must include any new operating parameters/ arrangements, complete with any new automated control strategies.
- Health Technical Memorandum 03-01 Specialised ventilation for healthcare premises Part A: The concept, design, specification, installation and acceptance testing of healthcare ventilation systems.

10.0 Training

A Training needs analysis has been undertaken and this policy has identified specific training requirements.

All training delivered within the Trust will be part of an endorsed model of training relevant for the service area.

The governance group responsible for monitoring the training is Health and Safety Committee.

Training (Estates and Maintenance Staff)

Personnel carrying out maintenance of Ventilation Systems will receive suitable training which includes information about any significant hazards arising due to their maintenance activities which may either affect them personally or any other person who may be affected by their actions or omissions. Training records shall be kept up to date for all staff. LPT Estates and Facilities will maintain these and make available on request.

Role	Training Requirement
Authorised Person	Ventilation and air conditioning for the authorised person (HTM 03)
Competent Person	Ventilation and air conditioning for the competent person (HTM 03)
Site Lead Person	Ventilation Systems Overview

Training (Users/System Operators)

For these systems to be able to perform their intended purpose and be of benefit to the users / occupiers of the various facilities especially where these systems is of a specialist nature (eg lev's and operating theatres) it is essential that the users are aware of how to operate the systems, and how to ensure that the correct environmental conditions are present for any prescribed time prior to commencing with their intended activities.

11.0 Policy Monitoring and Review

This policy shall be reviewed at a minimum frequency of bi-annually. It should also be reviewed when substantial changes occur in the organisational structure of the organisation or property portfolio or when significant changes to legislation occur.

12.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
12.1	Authorising Engineer Annual Audit		Ventilation Safety Group	Annual
12.2	Annual Verifications		Authorised Persons	Annual
12.3	Incident Reports	Review of incidents received	Health & Safety and Estates teams	Quarterly

13.0 References and Bibliography

The policy was drafted with reference to the following:

Health Technical Memorandum 03-01 Specialised ventilation for healthcare premises
Part A: The concept, design, specification, installation and acceptance testing of healthcare ventilation systems

Health Technical Memorandum 03-01 Specialised ventilation for healthcare premises
Part B: The management, operation, maintenance and routine testing of existing healthcare ventilation systems

LPT Water Management policy, 2019.

Health and Safety at Work Act 1974

The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Appendix 1 Ventilation systems definitions

HTM03-01 provides the definition of a critical Ventilation systems, systems serving the following are considered critical:

- operating suites of any type including rooms used for interventional procedures and their recovery areas;
- airborne isolation facility;
- critical care units, neonatal and special care baby units;
- invasive treatment, endoscopy and bronchoscopy rooms;
- containment level 3 laboratory;
- pharmacy aseptic suite;
- inspection, assembly and packing (IAP) room in a sterile services department;
- MRI, CAT and other types of emerging imaging technologies that require particularly stable environmental conditions to remain within calibration;
- any system classified as an LEV system under the COSHH Regulations;
- any other system that clearly meets the definition that “a loss of service from such a system would seriously degrade the ability of the premises to deliver optimal healthcare”.

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Staff involved in the Maintenance, Testing and repair of ventilation systems. Estates Authorised Person, Estates Competent Persons
Regularity of Update requirement:	3 Yearly
Who is responsible for delivery of this training?	External Providers
Have resources been identified?	N/A
Has a training plan been agreed?	Training needs analysis reviewed at Ventilation Safety Group annually
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	By the Ventilation Safety Group

Appendix 3 The NHS Constitution

- 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.

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

Appendix 4 Due Regard Screening Template

Section 1			
Name of activity/proposal		Existing policy renewal.	
Date Screening commenced		December 2023	
Directorate / Service carrying out the assessment		Estates & Facilities Health & Safety	
Name and role of person undertaking this Due Regard (Equality Analysis)		R Brown E&F S Roost H&S	
Give an overview of the aims, objectives and purpose of the proposal: Update to existing policy			
AIMS: This policy describes the latest processes and developments applicable to ventilation systems			
OBJECTIVES: To ensure that staff involved in the operation, management and maintenance of ventilation systems understand the purpose and procedures to follow.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	None		
Disability	None		
Gender reassignment	None		
Marriage & Civil Partnership	None		
Pregnancy & Maternity	None		
Race	None		
Religion and Belief	None		
Sex	None		
Sexual Orientation	None		
Other equality groups?	None		
Section 3			
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 tick appropriate box below.			
Yes		No ✓	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This Policy covers all services where the activity of bathing and showering may be supported i.e. community setting and inpatients. It specifies differences for community staff			
Signed by reviewer/assessor	Richard Brown	Date	December 2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Richard Brown	Date	December 2023

Appendix 5 Data Privacy Impact Assessment Screening

<p>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.</p> <p>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.</p>			
Name of Document:		Management of Building/Premises Ventilation systems	
Completed by:			
Job title			Date
Screening Questions		Yes / No	Explanatory Note
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.		No	
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.		No	
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?		No	
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?		No	
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.		No	
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?		No	
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.		No	
8. Will the process require you to contact individuals in ways which they may find intrusive?		No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>			
Data Privacy approval name:		Not required	
Date of approval			

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