# Water Safety Policy (Infection Risk Prevention)

<table>
<thead>
<tr>
<th>Post holder responsible for Procedural Document</th>
<th>Head of Estates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author of Policy</td>
<td>Head of Estates</td>
</tr>
<tr>
<td>Division/ Department responsible for Procedural Document</td>
<td>Finance &amp; IMT/Estates</td>
</tr>
<tr>
<td>Contact details</td>
<td>x3131</td>
</tr>
<tr>
<td>Date of original document</td>
<td>Pre 2012</td>
</tr>
<tr>
<td>Impact Assessment performed</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Ratifying body and date ratified</td>
<td>Infection Control &amp; Decontamination Assurance Group 24.01.17</td>
</tr>
<tr>
<td>Review date (and frequency of further reviews)</td>
<td>May 2018 (every 2 years)</td>
</tr>
<tr>
<td>Expiry date</td>
<td>November 2018</td>
</tr>
<tr>
<td>Date document becomes live</td>
<td>21 February 2017</td>
</tr>
</tbody>
</table>

Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

<table>
<thead>
<tr>
<th>Monitoring Information</th>
<th>Strategic Directions – Key Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Maintain Operational Service Delivery</td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>Integrated Community Pathways</td>
</tr>
<tr>
<td>Monitor/Finance/Performance</td>
<td>Develop Acute services</td>
</tr>
<tr>
<td>CQC Fundamental Standards - Regulation: 15</td>
<td>Infection Control ✓</td>
</tr>
</tbody>
</table>

Other (please specify): 

Note: This document has been assessed for any equality, diversity or human rights implications

---

**Controlled document**

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Development, Ratification & Management of Procedural Documents Policy. It should not be altered in any way without the express permission of the author or their representative.
## Full History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>18/6/2012</td>
<td>Head of Estates</td>
<td>To reflect new policy structure, minor amendments to content</td>
</tr>
<tr>
<td>7</td>
<td>8/5/14</td>
<td>Head of Estates</td>
<td>To reflect the change from Legionella policy to Water safety policy</td>
</tr>
<tr>
<td>8</td>
<td>17/05/2016</td>
<td>Head of Estates</td>
<td>2 yearly review by the Water Safety Group. Minor amendments harmonised with community services.</td>
</tr>
</tbody>
</table>

### Associated Trust Policies/ Procedural documents:

- Water Safety
- Legionnaires Disease

### Key Words

- Water safety
- Legionnaires Disease

### In consultation with and date:
- Water Safety Group: 17 May 2016
- Governance Managers - 3 October 2016
- Divisional Directors, General Managers, Associate Medical Directors, Assistant Directors of Nursing, Senior Nurses - 3 October 2016
- Policy Expert Panel: 19 October 2016
- Infection Control & Decontamination Assurance Group: 24 January 2017

### Contact for Review:

| Head of Estates |

### Executive Lead Signature:

(Applicable only to Trust Strategies & Policies)

| Medical Director |
1. INTRODUCTION.................................................................................................................................................. 4
2. PURPOSE......................................................................................................................................................... 4
3. DUTIES AND RESPONSIBILITIES OF STAFF................................................................................................. 5
4. OPERATIONAL PLAN....................................................................................................................................... 7
5. RISK ASSESSMENTS....................................................................................................................................... 8
6. PREVENTATIVE MEASURES.......................................................................................................................... 8
7. ARCHIVING ARRANGEMENTS....................................................................................................................... 8
8. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY.............. 8
9. REFERENCES..................................................................................................................................................... 9

APPENDIX 1: ACCOUNTABILITY ARRANGEMENTS FOR PERSONNEL INVOLVED IN THE CONTROL OF LEGIONELLA ............................................................................................................................ 11
APPENDIX 2: LIST OF RESPONSIBILITIES AND NAMES.............................................................................. 12
APPENDIX 3: COMMUNICATION PLAN............................................................................................................ 13
APPENDIX 4: EQUALITY IMPACT ASSESSMENT TOOL.................................................................................... 14
1. INTRODUCTION

1.1 The Royal Devon & Exeter NHS Foundation Trust (hereafter referred to as the Trust) attaches the greatest importance to the health, safety and welfare of staff, patients and visitors. It is considered essential that management and staff should work together positively to achieve an environment free of infection from bacterial and chemical contamination associated with water systems.

1.2 The principal guidance documents to provide the necessary strategy for the Trust are:

- HSE Approved Code of Practice Legionnaires’ Disease
  HSG 274 Part 1
- HSG 274 Part 2
- HSG 274 Part 3
- The Health Technical Memorandum HTM 04-01: Safe Water in Healthcare Premises - Part C Pseudomonas Aeruginosa - Advice for Augmented Care Units.

1.3 It is accepted that Trust staff at all levels must do all that is reasonably practicable to achieve compliance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH 2002), Health and Safety Executive (HSE), NHS and other recognised guidance with regard to the prevention of infection within the Trust and, where appropriate, relevant training and information will be provided by the Trust.

1.4 It is the intention of the Trust to ensure the effective implementation of this policy and to keep it under consideration in all aspects of health practice and decision making.

1.5 Failure to comply with this policy could lead to disciplinary action.

2. PURPOSE

2.1 The Trust is aware of and supports the contents, requirements and intentions of The Health and Safety at Work etc. Act 1974, COSHH 2002, HSE Approved Code of Practice Legionnaires’ Disease and the Department of Health’s Health Technical Memorandum 04-01, "The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems’ and associated UK regulations and guidance.

2.2 To assess, prevent and control risks associated with bacterial or chemical contamination and subsequent development of disease from work activities and water systems on the Trust’s premises.
3. **DUTIES AND RESPONSIBILITIES OF STAFF**

A person intending to fulfill any of the following staff functions should be able to prove that they possess sufficient skill, knowledge and experience to be able to perform safely the designated tasks. They will be asked to accept the responsibilities in writing.

3.1 **Duty Holder**

The Duty Holder has overall responsibility for the Trust, (CEO of the Trust). The Duty Holder must ensure that staff with designated roles have the resources to fulfill those roles.

3.2 **Infection Control Officer**

The infection control officer or consultant microbiologist if not the same person, is the person nominated by management to advise on infection control policy and to have responsibility for the water quality.

3.3 **Responsible Person**

3.3.1 The Responsible Person has legal responsibility for water quality. The Responsible Person must possess adequate professional knowledge and have undertaken appropriate training. The Responsible Person should be appointed in writing by Chief Executive to devise and manage the necessary procedures for ensuring that the quality of water in Trust premises is maintained. The Responsible Person should be a manager or director, or have similar status and sufficient authority to ensure that all operational procedures are carried out in an effective and timely manner. The Responsible Person is required to liaise closely with other professionals in various disciplines and is able to delegate authority. In addition, the Responsible Person should possess a thorough knowledge of water hygiene and would, ideally, be a chartered engineer, microbiologist or other professionally qualified person.

3.3.2 This role, in association with the infection control officer and maintenance staff, involves:-

- Advising on the potential areas of risk and identifying where systems do not adhere to this guidance.
- Liaising with water undertakers and environmental health departments and advising on the continuing procedures necessary to ensure acceptable water quality.
- Monitoring the implementation and efficiency of these procedures.
- Approving and identifying any changes to the procedures.
- Ensuring equipment that is to be permanently connected to the water supply is properly installed.
- Ensuring adequate operating and maintenance instructions exist and adequate records are kept.

3.3.3 Implementation of an effective maintenance policy must incorporate the preparation of fully detailed operating and maintenance documentation and the introduction of a log book system. The Responsible Person should appoint a deputy to whom delegated responsibilities may be given on all occasions when the Responsible Person is unavailable.

3.3.4 The Responsible Person should be fully conversant with the design principles and requirements of water systems and should be fully briefed in respect of the cause and effect of waterborne organisms. The appointment of an engineer is appropriate.
in that the role can extend to the operation and maintenance of associated plant. It is recognised that the Responsible Person cannot be an expert on all matters and must be supported by specialists in specific subjects, such as water treatment and microbiology, but must undertake responsibility for calling upon and co-ordinating the activities of specialists.

3.4 Deputy Responsible Person
Taking responsibility for one’s conduct and obligations and held legally responsible and who has sufficient technical knowledge, training and experience to manage the maintenance and routine testing of the water storage and distribution system. Deputise delegated responsibilities on all occasions when the Responsible Person is unavailable.

3.5 Nominated Person
Someone who is trained, suitably qualified and experienced to carry out their duties.

3.6 Competent Person
A competent person is someone who has sufficient technical knowledge, training and experience to supervise, manage and control maintenance and routine testing of all water systems.

3.7 Architects
Architects are responsible for the design of buildings and need to have an understanding of the operation and requirements associated with water devices and supplies. Architects work with design engineers and other professionals who are responsible for construction details. When renovating or modifying existing and occupied facilities, architects should consult with the users including those involved in management and maintenance of water systems. In the case of hospitals and healthcare facilities, this should involve consultation with infection-control specialists.

3.8 Engineers
Design engineers are responsible for translating architectural plans and ensuring compliance with plumbing standards. Project and construction engineers are responsible for the installation of water systems. When buildings are being renovated or modified, engineers provide a key role in establishing risk-management plans to minimise risks to people using the building. These risk-management plans should include instructions on how to deal with potential problems, disruptions to services and they should ensure that technical standards and regulations are met. Risk-management plans should include education of maintenance and construction workers. Project engineers are responsible for final certification of satisfactory completion of building construction.

3.9 Project Officers
Project officers are responsible for supplying correct manuals, documentation, pre-handover training and the familiarisation of operational personnel.

3.10 Tradesperson
Is someone who has sufficient technical knowledge, training and experience to carry out, under the control of the Competent Person, maintenance, routine testing, work and record-keeping in line with the written scheme of all water systems.

3.11 Employees
Employees should be aware of the results of risk assessments in their area of activity, including water management, and what they need to do personally to ensure compliance with control measures identified as being necessary. Examples of such action include following a safe system of work or wearing suitable personal protective
equipment. It is the responsibility of all employees to report any concerns to their Risk Assessor and Line Manager.

3.12 Contractor
A contractor is the person or organisation designated by the Trust to be responsible for the supply, installation, validation and/or verification of hot and cold water services. A contractor must also be able to conduct all relevant installation checks and tests. In relation to the control of Legionella, it is essential to ensure that potential contractors have suitable qualifications.

3.13 Site Inspectorate
The person nominated by the Trust to witness tests and checks under the terms of the contract. The person must have specialist knowledge, training and experience of all water systems.

3.14 Water Safety Group
The Water Safety Group, with the aid of deputies of the Responsible Person, appropriate maintenance staff and contractors, has the following roles:

- Advising on the potential areas of risk and identifying where systems do not comply with current guidance.
- Advising on the necessary continuing procedures for infection risk prevention
- Monitoring the implementation and efficacy of the procedures.
- Approving and identifying any changes to those procedures.
- Monitoring and ensuring the maintenance of adequate records.

The Water Safety Group reports to the Infection Control and Decontamination Assurance Group which reports to the Safety and Risk Committee.

3.14.1 Appendix 1 shows the organisational structure for responsibilities for water safety including named individuals.

3.14.2 The Trust will seek assurance from Hard Facilities Management Service Providers in the East Devon patch regarding their water safety management controls. This assurance will be discussed and managed at the Water Safety Group meetings.

All the roles listed above have legal responsibilities.

4. OPERATIONAL PLAN

4.1 The Responsible Person must ensure that there is an operational plan and written scheme for which the Trust is responsible, which is reviewed and updated at appropriate intervals. The operational plan must contain the following elements:

- Schematic diagrams and descriptions of all the supply, storage and distribution systems within Trust premises and a statement to enable authorised persons to locate the up-to-date as-fitted drawings.
- Step-by-step instructions to operate, maintain, control and shut down the water supply, storage and distribution systems within Trust premises.
• A schedule of possible emergency incidents causing loss of the water supply from the water undertaker. Each item in the emergency incident schedule should include guidance on operational procedures to re-establish a stable wholesome water supply.

5. **RISK ASSESSMENTS**

5.1 The Trust commissions written risk assessments to identify and assess the risk of exposure to bacteria from water systems on the premises and any precautionary measures necessary. Specialist contractors will be engaged for this purpose. Risk assessments are carried out for new building works, new installations or alterations to water supply and distribution, water treatment, air conditioning, water outlets, showers and the hydrotherapy pool. Risk assessment should include anything which may contribute to legionella risk, including sculptures and decorative installations which involve water.

5.2 Audits or assessments of risks are undertaken regularly.

5.3 Risk assessments, audits and records of water safety control activities are reviewed and monitored by the Water Safety Group, which meets twice a year.

6. **PREVENTATIVE MEASURES**

6.1 The Trust takes all reasonable measures to minimise the risk of exposure of staff, patients and visitors to infection in accordance with existing guidance. The operational plan includes the Estates Department document – “Written Scheme for Water Safety”. This document is reviewed annually. There is a detailed schedule of preventative maintenance procedures, monitoring of water quality and record keeping.

6.2 Flushing of hot and cold water outlets is routinely undertaken by the Trust Domestic Services Department, except in areas that are not in use, which are the responsibility of the Estates Department.

7. **ARCHIVING ARRANGEMENTS**

7.1 All records appertaining to the control and prevention of Legionella are archived for 5 years. These records are held in the Estates Department.

7.2 The original of this policy will remain with the author the Head of Estates. An electronic copy will be maintained on the Trust intranet, A-Z – P – Policies (Trust-wide) – W. Archived copies will be stored on the Trust's “archived policies” shared drive and will be held indefinitely. A paper copy, where one exists, will be held for 10 years.

8. **PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY**

8.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:
### Minimum Requirements

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
<th>NHSLA standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Records of Microbiology, chemical and physical monitoring.</td>
<td>Reports to Water Safety Group</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Flushing of water outlets</td>
<td>Checking random sample of record sheets at the Water Safety Group.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Audit of cyclical maintenance records.</td>
<td>Reports to Water Safety Group</td>
<td></td>
</tr>
</tbody>
</table>

### 8.2 Frequency

In each financial year, the infection control officer will audit the Water Safety Group Terms of Reference to ensure that this policy has been adhered to and a formal report will be written and presented at the Infection Control and Decontamination Assurance Group.

### 8.3 Undertaken by

Consultant Microbiologist.

### 8.4 Dissemination of Results

At the Infection Control and Decontamination Assurance Group which is held quarterly.

### 8.5 Recommendations/ Action Plans

Implementation of the recommendations and action plan will be monitored by the Water Safety Group which is held twice yearly.

### 8.6 Any barriers to implementation will be risk assessed and added to the risk register.

### 8.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Leads’ cascade system.

### 9. REFERENCES

Supporting this policy The Trust will draw on a wide variety of guidance material. The principal sources are listed as follows:

- HSE Approved Code of Practice Legionnaires’ Disease
- Health and Safety at Work etc Act 1974, sections 2, 3 and 4 (HSW).
- Control of Substances Hazardous to Health Regulations 2002, Regulation 6 (COSHH).
- The Public Health (Infectious Diseases) Regulations 1988
- The Water Supply (Water fittings) Regulations 1999
- The Water supply (Water Quality ) Regulations 2000
BS 8558:2011-Specification for Design, installation, testing and maintenance of services supplying water for domestic use within buildings. *(Paper copy held at the Estates Dept)*

BS EN 806-2:2005 Specification for installations inside buildings conveying water for human consumption

Food Safety Act 1990.


The Health Technical Memorandum HTM 04-01: Safe Water in Healthcare Premises - Part C Pseudomonas Aeruginosa - Advice for Augmented Care Units.

Ventilation in health care premises - HTM 03-01
APPENDIX 1: ACCOUNTABILITY ARRANGEMENTS FOR PERSONNEL INVOLVED IN THE CONTROL OF LEGIONELLA

DUTY HOLDER
Chief Executive

RESPONSIBLE PERSON
Head of Estates

Water Safety Group

COMPETENT PERSON
Capital Project Officers

DEPUTY RESPONSIBLE PERSON
Estates Officer - Deputy Head of Community Estates

COMPETENT PERSONS

COMPETENT PERSONS

CONTRACTORS
(Estates list of approved contractors)

SITE INSPECTORATE

NOMINATED PERSON

COMPETENT PERSONS
The Estates Department maintain a list of Competent Trades Persons and their training records

TRADES PERSONS
The Estates Department maintain a list of Competent Trades Persons and their training records

CONTRACTORS

SITE INSPECTORATE
## APPENDIX 2 – LIST OF RESPONSIBILITIES AND NAMES

<table>
<thead>
<tr>
<th>RESPONSIBILITY</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUTY HOLDER</td>
<td>SUZANNE TRACEY</td>
</tr>
<tr>
<td>RESPONSIBLE PERSON</td>
<td>HEAD OF ESTATES</td>
</tr>
<tr>
<td>DEPUTY RESPONSIBLE PERSON</td>
<td>LEE LASKEY</td>
</tr>
<tr>
<td>RESPONSIBLE PERSONS (Capital Projects)</td>
<td>JULIE BLIGHT</td>
</tr>
<tr>
<td></td>
<td>MIKE ODGERS</td>
</tr>
<tr>
<td>NOMINATED PERSON</td>
<td>NATHAN HOOPER</td>
</tr>
<tr>
<td>COMPETENT PERSON</td>
<td>MECHANICAL TEAM LEADER</td>
</tr>
<tr>
<td>TRADES PERSONS</td>
<td>THE ESTATES DEPARTMENT MAINTAIN A LIST OF COMPETENT TRADES PERSONS AND THEIR TRAINING RECORDS</td>
</tr>
<tr>
<td>CONTRACTORS</td>
<td>ESTATES LIST OF APPROVED CONTRACTORS</td>
</tr>
<tr>
<td>INFECTION CONTROL DOCTOR</td>
<td>ALARIC COLVILLE</td>
</tr>
</tbody>
</table>

This appendix will be reviewed annually through the Water Safety Group as detailed in HTM Guidance.
APPENDIX 3: COMMUNICATION PLAN

The following action plan will be enacted once the policy etc. has been approved.

| Staff groups that need to have knowledge of the policy | Water Safety Group  
Infection Prevention and Control Team  
Infection Control and Decontamination Assurance Group  
Divisional Managers  
Lead Nurses  
Governance Manager  
Governance Leads  
Safety and Risk Manager |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The key changes if a revised policy</td>
<td>Minor changes to titles etc.</td>
</tr>
<tr>
<td>The key objectives</td>
<td>The Water Safety Group, with the aid of deputies of the responsible person, appropriate maintenance staff and contractors, has the following roles:</td>
</tr>
<tr>
<td></td>
<td>• Advising on the potential areas of risk and identifying where systems do not comply with current guidance</td>
</tr>
<tr>
<td></td>
<td>• Advising on the necessary continuing procedures for infection risk prevention</td>
</tr>
<tr>
<td></td>
<td>• Monitoring the implementation and efficacy of the procedures</td>
</tr>
<tr>
<td></td>
<td>• Approving and identifying any changes to those procedures</td>
</tr>
<tr>
<td></td>
<td>• Monitoring and ensuring the maintenance of adequate records</td>
</tr>
<tr>
<td></td>
<td>The Water Safety Group reports to the Infection Control and Decontamination Assurance Group which reports to the Safety and Risk Committee.</td>
</tr>
<tr>
<td>How new staff will be made aware of the policy, e.g. induction process, cascade etc.</td>
<td>Cascade by email</td>
</tr>
<tr>
<td>Training available to staff</td>
<td>N/A</td>
</tr>
<tr>
<td>Any other requirements</td>
<td>N/A</td>
</tr>
</tbody>
</table>
APPENDIX 4: EQUALITY IMPACT ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Water Safety Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Directorate and service area</td>
<td>Trust-wide</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Julian Bennet</td>
</tr>
<tr>
<td>Date completed:</td>
<td>30.09.2016</td>
</tr>
</tbody>
</table>

The purpose of this tool is to:

- identify the equality issues related to a policy, procedure or strategy
- summarise the work done during the development of the document to reduce negative impacts or to maximise benefit
- highlight unresolved issues with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. **What is the main purpose of this document?**

   To ensure systems are in place for assessing, preventing and controlling risks associated with the Legionella bacteria and subsequent development of Legionnaires Disease from work activities and water systems on The Trust premises.

2. **Who does it mainly affect?** *(Please insert an “x” as appropriate:)*

   - Carers ☐
   - Staff ☒
   - Patients ☒
   - Other (please specify) ☐

3. **Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below?** *(By differential we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)*

   *Please insert an “x” in the appropriate box (x)*

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Disability</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sex - including: Transgender, and Pregnancy / Maternity</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Race</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Religion / belief</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sexual orientation – including: Marriage / Civil Partnership</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to… (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

N/A

5. Do you think the document meets our human rights obligations? ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

<table>
<thead>
<tr>
<th>“Protected characteristic”:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue:</td>
</tr>
<tr>
<td>How is this going to be monitored/ addressed in the future:</td>
</tr>
<tr>
<td>Group that will be responsible for ensuring this carried out:</td>
</tr>
</tbody>
</table>