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Document Title: Management And Safe Operation Of Ventilation Systems		Version Number: 4
Scope: Estates staff primarily. Staff, patients and visitors		Status: Ratified
Author / Title: Glyn Davies, Divisional Manager – Estates Maintenance Services		Classification: Departmental
Replaces: Version 3.3, Management and Safe Operation of Ventilation Systems, E&F/POL/008		Responsibility: Estates & Facilities
Validated By: Estates AP Group E&F Group IPCC		Head of Department: Glyn Davies, Divisional Manager, Estates Maintenance Services Director Tristram Reynolds, Associate Director of Estates & Facilities
Ratified By: Health & Safety Committee		Date: July 17 Nov 17 Aug 17
Review dates may alter if any significant changes are made		Date 21/12/2017
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 5,6 and 7		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1,2,3,4,5,6 and 7
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes		
Document for Public Display: No		
Reference Check Completed by Joanne Phizacklea, 21.2.18		
To be completed by Library and Knowledge Services Staff		

CONTENTS		
		Page
	BEHAVIOURAL STANDARDS FRAMEWORK	3
1	SUMMARY	4
2	PURPOSE	4
3	SCOPE	4
4	POLICY	4
4.1	Management Responsibilities	4
4.2	Staff	5
4.3	Trust Monitoring	7
4.4	Management Strategy	7
4.5	Training	8
4.6	Risk Assessment	8
4.7	Records	8
5	ATTACHMENTS	9
6	DISTRIBUTION PLAN	9
7	OTHER RELEVANT / ASSOCIATED DOCUMENTS	9
8	SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	9
9	DEFINITIONS / GLOSSARY OF TERMS	10
10	CONSULTATION WITH STAFF AND PATIENTS	10
11	TRAINING	10
12	AMENDMENT HISTORY	11
Appendix 1	Management Checklist Ventilation Risk Assessment	12
Appendix 2	List of Staff	13
Appendix 3	Organisation Chart	14
Appendix 4	Equality and Diversity Impact Assessment Tool	15

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

1. SUMMARY

The Chief Executive has overall accountability for the Safe Management and Operation of Ventilation Systems (SMOVS) within the trust including Local Exhaust Ventilation (LEV) installed as a control measure to minimise the risk of exposure to hazardous materials (dusts, fumes etc) in accordance with the Control of Substances Hazardous to Health, Corp/Pol/064 (see section 6).

2. PURPOSE

It is the objective of this policy to ensure that the management structures and systems are in place to remove or minimise the risk presented by ventilation systems within all the Trust Premises.

3. SCOPE

This Ventilation Policy has been developed by the Trust's Estate Management Team in liaison with the Trusts Infection Prevention & Control Committee

The Chief Executive has responsibility and overall accountability for the Safe Management and Operation of Ventilation Systems (SMOVS) within Trust buildings and premises. The Chief Executive delegates responsibility to the Chief Operating Officer / Director of Estates and Facilities

In buildings not owned by the Trust, but where Trust staff are employed, the buildings Landlord (or its occupier / tenant) must provide **buildings services assurance documentation** to evidence statutory compliance. A failure to provide such documentation will be assessed on the basis of risk and considered against the necessary continuation of the healthcare service and its impact on patients

4. POLICY

4.1 Management Responsibilities

The Divisional Manager - Estates Maintenance Services is the Nominated Responsible Person for Ventilation for the Trust. It is the responsibility of the Responsible Person to:-

- a) Advise on the potential areas of risk and identify shortfalls where they exist.
- b) Advise on the necessary continuing procedures for the SMOVS
- c) Monitor the implementation and efficiency of these procedures.
- d) Approve and identify any changes to these procedures.
- e) Monitor to ensure that adequate records are maintained.

The Divisional Manager - Estates Maintenance Services is to report to the Associate Director of Estates and Facilities. It is the responsibility of the Associate Director of Estates and Facilities to report to the Chief Executive / Chief Operating Officer.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

In the interests of efficiency the Water Systems Management (WSM) Control Team will also monitor the maintenance, record keeping and progress for the SMOVS. This is because the staff involved with the SMOVS and the control of Legionella are virtually identical. There are also strong links between some of the guidance for both Legionella Control and the SMOVS.

The WSM Control team is to meet on a three monthly basis to ensure that all procedures are in place and that progress on improvement schemes is maintained.

The WSM Site Control team is made up of the following members of the Trust staff:

Divisional Manager - Estates Maintenance Services
 Site Estates Manager
 Engineering / Building Manager
 Capital Estates Services Team(as appropriate)
 Hotel Services Manager
 IP Team / Microbiologist

Where specialist advice is required or special circumstances arise, other individuals will be co-opted onto the Control team.

4.2 Staff Responsibilities

The Divisional Manager - Estates Maintenance Services has overall responsibility for ensuring that all measures outlined in this policy are implemented on each site within the Trust.

Specialist LEV systems (e.g. Pathology) are the responsibility of those Divisions

It is the role of Divisional Managers / Heads of Department to:-

- a) Identify any Local Exhaust Ventilation (LEV) systems in use within their workplaces and make these known to the Estates Department and the H&S Department. The Trust must record the location of these systems.
- b) Assess work practices in accordance with the Control of Substances Hazardous to Health, Corp/Pol/064 (see section 6) to determine if additional LEV is required and notify the H&S Department
- c) Ensure that the LEV is maintained and inspected by a specialist provider in accordance with the manufacturers guidance (at least annually)
- d) Ensure any remedial works required by this inspection are carried out
- e) Ensure the inspection record is made available on request to the Estates Department and H&S Department (at least annually)

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

- f) See Operational Policy (section 2)

It is the role of the Site Estates Manager to:-

- a) Ensure that all maintenance works required by this policy are carried out correctly and that accurate records are maintained of all such work.
- b) Ensure that all site modifications and additions are surveyed and incorporated into the maintenance programme.
- c) Bring to the attention of the Divisional Manager - Estates Maintenance Services, any systems, areas or procedures that are known to fall short of the requirements of this policy.

It is the role of the Consultant Microbiologist to:-

- a) Provide a local view on the risks present by ventilation systems.
- b) Advise on the setting of priorities.
- c) Advise on objectives and assess the risks to Human Health.

It is the role of the Authorised Person (AP) to:-

- a) Ensure that all maintenance procedures are issued to works staff as necessary.
- b) Maintain all records of work and examine all completed record forms to ensure compliance with this policy.
- c) Inform Estates Manager of any systems, areas or procedures, which are known to fall short of the requirements of this policy.
- d) Monitor the quality of work on maintenance procedures and improvement schemes.

It is the role of the Divisional Manager - Estates Maintenance Services to:-

- a) Routinely monitor maintenance procedures and records to ensure compliance with this policy.
- b) Provide information and advice on all matters relating to this policy.
- c) Bring to the attention of the Associate Director of Estates & Facilities any systems, areas or procedures which are known to fall short of the requirements of this policy.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

It is the role of the Capital Estates Manager to:-

- a) Ensure that all schemes prepared by themselves or under their supervision comply with the requirements of this policy and / or other relevant guidance / legislation i.e. HTM 03¹ / Building Regulations². The Divisional Manager - Estates Maintenance Services is to be formally notified of all such schemes, and on which site.
- b) Ensure that the design and operation of any AHU system included within a Capital scheme is approved by external consultant / specialist AHU contractor
- c) Ensure that all appropriate documentation, drawings, commissioning, risk assessments and validation data is passed to the appropriate Site Estates Manager on handover of the scheme.

4.3 Trust Monitoring

The monitoring of maintenance procedures and records of plant and equipment for each site will be the responsibility of the Divisional Manager - Estates Maintenance Services

An annual audit will be carried out to review record keeping, maintenance procedures and adherence to policy. The audit will be carried out concurrently with the WSM Annual Audit.

As for the WSM audit, the audit team will consist of:-

Divisional Manager - Estates Maintenance Services
WSM Control team
Plus other relevant specialists / officers as applicable.

At this audit the opportunity will be taken to review this policy and make any recommendations for change.

4.4 Management Strategy

In order to achieve the policy objective, it is essential that a structured approach is taken. To ensure that all risks are minimised, a systematic risk assessment is to be undertaken of all Trust premises. From this assessment an operational plan is to be formulated to ensure that priorities are identified and dealt with according to the level of risk arising. The "**Management Check List**" identifies the steps necessary to complete this strategy.

Where risks are identified the necessary steps will be introduced as outlined in the "Operational Policy". These steps should be implemented as a minimum measure initially, however following a reassessment; they may be modified with the

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

agreement of the Divisional Manager - Estates Maintenance Services for the appropriate site and the infection control representative for that site.

4.5 Training

It is essential that all staff involved in the safe management and operation of ventilation systems are fully aware of their duties, responsibilities and the reasons for these being imposed.

It is the responsibility of the Divisional Manager - Estates Maintenance Services to assess training requirements for each site.

Where training needs are identified, these should be met and records kept of all training details.

4.6 Risk Assessment

All areas and systems are to be assessed by a competent person and the following are the main factors to be considered:-

- i. Potential for aerosol formation
- ii. Water Temperature
- iii. Means of preventing or reducing risk
- iv. Susceptibility of the population exposed to risk

Re-assessment should be undertaken when modification to the system or its operating conditions occur or at the interval specified on the initial assessment.

Drawings are considered an essential requirement for satisfactory assessment.

4.7 Records

Records are to be kept of:-

- i. The name and position of all persons with nominated responsibilities.
- ii. The risk assessment and the person who conducted the assessment.
- iii. Records showing when systems are out of use and precautions in place.
- iv. Details of precautionary procedures.
- v. Dates, results and details of persons carrying out maintenance, checks,

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

inspections etc.

vi. Details of remedial works carried out including relevant dates.

vii. System Drawings.

All records of work completed must be signed off by the person carrying out the work.

5. ATTACHMENTS	
Number	Title
1	Management Checklist
2	List of Staff
3	Organisational Chart
4	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/POL/002	Control of Contractors http://uhmb/cs/tpdl/Documents/CORP-POL-002.docx
CORP/POL/064	Control of Substances Hazardous to Health (COSHH) http://uhmb/cs/tpdl/Documents/CORP-POL-064.docx
E&F/POL/018	Planned Preventative and Defect Maintenance http://uhmb/cs/tpdl/Documents/EF-POL-018.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	DH (2007) Heating and ventilation of health sector buildings (HTM 03-01). Available from: www.gov.uk/government/publications/guidance-on-specialised-ventilation-for-healthcare-premises-parts-a-and-b (accessed 18.1.18)
2	Great Britain (2010) The Building Regulations 2010. Available from: www.legislation.gov.uk/ukxi/2010/2214/pdfs/ukxi_20102214_en.pdf (accessed 18.1.18)
	Great Britain (2002) The Control of Substances Hazardous to Health Regulations 2002 (COSHH). Available from: www.legislation.gov.uk/ukxi/2002/2677/pdfs/ukxi_20022677_en.pdf (accessed 18.1.18)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
SMOVS	Safe Management and Operation of Ventilation Systems
LEV	Local Exhaust Ventilation

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
WSM	Water Systems Management
COSHH	Control of Substances Hazardous to Health

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Mr T Reynolds	Associate Director of Estates & Facilities	Nov 17
Ms Joanne Gaffing	Infection Prevention	Aug 17
Mr N Buxton	FGH Estates Manager	July 17
Ms Kate Ogah	Consultant Microbiologist	Aug 17
Mr I C Cummings	WGH Estates Manager	July 17
Mr N German	RLI Engineering Manager	July 17
Mr D Adair	RLI Engineering Manager	July 17
Mr L Oldland	RLI Engineering Manager	July 17
Mr P Simpson	FGH Engineering Manager	July 17

10. DISTRIBUTION PLAN

Dissemination lead:	Glyn Davies
Previous document already being used?	Yes
If yes, in what format and where?	Policy Document within Trust Procedural Library
Proposed action to retrieve out-of-date copies of the document:	Paper documents to be destroyed via AP Group meeting
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	New documents uploaded to the Document Library AP Group meetings and Toolbox talks

11. TRAINING

Is training required to be given due to the introduction of this procedural document? *Yes Please delete as appropriate

Action by	Action required	Implementation Date
N Buxton	Awareness Training	Dec 17
I Cummings	Awareness Training	Dec 17
N German	Awareness Training	Dec 17

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

12. AMENDMENT HISTORY

Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1	February 2009	11	Frequency of meetings altered	February 2010
2	May 2010		Total re-write of Policy due to new regulations.	March 2013
3	July 2014		Amendments to reflect change of Management Staff and to include COSHH LEV systems	Nov 2017
4	Sep 2017	Section 9 Appendix 2 Appendix 3	Amendments to reflect change of Management Staff	01/07/2020

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 1: Management checklist Ventilation risk assessment

A logbook recording the action taken on this checklist is recommended.

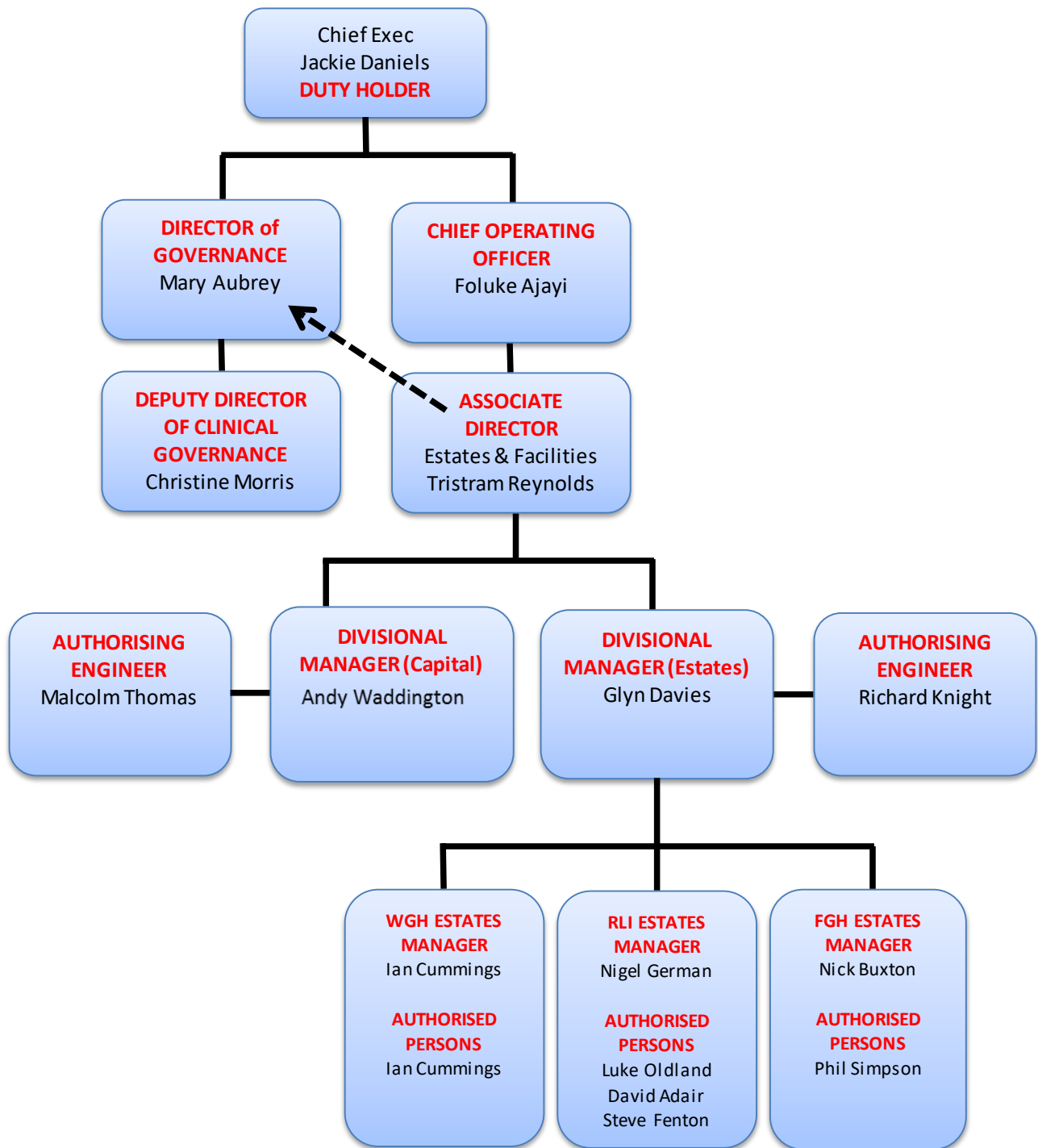
1. Appoint infection control representative (Ventilation) and Approved Person (Ventilation).
2. Existing drawings should be checked for accuracy. Produce record of drawings and schematics for all ventilation systems. The drawings/schematics should show:
 - a) layout and arrangement of all ducting;
 - b) position and rating of all equipment with the ducting i.e. Chiller Banks; filters; Heater banks; fans; humidifiers; isolating valves etc.
 - c) position of any inspection / access points
3. Identify work needed for compliance with this Policy and HTM 0301 This will require:
 - a) Full visual inspection of existing systems, plant and ductwork systems.
 - b) From this a Written Scheme and Risk Assessments will be produced.
 - c) Following the above visual inspection, Deposit Thickness Tests (DTT) may be required.
 - d) Development of schemes for risk minimisation and control in order of priority having considered cost, risk and difficulty.
 - e) List all systems in priority order of non-compliance and potential risk.
 - f) Devise an agreed management programme for the minimisation of risks identified in (5) above. This should be an action plan identifying resources and time-scales.
 - g) Manage the programme described in (6) above and identify compliance failures for remedial action.
 - h) Review the programme at yearly intervals to record progress in implementing the programme. All changes to the ventilation systems and functional content should be recorded and evaluated.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		

Appendix 2: LIST OF STAFF

Chief Executive	Mrs J. Daniels
Chief Operating Officer	Ms Foluke Ajayi
Consultant Microbiologists	Dr. M Pasztor, Dr K Ogah
Matron – Infection Prevention	Ms J Gaffing
Associate Director Of Estates & Facilities	Mr T. Reynolds
Divisional Manager Estates Maint. Services	Mr G Davies
Divisional Manager Estates Capital Services	Mr. A. Waddington
RLI Estates Manager	Mr. N German
FGH Estates Manager	Mr. N Buxton
WGH Estates Manager	Mr. I Cummings
RLI Engineering / Building Managers	Mr. L Oldland, Mr D Adair, Mr G. Archer
FGH Engineering / Building Managers	Mr. P Simpson

Appendix 3: Organisational Chart



University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		



Equality Impact Assessment Form

Department/Function	Estates Services			
Lead Assessor	Glyn Davies			
What is being assessed?	Communications, tasks and welfare			
Date of assessment	December 2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details: Authorising Engineer			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

University Hospitals of Morecambe Bay NHS Foundation Trust	ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020
Title: Management And Safe Operation Of Ventilation Systems	
Do you have the up to date version? See the intranet for the latest version	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	n/a
--	-----

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. E&F/POL/008
Revision No: 4	Next Review Date: 01/07/2020	Title: Management And Safe Operation Of Ventilation Systems
<i>Do you have the up to date version? See the intranet for the latest version</i>		