

# Medical Gases Policy

The purpose of this policy is to outline the Trust's management arrangements for Medical Gases 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 Medical Gases 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 organisation has a number of properties that contain both Medical Gas Pipeline Systems and Medical Gas Cylinders.

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 organisation's arrangements for the management of Medical Gases, 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 medical gas 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	September 2012	Harmonised policy from three former organisations
2	January 2013	Policy extended due to no legislative updates or changes to arrangements

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3	September 2015	
4	August 2018	Reviewed to reflect changes to the provision of the Estates and Facilities Services.
5	October 2020	Format of policy reviewed to comply with Trust Procedural Document Guidance
6	May 2024	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
Rob Wyles	Senior Estates Manager
Anthony Oxley	Head of Pharmacy
Policy Expert Group	

## 1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Medicines Management Committee	Quality Forum

## 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 due to the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

## 1.5 Due Regard

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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, 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

<b>Medical Gases</b>	Medical gases may be defined as those gases which are prescribed for a patient by a clinician. The quality and product standards of such gases are regulated by the European Pharmacopoeia
<b>European Pharmacopoeia</b>	A book that lists a wide range of active substances and excipients used to prepare pharmaceutical products in Europe. It includes specific and general monographs, including various chemical substances. All medicines sold in the Member States of the European Pharmacopoeia must comply with these quality standards The main standards that relate to medical gases are the relevant pharmacopoeia monograph standards which are defined in the relevant section of this book
<b>Health Technical Memorandum 02-01 “Medical Gas Pipeline Systems” Part a and b</b>	Best Practice guidance that provides comprehensive advice on design considerations and the safe operation of a medical gas pipeline system applicable to healthcare premises. It outlines the “best practice” philosophy for systems where patient safety and well-being are of prime importance

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<b>Medical Gas Pipeline System (MGPS)</b>	An MGPS is designed to provide a safe and effective method of delivering medical gases, medical air and surgical air from the source of supply to the appropriate terminal unit by means of a pipeline distribution system. Medical vacuum is also provided by means of a pipeline system. Anaesthetic gas scavenging disposal systems are provided to control occupational exposure to waste anaesthetic gases and agents
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## 2.0. Purpose and Introduction

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

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

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

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

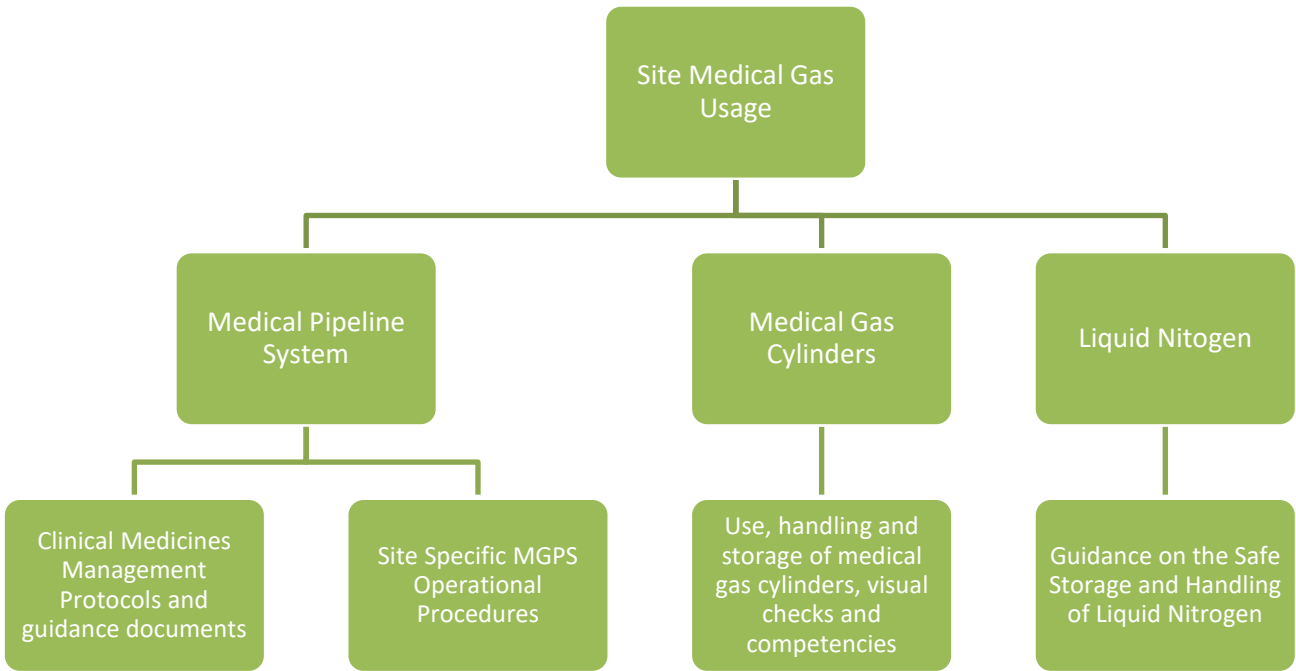
Medical Oxygen  
Nitrous Oxide  
Nitrous Oxide / Oxygen (Entonox)  
Medical Compressed Air (7 bar / 4 bar)  
Medical Vacuum / Piped Suction  
Anaesthetic Gas Scavenging Systems

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

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

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

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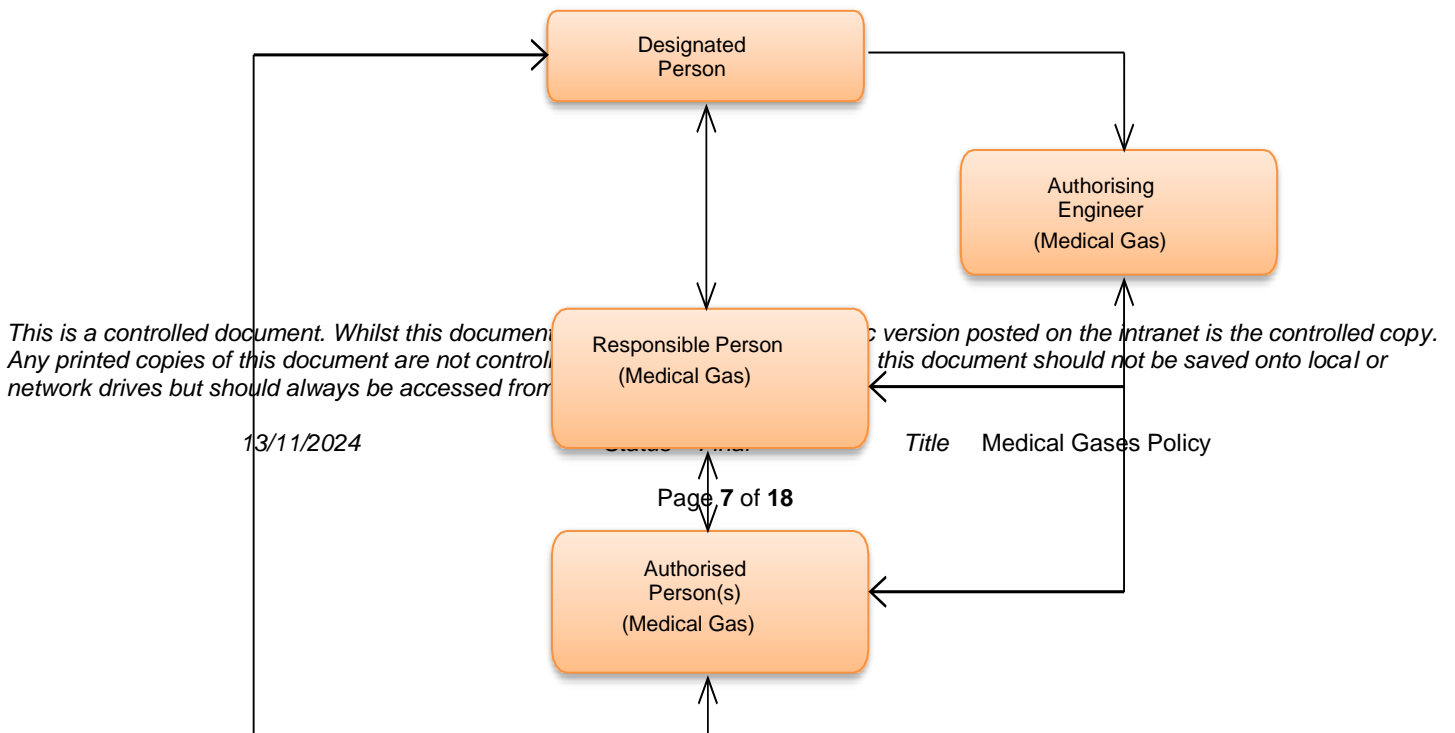


### 3.0 Duties within the Organisation

Everyone is responsible for complying with the organisations arrangements for the management of Medical Gases, 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 medical gas systems are managed efficiently within the organisation, the following organisational responsibilities have been allocated.

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



## **Responsible Person (Medical Gases)**

The designated Director with responsibility for Estates Management has overall responsibility for all matters relating to Medical Gases management. This responsibility includes ensuring that all medical gas 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 Medical Gases policy are implemented and will nominate a lead officer. The Director with designated responsibility for Medical Gases will:

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

## **Authorising Engineer (Medical Gases AE(MGPS))**

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

## **Authorised Person (Medical Gases AP(MGPS))**

The AP(MGPS) 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(MGPS), who is responsible for the practical implementation and operation of Management's safety policy and procedures relating to the engineering aspects of medical Gases. All purchases of products that impact on the medical gases system must be authorised by an AP(MGPS).

## **Site Lead Person/Appropriate Managers (Medical Gases)**

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 Medical Gases are included in induction and regular refresher training for all staff;
- Undertaking regular monitoring and recording their findings;

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## **Employees**

All employees have an individual responsibility for Medical Gases 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 Medical Gases 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 Medical Gases.

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 Medical Gases management and will be expected to comply with all reasonable requests.

## **Competent Person (Medical Gases (CP(MGPS))**

The CP(MGPS) is defined as a person designated by Management to carry out maintenance and periodic testing of Medical Gas Pipeline systems, who has sufficient technical knowledge, training and experience to carry out their defined duties and to understand fully any dangers involved. Their name must be on the register of Competent Persons (MGPS). The register will be maintained by the Authorised Person (MGPS).

## **Designated Nursing Officer (DNO)**

The Designated Nursing Officer (MGPS) is the person in each ward or department with whom the Authorised Person (MGPS) liaises on any matters affecting the MGPS. This will usually be the nurse-in-charge of the shift.

It is the DNO (MGPS) who has ultimate responsibility to give authorising permission for a planned interruption to the supply.

The DNO (MGPS) must give permission before any interruption to the MGPS takes place and they must sign the appropriate parts of the permit when satisfied that the interruption may safely proceed.

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The DNO (MGPS) is responsible for ensuring that all relevant staff are aware of the interruption to the MGPS and which terminal units cannot be used.

All DNOs must have received adequate training on the MGPS relevant to their departments and on the action to be taken in the event of an emergency.

The DNO (MGPS) must fully understand the implications of the permit to work prior to their authorising signature.

It is the responsibility of the DNO to ensure that adequate supplies of cylinders are held on site at all times. The cylinders held should be suitable for normal day to day requirements.

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Status – Final

Title Medical Gases Policy

## 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.

## 5.0 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 (HCAIs).
- Provide guidance and support when advice on controlling the environment is required.
- Provide advice on risk assessments for controlling the environment decisions.

## 6.0 Medical Gases Group

The Medical Gases Group must meet at a minimum on a quarterly basis to ensure medical gases are effectively monitored and managed within the Trust.

The Medical Gases Group will provide assurance to the Trust Medicines Management Committee via a highlight report after each meeting of the group.

## 7.0 Maintenance of Medical Gas Pipeline Systems

All Medical Gas Pipeline systems will be included in the planned preventative maintenance (PPM) system Inspections and maintenance shall be carried out in accordance with the following:

- Medical gases Health Technical Memorandum 02-01: Medical gas pipeline systems Part B: Operational management

## Medical Gas Storage

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

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## 8.0 Records

In order that Medical Gas Pipeline Systems can be correctly operated and maintained it is essential that “as-fitted drawings”, operating manuals, maintenance instructions and commissioning manuals are available. Log books should be kept for each Medical Gas Pipeline 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 Medical Gas Pipeline 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 Medical Gas Pipeline systems all records should be updated as described 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 02-01: Medical gas pipeline 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 the Medicines Management committee.

### Training (Estates and Maintenance Staff)

Personnel carrying out maintenance of Medical Gas 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.

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

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## 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 are of a specialist nature, 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 the 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 tri-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		Medical Gas Group	Annual
12.2	Staff attending relevant training	Staff have attended and are in date with identified training recorded in uLearn	Training report from Learning and Development	Quarterly
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:

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Health Technical memorandum 02-01 Medical gas pipeline systems  
Medicines Management Policy  
Clinical Risk Assessment Policy  
Health and Safety at Work Policy  
Medical Devices Policy  
Workwear Personal Protective Equipment  
Moving and Handling Policy  
Fire Safety Management Policy  
Guidance on the security and storage of medical gas cylinders  
Health and Safety at Work Act 1974  
The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

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## Appendix 2 Training Requirements

### Training Needs Analysis

<b>Training topic:</b>	Medical Gases Mandatory and Designated Nursing Officer (DNO) Training
Type of training: (see study leave policy)	<input type="checkbox"/> <b>Mandatory</b> (must be on mandatory training register) <input type="checkbox"/> <b>Role specific</b> <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input type="checkbox"/> <b>Community Health Services</b> <input type="checkbox"/> <b>Enabling Services</b> <input type="checkbox"/> <b>Families Young People Children / Learning Disability Services</b> <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Senior Nurses, Ward Matrons where medical gases are used
Regularity of Update requirement:	Annually for mandatory training and 3-yearly for Designated Nursing Officer training
Who is responsible for delivery of this training?	Learning and Development / External Providers
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input type="checkbox"/> <b>ULearn</b> <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	By the Medical Gas 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

<b>Section 1</b>			
Name of activity/proposal		Medical Gases	
Date Screening commenced		October 2023	
Directorate / Service carrying out the assessment		Enabling	
Name and role of person undertaking this Due Regard (Equality Analysis)			
Give an overview of the aims, objectives and purpose of the proposal:			
<p><b>AIMS:</b> To provide assurance that Medical Gases are Managed, maintained, tested in accordance with relevant regulations and guidance.</p>			
<p><b>OBJECTIVES:</b> To ensure that staff involved in the operation, management and maintenance of Medical Gases understand the purpose and procedures to follow.</p>			
<b>Section 2</b>			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	Policy covers all age groups for who the Trust provides services for		
Disability	No negative impact		
Gender reassignment	No negative impact		
Marriage & Civil Partnership	No negative impact		
Pregnancy & Maternity	No negative impact		
Race	No negative impact		
Religion and Belief	No negative impact		
Sex	No negative impact		
Sexual Orientation	No negative impact		
Other equality groups?	No negative impact		
<b>Section 3</b>			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		<b>No</b>	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		<b>Low risk:</b> Go to Section 4.	
<b>Section 4</b>			
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	A Oxley	Date	1 <sup>st</sup> September 2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	A Oxley	Date	1 <sup>st</sup> September 2024

## 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>		
<b>Name of Document:</b>	Medical Gases	
<b>Completed by:</b>		
<b>Job title</b>		<b>Date</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	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><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		

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