## Water Coolers and Ice-Making Machines Policy

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| Contact details | x2355 |
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| Expiry date | January 2023 |
| Date document becomes live | 14 February 2018 |

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>Waiting</td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>Privacy and Dignity</td>
</tr>
<tr>
<td>Monitor/Finance/Performance</td>
<td>Efficiency and Effectiveness</td>
</tr>
<tr>
<td>CQC Regulations/Outcomes:</td>
<td>Delivery of Care Closer to Home</td>
</tr>
<tr>
<td></td>
<td>Infection Control ✓</td>
</tr>
</tbody>
</table>

Note: This policy 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 (Title not name)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>1/12/2013</td>
<td>Lead Nurse</td>
<td>New Policy</td>
</tr>
<tr>
<td>2.0</td>
<td>30/11/2017</td>
<td>Lead Nurse</td>
<td>Routine Revision with formatting changes to ensure compliance the Policy for the Development, Ratification and Management of Procedural Documents. Specific change to Sub section 4.4 to the duties and responsibilities for the Head of Estates regarding assurance from third parties responsible for planned preventative maintenance in community properties.</td>
</tr>
</tbody>
</table>

## Associated Trust Policies/ procedural documents:

- Water Safety Policy
- Infection Prevention and Control Policy

## Key Words

- Water cooler, ice making, ice cubes

## In consultation with and date:

- Water Safety & Ventilation Group: 28<sup>th</sup> November 2017
- Governance Managers, Corporate Managers, Department Managers, Service Managers, Senior Operational Managers, Lead Nurses, Senior Nurses, Matrons, Community Divisional Director and Assistant Director of Nursing, Equality Team: 15<sup>th</sup> December 2017
- Infection Control and Decontamination Assurance Group: 29<sup>th</sup> January 2018

## Contact for Review:

- Lead Nurse, Infection Prevention & Control

## Executive Lead Signature:

- Medical Director
CONTENTS

1. INTRODUCTION .................................................................................................................. 4
2. PURPOSE ............................................................................................................................... 4
3. DEFINITIONS .......................................................................................................................... 4
4. DUTIES AND RESPONSIBILITIES OF STAFF ................................................................. 4
5. GENERAL PRINCIPLES ....................................................................................................... 5
6. WATER COOLERS ............................................................................................................... 6
7. ICE PRODUCTION ............................................................................................................... 6
8. MAINTENANCE .................................................................................................................. 7
9. ARCHIVING ARRANGEMENTS ........................................................................................... 7
10. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY ................................................................................................................. 7
11. REFERENCES .................................................................................................................... 8
APPENDIX 1: COMMUNICATION PLAN .................................................................................. 9
APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL .......................................................... 11
1. INTRODUCTION

1.1 The microbiological quality of water or ice from a water cooler or ice making machine may be of a poor standard, thereby posing a risk to patients, particularly those whose immune systems are compromised. Microorganisms cited are *Mycobacterium fortuitum*, *Enterobacter cloaceae*, *Pseudomonas aeruginosa* and *Legionella pneumophila* (HTM 04-01) (Department of Health and Social Care (2006) Sources of contamination are seeding from mains water supply, faulty plumbing, irregular cleaning and contaminants from hands.

1.2 The Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as ‘the Trust’) will take all reasonably practicable measures to ensure that cooled water and ice are of a microbiological quality that is unlikely to result in infection.

1.3 Failure to comply with this policy could result in disciplinary action.

2. PURPOSE

2.1 To ensure that water or ice provided to patients is of a suitable microbiological quality.

3. DEFINITIONS

3.1 **Ice machine** - a machine that automatically produces ice.

3.2 **Water cooler** - A water cooler is a device that cools and dispenses water. They are generally broken up in two categories: bottleless and bottled water coolers. Bottleless water coolers are plumbed into to a water supply while bottled water coolers require delivery of water in large bottles.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 The **Chief Executive**, on behalf of the Board of Directors, is responsible for ensuring that suitable management arrangements are in place to minimise the risk of healthcare associated infection within the Trust.

4.2 **Medical Director** (Executive Lead for healthcare associated infection), is responsible for supporting the Joint Directors of Infection Prevention and Control to provide assurance that arrangements are in place to reduce the risk of healthcare associated infection.

4.3 The **Joint Directors of Infection Prevention and Control** are responsible for providing assurance to the Chief Executive and Board of Directors that arrangements are in place to reduce the risk of healthcare associated infection.

4.4 The **Head of Estates** is responsible for ensuring that there is a planned preventative maintenance (PPM) plan in place for water coolers and ice machines in Trust properties and for ensuring that in properties where PPM is provided by a third party that assurance is provided that such PPM is in place.

4.5 The **Domestic Service Manager** is responsible for:
   - Ensuring that ice machines and water coolers are included in domestic cleaning, schedules where this has been agreed with the ward/department manager.
• Including the monitoring the hygiene of devices in routine cleanliness monitoring.

4.6 The **Ward or Department** Manager is responsible for:

• Ensuring that they implement this guidance when purchasing water coolers or ice machines.
• Ensuring that Estates Department are aware of current location of water coolers and ice machines in their ward or department.
• Ensuring that cleaning schedules are in place for maintaining the hygiene of the water cooler or ice machine and that this is confirmed with Domestic Services Manager prior to purchase.
• Ensuring that, if domestic services are unable to be responsible for cleaning the device that an alternative system is in place to ensure cleaning at appropriate frequencies.
• Ensuring that staff are aware of the requirements of this guidance.

4.7 **All staff** are responsible for:

• Ensuring that they do not place patients at risk of infection by failing to follow this guidance.

4.8 The **Infection Control and Decontamination Assurance Group** is responsible for receiving reports from the Water Safety and Ventilation Group and escalating any matters of concern to Safety and Risk Committee.

4.9 The **Water Safety and Ventilation Group** is responsible for:

• Reviewing and updating this policy in line with national guidance and any other new evidence.
• Escalating any issues to the Infection Control and Decontamination Assurance Group.
• Approving the design, installation, location and risk assessment of water coolers and ice machines (HTM 04-01).

5. **GENERAL PRINCIPLES**

5.1 All requests for water coolers and ice making machines must be referred to the Infection Prevention and Control Team (IPCT) and Estates Department for discussion before ordering.

5.2 Types of machines available must be determined by Procurement, and any purchase must be approved by a representative of the Water Safety and Ventilation Group.

5.3 The Estates Department will maintain a list of all water coolers and ice making machines, and will keep maintenance records for those within Trust owned premises.

5.4 Water coolers and ice making machines must be installed in strict accordance with manufacturer’s guidance and regulations.
6. WATER COOLERS

6.1 The recommended type of water cooler is one which is plumbed in and supplies water of mains quality. This type of machine should be maintained annually by the Estates Department as part of a pre-planned maintenance programme and records kept.

6.2 Water coolers in patient care areas must always be plumbed in and supply water of mains quality.

6.3 The preferred option is to connect directly to waste drains. However, where this is not possible, water coolers have an integral waste water collector which must be emptied, cleaned and disinfected according to the manufacturer’s instructions.

6.3 It is the responsibility of the ward/department manager or matron to ensure that the following is maintained:

- Always provide single use disposable cups
- Water is not consumed directly from the cooler without the use of a disposable cup
- All water coolers must be fitted with a cup filler and not a drinking nozzle
- Drip trays (if present) must be emptied regularly throughout the day and kept clean.
- Integral waste water collectors (if present) must be emptied, cleaned and disinfected in accordance with manufacturer’s instructions
- Cleaning and emptying of the drip tray water cooler must be included on a routine cleaning schedule

7. ICE PRODUCTION

7.1 Ice is used in hospitals for a number of purposes e.g. for cooling drinks, to reduce swelling following injury, to keep specimens cool en route to the laboratory.

7.2 A convenient method of ice production is from an ice making machine, but ice making machines have been implicated in healthcare associated infection.

7.3 Ice from contaminated ice machines has been associated with patient colonization, blood stream infections, pulmonary and gastrointestinal illnesses. Micro-organisms in ice can contaminate clinical specimens and medical solutions that require cold temperatures for either transport or holding (Centre for Disease Control [CDC] and Healthcare Infection Control Practices Advisory Committee [HICPAC], 2003).

7.4 Ice obtained from ice-making machines must not be consumed. Where ice is required to cool drinks for consumption, water from a plumbed in water cooler or dedicated drinking water outlet must be used to make the ice. Alternatively, and preferably, ice cubes can be supplied in bags via the main catering service.

7.5 Ice cubes for consumption may be stored in the freezer compartment of a ward refrigerator and may be given to patients who would otherwise safely consume mains tap water.

7.6 When using an ice machine for the production of ice for specimen cooling or to apply to swelling tissues, the door to the ice storage compartment must be kept closed except when removing ice.
7.7 Ice must not be handled with bare hands or be returned to the storage compartment once removed.

7.8 It is the responsibility of the ward/department manager or matron to ensure that the following is maintained:

- The ice making machine is kept clean and cleaning is included on a routine cleaning schedule.
- A dedicated ice scoop is provided for all machines.
- Documented cleaning schedules and records are kept for the ice making machine and scoop.
- Nothing other than ice must be stored in the ice machine compartment.

8. MAINTENANCE

8.1 All plumbed in water coolers and ice making machines must be assessed and fitted by the Estates Department, or an approved estates management company, in accordance with current National Legionella guidance and Approved Code of Practice L8 (Health & Safety Executive, 2013).

9. ARCHIVING ARRANGEMENTS

The original of this document will remain with the Lead Nurse for Infection Control in the Infection Control Department. An electronic copy will be maintained on the Trust Intranet, (A-Z) P – Policies (Trust-wide) – W – Water Coolers and Ice-making Machines Policy. Archived electronic 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 retained for 10 years.

10. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

10.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Estates Department will maintain a list of all mains connected water coolers and ice making machines and will keep maintenance records.</td>
<td>Annual assurance from Head of Estates or his representative minuted at the Water Safety Group meeting</td>
</tr>
<tr>
<td>2.</td>
<td>Cleaning and emptying of the drip tray water cooler must be included on a routine cleaning schedule</td>
<td>Cleaning schedule on each ward</td>
</tr>
</tbody>
</table>

10.2 Frequency

In each financial year, the Director for Infection Prevention and Control will audit the above minimum requirements 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.
10.3 **Undertaken by**  
Director of Infection Prevention and Control.

10.4 **Dissemination of Results**  
At the Water Safety and Ventilation Group which is held 6 monthly

10.5 **Recommendations/ Action Plans**  
Implementation of the recommendations and action plan will be monitored by the Water Safety and Ventilation Group, which meets 6 monthly.

10.6 Any barriers to implementation will be risk-assessed and added to the risk register.

10.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers’ cascade system.

11. **REFERENCES**


APPENDIX 1: COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

<table>
<thead>
<tr>
<th>Staff groups that need to have knowledge of the strategy/policy</th>
<th>Department Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Matrons</td>
</tr>
<tr>
<td></td>
<td>Estates Officers</td>
</tr>
<tr>
<td></td>
<td>Procurement Dept</td>
</tr>
<tr>
<td></td>
<td>Domestic Services Dept</td>
</tr>
<tr>
<td></td>
<td>Ward Housekeepers</td>
</tr>
</tbody>
</table>

| The key changes if a revised policy/strategy | Routine revision with formatting changes to ensure compliance the Policy for the Development, Ratification and Management of Procedural Documents. Specific change to Sub section 4.4 to the duties and responsibilities for the Head of Estates regarding assurance from third parties responsible for planned preventative maintenance in community properties. Updating of references. |

| The key objectives | To ensure that water or ice provided to patients is of a suitable microbiological quality. |

| How new staff will be made aware of the policy and manager action | Local induction |

<table>
<thead>
<tr>
<th>Specific Issues to be raised with staff</th>
<th>Matrons and Heads of Department with a water cooler or ice machine in their ward or department must ensure that the Water Safety and Ventilation Group are aware of this. The information should be emailed to <a href="mailto:emma.harris9@nhs.net">emma.harris9@nhs.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Matrons and Department Managers must ensure that a cleaning schedule is in place for the routine cleaning and maintenance of water coolers and ice machines</td>
</tr>
</tbody>
</table>

| Training available to staff | N/A |

<p>| Any other requirements | N/A |</p>
<table>
<thead>
<tr>
<th>Issues following Equality Impact Assessment (if any)</th>
<th>No negative impacts</th>
</tr>
</thead>
</table>
| Location of hard / electronic copy of the document etc. | Trust intranet  
Hard copy - Infection Control Dept and Site management office |
APPENDIX 2: RAPID IMPACT ASSESSMENT SCREENING FORM

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Water Coolers and Ice-Making Machines Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Directorate and service area</td>
<td>Trustwide</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Judy Potter, Lead Nurse/Director of Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Date completed:</td>
<td>30/11/2017</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 that water or ice provided to patients is of a suitable microbiological quality.

2. **Who does it mainly affect?**
   - 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?

Water Safety and Ventilation Group
Policy Expert Panel
Infection Control & Decontamination Assurance Group

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