



***Please Note: This policy is currently under review and is still fit for purpose.***

# Water Safety Policy

This procedural document supersedes: CORP/HSFS 18 v.4 – Water Management Policy.



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Executive Sponsor(s):	Kirsty Edmondson-Jones – Director of Estates and Facilities
Author/reviewer: (this version)	Kirsty Edmondson-Jones – Director of Estates and Facilities Howard Timms - Head of Property Management and Compliance Matthew Gleadall – Head of Operational Estates Peter Gunn – Authorising Engineer (Water)
Date written/revised:	May 2018
Approved by:	Health and Safety Committee
Date approved:	19 June 2018
Date issued:	11 March 2019
Next review date:	June 2021 – <b>extended to December 2021</b>
Target audience:	Trust-wide

### Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	11 March 2019	<ul style="list-style-type: none"> <li>• Change of name/title</li> <li>• Clarification of Purpose</li> <li>• Removal of detailed statutory requirement info (now only referenced)</li> <li>• Addition of Management Plan information</li> <li>• Addition of Managing Compliance and Effectiveness information</li> <li>• Removal of sections 9 &amp; 10 (to be added to Procedures document)</li> <li>• Addition of Definitions</li> <li>• Addition of current References</li> </ul>	Kirsty Edmondson-Jones/ Howard Timms / Matthew Gleadall/ Peter Gunn
Version 4	30 June 2015	<ul style="list-style-type: none"> <li>• New style format</li> <li>• Replaces the 'Trust Water Policy'.</li> <li>• Updated in line with a complete review of the water systems we operate and manage on site and also in line with the HTM04-01, HSG 274 and ACOP L8.</li> </ul>	Mark Holloway
Version 3	August 2011	<ul style="list-style-type: none"> <li>• Responsible person's name changed</li> <li>• Added Appendix 5 - Infection Prevention and Control</li> </ul>	Les Durnin
Version 2	September 2008	<ul style="list-style-type: none"> <li>• Statutory and Regulatory reference documents</li> <li>• HTM 2027 changed to HTM 04-01 part A</li> <li>• HTM 2040 changed to HTM 04-01 part B</li> <li>• HTM 2040 changed to HTM 00-07</li> <li>• DRI De-alkalisation plant now called Reverse Osmosis Plant.</li> <li>• Montagu: Note on pages 4 &amp; 7 stating borehole supply not in use.</li> <li>• Hydrotherapy pool dosing system now automatic.</li> <li>• Names and job titles updated</li> </ul>	Les Durnin
Version 1	January 2005	This is a new procedural document, please read in full	W Horn

## Contents

	Page No.
1. INTRODUCTION .....	4
2. PURPOSE .....	4
3. SCOPE .....	5
4. BACKGROUND .....	6
5. DUTIES AND RESPONSIBILITIES .....	8
5.1 Duty Holder .....	8
5.2 Trust Board.....	9
5.3 Responsible Person (Water) .....	9
5.4 Deputy Responsible Person (Water).....	9
5.5 Authorised Person (Water).....	10
5.6 Infection Control Officer (Water).....	11
5.7 Consultant Microbiologist.....	12
5.8 Infection Control Lead .....	12
5.9 Authorising Engineer (Water) .....	13
5.10 Deputy Authorised Persons (Water).....	13
5.11 Competent Persons.....	14
5.12 Building Occupiers e.g. Departmental Managers .....	15
5.13 All Staff, Contract Staff and Volunteers .....	15
5.14 Local Security Management Specialist .....	15
6. COMMUNICATION PATHWAYS .....	16
7. PROCESS FOR MANAGING COMPLIANCE AND EFFECTIVENESS .....	17
7.1 Monitoring Compliance .....	17
7.2 Effectiveness .....	17
8. MANAGEMENT PLAN.....	18
8.1 Water Safety Group (WSG).....	18
8.2 AE Water Safety Meeting.....	19
8.3 Water Safety Plan: Maintenance & Operational Procedures (WSP/Tech).....	19
8.4 Auditing.....	20
8.5 Risk Assessment and Drawings .....	21
8.5.1 Water Risk Assessment.....	21
8.5.2 Clinical Risk Assessment.....	22
8.5.3 Drawings .....	23
8.6 Risk Minimisation Scheme .....	23
8.7 Training and Competence.....	23
8.7.1 Training .....	23
8.7.2 Competence.....	24
8.8 Record Keeping.....	25
9. DEFINITIONS .....	26
10. EQUALITY IMPACT ASSESSMENT .....	27
11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS .....	27
12. REFERENCES .....	27
APPENDIX 1 – WATER SAFETY GROUP – TERMS OF REFERENCE .....	29
APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING .....	31

## 1. INTRODUCTION

This policy addresses the strategic and operational management of the Trust's water systems at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (herein after referred to as 'the Trust').

The Trust uses in excess of 250,000m<sup>3</sup> of water during the course of a normal year which is provided for by Local Water Authorities and by private water supplies on site via deep ground boreholes.

The water systems' and functions on site range from the provision of potable water supplies, tank fed water supplies and specialist 'treated' water supplies providing for process plant and medical equipment.

It is vital to the effectiveness of the policy that the policy is available to all staff, that they understand its contents and are aware of their own role in ensuring suitable water safety compliance.

All new staff joining the Trust, or other organisations sharing Trust premises, must be made aware of the existence and location of this Policy.

Compliance with this policy is mandatory in the interests of water safety.

## 2. PURPOSE

The Trust has responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water (i.e. with regard to Legionella, Pseudomonas aeruginosa and other water borne pathogens) to patients, visitors, staff and other persons working at or using its premises.

The purpose of this policy is to ensure that adequate and appropriate systems and procedures are in place to provide, manage and maintain water supplies and systems as required for patient and medical use at the Trust in accordance with statutory identified references, in particular the requirements of the HSE's Approved Code of Practice L8 4<sup>th</sup> edition 2013), HSG 274 (2014) and Health Technical Memoranda (HTM) HTM 04-01.

The Trust is committed to reducing the risks associated with water borne pathogens by providing arrangements to ensure effective practice, training and audit required to ensure compliance. This policy document describes how the organisation will achieve this by;

- (a) Setting out a clear framework to protect all staff, patients and visitors by minimising the risks associated with water safety.

- (b) Identifying the correct practice for water control for staff to implement based upon nationally accepted guidance.
- (c) Enabling staff to understand their responsibilities in relation to this Policy document and associated Water Safety Plan.
- (d) Describing arrangements for ensuring this document is monitored and reviewed to reflect current legislation and guidance.
- (e) To enable standardisation in the provision of safe systems of work for patients, staff and the public by defining training requirements.

This policy applies wherever the Trust owes a duty of care to service users, staff and other individuals.

### 3. SCOPE

This policy applies to all Trust premises and the guidance and procedures contained herein should be applied where reasonably practicable to non NHS community premises where NHS services are delivered.

This policy applies to all the Trust sites:

- Doncaster Royal Infirmary
- Bassetlaw Hospital [including the Mental Illness block]
- Montagu Hospital
- Chequer Road Clinic

The Trust also provides for the service and maintenance of other non-owned properties provided for by contracts and service level agreements of which the relevant contents of this policy apply. These include Tuxford Medical Centre, Langold Clinic and 48 Watson Road in Worksop.

Relevant parts of this policy also apply to occupied parts of other non-owned properties where the Trust has a presence and a duty of care to staff, these include Retford Hospital [either NHS Property Services/LIFTCO], East Laith Gate Medical Centre in Doncaster and Ryton Street Clinic in Worksop.

The policy applies to all service users, patients, visitors and staff associated with the Trust and should be read in association with the Water Safety Plan: Maintenance and Operational Procedures document and implemented whenever waterborne pathogen risk management advice is required. It is also applicable to all staff and independent contractors working in and on the Trust properties.

The water management of devices, equipment and items connected to the buildings water systems, which includes but is not limited to water coolers, vending machines, medical/technical equipment, renal dialysis, water features, hydrotherapy pools etc., require local assessment and water management plans and are excluded from this Water Safety Policy.

Although accepted and evidence based core principles for water safety risk management are clearly identified within both the policy and Water Safety Plan (WSP) documents, it is inappropriate for the organisation to make a blanket statement in relation to these.

The policy document and associated written WSP cannot anticipate all eventualities. Professional judgement should, therefore, be used to identify the appropriate course of action needed to protect those who are vulnerable and / or at risk.

The on-going risk management process will enable those involved, namely, the Responsible Person, Infection Control Officer, Authorising Engineer, Authorised Persons and Competent Persons, etc. to identify the level of vulnerability and risks posed to individuals; including patients, members of the public and staff members, thereby ensuring appropriate action will be taken.

## 4. BACKGROUND

Healthcare premises are dependent upon water to maintain hygiene and a comfortable environment for patients and staff, and for treatment and diagnostic purposes.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 provide a framework of actions designed to control the risk from a range of harmful substances including waterborne pathogens such as *Legionella* and the chemicals that may be used to control the growth of microorganisms in water supplies. Employers have a duty to assess the risks from exposure to these substances to ensure that they are adequately controlled.

Principles related to the safety of healthcare estates and facilities are enshrined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 12(2)(h) and Regulation 15 of the Act and the Trust will strive to achieve compliance with said Act.

Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations (2009) is an offence, and the CQC has a wide range of enforcement powers that it can use if the Trust is not compliant. These include the issue of a warning notice that requires improvement within a specified time, prosecution, and the power to cancel the Trust's registration, removing its ability to provide regulated activities.

"Legionnaires disease" is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, etc. It is caused by the bacterium "*Legionella pneumophila*" and related

bacteria. Legionella bacteria can also cause less serious illnesses which are not fatal or permanently debilitating. The collective term used to cover the group of diseases caused by Legionella bacteria is “legionellosis”.

*Pseudomonas aeruginosa* is a gram-negative bacterium, commonly found in wet or moist environments. It is commonly associated with disease in humans with the potential to cause infections in almost any organ or tissue, especially in patients compromised by underlying disease, age or immune deficiency. Its significance as a pathogen is exacerbated by its resistance to antibiotics, virulence factors and its ability to adapt to a wide range of environments.

Other notable water borne pathogens include *Stenotrophomonas*, an emerging opportunistic environmental pathogen that causes healthcare-associated infections and is found in aqueous habitats including water sources. Its habits within the healthcare environment are very similar to *P. aeruginosa*;

Additionally, non-tuberculous mycobacteria have been associated with healthcare outbreaks worldwide. These outbreaks usually involve sternal wound infections, plastic-surgery wound infections or post-injection abscesses. Mycobacterial infections in patients undergoing dialysis treatment have also been reported. Other infections have been attributed to the transmission of *Mycobacterium chimaera* from contaminated heater cooler units used in theatre during cardiothoracic surgery

With regard to other emerging pathogens of concern in healthcare, they may have particular pathogenicity in certain circumstances. Specialist microbiological advice will be sought until their management and control within healthcare can be documented more fully.

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

The Trust is committed to the safe operation and control strategies of all the water and ventilation systems for which it has a responsibility, by implementing the recommendations of:

- Legionnaires’ disease: the control of legionella bacteria in water systems ACOP and guidance to regulations, (2013).
- HTM 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning (2016).
- HTM 04-01: Safe water in healthcare premises Part B: Operational Management (2016).
- HTM 04-01: Safe water in healthcare premises Part C: *Pseudomonas Aeruginosa* – advice for augmented care units (2016).

## 5. DUTIES AND RESPONSIBILITIES

Those persons with key management responsibilities for water safety are detailed below along with other relevant supporting staff where appropriate.

All relevant persons shall fully appreciate the actual and potential risks of water borne pathogens (including Legionella and P. aeruginosa) and the concept of risk management. Although compliance with the WSP tasks may be delegated to staff, or undertaken by contractors, accountability cannot be delegated.

Any person intending to fulfil any of the staff functions specified below should be able to prove that they possess sufficient skills, knowledge and experience to be able to perform safely the designated task(s).

The Chief Executive and Trust Board will:

Accept its legal duty to ensure compliance with its statutory duties under the COSHH Regulations 2002, the HSE's ACOP (L8) and DOH HTM04-01 regarding the management of water borne pathogens.

Discharge its responsibilities as a provider of Healthcare, to ensure that suitable and sufficient governance arrangements are in place to manage water safety related matters. Please see Water Safety Management Structure – Section 6.

Provide appropriate levels of investment in the Estate and personnel to facilitate the implementation of suitable water safety precautions and appropriate levels of water safety training.

Facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of water safety where reasonably practicable.

### 5.1 Duty Holder

The Chief Executive is deemed to be the statutory Duty Holder. The Duty Holder has overall accountability for Health & Safety within the Trust, including all aspects of water safety and the quality of water supplies.

They will, on behalf of the Board, be responsible for ensuring that current water safety legislation is complied with, and where appropriate, DOH guidance is implemented in all premises owned, occupied or under the control of the Trust.

They will also ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure compliance with the Trust's Water Safety Policy.

The Chief Executive discharges the day to day operational responsibility for Water Safety through the Director with Water Safety responsibility.



## 5.2 Trust Board

The Trust Board has overall accountability for the activities of the organisation, which includes water safety.

The Trust Board discharges the responsibility for water safety through the Duty Holder Chief Executive.

The Trust Board will ensure that it receives appropriate assurance that the requirements of current water safety legislation and the objectives of DOH HTM04-01 are being met.

## 5.3 Responsible Person (Water)

The Director of Estates & Facilities is the Responsible Person (RP) (Water). They are appointed in writing by the Duty Holder.

The Responsible Person (Water) will provide the informed position at Board level. They are responsible for the organisational arrangements (strategic leadership, direction and overview) which will ensure that compliance with standards is achieved (including proposed developments that take account of the impact on water safety). Any management issues (including water system issues) will be adequately resourced and solved, and then reported to the Board as appropriate. Whilst the RP [Water] will not typically have day to day technical or operational duties, they will be supported in the role by a Trust management structure that delivers governance, assurance and compliance.

In addition, they shall responsible for:

- a. Immediately informing the Board of any suspected Legionella, Pseudomonas aeruginosa or other waterborne pathogen outbreak / incidents occurring, including taking an active role in any investigations;
- b. Ensuring this Policy is reviewed, ratified and implemented;
- c. Be professionally and operationally responsible for water quality;
- d. Budgeting – overall and single items limits;
- e. Accountability and responsibility.
- f. Attending updated management training at least every three years, or sooner if determined by the training needs analysis

## 5.4 Deputy Responsible Person (Water)

The Deputy Director of Estates & Facilities is the Deputy Responsible Person (RP) (Water). They are appointed in writing by the Responsible Person (Water).

To facilitate this role the Deputy RP (Water) will be required to liaise closely with other professionals in various disciplines and as such will be supported by the Authorised Persons (Water) for each site and the Authorising Engineer (Water) to ensure suitable provision to maintain the service. The DRP (Water) will deputise in the absence of the Responsible Person (Water) and will act on their behalf.

The Deputy RP (Water) shall:

- a. Issue, maintain and update this Policy document with assistance from Authorising Engineer (Water);
- b. Approve any changes to the Water Safety Plan (WSP) (including technical & operational procedures – WSP/Tech);
- c. Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens;
- d. Co-ordinate with the Infection Control Officer (Water) and the Authorising Engineer (Water) for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
- e. Ensuring that all control schemes handed over to the Operational Estates Department are appropriately documented, commissioned and signed off in accordance with the WSP/Tech. Any issues arising with the control schemes will be reported by the Deputy RP back to the Capital Projects Team for resolution;
- f. Shall attend Trust Water Safety Group (WSG) meetings;
- g. Monitor the implementation and efficacy of this Policy and the associated WSP/Tech;
- h. Assist with annual management audits completed by the Authorising Engineer(Water);
- i. Carry out the necessary actions defined in the WSP/Tech should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- j. Liaise with 3<sup>rd</sup> parties external to Trust on assurance;
- k. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

## 5.5 Authorised Person (Water)

The Heads of Operational Estates for DRI/MMH and BDGH respectively are the Authorised Person(s) (AP) (Water) for the Trust. They will be appointed by the Responsible Person (Water).

The AP's (Water) will provide the Responsible Person (Water) with information on the status of service. To remain informed, the AP's (Water) will be supported by the Infection Control Lead, the Deputy AP(s) (Water) and the Authorising Engineer (Water) as well as other professionals.

The AP's (Water) shall:

- a. Be responsible for the development & implementation of the WSP/Tech. Ensuring the WSP/Tech is compliant with ACoP L8 (including HSG274 Parts 1, 2 & 3), HTM04-01 (including parts A, B, C & supplements) and HTM03-01 (including parts A & B);
- b. Liaise with the RP (Water), DIPC, Microbiologist, Infection Prevention & Control Lead, Authorising Engineer (Water) and Deputy AP(s) (Water) re. positive water sample results and the associated action being taken to resolve them;

- c. Co-ordinate with Infection Prevention & Control Officer (Water) and the Authorising Engineer (Water) for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
- d. Fulfil the roles of chair and deputy chair for the Trust Water Safety Group. The Head of Operational Estates DRI/MMH shall act as Chair with the Head of Operational Estates BDGH acting as Deputy;
- e. Commission additional surveys (including pipework) in response to risk assessment recommendations, sampling issues (positive results) or other observed faults / conditions reported. The issue of orders / job tickets for remedial works (in response to the additional survey findings) to relevant consultant, approved contractor and / or maintenance supervisor;
- f. Ensure Trust records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated, produced of all Trust water systems / buildings where a change has occurred;
- g. Manage refurbishment works (major or minor) outside the scope of Capital Projects in accordance with the WSP/Tech;
- h. Review & maintain the Planned Preventative Maintenance (PPM) schedules to ensure they are correctly defined in the WSP/Tech;
- i. Ensure that any non-complaint occurrences / issues reported from the Deputy AP(s) (Water) in the periodic PPM tasks are actioned;
- j. Issue Permits to Work and other appropriate documentation as required to Competent Persons and / or approved contractors. With approved contractors ensuring their competence has been checked;
- k. Agree the risk minimisation scheme with the Deputy APs (Water);
- l. Ensure that Incident reporting is completed in full for positive water sample results and failures in the management systems;
- m. Assist with annual management audits completed by the Authorising Engineer (Water);
- n. Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- o. Routinely review the training needs analysis, with suitable training being delivered where required. They will also receive updated management training at least every three years or sooner if determined by the training needs analysis.

## 5.6 Infection Control Officer (Water)

The Director of Infection Prevention and Control is the Infection Control Officer (Water).

The Infection Control Officer (Water) shall:-

- a. Head the Outbreak Control Team, as determined in the “Operational Management” volume of HTM.04:01 and carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- b. Advise on the location of “high risk” patient services, potential areas of risk, particularly those relating to medical devices;

- c. Advise on the continuing procedure for the prevention and/or control of waterborne pathogens;
- d. Review & identify changes needed to this Policy and the associated WSP/Tech;
- e. Will advise if circumstances change within any ward/department that might affect waterborne pathogens;
- f. Shall attend the Water Safety Group (WSG) meetings;
- g. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

### 5.7 Consultant Microbiologist

The Trust appointed Consultant Microbiologist shall:-

- a. Assist the Outbreak Control Team, as determined in “Operational Management” volume of HTM.04:01 and carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- b. Provide microbiological expertise with sample results;
- c. Advise on the continuing procedure for the prevention and/or control of waterborne pathogens;
- d. Review & identify changes needed to this Policy and the associated WSP/Tech;
- e. Shall attend the Water Safety Group (WSG) meetings;
- f. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

### 5.8 Infection Control Lead

The Lead Nurse for Infection Prevention and Control is the Infection Control Lead.

The Infection Control Lead will deputise in the absence of the Infection Control Officer (Water) and will act on their behalf.

The Infection Control Lead shall:

- a. Provide microbiological support with sample results;
- b. Advise on the location of “high risk” patient services, potential areas of risk, particularly those relating to medical devices;
- c. Will advise if circumstances change within any ward/department that might affect waterborne pathogens;
- d. Support & advise Trust staff on the continuing procedure for the prevention and/or control of Legionellosis, Pseudomonas aeruginosa and other waterborne bacteria;
- e. Review & identify changes needed to the associated WSP/Tech;
- f. Shall attend the Water Safety Group (WSG) meetings;
- g. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

## 5.9 Authorising Engineer (Water)

The Authorising Engineer (Water) (hereinafter referred to as AE (Water)) will remain independent of the Trust and remain independent of providing remedial services. The AE (Water) will be appointed by the Responsible Person (Water).

The AE (Water) shall:-

- a. Make recommendations for the appointment of the RP, DRP & APs. Certificates of Appointment will be issued detailing areas of responsibility and limitations;
- b. Advise & support the RP and Deputy RP(Water), DIPC, Infection Prevention & Control Team and AP(s) (Water) on positive water sample results as well non-compliant issues identified through PPM tasks and what actions can be taken to resolve them;
- c. Undertaken annual management audits;
- d. Monitor performance through quarterly records audits;
- e. Review and identify changes needed to this Policy and associated WSP/Tech;
- f. Assist with risk assessment reviews;
- g. Attend the Water Safety Group (WSG) meetings;
- h. Deliver training based on needs analysis.

## 5.10 Deputy Authorised Persons (Water)

The Estates Managers/Officers are the Deputy Authorised Person(s) (Water). They will be appointed by the Responsible Person (Water).

The Deputy AP(s) (Water) shall:

- a. Shall attend the Water Safety Group (WSG) meetings as required;
- b. Be responsible for the implementation of the WSP/Tech;
- c. Arrange and review water risk assessments of the Trust's water systems / buildings as defined in this Policy;
- d. Implement and action of agreed remedial works in line with the risk minimisation scheme;
- e. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
- f. Commission additional surveys (including pipework) in response to risk assessment recommendations, sampling issues (positive results) or other observed faults / conditions reported. The issue of orders / job tickets for remedial works (in response to the additional survey findings) to relevant consultant, approved contractor and / or maintenance supervisor. On completion of the work ensure drawings are updated, noted and dated;
- g. Supervise refurbishment works (major or minor) outside the scope of Capital Projects in accordance with the WSP/Tech, including the monitoring of completed work by appointed contractors;

- h. Issue all relevant PPM work orders to Competent Persons and then ensuring that all PPM works orders are completed on time, are recorded and filed in the Trust's document management system. Ensuring the Trust's document management system is maintained;
- i. Ensure that any non-complaint occurrences / issues identified in the periodic PPM tasks are reviewed, reported to the AP(s) (Water) and then actioned in a timely response;
- j. Ensure that Competent Persons remain suitable trained and validated. Shall complete the appraisal of the Competent Person and recommend their appointment by the Responsible Person (Water);
- k. Ensure the external consultants & contractors are suitably qualified & competent.
- l. Issuing Permits to Work and other appropriate documentation as required to Competent Persons and / or approved contractors;
- m. Maintain the records system, quality of service and maintenance of system safety (integrity).
- n. Ensuring that all planned and reactive sampling activities are carried out in accordance with the WSP/Tech and that results are reviewed, escalated to the DRP and actioned (where necessary in a timely and professional manner) accordingly;
- o. Liaise with the water undertaker and ensure that equipment that is permanently connected to the water supply is properly installed;
- p. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

### 5.11 Competent Persons

Trust Supervisors, Engineering Trade Staff and Maintenance Workers are all deemed to be Competent Persons (Water). They are appointed in writing by the RP (Water).

The Trust utilises both directly employed trade staff and external contractors to execute the tasks required within the WSP.

Where external contractors are commissioned their individual employees will not be appointed in writing by Trust. Instead the AP (Water) will ensure the contracting company are appropriately qualified and competent. Evidence of membership and qualifications are required and shall be issued by the external contractors to AP (Water).

Any Competent Person (Water) shall:

- a. Provide the skilled installation and/or maintenance of water risk systems;
- b. Conduct all of their water system related tasks in accordance with the WSP/Tech & PPM system, they shall complete all required records and return to the AP (Water);
- c. Only use WRAS approved materials when working on water systems;
- d. Employ their highest standard quality of work;

- e. Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems thus preventing contamination of water systems and outlets;
- f. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation;
- g. Ensure good personal hygiene (including clothing and foot ware) practices (reporting any recent communicable illness to AP (Water) before commencing any work on water systems;
- h. Attend updated training at least every three years or sooner if determined by the training needs analysis.

With external contractors a specification appertaining to new works will be produced which will include:-

- a. A standard form within the contract documentation which define roles, responsibilities and procedures of parties concerned;
- b. Submission of risk assessments and method statements with relation to compiled schedules;
- c. The RESET scheme may also be used to confirm/establish competence of contractors.

#### **5.12 Building Occupiers e.g. Departmental Managers**

Managers of departments have control over the use of water in their department. Likewise these managers hold the legal consequences of the operational aspects of water hygiene control. In order to fulfil their legal obligations, the specific service/dept. undertakes twice weekly flushing of all outlets [Augmented care areas – daily flushing]. Building occupiers will also be required to attend appropriate training sessions.

#### **5.13 All Staff, Contract Staff and Volunteers**

All staff members can affect water hygiene risk, as such they should report any concerns, suspicions regarding the operation or performance of water systems that might increase the risk of waterborne pathogen proliferation i.e. little used outlets. Any staff member may also be required to attend training sessions (where necessary).

Employees may be consulted regarding the assessment and control measures according to their role. Each risk assessment/risk minimisation scheme report shall include an Employee Summary for dissemination to unions/employees at the discretion of the Responsible Person (Water).

#### **5.14 Local Security Management Specialist**

The Local Security Management Specialist (LSMS) shall:

- a. Attend the Water Safety Group (WSG) meetings as required;
- b. Lead on risk assessments on the vulnerability and security of water systems;
- c. Ensure appropriate & proportionate security measures exist to protect the Trust's water systems.





## 7. PROCESS FOR MANAGING COMPLIANCE AND EFFECTIVENESS

### 7.1 Monitoring Compliance

Arrangements in place for ensuring and monitoring compliance within this Policy and associated WSP/Tech are achieved through reviewing and auditing as defined in the table below.

Element of Management Plan	When	How	Who	Reports to	Deficiencies / gaps / recommendations and actions
Policy	Annually	Audit/review	RP (Water) AE (Water)	WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
WSP/Tech	Annually	Audit/review	DRP (Water) AP (Water) AE (Water)	WSG	Review, update, sign off and adopted by WSG
Incident Reports	Quarterly	Review	RP (Water)	WSG	Review, update, sign off
Audit - Management	Annually	Audit	RP (Water) DRP (Water) AE (Water)	WSG	Ensure Trust remain compliant. Recommendations on to Water Issues Log.
Audit – Records & Performance	Monthly & Quarterly	Audit	DRP (Water) AE (Water)	WSG	Ensure Trust remain compliant. Recommendations on to Water Issues Log.
Risk Assessments (Inc. schematics)	Monthly & Quarterly	Audit/review	DRP (Water) AP (Water) AE (Water) LSMS IC Lead	WSG	Ensure risk assessments remain current.
RA Action Plans	Monthly & Quarterly	Audit/review	DRP (Water) AP (Water)	WSG	Ensure actions arising from WSG and annual audits are complete.
Training Matrix	Quarterly	Review	DRP (Water)	WSG	Ensure each person involved with ensuring water safety remains up to date with appropriate training.

### 7.2 Effectiveness

Effectiveness of compliance is detailed at the Water Safety Group meetings. The WSP/Tech is based on external standards (see Section 12 References).

## 8. MANAGEMENT PLAN

### 8.1 Water Safety Group (WSG)

To comply with the HCAI Code of Practice recommendation that management and monitoring arrangements need to be in place, the Trust has an established Water Safety Group (WSG) and Water Safety Plan (WSP).

The aim of the WSG is to ensure the safety of all water used by patients / residents, staff and visitors, and to minimise the risk of infection associated with waterborne pathogens.

The WSG is multi-disciplinary group and is a forum in which people with a range of competencies through the Trust are brought together to share responsibility and take collective ownership for ensuring that water-related hazards are identified, risks are adequately assessed, control measures are identified and monitored, and incident protocols are developed.

As such, membership to the WSG broadly includes those:

- a. Who are familiar with all water systems and associated equipment in the building(s) and the factors that may increase risk of infection from *Legionella*, *P. aeruginosa* and other waterborne pathogens (that is, the materials and components, the types of use and modes of exposure, together with the susceptibility to infection of those likely to be exposed);
- b. Who have knowledge of the particular vulnerabilities of the at-risk population within the facility;
- c. Representatives from areas where water may be used in therapies, medical treatments or decontamination processes where exposure to aerosols may take place.

The WSG undertakes:

- a. The commissioning, development & implementation of the WSP.
- b. The provision of advice on the remedial action required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.
- c. Decision making on the safety and integrity of the water systems and associated equipment that use water to which patients, staff and visitors could be exposed do not go ahead without being agreed by the WSG. This includes consultations relating to decisions on the procurement, design, installation and commissioning of water services, equipment and associated treatment processes (includes seeking assurance should be sought from the manufacturer regarding safety for patients and service-users).

The Terms of Reference (ToR) for the WSG can be found in Appendix 1 of this Policy. The ToR defines:

- a. The purpose of the WSG;

- b. Membership of the WSG;
- c. Frequency of meetings, Quorate arrangements along with agenda;
- d. Objective of the WSG;
- e. Reporting arrangements.

The WSG has clearly identified lines of accountability / communication pathways (see Section 6 Water Safety Management Structure) up to the CEO and board. The roles and responsibilities of these members are defined within this Policy. Only members of the WSG shall attend meetings. If they are unable to attend it is expected they will inform the Chairperson and detail a nominated deputy to attend the WSG in their place.

## **8.2 AE Water Safety Meeting**

This is a separate group to the WSG. The AE water safety meeting sits on a quarterly basis (or sooner if deemed necessary) with the objective of providing assurance of operational performance, monitoring for the Trust risk systems along with completing the risk assessment review process and documenting this review. The AE WSM shall also ensure asset registers are accurate and kept up to date detailing all assets relating to hot and cold water systems.

The AE WSM is chaired by the AE (Water) and is attended by the Deputy RP, AP's and Deputy AP(s) as required. Formal minutes are taken. Reports on performance, risk minimisation action plans, sampling results and incidents are summarised and reported to the quarterly WSG meetings.

## **8.3 Water Safety Plan: Maintenance & Operational Procedures (WSP/Tech)**

The WSP/Tech is a separate document to this Policy. It is prepared by the Deputy RP (Water), AP's (Water) with input from the AE (Water), Infection Control Lead, Consultant Microbiologist with input from the WSG.

The WSP/Tech defines the operational procedures, routine maintenance, routine monitoring, emergency actions (outbreak, confirmed/suspected cases, and non-compliant occurrences) for all the Trust risk systems. Along with the documented record management system, the associated forms and check sheets to be used by CP (Water) as part of the routine monitoring and inspections.

The WSP/Tech also details the control strategy for managing water risk systems along water sampling need with identified areas and locations for sampling water.

A risk system is classed as system or device that contains, holds or uses water where there is a reasonable foreseeable risk associated with that system

The risk assessments shall identify and record risk systems, these identified risk systems will be reviewed against the WSP/Tech to ensure it remains current and accurate.

## 8.4 Auditing

A programme of auditing the written scheme elements is defined in section 7 'Monitoring Compliance & Effectiveness'. This will inform the organisation's assurance framework.

Monitoring the performance of a contractor should be completed either by DRP (Water) or AE (Water). The use of another contractor to monitor the performance of the first contractor should be avoided as this could lead to a conflict of interest.

An annual water risk management audit is undertaken by the AE (Water) with assistance from the DRP (Water) and AP(s) (Water) in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement and forms part of the Legionellosis risk management system.

A quarterly performance monitoring audit will be completed by the DRP (Water) and AP(s) (Water). This will involve the inspection of systems and their records to establish the degree of compliance with regards to records being present and the accuracy of those records. Quarterly performance audits shall be applied to all Trust properties. The results of this quarterly performance audit will be reported at the WSG.

Auditing should establish:

- a. the required level of service is met;
- b. all the required plant is being maintained;
- c. system performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level- monitoring regimes);
- d. maintenance is being carried out to the agreed standard;
- e. correct replacement parts are being used;
- f. the agreed spares stocks are being held on site;
- g. records are being correctly maintained;
- h. the agreed standards, number of staff, and number of visits are being achieved;
- i. plant is being operated to achieve optimum energy usage;
- j. health and safety requirements are being complied with;
- k. only agreed subcontractors with the appropriate knowledge and competence are being employed;
- l. the client and typical users of the building are satisfied;
- m. invoices accurately reflect the work carried out, including materials expended;
- n. breakdowns do not occur too often;
- o. consideration is being given to the potential environmental impact of contractors' actions, for example disposal of lubricants, chemicals, worn parts etc. that cannot be recycled.

## 8.5 Risk Assessment and Drawings

### 8.5.1 Water Risk Assessment

The RP (Water) will ensure that suitable and sufficient risk assessments are up to date and valid. The AP(s) (Water) shall ensure risk assessments are commissioned when needed (see criteria below). The risk assessment must be completed in accordance with:

- ACOP L8 (fourth edition) 2013;
- HSG274 (Parts 1, 2 & 3) (as applicable);
- HTM04:01 (Parts A, B & C);
- BS8580:2010.

The Trust requires the risk assessment to be completed by a competent person, the DRP (Water) shall ensure the assessor is competent (this may include the need for formal interview with examples of risk assessment reports and projects they have been involved with) and independent of supplying any ongoing remedial work.

Accreditation to UKAS to ISO/ISE 17020:2012 and membership to the Legionella Control Association (LCA) is one means of ensuring competence.

The risk assessor(s) shall be given access to competent assistance from the Trust. This may be in the form of:

- a. engineering and building expertise;
- b. as-fitted drawings and schematic diagrams;
- c. clinical expertise;
- d. knowledge of building occupancy and use, including vulnerability of patient groups;
- e. bespoke equipment plus policies, procedures and any protocols (for example cleaning of wash-hand basins and disposal of clinical effluent etc.).

The risk assessment shall:

- a. Encompass all buildings and all water systems;
- b. Identify and evaluate potential sources of risk;
- c. Include an assessment of occupant vulnerability;
- d. Use an established risk scoring matrix;
- e. Include an assessment of engineering, considering correct design (inherent risk and actual risk), installation, commissioning, maintenance, verification and effectiveness as a control measure;
- f. Include a review of schematics of hot and cold water systems to check they are up to date and the existence of water connections to outside services is checked;
- g. An assessment of underused outlets and flushing regimes;
- h. Include information on Scalding risk;

- i. The unnecessary use of non WRAS or WRC approved materials (i.e. Flexi hoses);
- j. Review monitoring, sampling and testing records.

The assessment of risk is an ongoing process, and as such the AP(s) (Water) should ensure the risk assessments are regularly reviewed and updated, specifically when:

- a. a change to the water system or its use;
- b. a change to the use of the building where the system is installed;
- c. new information available about risks or control measures;
- d. the results of checks indicating that control measures are no longer effective;
- e. changes to key personnel;
- f. a case of legionnaires' disease/Legionellosis associated with the system.

The Trust will support this risk assessment process by giving guidance on any specific clinical risks where it is deemed appropriate.

The DRP (Water) will communicate the latest risk assessment report and minimisation scheme actions at the WSG. The WSG will consider the overall recommendations in context of Trust Risk Register.

For those properties which are not owned but only occupied by the Trust, the RP (Water) will request evidence from the Duty Holder for that property that water safety risk is being proactively managed.

### 8.5.2 Clinical Risk Assessment

The DIPC is required to lead on the completion of clinical risk assessments to identify;

1. Those settings / areas where service users are at significant risk from organisms and microbiological hazards associated with water use and their distribution systems.
2. Clinical practices where water may come into contact with service users and their invasive devices;
3. Cleaning of patient equipment;
4. Disposal of blood, body fluids and service users' wash water;
5. Maintenance and cleaning of wash hand basins and associated taps, specialist baths and other water outlets;
6. The need for outlets at wash hand basins that use sensor operations & Thermostatic Mixing Valves

Clinical surveillance data can offer early warning on poor water quality. The clinical risk assessments and surveillance data (clinical and environmental monitoring) should be reported at the WSG.

### 8.5.3 Drawings

As-fitted drawings shall identify all key components in the installation, i.e. water meters, cisterns, filters, calorifiers, water heaters, isolation valves. These drawings should be kept up to date. These drawings will help inform the risk assessment and are necessary to perform adequate temperature control checks and will be valuable for identifying potential problems with poor temperatures.

Schematic drawings are not formal technical drawings, they are intended to be easy to read without specialist training / experience. They provide the reader with an idea of layout and position of components and connections. These drawings should be kept up to date. These drawings assist with the risk assessment process.

### 8.6 Risk Minimisation Scheme

The risk assessment shall form the basis of a risk minimisation scheme describing the particular means by which the risk from exposure to waterborne pathogens is to be minimised so far as is reasonably practicable. The remedial actions within the associated risk minimisation schemes shall be reasonably practicable and prioritised on the basis of risk, cost and difficulty. The risk minimisation scheme shall be reviewed at the AE Water Safety meeting and approved by the WSG.

### 8.7 Training and Competence

#### 8.7.1 Training

The WSG will review training needs analysis regularly and implement a training programme to ensure all those defined in the control strategy have received appropriate information, instruction and training to undertake their associated duties. Records of training and attendance of appropriate training shall be kept. Refresher training shall be given dependent on review of training needs analysis.

Competence of staff and contractors shall be assessed according to their role and duties. To ensure competence has been assessed it will be viewed in context with the individual's experience, knowledge and background.

Where tasks are allocated to others, then supervisors / managers / operatives need to have received adequate training in respect to the role, duties, water hygiene and control strategies.

To ensure the delivery of safe wholesome water at all outlets and preventing contamination (which may lead to healthcare-associated infections) the Trust shall implement a water hygiene training scheme. The Trust recognises that individuals are aware of their duty to protect the health of patients, staff and visitors and that they are responsible for ensuring that they inform their line manager if they come into contact with any disease that has the potential

to cause harm.

Hygiene training will cover an appreciation of practices that can affect water hygiene, outlet cleanliness and patient safety. Those working on water systems (including outlets) will receive training in the need for good hygiene and how to prevent contamination of water supplies and outlets. Those responsible for housekeeping tasks such as outlet flushing and cleaning of outlets shall also be trained and competence assessed in respect to their role and how to prevent contamination of water supplies.

A health screening element shall be introduced into the training to help ensure those undergoing the training are not carriers of any waterborne diseases on the date of training.

The water safety training should encompass the following elements:

- Trust governance arrangements in relation to water hygiene and safety;
- Trust Water Safety Policy & WSP/Tech (procedures in relation to the management and provision of water hygiene and safety);
- Waterborne pathogens and their consequences;
- Trust control strategies and how water distribution systems, water outlets, components and any associated equipment can become contaminated;
- Roles & responsibilities of individuals involved in the prevention of contamination of the water distribution system and water outlets;
- How the safety of water can be maintained by good hygiene practices (personal hygiene along with dealing with clothing, footwear, cleaning equipment/materials, tools and storage when considering water hygiene);
- When not to work with water intended for domestic purposes;
- System design;
- Components/accessories (taps, TMVs);
- Disinfection and cleaning equipment/ materials;
- How to store and handle pipes;

### **8.7.2 Competence**

The Trust can use specialist contractors to undertake aspects of the operation, maintenance and control measures. While these contractors have legal responsibilities, the ultimate responsibility for the safe operation rests with the Trust Duty holder.

Employing contractors or consultants does not absolve the Trust Duty holder of responsibility for ensuring that control procedures are carried out to the standard required to prevent the proliferation of waterborne pathogens in Trust water systems.

Those who appoint specialist contractors (DRP (Water) / APs (Water)) shall make reasonable enquiries to satisfy themselves of the competence of contractors in the area of work before they enter into contracts for the treatment, monitoring, and cleaning of the water systems, and other aspects of water treatment and control.



The Trust shall be satisfied that any contractors employed are competent to carry out the required tasks and that the tasks are carried out to the required standards. The contractor should inform the Authorised Person (Water) of any risks identified and how the system can be operated and maintained safely.

The Legionella Control Association's *A Recommended Code of Conduct for Service Providers* provides an illustration of the levels of service to be expected from service providers.

This Code of Conduct does not have legal status but may give guidance to those who appoint special contractors about the standards of service they should expect to receive from service providers who abide by the Code.

Only installers with the appropriate qualifications, regulatory knowledge and competence shall be used to install and maintain water installations. The Water Safe register holds details from all seven Approved Contractors' Schemes for businesses that have registered plumbing installers (authorised through the Water Supply (Water Fittings) Regulations 1999).

The Trust recognises the benefits of using an Approved Contractor is they can carry out some work without the need to provide advanced notification to the water undertaker, and their work will be certified upon completion. A "work completed" certificate issued by a Water Safe recognised plumber provides a defence for property owners who are challenged by a water undertaker enforcing the Water Supply (Water Fittings) Regulations 1999 or during legal proceedings.

## 8.8 Record Keeping

All records shall be readily available on site, in an appropriate format, for use by any member of the WSG or outside organisations. Electronic data management tools may be utilised to facilitate the intelligent use of data for the WSG to easily monitor trends and analyse chemical and microbiological parameters.

Records should be kept for at least five years.

Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection should be readily available on site.

Any commissioning data should also be kept with these manuals.

Asset registers are established and should be designed to provide the following information:

- a. an inventory of plant and water- associated equipment;
- b. a basis for identifying plant details;
- c. a basis for recording the maintenance requirements;
- d. a basis for recording and accessing information associated with maintenance;
- e. a basis for accounting to establish depreciation and the provision needed for plant replacement;
- f. information for insurance purposes.

## 9. DEFINITIONS

**Aerosol** A suspension in a gaseous medium of solid particles, liquid particles or solid & liquid particles having negligible velocity.

**Bacteria** (Singular bacterium) a microscopic, unicellular (or rarely multicellular) organism.

**Cold Water Service** Installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged.

**Domestic Water Services** Hot & cold water services intended for personnel hygiene, culinary, drinking water or other domestic purposes.

**Legionnaires' Disease** A form of pneumonia caused by legionella bacteria.

**Legionellae** The genus legionella belongs to the family legionella, which has over 50 species. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water.

**Legionella** Type of aerobic bacterium which is found predominantly in warm water environments (Singular of legionellae)

**Legionellosis** Any illness caused by exposure to legionella.

**Pontiac fever** A disease caused by species of legionella an upper respiratory illness less severe than Legionnaires disease.

**Pseudomonas Aeruginosa** A Gram-negative bacterium, commonly found in wet or moist environments. It is commonly associated with disease in humans with the potential to cause infections in almost any organ or tissue, especially in patients compromised by underlying disease, age or immune deficiency.

**PPM** Planned Preventative Maintenance

**Risk Assessment** Identifying and assessing risk from Legionellosis / Pseudomonas Aeruginosa/other water borne pathogens from work activities and water sources on premises and determining any necessary precautionary measures.

**Sentinel taps** For a hot water service – the first and last taps on a recirculating system. For cold water systems (or non-circulating hot water systems), the nearest and furthest taps from the storage tank. The choice of sentinel taps may also include other taps which are considered to represent a particular risk.

**HSE** Health & Safety Executive.

**HSG** Health & Safety Guidance

**HTM** Health Technical Memorandum

**Risk Assessment** Identifying and assessing the risk from water borne pathogens from work activities and water sources on premises and determining any necessary precautionary measures.

**Water Safety Group** A multidisciplinary group formed to undertake the commissioning and development of the Water Safety Group (WSG). It also advises on the remedial action required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.

**Water Safety Plan (WSP)** A risk-management approach to the microbiological safety of water that establishes good practice in local water distribution and supply. It will identify potential microbiological hazards caused by *P. aeruginosa* and other opportunistic pathogens, consider practical aspects and detail appropriate control measures. WSP's are the combination of working documents that need to be kept up-to-date and reviewed whenever organisations make changes to water supplies, or re the use of water and accompanying control measures.

## 10. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 2.

## 11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Trust Major Incident Plan – CORP/RISK 1

Trust Code of Practice Control of Contractors on DBH Sites

Water Safety Plan: Maintenance & Operational Procedures [WSP/Tech]

## 12. REFERENCES

- Health and Safety at Work Act 1974
- The Management of Health & Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002

- The Health and Social Care Act 2008
- Water Supply (Water Fittings) Regulations 1999
- Water Supply Water Quality Regulations 2000
- The Building Regulations 2010
- Water Fittings and Materials Directory, Water Regulations Advisory Scheme (WRAS)
- Private Water Supply Regulations 2009
- Water Supply (Water Quality) Regulations 2010
- ACoP L8: The Control of Legionella Bacteria in Water Systems 2013
- HSG 274 Legionnaires' Disease Part 1, 2 & 3 2014
- Health Technical Memorandum 04-01: Safe water in healthcare premises Parts A, B and C: 2016
- BS 7592 Sampling for Legionella Organisms in Water and Related Materials 2008
- BS8580 Water quality – Risk assessments for Legionella control – Code of practice 2010
- BS8558 Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages 2015
- Public Health England: Responding to the detection of legionella in healthcare premises Guidance for PHE Health Protection Teams: 2015
- Model Engineering Specification D08 – Thermostatic mixing valves (healthcare premises)
- TM13 Minimising the risk of Legionnaire's Disease 2013
- HTM 00-07 Resilience Planning for Health Care Premises
- Water Regulations Advisory Scheme (WRAS) Water Regulations Guide 2004
- Water Regulations Advisory Scheme (WRAS) Water Fittings and Materials Guide 2005
- Health Technical Memorandum 04-01: Supplement Performance specification D 08: thermostatic mixing valves (healthcare premises) 2015
- HSE Managing the risks from hot water and surfaces in health and social care 2012
- HSE – INDG253 Controlling Legionella in Nursing and residential care homes
- Health Guidance Note "Safe" Hot Water and Surface Temperatures
- Pool Water Treatment Advisory Group (PWTAG) document 'Swimming Pool Water: Treatment and quality standards' 2009

## APPENDIX 1 – WATER SAFETY GROUP – TERMS OF REFERENCE



### Terms of Reference

<b>Name of Committee / Group</b>	Water Safety Group
<b>Accountable to</b>	Chief Executive (Duty Holder)
<b>Reporting to</b>	Infection Prevention and Control Committee
<b>Primary Purpose</b>	The Water Safety Group provides a forum for those individuals with delegated roles and responsibilities to take collective ownership for ensuring that water related hazards are identified, risks are assessed, control measures are developed and monitored, and incident response protocols are implemented.
<b>Membership of Group</b>	Deputy Director of Estates & Facilities Director of Infection Prevention and Control Head of Operational Estates DRI / MMH Head of Operational Estates BDGH Head of Medical Technical Services DBH Head of Facilities DBH Head of Compliance DBH Estates Manager Mechanical DRI/MMH Lead Nurse of Infection Prevention and Control Trust Authorised Engineer for Water Systems (AE)  Where a member of the group is unable to attend a nominated deputy should attend in their absence where possible.
<b>Quorum</b>	Director of Infection Prevention and Control (or deputy), Head of Operational Estates DRI/MMH (or deputy), Head of Operational Estates BDGH (or deputy), Head of Facilities (or deputy)
<b>Lead Professional (Chair)</b>	Head of Operational Estates DRI / MMH (Deputy Chair - Head of Operational Estates BDGH)
<b>Responsibilities</b>	<ul style="list-style-type: none"> <li>• To work and support the IPC team</li> <li>• To ensure effective ownership of water quality management for all uses</li> <li>• To determine particular vulnerabilities of the at risk population</li> <li>• To review risk assessments related to water quality</li> <li>• To ensure the Trust Water Safety Plan (WSP) is kept under review, including risk assessments and other associated documentation</li> </ul>



	<ul style="list-style-type: none"> <li>• To ensure tasks indicated by risk assessment are allocated and accepted</li> <li>• To ensure new builds, refurbishments, modifications and equipment are designed, installed commissioned and maintained to the required water standards</li> <li>• To ensure maintenance and monitoring procedures are in place</li> <li>• To review clinical and environmental monitoring data</li> <li>• To agree and review remedial measures and actions, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to water quality and safety are addressed</li> <li>• To determine best use of available resource</li> <li>• To be responsible for training and communication on water related issues</li> <li>• To oversee water treatment with operational control monitoring and to provide an appropriate response to out of target parameters</li> <li>• To oversee adequate supervision, training and competency of all staff</li> <li>• To ensure surveillance of both clinical and environmental monitoring</li> </ul>
<b>Frequency of meetings</b>	<p>The WSG will convene Bi-Monthly</p> <p>The WSG will act in an appropriate and timely manner in response to issues or incidents that have been reported. Where there are episodes of colonisation or infection of patients that could be related to the water system they will be reported by the IPC team to the chair and deputy chair of the WSG, who will then initiate any additional action to be determined.</p> <p>Individual responsibilities should not be restricted by the need to hold formal meetings.</p>
<b>Duration of Meeting</b>	2 hours
<b>Minutes Circulated to</b>	Detailed minutes of the group meetings will be recorded, distributed promptly to the members of the WSG and retained on file to demonstrate good management, appropriate and timely action and professional governance. Minutes will also be distributed to Infection Prevention and Control Committee and the Director of Estates & Facilities.

## APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Water Safety Policy - CORP/HSFS 18 v.5	Estates and Facilities	Mathew Gleadall	Existing policy	18.06.18
<b>1) Who is responsible for this policy?</b> Name of Division/Directorate: Estates and Facilities				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes?				
<b>3) Are there any associated objectives?</b>				
<b>4) What factors contribute or detract from achieving intended outcomes?</b>				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact (e.g. Monitoring, consultation) – N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> (any actions to be taken – N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b> No				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<b>Date for next review:</b> June 2021				
<b>Checked by:</b> H Timms		<b>Date:</b> 18.06.18		