

Medical Gas Management Policy

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Executive Summary

NHS Shetland delivers healthcare services across a wide portfolio of settings, requiring the use of a correspondingly broad range of healthcare medical gases, systems and equipment.

This Policy document will form the top level of a multipart Medical Gas Document Set for the safe management of Medical Gas Systems, including Medical Gas Pipeline Systems, Medical Gas Cylinders and associated processes and equipment. It is intended that several supporting Policy and Procedure documents shall be produced and referenced within this document to provide specific detail on management duties, responsibilities, processes, and requirements, with this document providing the general overview of management duties and responsibilities only.

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1. Purpose

This document sets out the policy objectives, the supporting management responsibilities and organisational arrangements for medical gas management in NHS Shetland, in keeping with statutory and mandatory requirements.

This document does not contain the specific details of the statutory or mandatory arrangements for medical gas management, which are to be found within legislation and Scottish Government Health Directorates instructions and supporting guidance.

2. Policy Statement

- 2.1 NHS Shetland takes seriously the requirements for a structured approach on the management of medical gases. This ensures that health, safety, environmental and financial risks are effectively managed and integrated within the overall risk management process. A structured management approach also ensures procedures are in accordance with statutory requirements, Scottish Health Technical Memoranda and mandatory NHS Scotland instructions.
- 2.2 NHS Shetland is committed to the effective management of medical gases. It aims to achieve this through the development of realistic and acceptable risk-based procedures, which meet the legal requirements, the performance standards and their interpretation set out in NHS Scotland management guidance.
- 2.3 NHS Shetland recognizes that the management of medical gases is a significant management responsibility comparable in importance to other management and performance objectives.
- 2.4 NHS Shetland is committed to ensuring compliance with Standing Financial Instructions and all relevant statutory and mandatory requirements by undertaking, maintaining and monitoring the performance, and monitoring the risks of medical gas management arrangements.
- 2.5 NHS Shetland recognises its responsibilities to all its employees, including agency, contract and volunteer staff, under the Health and Safety at Work etc. Act 1974 and associated regulations and guidance. Therefore, NHS Shetland will provide sufficient information, training, supervision, equipment and safe systems of work for employees to carry out their duties in the implementation of this policy.
- 2.6 NHS Shetland recognizes its responsibilities to ensure the safe management of medical gases, systems and equipment. To this end, highest priority will be given to:
 - ensuring that medical gases, systems and equipment are securely kept and safeguarded against misuse or the uncontrolled release of medical gases.
 - minimising the environmental impact of medical gases, systems and equipment by reviewing equipment used and practices employed.
 - ensuring that medical gases, systems and equipment are properly handled, segregated, stored, transported, used and disposed of appropriately.
 - ensuring procedures for medical gases, systems and equipment are established, adopted, understood and implemented.

- providing information, instruction, training and supervision as necessary to ensure the correct implementation of procedures related to medical gases, systems and equipment.
- taking cognisance of, and implementing, any actions necessary to address relevant matters raised or recommended by Medical Gas Committee meetings.

2.7 NHS Shetland requires the assistance and co-operation of all employees in the pursuit of this policy.

3. Scope

This Policy applies to all employees in NHS Shetland.

The policy covers the prescribing, cylinder supply, cylinder storage, administration, monitoring and equipment relating to medical gases for all inpatients within NHS Shetland.

The policy applies to ALL medical gas cylinders and equipment that are owned, leased or used in delivering NHS Shetland healthcare services. This includes all fixed MGPS systems and assets, moveable equipment, part or whole.

This policy is to be used and read in conjunction with other NHS Shetland policies and procedures.

Additional requirements for cylinders and associated equipment for domiciliary use/provision are not part of this policy.

This policy does not include the non-medical use of cylinder gas, vacuum, liquid oxygen or liquid nitrogen.

4. Definitions

Term	Definition
MGPS	Medical Gas Pipeline Systems
AE (MGPS)	Authorising Engineer (MGPS)
AP (MGPS)	Authorised Person (MGPS)
CP (MGPS)	Competent Person (MGPS)
CCP (MGPS)	Contractor Competent Person (MGPS)
QC (MGPS)	Quality Controller (MGPS)
DP (MGPS)	Designated Person (MGPS)
DNO/DMO	Designated Nursing Officer / Designated Medical Officer
HoE	Head of Estates
Lead Nurse/DoN	Lead Nurse/Director of Nursing in charge of clinical staff
SOM (MGPS)	Senior Operations Manager (MGPS)
CAP (MGPS)	Co-ordinating Authorised Person (MGPS)
MGC	Medical Gas Committee

EM	Executive Manager
SCP	Site Chief Pharmacist
HoMP	Head of Medical Physics

5. Implementation Roles and Responsibilities

5.1. Organisational

As with all NHS Shetland policies the Chief Executive and Management Teams are responsible for:

- ensuring Operational Procedures and Risk Management processes are in place to meet policy requirements.
- providing resources for implementing and maintaining this policy.
- reviewing performance of this policy.
- reviewing the effectiveness of this policy.

The Chief Executive NHS Shetland has overall responsibility for health and safety and delegates specific responsibilities, as defined in the following sub sections, that are specific to Medical Gases, systems, equipment and cylinder management.

The following personnel have specific responsibilities as defined within this Policy:

5.1.1. Executive Manager

The Executive Manager as defined in SHTM 02-01, has the ultimate management responsibility for those MGPS installed within the Gilbert Bain Hospital. This responsibility will be held by the Chief Executive of NHS Shetland. The Chief Executive nominates and appoints in writing particular staff who will have operational responsibility for the day to day management of the system/s e.g. DP (MGPS), AP (MGPS)

5.1.2. Designated Person (MGPS)

The DP (MGPS) is the Board Level Manager responsible for the Estates Department, in a managerial and budgetary capacity, and therefore holds overall responsibility for the operational management of MGPS within NHS Shetland. The DP (MGPS) appoints directly, in writing, the AE (MGPS) and the SOM (MGPS). This responsibility includes the allocation of resources and the appointment of key personnel involved in the use, installation and maintenance of the MGPS as well as monitoring the safety of the systems and processes in place through the SOM (MGPS) and AE (MGPS). Within NHS Shetland this is the Head of Estates, Facilities and Medical Physics.

5.1.3. Medical Gas Committee

The MGC membership will co-ordinate Medical Gas issues, including the production of Policy and Procedure, for all medical gases, systems and equipment and Medical Gas Cylinders across the NHS Shetland area, including assessment of planned introduction of any new gas types or equipment utilizing medical gases. The responsibilities of the MGC are stated in the Terms of Reference currently in place and approved by the Health and Safety Committee.

5.1.4. Authorising Engineer (MGPS)

The AE (MGPS) provides independent technical advice and guidance to NHS Shetland on MGPS issues.

The main duties of the AE (MGPS) are to assess individuals nominated for the role of AP (MGPS), conduct regular audits of the operational management arrangements in place for the management of MGPS and to provide a technical advisory service for all aspects of MGPS. The AE (MGPS) also provides advice on external developments where they are either directly related to MGPS or have an impact on MGPS within NHS Shetland sites.

5.1.5. Head of Estates

The HoE has the general responsibility for maintaining the integrity of any MGPS installed within an NHS Shetland site. This can be achieved through the implementation of proper work procedures, ensuring suitable and sufficient personnel are nominated and made available for the required posts and ensuring the appointment of competent contractors for any relevant works.

5.1.6. Senior Operations Manager (MGPS)

The SOM (MGPS) is the internal technical lead for NHS Shetland for MGPS and carries out duties to ensure the safety of the MGPS as delegated, in writing, from the DP (MGPS). The SOM (MGPS) appoints, in writing, all AP (MGPS) on the recommendation of the AE (MGPS), organises the Annual Safety Audit, agrees/records any remedial works identified with the AE (MGPS), provides any necessary reports to the DP (MGPS) on system or personnel issues and updates and reviews the MGPS Operational Procedure Document.

The SOM (MGPS) will act as the focal point for day to day MGPS issues including monitoring communications with the AP (MGPS) and QC (MGPS) for consistency, reporting any technical issues to the DP (MGPS) and MGC, as well as disseminating information to other site AP (MGPS) from the AE (MGPS) and other relevant sources.

The SOM (MGPS) monitors training and certification requirements and arranges suitable refresher training, as well as maintaining records of training and appointment across NHS Shetland MGPS systems. Within NHS Shetland this is the Maintenance Manager.

5.1.7. Co-ordinating Authorised Person (MGPS)

The appointment of a CAP (MGPS) may be made in addition to an individual's existing appointment as an AP (MGPS). This appointment would be in writing and made by the SOM (MGPS) and will clearly state within the appointment letter all duties to be delegated to the CAP (MGPS).

In the event of no CAP (MGPS) being appointed for any or all systems the SOM (MGPS) will carry out those duties in addition to their own.

5.1.8. Authorised Person (MGPS)

The AP (MGPS) is defined as that person authorised by the SOM (MGPS) to be responsible for the day-to-day management of the MGPS at a particular site. The site AP (MGPS) has the delegated responsibility for ensuring that the MGPS are operated safely and efficiently, and the site AP (MGPS) only can decide whether a MGPS should be taken into or out of use.

The main responsibilities of the AP (MGPS) include the following:

- Day-to-day management of the MGPS.
- Management and implementation of the MGPS Permit-to-Work procedure including liaison with contractors and all relevant nursing/medical staff.
- To liaise closely with other professionals in various disciplines on all matters relating to MGPS including the purchase of new medical equipment which may be connected to the MGPS.
- To assess the competency of all Competent Persons (MGPS). The individual appointment of Competent Persons (MGPS) will be reviewed at intervals not exceeding three years.
- To ensure that work on the MGPS is carried out only by approved specialist contractors registered to BS EN ISO 9001/BS EN ISO 13485 with the scope of registration defined as design, installation, commissioning and maintenance of MGPS as appropriate.
- To provide all necessary assistance to the Competent Person (Pressure Systems) for the purposes of statutory inspections on relevant parts of the MGPS.
- To provide advice on the suitability of existing MGPS to be extended or modified as required for new projects or refurbishment works.
- To update all relevant records relating to the MGPS and to amend MGPS drawings as systems are modified or extended.
- To monitor, review and provide updated and corrected information to the SOM (MGPS) to maintain the accuracy and relevance of the information held for any site they are responsible for managing.

5.1.9. Competent Person (MGPS)

The CP (MGPS) is a person assessed and appointed as competent to work on MGPS under the direct and indirect instruction of an AP (MGPS). The CP (MGPS)/CCP (MGPS) is required to participate in the MGPS Permit-to-Work process for all relevant activity or work on the MGPS and to take instruction from the AP (MGPS) with respect to the works in hand.

5.1.10. Quality Controller (MGPS)

The QC (MGPS) is the person designated with the responsibility for the quality control of medical gases at the terminal unit and plant. The responsibilities will extend to performing the relevant tests for gas quality and identity following new works and extensions to

existing systems. Quarterly checks on the quality of medical air produced by compressed medical air plant should also be carried out by the Quality Controller.

The QC (MGPS) is required to participate in the MGPS Permit-to-Work process, where appropriate, for all relevant activity or testing on the MGPS and to liaise with the AP (MGPS).

The QC (MGPS) may be an NHS Shetland employee or an independent external contractor.

5.1.11. Lead Nurse/Director of Nursing (DoN) NHS Shetland

The Lead Nurse/(DoN) is the clinical lead within NHS Shetland for the management and safe use of medical gases, systems and equipment by clinical personnel as delegated, in writing, by the Chief Executive. The Lead Nurse/(DoN) appoints, in writing, all DNO/DMO staff, organises Safety Audits, agrees/records any remedial works identified within the Safety Audits, provides any necessary reports to the MGC and Chief Executive on equipment or personnel issues and updates and reviews the relevant Medical Gas Clinical Procedure Documentation.

The Lead Nurse/(DoN) will act as the focal point for day to day Medical Gas Issues including disseminating information to the DNO/DMO's, the MGC and the Chief Executive where appropriate.

The Lead Nurse/(DoN) monitors training and certification requirements and arranges suitable refresher training, where required, as well as maintaining records of such training and appointment across NHS Shetland for Clinical staff, including DNO and DMO's.

5.1.12. Designated Nursing Officer DNO (MGPS) / Designated Medical Officer DMO (MGPS)

The AP (MGPS) is required to liaise with a senior individual within each ward/department on matters affecting the MGPS within that ward/department. This individual is required to participate in the MGPS Permit-to-Work Process and would give permission for a planned interruption to the supply' to the ward / department under their control. SHTM 02-01 describes this person as the 'DNO (MGPS)' or 'DMO (MGPS)'.

The DNO (MGPS) / DMO (MGPS) is required to ensure that no patients within the ward/department under their control are connected to or dependent upon the MGPS prior to giving the AP (MGPS) permission to interrupt the supply. The DNO (MGPS)/DMO (MGPS) is also required to ensure that all relevant medical and nursing staff are aware of the interruption to the MGPS and for informing them of which MGPS terminal units cannot be used. The provision of emergency cylinders and action to take in the event of an emergency falls within this remit.

DNO (MGPS) / DMO (MGPS) will receive training on the MGPS relevant to their ward/department. A current list of staff nominated for each ward/department should be provided to the MGC and should be updated, as necessary, as any staff changes occur. Each area should have, as a minimum, a DNO (MGPS) / DMO (MGPS) and a nominated deputy.

5.1.13. Site Chief Pharmacist (SCP)

The SCP has responsibility for the management of medical gas cylinders used on the site. Although rental/purchase and replacement of cylinders will normally be via a purchasing/procurement department, control and management of the type and numbers of cylinders on the site shall be subject to SCP audit and review to ensure appropriate cylinder numbers, handling processes, storage, etc.

The introduction of any new cylinder gases, e.g. special gases, planned to be used on the site shall be brought to the Medical Gas Committee by the SCP, to seek approval before purchase.

5.1.14. Head of Medical Physics

The HoMP has responsibility for management of any equipment that connects into the MGPS or utilizes gas cylinders.

Any new equipment planned to be connected to the MGPS shall be brought to the Medical Gas Committee by the HoMP, to seek approval before purchase.

5.2. Operational

Departmental/Line Managers are responsible for:

- Ensuring that all staff are aware of this policy and are familiar with the relevant procedures and protocol framework associated with medical gas systems, equipment and cylinders.
- Putting into practice, within the protocol framework, the local procedures and safe systems of work which are designed to reduce risks associated with medical gas systems, equipment and cylinders.
- Ensuring that all staff and workers utilizing medical gas systems, equipment and cylinders have adequate information, training, instruction, supervision and support. This includes refreshing staff knowledge and skills at regular frequencies.
- Monitoring the effectiveness of local procedures and safe systems of work, including annual review of occurrence recording, investigation and management inspections.
- Ensuring that local policies and procedural guidelines are developed and maintained in association with the Medical Gas Committee.
- Ensuring staff receive suitable and effective support, should any accidents or incidents relating to medical gas systems, equipment and cylinders occur.
- Ensuring that specialist arrangements for the disposal of medical gas systems, equipment and cylinders are co-ordinated with the Estates, Medical Physics, Pharmacy and relevant departments in line with associated policies.

All staff and workers utilising medical gas systems, equipment and cylinders are responsible for:

- Taking precautions and reasonable care with regard to their own safety, that of any other persons who may be affected by their actions, and the environment.

- Co-operating with policy, procedures and safe systems of work that are in place to minimise risk to persons and the environment.
- Reporting of all incidents, including near misses that arise.
- Attending the appropriate training and instruction, and ensuring practical skills are regularly refreshed.
- Assisting managers with the identification of any risks arising from medical gas systems, equipment and cylinders.

5.3. Risk Based Approach

Risk assessment is the fundamental process used to minimise actual or potential harm to persons or the environment. Local managers must identify and assess all risks, by considering the hazards and the likelihood of harm.

Medical gas systems, equipment and cylinder management is a complex area subject to statutory obligations. All responsible staff should be fully aware of their statutory duties as outlined in the pertinent legislation and guidance. To ensure all local managers are aware of these regulatory aspects, the NHS Shetland Medical Gas Procedures (based on SHTM 02-01 Medical Gas Pipeline Systems) provide a core generic protocol framework that supports and provides an interpretation of critical requirements.

The AP (MGPS), DP, LN/(DoN), SCP and HoMP can provide additional support to local managers on the assessment of local medical gas system, equipment and cylinder management risks.

As a result of risk assessment, all locations where medical gas system, equipment and cylinders are used should have effective control measures in place to manage identified risk. The NHS Shetland Medical Gas Procedures (based on SHTM 02-01 Medical Gas Pipeline Systems) are central to the protocol framework and compilation of a risk assessment. However, all managers are responsible for developing localised arrangements specific to local needs and ensuring that any local policies and procedural guidelines are developed and maintained in association with the Medical Gas Committee.

There are various management factors that need to be considered when conducting risk assessment:

- patient safety; gas identity; gas quality; gas adequacy and continuity
- identifying handling risks due to hazardous characteristics: explosive; oxidising; highly flammable; harmful; toxic; freezing
- minimizing cylinder numbers etc

The following aspects of the medical gas cylinder/equipment management regime should be considered when evaluating the risk of hazard and/or harm to persons or the environment:

- access and egress of delivery vehicles
- accessibility of cylinders/equipment to the public
- fire risk

- fit for purpose containment
- frequency of uplift
- impact of variable temperature
- incident reporting procedures and record keeping
- labelling and marking
- location of medical gas cylinders/equipment and storage
- moving and handling procedures
- patient contact
- perceptions about medical gases
- potential and procedures for leakage
- presence and management of substances hazardous to health
- procedure for presenting cylinders/equipment for uplift/disposal
- procedures for returning medicinal products to pharmacy
- security
- segregation
- staff training and experience
- welfare of staff and others
- any other risk specific to the individual's role

5.4. Managing Risk

The risk presented should be reduced to the lowest level that is reasonably practicable. If the risk assessment shows that it is not possible for the medical gas system, cylinders or equipment to be safely handled, stored, using the proposed or current system then other arrangements must be put in place. Local managers and the users of the medical gas systems, cylinders and equipment have prime responsibility for the Duty of Care and all aspects of health, safety and environmental protection, wherever NHS Scotland healthcare services are delivered.

5.5. Training

Statutory or mandatory requirements may lead to a need to increase competence levels or capabilities within NHS Scotland Boards. The appropriate level of training will be provided to staff locally, based on risk and training needs assessment. Advice and guidance on available training can be obtained from the Authorising Engineer or Head of Estates.

5.6. Occurrence Recording

All persons and workers engaged in healthcare and in using medical gas pipeline systems, cylinders or equipment should report all incidents, including near misses. Local managers should be informed and the appropriate procedures and form completed and processed as soon as possible following the incident. This will ensure compliance with the Reporting of Injuries, Diseases, and Dangerous Occurrence Regulations 2013. All incidents must be recorded to ensure accurate collection of information, enabling intelligent trend analysis.

This will, in turn, help with future planning for reduction target initiatives and the introduction of safer systems of work.

6. Associated Materials

The following statutory requirements relevant to Medical Gas Pipeline Systems are to be read and used in conjunction with the NHS Shetland Medical Gas Management Policy:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work (Amendment) Regulations 2006
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Pressure Equipment Regulations 1999
- Pressure Systems Safety Regulations 2000
- Dangerous Substances and Explosive Atmospheres Regulations 2002
- Manual Handling Operations Regulations 1992 (as amended 2002)
- Personal Protective Equipment at Work Regulations 1992
- Electromagnetic Compatibility Regulations 2016
- Electricity at Work Regulations 1989

Other guidance applicable to Medical Gas Pipeline Systems:

- Scottish Health Technical Memorandum 02-01 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
- NHS Shetland Health and Safety Policy
- NHS Shetland Fire Policy
- Any other relevant National or Local guidance
- British Compressed Gas Association website- www.bcgga.co.uk

7. Stakeholder Consultation

The Medical Gas Committee were consulted in drawing up and reviewing this policy, in accordance with legislation and HSE best practice. Key stakeholders and specialist staff are involved in the consultation process e.g.: estates staff, H&S staff and clinical staff.

The Health and Safety Committee is responsible for approving the policy. Final ratification of the policy rests with the NHS Board.

An equality impact assessment has been undertaken on the legal content and best practice guidance contained in the policy to ensure it is valid and applicable to all.

8. Monitoring and Review

Local managers are required to monitor their local policies, the local procedural arrangements, risk register and incident analysis.

The Head of Estates will provide an annual performance report for discussion with the Chief Executive, Management Teams, Medical Gas Committee and Risk Management Group.

The Medical Gas Committee meets quarterly and reports progress as a recurring agenda item. In addition, the Committee will, on behalf of the Head of Estates, annually review corporate progress in relation to the effectiveness of the Medical Gas Management Policy. The report will be submitted annually to the Health & Safety Committee, Risk Management Group, Staff Governance Committee and their associated Partnership Committees.

As a minimum, this policy shall be reviewed every 6 months.

Appendix A- Rapid Impact Checklist

An equality and diversity impact assessment tool:

Which groups of the population do you think will be affected by this proposal?*

Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender

No specific groups of the population will be affected by this Policy- it sets out organisational arrangements that applies to all groups of the population.

(* the word proposal is used as shorthand for the policy, procedure, strategy or proposal that is being assessed)

In the following sections, please consider what positive and negative impacts you think there may be, and which specific groups will be affected by these impacts?

What impact will the proposal have on lifestyles?

For example, will the changes affect:

- Diet and nutrition
- Exercise and physical activity
- Substance use: tobacco, alcohol and drugs
- Risk taking behaviour
- Education and learning or skills

None

<p>Will the proposal have any impact on the social environment?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	No
<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? • Fairer Scotland Duty 	No
<p>Will the proposal have an impact on the physical environment?</p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	No
<p>Will the proposal affect access to and experience of services?</p> <p>For example:</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	No

Summary sheet

Positive Impacts (note the groups affected) N/A	Negative Impacts (Note the groups affected) N/A
Additional Information and Evidence Required N/A	
Recommendations None	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? No negative impacts identified from the RIC. A full EQIA has not been recommended due to the lack of impacts on any particular groups of the population.	

Signature(s) of Level One Impact Assessor(s):

Date:

Signature(s) of Level Two Impact Assessor(s):

Date: