When medical gas piping modifications are made that involve a breach of the system(s), the procedure outlined herein will be followed. Medical gas piping modifications must be made by a licensed contractor.

**Purpose**

To ensure a safe and reliable medical gas utility system.

**Procedure**

1. The Maintenance Facilities Manager shall notify the Departments of Respiratory Care, Operating Room, Radiation Oncology, Nursing Service and Emergency Department three (3) days prior to the actual shut down. Additionally, verbal communication prior to the shutdown will be given. Approval from the Department Head or his/her designee is necessary before the system is shut down.

2. The pressure will be decreased slowly below alarm limit set points and held at a lower pressure until all affected zone alarms report and wait an additional thirty (30) minutes for any person to respond to the alarm that may not have had prior notification. If this occurs, the system will be restored to its normal operating pressure until such time, the affected areas can be properly restored. If this does not occur, the system will be shut down.

3. The exterior of the gas line of fittings scheduled for modification or replacement will be pre-cleaned prior to any system breach to insure that gross amounts of foreign material be removed. Different methods for this may include: vacuuming and wiping. Use green Scotch Brite pads only.

4. Once a system has been breached, caps or plugs will be used to insure foreign matter does not enter the system. All fittings used on a pressure med gas system must be factory cleaned and packaged in a sealed container. Fitting’s containers must be left at actual work site until final inspection has taken place for recertification of the system.
5. Once the system has been modified, repaired, or installed, it must be tested to insure system integrity for cross-connection contamination and pressure and this will only be done by a company who is certified in such matters:

<table>
<thead>
<tr>
<th>Recertification Firm</th>
<th>CHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>O. E. Meyers</td>
<td>4600 Rockside Road. #103</td>
</tr>
<tr>
<td>Biomedical Support Group</td>
<td>Independence, OH 44131</td>
</tr>
<tr>
<td>P. O. Box 479</td>
<td>PH. 216-255-9607 x115</td>
</tr>
<tr>
<td>3303 Tiffin Avenue</td>
<td>Cell: 216-333-3767 Rick Ziegan</td>
</tr>
<tr>
<td>Sandusky, Ohio 44870</td>
<td>Phone: 800-910-7332</td>
</tr>
</tbody>
</table>

6. Reference material pertaining to this policy can be found in the NFPA Manual.