



MEDICAL GAS PIPELINE SYSTEM MGPS MANAGEMENT POLICY

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Directorate	Corporate
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Policy Author	Operational Manager Estates
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 Mar 12	1.0		Associated Director of Facilities	Logo and wording updated for new organisation	
12 Jun 14	2.0	12 June 14	Associated Director of Facilities	New Version produced by MPGS Ltd for the Trusts Medical Gases Group	Ratified at Medical Gases Group
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24 Aug 2020	5.0	24 Aug 2020	Director of Finance, Estates and IM&T	Policy approved by the Chair of	Estates & Facilities Sub-Committee
22 Sep 2020	5.0		Director of Finance, Estates and IM&T	Policy checked and uploaded	Corporate Governance
29 Jan 2021	5.0	24 Aug 2020	Director of Finance, Estates and IM&T	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality and Performance Committee
18 May 2021	5.0	24 Aug 2020	Director of Finance, Estates and IM&T	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

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1 Executive Summary

- 1.1** The prime purpose of this document is to detail the Trust's policy to achieve safety and to maintain supplies and services of medical gas pipeline services (MGPS) to maintain compliance with legal and statutory obligations.
- 1.2** The Trust's Chief Executive is defined as the person with ultimate management responsibility, including allocation of resources and the appointment of personnel, for the Trust in which the MGPS are installed. It is incumbent upon the Trust's Chief Executive therefore to ensure that all MGPS systems are safe and do not represent a danger to anyone using MGPS systems on the Trust's owned or occupied properties. This policy outlines how the officers, employees, and users of the system will ensure MGPS systems are designed, constructed, maintained, and used safely.
- 1.3** The document also provides guidance and references to assist staff in implementing the MGPS Policy.

2 Introduction

This policy addresses the provision of Medical Gas Pipeline Systems (MGPS) installed in the St Mary's Trust (hereafter referred to as the Trust).

MGPSs are designed to meet the demands of modern healthcare and, as such, form an integral part of the building services systems supporting the Trust's clinical activities. They are a safe and cost-effective method of supplying medical gases to points where these gases can be used by nursing and clinical staff for patient care. They are also a convenient and cost-effective alternative to the use of portable cylinders, compressors and suction units and provide medical gas and vacuum services for clinical needs without associated problems of portage, noise and space.

The Trust's management recognises their commitment to maintaining the MGPS to required standards and to train all respective personnel associated with its operation.

The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1992, Medicines Act 1968, Pressure Systems Safety Regulations 2000 and COSHH Regulations 2002 place a duty on the Trust to publish issue and implement a Medical Gas Pipeline System (MGPS) Operational Policy. This Policy outlines the arrangements and procedures required to achieve the objectives set out in those legislative documents and the Health Technical Memorandum 02-01:2006 Operational Management.

3 Definitions

Anaesthetic gas scavenging system (AGSS):

A complete system which conveys expired and/or excess anaesthetic gases from the breathing system to the exterior of the building(s) or to a place where they can be discharged safely.

Area valve service unit (AVSU):

A valve assembly within an enclosure provided for maintenance, for connecting a temporary supply, for shutting off the gas flow to a specific area in an emergency; or for purging and testing of gas supplies after engineering work.

Authorising Engineer (MGPS):

A person with suitable qualifications (e.g. a chartered or incorporated engineer) and sufficient relevant experience to oversee and audit a number of medical gas systems and their associated Authorised Persons (MGPS), and who can offer expert technical advice to MGPS managers and users. He/she will also be responsible for recommending Authorised Persons (MGPS) for appointment.

Authorised Person (MGPS):

A person who has sufficient technical knowledge, training and experience in order to understand fully the dangers involved, and who is appointed in writing by the Chief Executive on the recommendation of an Authorising Engineer (MGPS). The Authorised Person (MGPS) should have read, have understood and be able to apply the guidance of Health Technical Memorandum (HTM) 02-01, especially in relation to validation and verification, and should also be completely familiar with the medical gas pipe routes, their means of isolation and the central plant. He/she should ensure that the work described in any permit-to-work is carried out to the necessary standards.

Coordinating Authorised Person (MGPS):

Will coordinate the actions of all other Authorised Persons (MGPS) within his/her area of responsibility and will manage the permit-to-work system and other MGPS safety aspects in that area.

Competent Person (MGPS):

A person having sufficient technical knowledge, training and experience to carry out his/her duties in a competent manner and understand fully the dangers involved, and whose name is on the register of Competent Persons (MGPS). The register should be maintained either by a specialist contractor or by the Authorised Person (MGPS).

Craft person:

A member of the Estates Department who has approved qualification to allow classification as an Electrician, Mechanical Fitter or Plumber.

Chief Pharmacist:

Medical gases are medicines and, regardless of operational infrastructure, the chief pharmacist should take an active role in the management of medical gas cylinders. The chief pharmacist, with consultation with the Authorised Person (MGPS), appoints the Quality Controller (MGPS) in writing.

Designated Nursing Officer (DNO):

The nursing officer designated by the Executive Manager to act as a focal point for communications related to MGPS in a specified department or departments. The Designated Officers give permission for any interruption to the MGPS.

Designated Porter (MGPS):

A suitably trained person who has been given responsibility for a particular operation involving medical gas cylinders, for example changing cylinders on an MGPS manifold.

Emergency reserve manifold (ERM):

A manifold used as an alternative means of supply for a medical gas supply source, for example the automatic manifold supporting a duplex medical air plant. Also the ERM refers to additional manifolds that have been added to an MGPS to protect against supply failure arising from such events as main manifold failure.

Hazard level:

The term used to describe the level of risk to a patient served by an MGPS when work on that MGPS is taking place. In this Policy two levels of hazard are defined: high and low. Either of these will be used to define the type of permit used to manage the MGPS work.

Local area alarm:

An alarm indicator unit sited in areas, especially high dependency, and used to signal high or low medical gas pipeline pressure to local clinical staff.

Manifold (automatic):

A device that allows connection of high pressure gas cylinders to a medical gas system. They are designed such that they will continue to supply gas in the event of an electrical failure.

Medical gas pipeline system (MGPS):

The fixed medical gases pipework, the associated supply plant or pumping equipment, and the warning and alarm systems. This includes medical compressed air, medical vacuum and anaesthetic gas scavenging systems.

Entonox®: BOC

Trade name for a 50/50 mixture of nitrous oxide and oxygen. Used for pain relief.

Permit-to-work:

A form of declaration in five parts used to control work on the medical gas system. Its objective is to prevent inadvertent isolation of, or unauthorised work on, the medical gas system.

Quality Controller (MGPS):

A person appointed in writing by the Executive Manager on the recommendation of the chief pharmacist. The Quality Controller (MGPS) should normally be a pharmacist or other suitably trained person, and should have specialist knowledge, training and experience of MGPS and HTM 02-01. The Quality Controller (MGPS) is responsible for the quality of the medical gases; his/her duties include carrying out quality tests specified in HTM 02-01 Part A, Chapter 15.

4 Scope

This policy is intended for use by all staff involved with MGPS and medical gases in the Trust.

It applies throughout the Trust to all fixed medical gas pipeline systems and plant and any areas where medical gases may be used or installed.

Compressed gas and vacuum supplies for general engineering works and pathology department equipment are separate from the general MGPS, and are not included in this policy, although the general principles in this document should be followed for any such installations.

MGPS terminal units (gas specific outlets) define the limits of the Authorised Persons (MGPS) responsibility in this policy.

Equipment connected to the terminal units is not covered by this policy, other than where its design or mode of use may affect system operation or safety e.g. CPAP patient ventilators.

Medical equipment maintenance is the responsibility of the Ward/Dept who own the equipment with the support of Medical Equipment Management Service.

Medical gases should not be used for non-medical purposes, other than as a test gas for medical equipment.

Medical air should be used as the power source for ventilators; the routine use of oxygen as a driving gas is for ventilators and vacuum injectors is to be avoided.

MGPS management responsibility for the Trust resides with the Estates Management Department.

It is the Trust's policy that, before work on the MGPS can commence, a permit-to-work form signed by an Authorised Person (MGPS) and, in most cases, a Designated Nursing Officer (Matron, Ward Sister or Department Head) must be completed.

5 Purpose

The Trust accepts that safe management of a MGPS requires a high level of professional competence and commitment supported by adequate resources.

The Trust is committed to the provision of appropriate training for key personnel, relevant to their particular roles and activities.

The Trust regards Health and Safety as matters of prime importance which are to be given an equal priority with other business and operating objectives and will ensure so far as is reasonably practicable that the safety of employees at work, patients and other persons is not adversely affected by any of the Trust's operational activities.

The Trust regards safety at work as also being a responsibility of every employee in order to safeguard themselves, their colleagues and other persons within the sphere of the Trust's interests.

The Trust proposes to continue to promote and develop a pro-active safety regime by providing information, training and instruction for all personnel (including MGPS Contractors) involved with medical gas pipeline systems and related equipment.

The effectiveness of the MGPS safety policy depends to a large extent on comprehensive procedures being written and adopted dealing with the operational management of the MGPS and medical gas cylinders. Wherever possible, these procedures will be standard throughout the Trust.

6 Roles and Responsibilities

6.1 Chief Executive

Ultimate management responsibility for the MGPS rests with the Trust's Chief Executive.

The Chief Executive undertakes written appointment of Authorised Persons (MGPS) for the Trust.

The Chief Executive herein delegates day-to-day management responsibility for the Trust MGPS to the Authorised Persons (MGPS).

6.2. Authorising Engineer

The Trust will engage the services of an Authorising Engineer (MGPS), who will undertake the following duties

- to recommend to the Chief Executive those persons who, through individual assessment, or reassessment, are suitable to be Authorised Persons (MGPS);
- to ensure that all Authorised Persons (MGPS) have satisfactorily completed an appropriate training course;
- to ensure that all Authorised Persons (MGPS) are re-assessed every three years and have attended a refresher or other training course before such re-assessment;
- to review the management systems of the MGPS, including the permit-to-work system;
- in liaison with the Authorised Persons (MGPS), monitor the implementation of the MGPS operational policy and procedures.
- to provide the Trust with an accessible source of MGPS expertise, in support of the Authorised Persons (MGPS).

6.3 Authorised Person (MGPS)

The Authorised Persons (MGPS) assume effective responsibility for the day-to-day management and maintenance of the MGPS.

Two Authorised Persons (MGPS) are required for the Trust. One of these is nominated as the Coordinating Authorised Person (MGPS) and will retain control of the MGPS permit to work records.

The duties and responsibilities of Authorised Persons (MGPS) are:

- to ensure that the MGPS is operated safely and efficiently in accordance with the statutory requirements and guidelines;

- to manage the MGPS permit-to-work system, including the issue of permits to Competent Persons (MGPS) for all servicing, repair, alteration and extension work carried out on the existing MGPS;
- to supervise work carried out by Competent Persons (MGPS) and monitor the standard of that work;
- to ensure that the maintenance specification and schedule of equipment (including all plant, manifolds, pipework, valves, terminal units and alarm systems) is kept up to date;
- to liaise closely with Designated Nursing Officers (MGPS), the Quality Controller (MGPS) and others who need to be informed of any interruption or testing of the MGPS;
- to provide technical advice to those responsible for the purchase of any medical equipment which will be connected to the MGPS, in order to avoid issues arising from insufficient capacity and inadequate flow rates;
- in accordance with the Trust policy on provision of services, provide advice on the provision and/or replacement of MGPS central plant and associated systems (the Estates department will hold overall responsibility for the provision and maintenance of MGPS services at the Trust);
- to organise such training of Estates staff (and other staff if requested) and/or transfer of MGPS information as is needed for the efficient and safe operation of the MGPS.
- in liaison with the Authorising Engineer (MGPS), monitor the implementation of the MGPS Operational Policy and to feedback to the Medical Gas Group any significant issues.
- carry out or commission an MGPS survey, to ascertain the condition and compliance with current standards and guidance of the medical gas plant and installations within the Trust and, from the findings of the survey, produce a risk analysis and prioritised list of remedial actions.
- maintain copies of such documentation and other records e.g. key/valve numbers as are required to ensure the safe operation of the MGPS and / or are required by direction of Trust management and / or the Authorising Engineer (MGPS).

6.4 Competent Person (MGPS)

All Competent Persons (MGPS) are craft persons.

The Trust own directly employed Competent Persons (MGPS) will be responsible for first line emergency maintenance and daily/weekly/monthly checks on plant and manifolds. The Coordinating Authorised Person is responsible for assessing the competency of the directly employed Competent Persons (MGPS).

In addition, the Trust will also appoint a maintenance contractor to undertake Competent Persons (MPGS) duties when required. All contractors carrying out medical gas work shall be registered to BS EN ISO 9001/BS EN ISO 13458, with clearly defined registration criteria.

The duties and responsibilities of Competent Persons (MGPS) are:

- to carry out work on the MGPS in accordance with the Trust's maintenance specification and the contractor's appropriate method statements;

- to carry out repair, alteration or extension work as directed by an Authorised Person (MGPS) in accordance with the permit-to-work system and Health Technical Memorandum 02-01;
- to perform engineering tests appropriate to all work carried out and inform the Authorised Person (MGPS) of all test results and system modifications;
- to carry out all work in accordance with the Trust's health and safety policy.
- Providing dated revisions to the MGPS "as fitted" drawings, when work has been completed and checked by the Authorised Person (MGPS).
- to carry at all times appropriate identification and, when requested, proof of competence to carry out commissioned work.

6.5 Quality Controller (MGPS)

It is the responsibility of the Trust to appoint, in writing, on the recommendation of the Chief Pharmacist, a Quality Controller with MGPS responsibilities.

Subsequent to the appointment of the QC (MGPS), the Authorised Person (MGPS) will be responsible for liaising with him / her and organising attendance as required.

The duties and responsibilities of the Quality Controller (MGPS) are:

- to assume responsibility for the quality control of the medical gases at the terminal units (that is, the wall- or pendant-mounted medical gas outlets);
- to liaise with the Authorised and Competent Persons (MGPS) in carrying out specific quality and identity tests on the MGPS in accordance with the permit-to-work system and relevant European Pharmacopoeia standards;
- to organise MGPS training of pharmacy staff who may deputise for the Quality Controller (MGPS).
- to carry out quarterly quality control testing of medical/surgical compressed air plant in accordance with HTM 02-01 / Eur. Ph. Requirements.

He/she should have received training on the verification and validation of MGPS and be familiar with the requirements of this MGPS operational policy.

It is the policy of the Trust that the Chief Pharmacist will appoint a Quality Controller (MGPS) from the National Register of MGPS Quality Controllers and has the requisite experience.

6.6 Designated Nursing Officer (DNO - (MGPS)):

It is the policy of the Trust that all MGPS work in wards and departments carried out under the MGPS permit-to-work system will be authorised by the senior nursing staff. Henceforth defined as Designated Nursing Officer (DNO (MGPS)).

Appointment, duties and responsibilities of the Designated Nursing Officer are as follows:

- Designated Nursing Officers (MGPS) are (by job title) the Matron, Ward Sister or Department Head responsible for a series of wards/Department or senior nursing Sister in charge of a ward and will be appointed by the Trust's Executive Director of Nursing, and will undertake suitable training for the role.
- It is the responsibility of the Authorised Person (MGPS) to liaise with the DNO

(MGPS) when any interruption to gas supplies is to be undertaken.

- NO INTERRUPTION to a medical gas supply can take place without the WRITTEN permission of either a DNO (MGPS) i.e. by signing of an appropriate MGPS permit to work.
- Most work at department/ward level will be authorised by the relevant DNO (MGPS).

During emergency situations it will be the responsibility of the Duty Nurse to liaise with the Authorised Person (MGPS) to co-ordinate necessary remedial work, which may involve provision of alternative gas supplies etc.

Although the AP (MGPS) will be able to advise on suitable training for the DNO (MGPS), it is the responsibility of the Executive Director of Nursing respectively to organise and monitor such provision.

6.7 Designated Porter (MGPS)

A Designated Porter (MGPS) is a Porter with particular responsibility for medical gases, more especially, the handling of compressed medical gas cylinders. He/she will have undergone specialist training in the identification and safe handling and storage of medical gas cylinders, including relevant manual handling training.

The Designated Porter (MGPS) must work safely at all times, using the appropriate personal protective and manual handling equipment (supplied by the Pharmacy Department), damage to which must be reported immediately to the respective Manager responsible for either the Pharmacy or General porters.

The Lead Pharmacy Technician will decide on provision of cylinders for routine and emergency use and will be responsible for the quarantining of defective cylinders and maintenance of delivery records.

Designated Porters (MGPS) will undertake the following duties:

- assist with the delivery of gas cylinders by the supplier;
- deliver full gas cylinders from the 'FULL' cylinder store to wards, departments and manifolds and return empty cylinders to the 'EMPTY' store;
- transfer gas delivery notes from the delivery driver to the Lead Pharmacy Technician.
- identify, and remove from service, faulty (e.g. leaking) or incident (e.g. damaged) cylinders and subsequently notify the Lead Pharmacy Technician of the location of such cylinders;
- perform a weekly check on cylinder stocks and report any deficiencies to the Lead Pharmacy Technician;
- ensure that all cylinder contents are used within the three-year fill/refill timescale specified by the gas supplier.
- rotate cylinder stock between secondary (emergency) and primary supply manifolds to ensure effective use of gas.

In liaison with the Training Officer, the Pharmacy Manager and Portering Manager shall ensure that their respective portering staff have received appropriate manual handling and medical gas safety training and maintain records of such training.

6.8 Medical Gases Group

A medical gas group shall consist of the Coordinating Authorised Person (MGPS), Authorised Person (MGPS), Estates Manager, Portering Manager, Fire Safety Manager, Consultant Anaesthetist, Senior Nurse Manager and Lead Pharmacy Technician. It will be chaired by the Chief Pharmacist or their deputy.

Other signatories to this document shall also be invited to join the group when appropriate.

The Medical Gas Group shall report to the Health & Safety Committee.

Where possible, all intended works to the Medical Gas Pipeline system shall be approved by the Medical Gases Group before commencing. All works carried out between meetings will be brought to the Group for retrospective approval.

The Medical Gases Group shall be responsible for approving any Standard Operating Procedure or Contingency plans which involves the Medical Gas Pipeline System.

7 Policy detail/Course of Action

7.1 Procedures

7.1.1 This Policy is supported by the following procedures which form part of the Medical Gas Pipeline Systems (MGPS) & Medical Gases Operational Procedures, to be read in conjunction with this Policy, and will be subject to revision from time to time and as required by changes in legislation, guidance and practice.

- MGPS Operational Management;
- Maintenance;
- Works undertaken by Contractors and Designers;
- Information and Instructions;
- Reporting of Accidents and Dangerous Occurrences;
- Training;
- Safety and Test Equipment;
- Records.

7.2 Review

7.2.1 The condition, fitness for purpose and safety shall be reported on periodically (minimum annually) to the Medical Gases Group or more frequently if needed. Additionally information for the report should be gathered from other departments within the Trust that have responsibility for operating and maintaining MGPS systems, including;

- Medical Equipment Management Service
- All service/ premises managers occupying Trust property with installed MGPS

8 Consultation

This policy revision consultation has included all managers with assigned responsibilities within this policy.

9 Training

In order to ensure safety of patients, clinical and nursing staff, maintenance personnel, porters and other MGPS users, it is essential that no one be allowed to operate or use a medical gas system or equipment unless properly trained or supervised. Each section of this Policy addresses the roles and responsibilities of defined personnel and from these lists training needs can be identified.

Following initial accredited training, re-training and assessment shall take place at regular intervals as shown in the table below.

Personnel	Retraining	Re-assessment
Authorised Person (MGPS)	Every 3 years	Every 3 years
Designated Porter (MGPS)	Every year	Every year
Designated Nursing Officer (MGPS)	Every 3 years	Every 3 years
General Nursing staff	Ongoing	

Records of such training must be kept by the appropriate manager.

10 Monitoring Compliance and Effectiveness

The MGPS operational policy should be reviewed annually by the Medical Gases Group;

The Chairperson shall convene the review meeting and be responsible for writing and distributing the minutes of the meeting.

The Group shall report review findings directly to the Health & Safety Committee within 1 week of the meeting.

Monitoring will be undertaken by the Medical Gases Group.

This document will be reviewed no later than every 3 years by the manager with the delegated responsibility.

Should legislation or any other changes of circumstances arise; this Policy will be updated accordingly prior to the 3 years timeframe.

11 Links to other Organisational Documents

- Fire Safety policy (Fire Action Plan)
- Fire Assessments
- Business Continuity policy
- Health and Safety policy

12 References

A non-exhaustive list of documentation relevant to the MGPS.

Statutory requirements relevant to Medical Gas Pipeline Systems:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Pressure Equipment Regulations 1999
- Pressure Systems Safety Regulations 2000
- Highly Flammable Liquids and Liquefied Petroleum Gases Regulations 1972
- Medicines Act 1968
- Manual Handling Operations Regulations 1992 (as amended 2002)
- Personal Protective Equipment at Work Regulations 1992
- Electromagnetic Compatibility Regulations 2005
- Electricity at Work Regulations 1989
- Other guidance applicable to medical gas pipeline systems
- Health Technical Memorandum 02-01 (2006) – ‘Medical gas pipeline systems’:
 - Part A: Design, installation, validation and verification
 - Part B: Operational management
- Supplement No 1 – ‘Dental compressed air and vacuum systems’
- Supplement No 2 – ‘Piped medical gases in ambulance vehicles’
- European Pharmacopoeia standards for medical gases, including medical compressed air
- National Health Service Model Engineering Specification, C11, “Medical Gases”, 1995

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Medical Gas Pipeline Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff		6000	11000
Equipment & Provision of resources			

Summary of Impact:

Improved control and monitoring of activity across the Trust with regard to the medical gas pipeline system.
 Restriction of the current 'freedom to act' within departments across the Trust with regard to medical gas pipeline system.

Risk Management Issues:

Reduced risk from medical gas pipeline misuse across the Trust, the estates department has already adopted and been implementing the relevant HTM guidance produced by the DoH for some time.

Benefits / Savings to the organisation:

Reduced risk of medical gas pipeline failure downtime that may result in loss of patient activity and throughput.

Equality Impact Assessment

- | | |
|--|----------|
| ▪ Has this been appropriately carried out? | YES / NO |
| ▪ Are there any reported equality issues? | YES / NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Estates Staff	5000 per 3 years	16000
Portering Staff	3000	
Totals:	8000	16000

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	MEDICAL GAS PIPELINE SYSTEM MANAGEMENT POLICY
Purpose of document	To ensure compliance
Target Audience	All Staff, Patients and Visitors to the Estate.
Person or Committee undertaken the Equality Impact Assessment	Estates

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men			
	Women			
Race	Asian or Asian British People			
	Black or Black British People			
	Chinese people			
	People of Mixed Race			
	White people (including Irish people)			

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			
Sexual Orientation	Transgender			
	Lesbian, Gay men and bisexual			
Age	Children			
	Older People (60+)			
	Younger People (17 to 25 yrs)			
Faith Group				
Pregnancy & Maternity				
Equal Opportunities and/or improved relations				

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

Uncontrolled when printed