

Livewell Southwest

Medical Gas Policy

Version No 3.0

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Author: Authorised Person Medical Gas Pipeline Systems

Asset No: 523

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	<p>Manual Handling Operation Regulations 1992 Personal Protective Equipment at Work Regulations 1992 Electromagnetic Compatibility Regulations 2006 Electricity at Work Regulations 1989 European Pharmacopeia</p> <p><u>Other Guidance Applicable to Medical Gas Pipeline Systems</u> Health Technical Memorandum (HTM) 02-01 “Medical Gas Pipeline Systems” 2006</p> <ul style="list-style-type: none"> • Part A Design, Installation, Validation and Verification • Part B Operational Management • Supplement No 1 “Dental Compressed Air and Vacuum Systems” 2003 • Supplement No 2 “Piped Medical Gases in Ambulance Vehicles” 1997 <p>National Health Service Model Engineering Specification C11 “Medical Gases” 95 European Pharmacopoeia Standards for Medical Gases, including Medical Compressed Air</p>
Associated documentation	<ul style="list-style-type: none"> • COSHH Policy • Fire Safety Policy • First Aid Policy • Health & Safety Policy • Incident Reporting & Investigation Policy & Procedure • Infection Prevention & Control Policy • Lone Working Policy • Management Strategy • Manual Handling Policy • Medical Devices Management Policy • Permit to Work Policy • Risk
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1	New document	October 2006	Risk Manager	New document.
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1:2	Reviewed	27/11/2008	Risk Manager	Reviewed, no changes made.
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3.0	Full review	30/12/15	Authorised Person (Medical Gases)	Full review to reflect LSW's current practice and conform to policy framework, etc.

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Medical Gas Policy

1 Introduction

- 1.1 Livewell Southwest (LSW) recognises its responsibility to implement in full the safe management of the MGPS (Medical Gas Pipeline Systems) in accordance with the statutory requirements, current guidelines and best practice. This includes the provision of a safe, secure and reliable system including cylinders and associated equipment.
- 1.2 LSW accepts that safe management of the MGPS requires a high level of commitment, professional competence and adequate resources.

2 Purpose

- 2.1 The purpose of this policy is to address the provisions of MGPS. It sets out the roles and responsibilities and outlines the operational management of the MGPS.
- 2.2 This policy applies to all persons who have access to, use of, or are responsible for the supply of medical gas within LSW.
- 2.3 It applies throughout LSW to all fixed medical gas pipeline systems, medical gas cylinders, cryogenic medical oxygen storage vessels and medical vacuum systems, as defined in the Health Technical Memorandum 02-01 "Medical Gas Pipeline Systems" Parts A and B 2006.
- 2.4 MGPS management responsibility for LSW resides with the Estates Department.
- 2.5 Medical gases piped to a medical engineering department are included, as is a medical compressed air supply to a sterile services unit (for the express purpose of testing the operation of air-powered surgical tools).

3 Definitions

- 3.1 The Medical Gas Pipeline Systems (MGPS) are defined as a central pipeline systems and cylinder supplies, by which LSW provides a safe, convenient and cost-effective supply of medical gases to points where these gases can be used by clinical and nursing staff for patient care.
- 3.2 MGPS is used throughout this policy as a general term to describe systems providing medical oxygen, nitrous oxide/oxygen mixture 50% v/v, medical air at 4 Bar and surgical air at 7 Bar, medical vacuum and anaesthetic gas scavenging (AGS) systems, also include dental air and dental vacuum provided from discrete chair side units and central wet vacuum systems is included.

- 3.3 Compressed gas and vacuum supplies to general engineering workshops shall be separate from the general MGPS and are **not** included in this policy.
- 3.4 The operation of medical and surgical equipment connected to the terminal units is **not** covered by this policy and is the responsibility of the Medical Engineering and Clinical Departments.

4 Duties & Responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 The **Director of Finance (Capital & Estates)** is responsible for ensuring that systems are in place for safe and secure management and use of MGPS and that LSW meet the statutory requirements, including the allocation of resources and appointment of personnel.
- 4.3 The **Head of Estates and Site Services** is responsible for:
 - 4.3.1 delegating the written appointment of Authorised Persons to the Authorising Engineer;
 - 4.3.2 delegating day-to-day management responsibility for the MGPS to the Senior Authorised Person;
 - 4.3.3 appointing in writing a Quality Control Pharmacist with MGPS responsibilities, on the recommendation of the Director of Pharmaceutical Services.
- 4.4 The **Authorising Engineer** is responsible for:
 - 4.4.1 recommending to the Head of Estates and Site Services those persons who, through individual assessment, are suitable to be Authorised Persons;
 - 4.4.2 nominating one as the Senior Authorised Person (MGPS) with overall responsibility for all LSW sites;
 - 4.4.3 ensuring that all Authorised Persons (MGPS) have satisfactorily completed an appropriate training course;
 - 4.4.4 ensuring that all Authorised Persons (MGPS) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment;
 - 4.4.5 conducting audits every two years and review the management systems of the MGPS, including the Permit to Work systems;
 - 4.4.6 monitoring the implementation and effectiveness of this policy and its procedures.
- 4.5 The **Estates Authorised Persons (MGPS)** is responsible for:

- 4.5.1 assuming effective responsibility for the day-to-day management and maintenance of the MGPS;
- 4.5.2 ensuring that the MGPS is operated safely and efficiently in accordance with the statutory requirements and guidelines;
- 4.5.3 supervising the Permit to Work system, including the issue of Permits to Work to Competent Persons (MGPS) for all servicing, repair, alteration and extension work carried out on the existing MGPS;
- 4.5.4 supervising the work undertaken by Competent Persons (MGPS) and for the standard of that work (including the sampling and examination of brazed joints on new MGPS installations, or any other circumstances as required by the Senior Authorised Person (MGPS));
- 4.5.5 ensuring that LSW MGPS maintenance specification and schedule of equipment (including all plant, manifolds, pipe work, valves, terminal units and alarm systems, plant history records, maintenance log books, test equipment, test equipment calibration records, etc) are kept up-to-date;
- 4.5.6 liaising closely with Designated Medical / Nursing Officers, the Quality Controller (MGPS) and others who need to be informed of any interruption or testing of the MGPS as a result of work carried out under the Permit to Work system;
- 4.5.7 providing technical advice to those responsible for the purchase of any medical equipment which will be connected to the MGPS, in order to avoid insufficient capacity and inadequate flow rates;
- 4.5.8 providing advice on the provision and / or replacement of MGPS central plant and associated systems (Estates will hold overall responsibility for the provision and maintenance of MGPS services within LSW).
- 4.6 The **Senior Authorised Person (MGPS)** is responsible for:
 - 4.6.1 the integrity of the MGPS;
 - 4.6.2 monitoring the policy, ensuring that all work is carried out in accordance with the Health Technical Memorandum and Permit to Work Policy;
 - 4.6.3 contacting the Quality Controller (MGPS) and organising attendance as required;
 - 4.6.4 maintaining all records associated with MGPS.
- 4.7 **Competent Persons (MGPS):**
 - 4.7.1 are craft persons, either directly employed and registered by LSW, or registered and employed by specialist contractors;

- 4.7.2 shall be registered to BS EN ISO 9000 or ISO 134:1996 with clearly defined registration criteria;
- 4.7.3 will carry out work on the MGPS in accordance with LSW's maintenance specification;
- 4.7.4 carry out repairs, alteration or extension work, as directed by an Authorised Person (MGPS) in accordance with the Permit to Work system and HTM 02-01:2006;
- 4.7.5 perform engineering tests (in accordance with protocols described in HTM 02-01:2006 "Validation and Verification") appropriate to all work carried out and inform the Authorised Person (MGPS) of all test results.
- 4.8 The **Quality Controller (MGPS)** is responsible for:
 - 4.8.1 accepting responsibility for the quality control of the medical gases at the terminal units (i.e. the wall or pendant mounted medical gas outlets);
 - 4.8.2 liaising with the Authorised Person (MGPS) in carrying out specific quality and identity tests on the MGPS in accordance with the Permit to Work system and relevant Pharmacopoeia Standards;
 - 4.8.3 organising MGPS training of Pharmacy staff who may deputise for the Quality Controller (MGPS);
 - 4.8.4 maintaining a register of "Certificates of Analysis" (put under Definition) for medical liquid oxygen delivered.
- 4.9 **Designated Porters (MGPS):**
 - 4.9.1 have particular responsibilities for medical gases and will have undergone specialist training in the identification and safe handling and storage of medical gas cylinders, including relevant manual handling training;
 - 4.9.2 must maintain a record of this training in the Portering Department (as well as the Electronic Staff Record [ESR]). A current copy of training records to be held in the Estates Department;
 - 4.9.3 orders cylinders of medical gases and special gas mixtures for the following areas:
 - a) wards and departments and District Nurse Teams;
 - b) manifolds;
 - 4.9.4 must assist with the delivery of gas cylinders by BOC;

- 4.9.5 must deliver full gas cylinders from the Cylinder Stores (as appropriate) to wards, departments and manifold rooms and return empty cylinders to the stores;
- 4.9.6 must transfer gas delivery notes from the delivery driver to the Head Porter, who will forward these notes to Pharmacy;
- 4.9.7 must attach to and remove from cylinders, medical equipment regulators (or regulator/flowmeter combinations) and manifold tail pipes;
- 4.9.8 must identify and remove from service faulty (ie leaking) cylinders and subsequently notify the Head Porter of the location of such cylinders;
- 4.9.9 must work safely at all times, using the appropriate Personal Protective Equipment (PPE), which is provided and maintained by the Portering Department;
- 4.9.10 must ensure that manual handling equipment is maintained and report immediately to the Head Porter if any PPE or manual handling equipment is found to be missing, or defective in any way in addition to completing an incident report form in accordance with the Incident Reporting & Investigation Policy.
- 4.10 **Project Managers, Engineering Managers, Building Managers and Supervisors:**
 - 4.10.1 will notify the Computer Aided Design (CAD) Technician of any changes to the MGPS that will require drawings to be updated;
 - 4.10.2 must provide the CAD Technician with a schematic diagram for any new installation.
- 4.11 **Estates Technician:**
 - 4.11.1 maintains up-to-date master drawings of the MGPS with appropriate version control;
 - 4.11.2 will make the drawings readily available on-site for use by any Authorised Person;
- 4.12 **Medical Gases User Group, subgroup of Health, Safety & Security Committee.**
 - 4.12.1 will be chaired by the Head of Corporate Risk and Compliance and attended by the key personnel, including Authorised Persons (MGPS), Health & Safety Advisor, Matrons, Quality Controller (MGPS), Professional Lead for District Nurses's and Head Site Assistant;
 - 4.12.2 shall convene on a quarterly basis;

4.12.3 will review this policy and recommend it for ratification by the Provider Board;

4.12.4 report to the Chief Executive.

5 Operational Arrangements

5.1 Procedures

5.1.1 Separate operational procedures for medical gases use within dental services and general services contain details on the following:

- a) cylinder management
- b) emergency procedures
- c) Permit to Work systems
- d) system summaries and access procedures
- e) bacteria filter changes
- f) deliveries of gas cylinders and liquid oxygen.

5.2 Permits to Work

5.2.1 In accordance with HTM 02-01: Medical Gas Pipeline Systems, a Permit to Work system is implemented by the Senior Authorised Person (MGPS) and operates over the following LSW sites:

- a) Mount Gould Hospital site (Denny Smith Unit, Local Care Centre)
- b) Peninsula Dental School, Devonport
- c) Peninsula Dental School, Derriford
- d) Dental Access Centre, Nuffield Clinic
- e) Dental Suite, Scott Hospital

5.2.2 Under **no** circumstances should any work take place on the MGPS without the knowledge and permission of an Authorised Person (MGPS) and the issue of a relevant permit to work, except for the following:

- a) filling of liquid oxygen vessels
- b) routine maintenance of liquid oxygen vessels and associated equipment by BOC
- c) changing of manifold systems
- d) emergency isolation by a member of the clinical / nursing staff.

5.3 Purchase or Replacement of Medical Equipment

5.3.1 Prospective purchasers of medical equipment intended for use by connection to a MGPS are required to contact the Senior Authorised Person (MGPS), the Head of Clinical Technology before such purchases are made to establish whether a viable gas supply is available for that equipment.

5.3.2 Some equipment, such as Continuous Positive Airway Pressure (CPAP) devices and high-flow air tools, impose a heavy demand on gas supplies and

patient safety could be compromised if unauthorised equipment is connected to the MGPS;

- 5.3.3 Damaged equipment, such as flow meters and regulators, should be sent to the Medical Equipment Maintenance Service (MEMS) Department at Derriford Hospital at the request of the duty nurse. If beyond repair, then replacements can be purchased through MEMS (suction controllers are not stocked through MEMS);
- 5.3.4 Damaged equipment found by portering staff during routine cylinder replacement should be returned to MEMS with details of origin;
- 5.3.5 All damage to hoses should be reported to MEMS immediately so that new hoses can be put in place;
- 5.3.6 Unauthorised temporary repairs, particularly those involving devices such as jubilee clips, are strictly forbidden, as they may result in patient injury or death.

5.4 Storage of Gas Cylinders

- 5.4.1 The design and construction of central cylinder stores for medical gases must be in accordance with HTM 02-01;
- 5.4.2 Satellite storage of medical gas cylinders on wards and departments shall be controlled by the manager responsible for the location. The storage area shall be secure and dry, well ventilated and at a constant temperature away from direct sunlight and have appropriate signage;
- 5.4.3 Flammable materials must not be allowed to accumulate near cylinder storage;
- 5.4.4 Empty cylinders must not be retained longer than necessary;
- 5.4.5 There must be separation of full and empty cylinders;
- 5.4.6 Signs prohibiting smoking and use of naked lights shall be prominently displayed;
- 5.4.7 Where cylinders can be accidentally knocked over they shall be secured in an upright position;
- 5.4.8 Cylinders should be regularly checked for expiry dates and should be used on a first-in first-out basis.

5.5 Handling of Cylinders

- 5.5.1 Medical Gas Cylinders though robust, should be handled with care and only by personnel who have received training and understand the hazards involved. Cylinders must only be moved in the approved manner as described else-where in this document;

- 5.5.2 Cylinders shall be handled carefully and not knocked violently;
- 5.5.3 Cylinder keys must be immediately available;
- 5.5.4 Smoking and naked lights shall be prohibited;
- 5.5.5 Cylinders shall not be lifted by their caps or valves unless specifically designed for that purpose;
- 5.5.6 Cylinders and valves shall be kept free from oil and grease;
- 5.5.7 Cylinders of sizes F and above **must** be transported on appropriate sized cylinder trolleys;
- 5.5.8 Hands must be clean and totally free of oil / grease when handling cylinders;
- 5.5.9 The cylinder must be secured in the trolley with the fitted clamps using both if two are fitted;
- 5.5.10 Cylinders in trolleys must be pushed not pulled. One person must not transport more than one. In accordance with manual handling training, the correct posture for pushing a trolley is when:
 - a) The body is kept upright not stooped. Both arms should be bent roughly at right angles, the elbows kept tucked into the body with the forearms roughly parallel with the ground. The cylinder trolley will be inclined back towards the person to achieve this posture;
 - b) The cylinder should be left in situ on the trolley whilst in use. If this is not possible then the cylinder must be supported in the work place by appropriate clamps.
- 5.5.11 Personnel handling cylinders should use appropriate Personal Protective Equipment.

5.6 **Transportation of Cylinders**

- 5.6.1 All staff transporting gas cylinders in the course of their work in a vehicle must follow the basic legal requirements. However the full requirements of the Carriage of Dangerous Goods Regulations do not apply where:
 - a) The quantity of dangerous goods being carried is below the threshold quantity (small single cylinders);
 - b) When cylinders are carried only incidentally to the enterprise's main activity.
- 5.6.2 All staff transporting cylinders should be trained in:
 - a) the potential hazards and dangers of Medical Gas Cylinders;

- b) safe handling of gas cylinders;
- c) emergency procedures and the use of fire fighting appliances.

5.6.3 A record must be kept of all training, both locally and on the Electronic Staff Record (ESR) via the Professional Training & Development Team. The training should be supplemented by periodic refresher training.

5.6.4 When transporting cylinders in vehicles the following procedures must be followed:

- a) cylinder valves must be closed when in transit and any equipment disconnected
- b) cylinders must be secured properly to the vehicle
- c) vehicles should be marked as carrying gas cylinders
- d) do not smoke whilst carrying cylinders in vehicles
- e) if cylinders are carried in closed vehicles ensure good ventilation at all times
- f) do not use cylinders in a closed vehicle
- g) if at any time you suspect a cylinder is leaking, park the vehicle in a safe place, stop the vehicle engine provide ventilation by opening the vehicle windows, call BOC for advice if necessary
- h) if you are involved in a road accident and emergency services are called, advise them of the fact that cylinders are being carried and of the gases they contain
- i) cylinders of liquefied gasses should not be left in vehicles subject to extremes of high temperatures in summer
- k) a transport emergency card should be carried at all times when transporting cylinders (this can be obtained by contacting BOC Tel No. **0800 111 333**).
- l) a 2K Fire Extinguisher is required on all vehicles carrying gas cylinders (dry Powder type).

5.7 Records Management

5.7.1 The Senior Authorised Person (MGPS) will maintain copies of the following:

- a) up-to-date and accurate “as fitted” record drawings (including valve / key numbers) for all MGPS
- b) any necessary MGPS insurance / statutory documentation
- c) MGPS safety valve replacement schedule (on a five-yearly basis)
- d) new and completed Permit to Work books for work on the systems
- e) plant history / maintenance records
- f) manufacturers’ technical data sheets / manuals for all MGPS components
- g) HTM 02, any associated supplements and NHS Model Engineering Specifications C11, all latest editions
- h) MGPS contractors’ service contracts and ISO 9000 certificates, staff training records, equipment calibration certificates copies
- i) a list of all personnel associated with the MGPS, especially the Permit to Work system

- j) emergency and other useful telephone numbers
- k) the MGPS operational policy staff training records
- l) calibration certificates of LSW held test equipment
- m) the storage time for MGPS records shall be as specified by the Megal Gas Users Group.

5.7.2 The QC Pharmacist will maintain copies of the following documents, copies of which shall be made available to Estates staff on request:

- a) certificates of analysis for liquid oxygen deliveries
- b) calibration records of QC test equipment and records of QC tests performed.

5.7.3 Facilities will maintain copies of the following:

- a) delivery notes for medical gas cylinders
- b) sales invoices for medical gas cylinders
- c) delivery summary form (tracks cylinder stock information)
- d) cylinder rental invoices
- e) cylinder rental reconciliation form (monitors trends in cylinder use over six months)
- f) delivery notes for special gas
- g) sales invoices for special gas
- h) rental invoices for special gas.

5.8 Risk Management

5.8.1 A local risk assessment of all areas where medical gases are used and stored must be carried out by a trained risk assessor at least annually and when any significant changes are made to use or storage of medical gases in those areas.

5.8.2 Regular audits of systems and equipment should take place annually.

5.8.3 All staff involved in the maintenance, storing, handling and administration of medical gas must have suitable training, and be aware of the hazards associated with the use of medical gases, and the importance of managing the risks posed by these.

5.8.4 All incidents or accidents involving medical gases, including near misses, failed tasks or faulty equipment, to be reported using LSW's Incident Reporting & Investigation Policy.

5.9 System Limitations

5.9.1 The piped medical oxygen distribution system in LSW predominantly designed and installed before the use of Continuous Positive Airway Pressure (CPAP) became common.

5.9.2 Oxygen flow rates required for CPAP are to be tested before use.

5.9.3 The use of CPAPs should be restricted to well ventilated areas.

6. Training Implications

6.1 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 use a medical gas system or equipment unless properly trained or supervised.**

6.2 Responsibility for ensuring that training is carried out is defined in the **Table 1** below. Records of such training must be kept locally, the individual themselves and on ESR (the Professional Training and Development Department must be informed of all external training).

6.3 Training provided must be competence assessed.

Table 1 – Training Schedules for Staff Working with Medical Gases		
Member of Staff	Responsibility for Organising Training	Refresher Training Frequency
Portering staff	Head of Portering in liaison with Senior Authorised Person (MGPS)	Annually
Nursing staff	Director of Nursing	Annually
Medical Practitioners	Medical Director	Annually
Designated Nursing Officers	Director of Nursing	Annually
Competent Persons (external contractors' staff)	Managing Director of Company	Three yearly
Authorised Persons (Engineers)	Head of Estates	Three yearly
MEMS staff	Head of Clinical Technologies	Three yearly
Quality Controller (MGPS)	Chief Pharmacist (must ensure any outside contractor is QC registered)	Five yearly

7 Monitoring Compliance

7.1 An audit will be undertaken by the Authorising Engineer every two years to ensure that LSW complies with HTM 02-01 and that the Authorised Persons are appropriately managing the system and implementing the procedures.

7.2 The Senior Authorised Person (MGPS) will present the key findings of the Audit Report to the Medical Gases User Group so that progress against the action points can be monitored.

7.3 The Authorised Persons will inspect installations on a six-monthly basis to assess areas of high risk and identify any possible breaches of health and safety legislation.

- 7.4 A review of permits to work system will be undertaken on a annually basis to ensure its effectiveness by Authorised Engineer.
- 7.5 The Special Care Dentist with responsibility for nitrous oxide monitoring is responsible for providing evidence, at least annually, that the concentrations of nitrous oxide in all areas at risk from exposure comply with COSHH regulations.
- 7.6 The Senior Authorised Person will organise for anaesthetic gas scavenge (AGS) local exhaust ventilation (LEV) annual re-commissioning to take place. A formal report for each system will be provided.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Finance

Date: 20th January 2016