

Water Safety Risk Management Policy – HSC027

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Why we need this Policy

The policy of Northamptonshire Healthcare NHS Foundation Trust [hereinafter referred to as “the Organisation”] is to provide and maintain safe and healthy working conditions, equipment and

systems of work for all staff and visitors, and to provide such resources, information, training and supervision as needed for this purpose.

The organisation aims to do all that is reasonably practicable to manage the risk of disease from water borne pathogens including *Legionella* and *Pseudomonas aeruginosa* and the risk of scalding injury from hot water by following the steps laid out in the Water Safety Procedures [Water Safety Plan -WSP]. This will be judged on the basis of the balance of risk, cost and difficulty. The HSE's Approved Code of Practice and Guidance Document (L8) – "Legionnaires' disease: the control of Legionella bacteria in water systems" is taken as the primary source of guidance on matters relating to legionellosis risk management. Where highly vulnerable persons may be present, such as healthcare premises HTM.04:01 and Addendum are the primary reference documents. In lower risk situations, HTM.04:01 can also provide a useful indication of best practice.

The policy of organisation is to meet the requirements of the relevant guidance, and to comply with these procedures so far as is reasonably practicable. This policy applies to all healthcare premises within the organisation.

The management of water safety risk will be a continual commitment by the organisation involving regular management and progress meetings, and a commitment to a risk assessment programme. Re-assessments will also fulfil many of the monitoring, inspection and record keeping requirements [including programme implementation, and system condition].

The **Director of Finance** has been appointed by the Chief Executive as the Designated Person.

This policy is formally accepted by the Chief Executive. The Chief Executive will do all that is reasonably practicable to comply with its requirements, and will make the necessary resources available. All tests and checks will be carried out, even there is minor disruption to hospital services.

What the Policy is trying to do

- **Primary Objectives**

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

- Setting out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with water hygiene.
- Identifying the correct practice for water control for staff to implement based upon nationally accepted guidance.
- Enabling staff to understand their responsibilities in relation to this policy document and associated written procedures manual.
- Describing arrangements for ensuring this document is monitored and reviewed to reflect current legislation and guidance.
- To enable standardisation in the provision of safe systems of work for patients, staff and the public by defining training requirements.

- **Scope**

The policy applies to all service users, patients, visitors and staff associated with organisation and should be read in association with the WSP and implemented whenever water borne pathogen risk management advice is required.

Although accepted and evidence based core principles for water safety risk management are clearly identified within both the policy and 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, therefore professional judgement should 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, Responsible Person (Water), Infection Control Officer (Water), Authorising Engineer (Water), Authorised Persons (Water), Competent Persons 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.

Which stakeholders have been involved in the creation of this Policy

The organisation recognises that policies need to be developed in consultation and communication with a range of stakeholders:

- Responsible Person [Water];
- Deputy Responsible Person [Water];
- Infection Control Officer [Water];
- Infection Control Lead;
- Authorised Person [Water];
- Authorising Engineer [Water].
- Trust Policy Board

Any required definitions/explanations

- **Aerosol**
A suspension in a gaseous medium of solid particles, liquid particles or solid and liquid particles having negligible falling velocity.
- **Air-conditioning**
A form of air treatment whereby temperature humidity and air cleanliness are all controlled within limits determined by the requirements of the air-conditioned enclosure.
- **Bacteria**
(Singular bacterium) a microscopic, unicellular (or more rarely multicellular) organism.
- **Biocide**
A substance which kills micro-organisms.
- **Biofilm**
A community of bacteria and other micro-organisms, embedded in a protective layer with entrained debris, attached to a surface.
- **Blow-down/bleed-off**
Water discharged from the system to control the concentration of salts or other impurities in the circulating water; usually expressed as a percentage of recirculating water flow.
- **Calorifier**
An apparatus used for the transfer of heat to water in a vessel by indirect means, the source of heat being contained within a pipe or coil immersed in the water.
- **Chlorine**
An element used in disinfection.

- **Cold water service**
Installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged.
- **Dead end/blind end**
A length of pipe closed at one end through which no water passes.
- **Deadleg**
Pipes leading to a fitting through which water only passes when there is draw-off from the fitting.
- **Disinfection**
A process, which destroys or irreversibly inactivates microorganisms and reduces their number to a non-hazardous level.
- **Distribution circuit**
Pipework, which distributes water from hot or cold-water plant to one or more fittings/appliances.
- **Domestic water services**
Hot and cold water intended for personal hygiene, culinary, drinking water or other domestic purposes.
- **Hot water service (HWS)**
Installation of plant, pipes and fittings in which water is heated, distributed and subsequently discharged (not including cold water feed tank or cistern).
- **Legionnaires' disease**
A form of pneumonia caused by Legionella bacteria.
- **Legionellae**
The genus legionella belongs to the family legionellae, which has over 40 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).
- **L. pneumophila**
One of the causative organisms of Legionnaires' disease.
- **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.

- **Micro-organism**
An organism of microscopic size including bacteria, fungi and viruses.
- **Nutrient**
A food source for micro-organisms.
- **Pasteurisation**
Heat treatment to destroy micro-organism usually at high temperature.
- **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.
- **Sero-group**
A sub-group of the main species.
- **Sentinel taps**
For a hot water services - the first and last taps on a recirculating system. For cold water systems (or non-recirculating 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.
- **Sludge**
A general term for soft mud-like deposits found on heat transfer surfaces or other important sections of a cooling system. Also found at the base of calorifiers and cold water storage tanks.
- **Shunt pump**
A circulation pump fitted to hot water service/plant to overcome the temperature stratification of the stored water.
- **Stagnation**
The condition where water ceases to flow and is therefore liable to microbiological growth.
- **Thermal disinfection**
Heat treatment to disinfect a system.
- **Thermostatic mixing valve**
Mixing valve in which the temperature at the outlet is pre-selected and controlled automatically by the valve.
- **Total viable counts (TVC)**
The total number of culturable bacteria (per volume or area) in a given sample (does not include legionella).

- **Risk assessment**

Identifying and assessing the risk from legionellosis from work activities and water sources on premises and determining any necessary precautionary measures

- **Water Safety Group (WSG)**

A multidisciplinary group formed to undertake the commissioning and development of the water safety plan (WSP). 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 practices 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 working documents that need to be kept up-to-date and reviewed whenever organisations make changes to water supplies, use of water and control measures.

Key duties

Management Responsibility

- **General**

Those persons with key management responsibilities are detailed below and their communication pathways and other relevant supporting staff are represented in below.

All relevant persons shall fully appreciate the actual and potential risks of water borne pathogens [including Legionella and Pseudomonas 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).

- **Duty Holder**

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

- **Designated Person [Water]**

The Director of Finance is the Designated Person [Water]. They are appointed in writing by the Duty Holder.

The Designated 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 take account of impact on water safety]. Any management issues [including water system issues] are have been reported to Board having being resourced and solved. They won't have technical or operational duties, but, will be supported in the role by the Organisation management structure that delivers governance, assurance and compliance.

The Organisation may consider that there are advantages in having the Water Safety Group chaired by the Designated Person with executive responsibilities and the ability to exchange information to and from Board level while ensuring that all disciplines (beyond estates functions) fulfil their particular responsibilities (such as flushing and cleaning procedures).

- **Responsible Person [Water]**

The Head of Property Services is the Responsible Person [Water]. They are appointed in writing by the Designated Person [Water] and will be the informed link to the Designated Person [Water] at Board level.

To facilitate this role the Responsible Person [Water] will be required to liaise closely with other professionals in various disciplines, as such will be supported by the Deputy Responsible Person, Authorised Person [Water] & the Authorising Engineer [Water] to ensure suitable provision to maintain the service.

- Chair routine (quarterly) Water Safety Group (WSG) review meetings;
- Be professionally and operationally responsible for water quality;
- Issue, maintain and update this Policy document with assistance from Authorising Engineer[Water];
- Budgeting – overall and single items limits;
- Ensure this Policy is reviewed, ratified and implemented;
- Approve any changes to the WSP [technical & operational procedures];
- Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens;
- Co-ordinating with 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;
- Immediately inform the Designated Person [Water] if any suspected Legionella, Pseudomonas aeruginosa or other water borne pathogen outbreak / incidents occurs. As well as taking an active role in any investigations;
- Ensuring that all control schemes handed over to the Operational Estates Department are appropriately documented, commissioned and signed off in accordance with the WSP. Any issues arising with the control schemes will be reported by the Responsible Person back to the Capital Projects Team for resolution;
- Monitor the implementation and efficacy of this Policy and the associated WSP;
- Assist with annual management audits completed by the Authorising Engineer[Water];
- Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- Liaise with 3rd parties external to the Organisation on assurance [see 8.6.1 Landlord and 3rd Parties]
- Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

In the event that the Responsible Person (Water) is not available, the Trust appointed Deputy will ensure all the aforementioned responsibilities are undertaken as required.

- **Deputy Responsible Person [Water]**

The Sustainability Manager is the Deputy Responsible Person [Water]. They will be appointed by Designated Person [Water]. DRP [Water] will deputise in the absence of the Responsible Person [Water] and will act on their behalf.

The DRP [Water] will provide the Responsible Person [Water] with information on the status of service. To remain informed, the DRP [Water] will be supported by the Infection Control Lead, the Authorised Persons [Water], the Authorised Engineer [Water] as well as other professionals.

The DRP [Water] shall:

- Co-ordinating with the Authorising Engineer [Water] for continued competent assistance;
- Advice and feedback back on any changes to the policy document and the organisation's associated Water Safety Plan (WSP);
- Be responsible for the development & implementation of the WSP. Ensuring the WSP 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];
- Be responsible for the implementation of the WSP;
- Inform the RP [Water], DIPC, Microbiologist, Infection Control Lead, Authorising Engineer[Water] and Authorised Person/s [Water] of all positive water sample results and the associated action being taken to resolve them;
- Co-ordinate with 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;
- Shall attend the Water Safety Group [WSG] meetings;
- Commissioning 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;
- 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;
- Ensure that the Organisation records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated produced of all Organisation water systems / buildings where a change has occurred;
- Manage refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP, including the monitoring of completed work by appointed contractors;
- Review & maintain the Planned Preventative Maintenance [PPM] schedules to ensure they are correctly defined in the WSP;

- Ensure that any non-complaint occurrences / issues reported from the APs [Water] in the periodic PPM tasks are actioned;
- 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;
- Agree the risk minimisation scheme with the APs [Water];
- Ensure that Incident reporting is completed in full for positive water sample results and failures in the management systems;
- Assist with annual management audits completed by the Authorising Engineer [Water];
- Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- Routinely reviewing 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.
- Managing the risk assessment and re-assessment programme for properties;
- Implementation and action of necessary remedial works in line with the risk minimisation scheme;
- Ensure that Competent Persons remain suitably trained and validated. Shall complete the appraisal of the Competent Person and recommend their appointment by the Responsible Person [Water];
- Maintain the records system, quality of service and maintenance of system safety (integrity).
- Ensuring that all planned and reactive sampling activities are carried out in accordance with the WSP (e.g. ensuring that only UKAS accredited laboratory services are used) and that results are reviewed, escalated to the RP and actioned (where necessary in a timely and professional manner) in accordance with the WSP;
- Liaising with the water undertaker and ensure that equipment that is permanently connected to the water supply is properly installed;
- Resolving operational issues as they occur and ensuring that Incident Report forms are completed in full, and where necessary escalate water hygiene related issues to the risk register;

When the situation arises where the organisation requires the services of an external contractor, the Deputy Responsible Person [Water]. shall:

- Ensure that written documentation is issued which defines roles, responsibilities and procedures of parties concerned;
- Ensure the external consultants & contractors are suitably qualified & competent (as defined in this policy). Evidence shall be held in the form of qualifications and membership to Legionella Control Association [LCA] & Water Safe Register;
- Obtain a submission of method statements and risk assessments in relation to planned remedial works. This will include, but not limited to, procedures which involve Working at Height, Working in Confined Spaces, Electrical Safety at Work, Fire Safety, COSHH and any other permit to work systems;

- Undertake a contract review to allow for agreed deviation from the initial contract documents, these shall be mutually agreed and documented;
- Must request and hold evidence of competency & training records for all external contractors prior to any proposed contract being issued / approved. Up to date evidence of competence of each member of staff who will be working on the water systems being provided.
- Ensure the contractor provides any as fitted drawings clearly identifying changes to water services and layouts, and maintenance instructions associated with any water related installations/equipment/devices.

- **Infection Control Officer [Water]**

The Director of Nursing, AHP's & Quality undertakes the role of the Director of Infection Prevention & Control [DIPC] and is the Infection Control Officer [Water].

The Infection Control Officer [Water] shall:

- Head the Outbreak Control Team, as determined in Appendix B of the "Operational Management" volume of HTM04-01. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- Advise on the location of "high risk" patient services, potential areas of risk, particularly those relating to medical devices;
- Advise on the continuing procedure for the prevention and/or control waterborne pathogens;
- Review & identify changes needed to this Policy and the associated WSP;
- Will advise the Responsible Person [Water] if circumstances change within any ward/department that might affect waterborne pathogens;
- Shall attend and review outcomes and actions the Water Safety Group [WSG] meetings and report to the strategic infection prevention and control committee;
- Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

- **Consultant Microbiologist**

The Trust is supported by Consultant Microbiologists at Kettering Hospital & Northampton General Hospital under an SLA agreement with each Trust.

The Organisation appointed Consultant Microbiologist shall:

- Assist the Outbreak Control Team, as determined in Appendix B of the "Operational Management" volume of HTM04-01. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- Provide microbiological expertise with sample results;
- Advise on the continuing procedure for the prevention and/or control waterborne pathogens;
- Review & identify changes needed to this Policy and the associated WSP;
- Shall attend the Water Safety Group [WSG] meetings as required;

- Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

- **Infection Control Lead**

The Lead Nurse Infection Prevention & 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:

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

- **Authorising Engineer [Water]**

The Authorising Engineer [Water] (hereinafter referred to as AE [Water]) will remain independent of the Organisation and remain independent of providing remedial services.

The AE [Water] will be appointed by the Designated Person [Water].

The Authorising Engineer (Water) shall:

- Attend routine (quarterly) Water Safety Group (WSG) review meetings and generate minutes. Chair these meetings in the absence of the RP [Water];
- Assist with risk assessment reviews and advise on the risk assessment programme;
- Undertake an annual management risk audit and issue audit report to Responsible Person [Water];
- Periodically update this policy document and associated written procedures;
- Provide advice as required to aid the production of the Organisation’s Water Safety Plan (WSP);
- Deliver periodic training based on needs analysis;
- Advise on sampling requirements and assist with the interpretation of any results and actions required;
- Advise & support the RP [Water], DIPC, Infection Control Team and Authorised Person/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;
- Monitor performance through quarterly records audits;

- Provide advice on proposed new water installations and review the designed schematics and the installation (when appropriate);
- Act as an assessor and make recommendations for the appointment of Authorised Person(s) (Water).

- **Health & Safety Risk Manager**

The Health & Safety Risk Manager shall:

- Attend the Water Safety Group [WSG] as required;
- Assist with the review this Policy and associated WSP including assistance with ratification routes;
- Ensure their team follows this Policy and the associated WSP;
- Assist with management audits and records audit;
- Lead reporting incidents to the HSE and act as key liaison with the HSE during any visits;
- Routinely reviewing 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.

- **Local Security Management Specialist**

The Local Security Management Specialist (LSMS) shall:

- Attend the Water Safety Group [WSG] meetings as required;
- Lead on risk assessments on the vulnerability and security of water systems;
- Ensure appropriate & proportionate security measures exist to protect the Organisation water systems.

- **Authorised Persons [Water]**

The Capital Programme Manager is the Authorised Persons [Water]. They will be appointed by the Responsible Person [Water] and will act on behalf of the Responsible Person (or Deputies) [Water] in their absence.

The Authorised Person (Water) shall:

- Inform WSG at the earliest possible opportunity where new healthcare premises or existing premises are to be altered or refurbished so water hygiene requirements can be assess in the planning stages;
- Ensure water risk assessments be completed for all projects before commencement and once the system is operational;
- Manage those Project Managers from the Capital Project Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP;
- 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;

- Ensure their team follows this Policy and the associated WSP;
- Are up to date with the Policy, associated WSP and latest guidance by attending relevant training sessions;
- Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
- Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and Trust/Board/Organisation WSP;
- Investigate any reported defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. These shall also be reported to the RP [Water];
- Inform the RP [Water], DIPC, Microbiologist, Infection Control Lead, Authorising Engineer[Water] and DRP [Water] of all positive water sample results and the associated action being taken to resolve them;
- Ensure the external consultants & contractors are suitably qualified, trained & competent (as defined in this policy). Evidence shall be held in the form of qualifications and membership to Legionella Control Association [LCA] & Water Safe Register. Contractor's employees are required to hold plumbing qualifications. Evidence of membership and qualifications are required and shall be issued by the external contractors to the Project Manager from the Capital Team.
- Be responsible for ensuring the design requirements of the project are met;
- Routinely reviewing 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.
- Assisting with the necessary actions should an outbreak of disease due to water borne pathogens be suspected;
- Attend Water Safety Group [WSG] meetings as required;
- Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

Competent Persons [Water]

The Works Controller is the Organisation's Competent Person [Water]. They are appointed in writing by the RP [Water].

The Organisation has a mixed environment with their own trades staff and external contractors. Both of which are used to execute the tasks required within the WSP.

Where external contractors are commissioned their individual employees will not be appointed in writing by the Organisation. Instead the DRP/AP [Water] will ensure the contracting company are members of the Legionella Control Association [LCA] and / or Water Safe Registered. Contractor's employees are required to hold plumbing qualifications. Evidence of membership and qualifications are required and shall be issued by the external contractors to DRP/AP [Water].

The Competent Person [Water] shall:

- Issue all relevant PPM work orders to maintenance/contract staff and then ensuring that all PPM works orders are completed on time, are recorded and filed in the Organisation's document management system. Ensuring the Organisation's document management system is maintained. This will include the overseeing of any specially appointed contractors / service providers;
- Ensure that any non-compliant occurrences / issues identified in the periodic PPM tasks are reviewed, reported to the DRP [Water] and then actioned in a timely response;
- Assisting with the necessary actions should an outbreak of disease due to water borne pathogens be suspected;
- Provide the skilled installation and/or maintenance of water risk systems;
- Ensure staff conduct all of their water system related tasks in accordance with the Organisation's WSP & PPM system, they shall complete all required records and return to the DRP [Water];
- Ensure staff only use WRAS approved materials when working on water systems;
- Ensure staff employ the highest standards of workmanship in line with best practice and statutory guidelines;
- Ensure all appropriate staff maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems thus preventing contamination of water systems and outlets;
- Ensure staff report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation;
- Ensure good personal hygiene [including clothing and footwear] practices [reporting any recent communicable illness to DRP [Water] are considered before staff commence any work on water systems;
- Keep relevant records;
- 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 standard form within the contract documentation which define roles, responsibilities and procedures of parties concerned;
- Submission of risk assessments and method statements with relation to compiled schedules;

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Head of Facilities

The Head of Facilities is the General Manager - Support Services and reports directly to the Head of Property Services.

The Head of Facilities shall:

- Attend the Water Safety Group [WSG] meeting as required;
- Ensure their team follows this Policy and the associated WSP;
- Are up to date with the Policy, associated WSP and latest guidance by attending relevant training sessions;
- Maintaining and reviewing the little used outlet [LUO] list and ensuring that associated PPM monitoring sheets are generated and issued along with the collation of LUO flushing forms and filing;
- Ensure the daily cleaning of outlets has he operation of outlets as part of the process, this daily operation assists with water use and turnover. The Head of Facilities shall report any outlets which cannot be accessed or closed off areas to the AP [Water] for action;
- Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation to RP [W];
- Ensure members of their team are aware of good personal hygiene [including clothing and foot ware] practices and the need to report any recent communicable illness;
- Routinely reviewing 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.

- **Roles and responsibilities of other staff**

- **Design Professionals and Managers**

The design of new and refurbished water systems shall follow the guidance contained within this document, e.g. see Design Control. This applies whether design is undertaken by staff internal to organisation or by external consultants. The person commissioning external designers is responsible for ensuring the design requirements of this document are met.

- **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 safety control. In order to fulfil their legal obligations, departmental managers follow the guidance contained within the WSP. In particular, these managers ensure that all water outlets are used at least twice weekly or are reported to the Estates Department, along with any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. They are required to attend training sessions (at least every three years).

- **All Staff**

All staff members can affect water safety risks shall conduct their tasks in accordance with this guidance; report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the water safety risks; keep relevant records; and attend water safety awareness/training sessions. Where blind ends [i.e. blanked-off pipes that do not serve outlets] are found they should be reported to the Responsible Person.

- **Employee consultation**

Employees shall be consulted regarding the assessment and control measures. This shall be via the Health and Safety Committee. Additionally each risk assessment/risk minimisation scheme report [at organisational level] shall include an Employee Summary for dissemination to unions/employees at the discretion of the Responsible Person.

Policy detail

Management Plan

- **Water Safety Group [WSG]**

To comply with the HCAI Code of Practice recommendation that management and monitoring arrangements are need to be in place, Trust/Board/Organisation 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 Trust/Board/Organisation are brought together to share responsibility and take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

As such, membership to the WSG broadly includes those:

- 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);
- Who have knowledge of the particular vulnerabilities of the at-risk population within the facility;
- 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:

- The commissioning, development & implementation of the WSP.
- 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.
- 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 3 of this Policy. The ToR defines:

- The purpose of the WSG;
- Membership of the WSG;
- Frequency of meetings, Quorate arrangements along with agenda;
- Objective of the WSG;
- Reporting arrangements.

The WSG has clearly identified lines of accountability / communication pathways [see 3.2 Communication Pathways] up to the CEO and board. The roles and responsibilities of these members are defined within this Policy. Only members of the WSG shall meeting meetings, unless 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.

- **Water Safety Plan [WSP]**

This is a separate document to this Policy. It is prepared by the DRP [Water], AP [Water] with input from the AE [Water], Infection Control Lead, Consultant Microbiologist, and Head of Health & Safety.

The WSP defines the operational procedures, routine maintenance, routine monitoring, emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences] for all Organisation 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 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 to ensure the WSP remains current and accurate.

- **Auditing**

A programme of auditing the written scheme elements is defined in 'Monitoring Compliance & Effectiveness' (p.27). 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 RP [Water], DRP [Water] & Head of Health & Safety 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 completed by the DRP [Water] and APs [Water] will require inspection of systems and their records to establish the degree of compliance of records present and accuracy of the records. These quarterly performance audit applies to all Organisation properties. The results of this quarterly performance audit will be reported at the WSG.

Auditing should establish:

- the required level of service is met;
- all the required plant is being maintained;
- system performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level- monitoring regimes);
- maintenance is being carried out to the agreed standard;
- correct replacement parts are being used;
- the agreed spares stocks are being held on site;
- records are being correctly maintained;
- the agreed standards, number of staff, and number of visits are being achieved;
- plant is being operated to achieve optimum energy usage;
- health and safety requirements are being complied with;
- only agreed subcontractors with the appropriate knowledge and competence are being employed;
- the client and typical users of the building are satisfied;
- invoices accurately reflect the work carried out, including materials expended;
- breakdowns do not occur too often;
- adequate 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.

- **Risk assessment**

The Responsible Person [Water] will ensure that suitable and sufficient risk assessments are up to date and valid. The AP [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.
- HGN “Safe” Hot water and Surface Temperatures’;

The Organisation requires the risk assessment to be completed by a competent person, the RP [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 Organisation. This may be in the form of:

- engineering and building expertise;
- as-fitted drawings and schematic diagrams;
- clinical expertise;
- knowledge of building occupancy and use including vulnerability of patient groups;
- 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:

- Encompass all buildings and all water systems;
- Identify and evaluate potential sources of risk;
- Include an assessment of occupant vulnerability;
- Use an established risk scoring matrix;
- Include an assessment of engineering, considering correct design [inherent risk and actual risk], installation, commissioning, maintenance, verification and effectiveness as a control measure;
- 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;
- An assessment of underused outlets and flushing regimes;
- Include information on Scalding risk;
- The unnecessary use of non WRAS or WRc approved materials [i.e. Flexi hoses];
- Review monitoring, sampling and testing records.

The assessment of risk is an ongoing process, and as such the AP [Water] should ensure the risk assessments are regularly reviewed and updated [see Appendix 5 – Risk Assessment Review Schedule and Risk Assessment Need Notification], specifically when:

- a change to the water system or its use;
- a change to the use of the building where the system is installed;
- new information available about risks or control measures;
- the results of checks indicating that control measures are no longer effective;
- changes to key personnel;

- a case of legionnaires' disease/Legionellosis associated with the system.

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

The RP [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 Organisation Risk Register.

For those properties which are not owned by Organisation but occupied by the Organisation, the RP will request evidence from the Duty holder for that property that water safety risk is being proactively managed [E.g. Landlord / 3rd Party Evidence of Risk Assessments and Risk Management].

- **Clinical Risk assessment**

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

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

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.

- **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

- **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 monthly OPW and approved by the WSG.

- **Training and Competence**

Training

The WSG will review training needs analysis at each meeting 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 allocated tasks are being done by others then supervisors / managers / operatives need to have received adequate training in respect to 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 Organisation shall implement a water hygiene training scheme. The Organisation 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 hygiene training should encompass the following elements:

- The Organisation governance arrangements in relation to water hygiene and safety;
- The Organisation Water Safety Risk Management Policy & WSP [procedures in relation to the management and provision of water hygiene and safety];
- Waterborne pathogens and their consequences;
- Organisation control strategies and how a water distribution systems, water outlets, components and any associated equipment can become contaminated;
- Roles & responsibilities of individuals to prevent the contamination of the water distribution system and water outlets and assisting in ensuring control measures in place are effective;
- 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;

Competence

The Organisation 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 Organisation Dutyholder.

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

Those who appoint specialist contractors (DRP [Water] / AP [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 Organisation 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. 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 Organisation 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.

- **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 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:

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

Training requirements associated with this Policy

- **Mandatory Training**

There is no mandatory training associated with this policy.

- **Specific Training not covered by Mandatory Training**

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trust’s monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Effectiveness of compliance is detailed at the Water Safety Group meetings. The WSP is based on external standards [see “Reference Guide” below].

Element of Written Scheme	When	How	Who	Reports to	Deficiencies / gaps / recommendations and actions
Policy	Annually	Audit / review	RP [Water] AE [Water]	WSG	Review, update, sign off and send for ratification
WSP	Annually	Audit / review	DRP [Water] AP [Water] AE [Water]	WSG	Review, update, sign off and adopted by SWG
Incident Reports	Quarterly	Review	RP [Water]	WSG	Review, update, sign off
Audit - Management	Annually	Audit	RP [Water] DRP [Water] AE [Water] Head of H&S	WSG	Ensure the Organisation remains compliant. Recommendations on to Water Issues Log.
Audit – Records & Performance	Monthly & Quarterly	Audit	DRP [Water] AE [Water] Head of H&S	WSG	Ensure the Organisation remains 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 training.

Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.

For further information

Dissemination

This Policy document is available in a read-only format via the document store on the Organisation intranet for staff to access. As the Policy is reviewed any updated copy of the Policy shall replace the existing Policy hosted on the Organisation intranet. Any changes to this document must be implemented only with the authority of the Responsible Person [Water].

Implementation

Support and advice to assist in the implementation of this document is available from the:

- Responsible Person [Water];
- Deputy Responsible Person [Water];
- Infection Control Officer [Water];
- Infection Control Lead;
- Authorised Person [Water];
- Authorising Engineer [Water].

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and these are covered by the overarching health and safety equality analysis.

Reference Guide

- **Acts and Regulations**

Biocidal Products Regulations 2012
The Building Regulations 2010: approved document G: hygiene
The Confined Spaces Regulations 1997
The Construction (Design and Management) Regulations 2007
The Control of Substances Hazardous to Health Regulations 2002
The Food Safety (General Food Hygiene) Regulations 2005
The Food Safety (Temperature Control) Regulations 1995
The Health and Safety at Work Act etc.1974
The Management of Health and Safety at Work Regulations 1999
The Personal Protective Equipment at Work Regulations 2002
The Provision and Use of Work Equipment Regulations 1998
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2012
The Water Act 2003
The Water Industry Act 1999
The Water Resources Act 2009
The Water Supply (Water Fittings) Regulations 2009
The Water Supply (Water Quality) Regulations 2010

- **Department of Health publications**

HTM 00: Best practice guidance for healthcare engineering
HTM 03-01: Specialised ventilation for healthcare premises Parts A & B: 2006
HTM 07-02: Encode
HTM 07-04: Water management and water efficiency - best practice for the healthcare sector
HTM 04-01: The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems Parts A, B& C: 2016 and Supplement 2015
HTM01-05: Decontamination primary care dental practices
HTM64: Sanitary assemblies
MES C07: Heating, hot and cold water systems equipment
MES D08: Thermostatic mixing valves (Healthcare premises)
'Safe' hot water and surface temperatures

- **British Standards**

BS EN1057:1996 - Copper and copper alloys, seamless, round copper tubes for water and gas in sanitary and heating applications
BS6100 - Glossary of building and civil engineering terms
BS6920:2000 - Suitability of non-metallic products for use in contact with water intended for human consumption with regard to their effect on the quality of water, methods of testing
BS7592:2008 - Sampling for Legionella bacteria in water systems, Code of Practice
BS EN 806 2012 Parts 1 – 5 Specification for installation inside buildings conveying water for human consumption
BS8580:2010 - Water quality – Risk assessments for Legionella control – Code of practice

- **Other publications**

Approved Code of Practice and guidance on regulations L8: Legionnaires' disease - The control of Legionella bacteria in water systems 2013

Legionnaires' disease: Technical guidance Part 2: The control of legionella bacteria in hot and cold water systems: HSG274:2014

Legionnaires' disease: Technical guidance Part 3: The control of legionella bacteria in other risk systems HSG274:2013

CIBSE TM13 Minimising the Risk of Legionnaires' Disease 2013

Environment Agency - The determination of Legionella bacteria in waters and other environmental samples. 2005

Environment Agency - The microbiology of drinking water, 2010

European Pharmacopoeia 4th Edition

Public Health Laboratory Service, Hygiene for Spa Pools: Guidelines for Their Safe Operation, 1994

Public Health Laboratory Service, Hygiene in Hydrotherapy Pools, 1999

Swimming Pool Water - Treatment and Quality Standards for Pools and Spas, 2009

WHO Guidelines for drinking water quality

WRAS Water Fittings and Materials Directory

WRAS Water Regulations Guide

Document control details

Process for Reviewing this Policy

The review date for this document will be January 2020 unless otherwise indicated by change in national guidance or as a result of the risk incident reporting system.

Version Control

This document has been revised from its previous format and is a later version. Details of version control can be found below.

Archiving

The Responsible Person [Water] will be responsible for document control including the recording, storing and controlling of current procedural documents and archiving.

Record	Retention Period
This Policy and WSP	Throughout the period for which they remain current and for at least two further years.
Risk assessments	
Risk minimisation scheme and details of its implementation	
Monitoring, inspection, test and check results, including details of the state of operation of the system	At least five years

Author:	Senior Consultant Water Hygiene Centre
Approved by and date:	Trust Policy Board 10.01.2017
Responsible Committee:	Health and Safety Risk Committee
Any other linked Policies:	None
Policy number:	HSC027
Version control:	2.1

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2.0	13.01.2015	14.01.2015	13.01.2017	New governance of trust policies template.
2.1				To incorporate new HTM 04-01 Guidance.

APPENDIX 1 – Water Safety Group Terms of Reference

Water Safety Group

Terms of Reference

1.0 Purpose of Group

To provide assurance to Trust/Board/Organisation Infection Prevention & Control Group which in turn reports to Trust/Board/Organisation Board of Directors, that there are appropriate risk management infrastructure and controls in place to minimise the risk of harm and infection from water used by patients / residents, staff and visitors associated with waterborne pathogens.

The WSG provides a forum for those individuals with delegated roles and responsibilities to take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

The group shall also be responsible for ensuring it identifies microbiological hazards, assess risks, identifies and monitors control measures and develops incident protocols.

To provide clear guidance on how to maintain safe water within the Organisation’s premises and the processes to be adopted and monitored.

2.0 Membership

The WSG will be chaired by Organisation’s Head of Property Services, who has appropriate management responsibility, knowledge, competence and experience for the role as Chair. In their absence, Deputy Responsible Person [Water] will act as the Chair Person.

Core Member Designation
Responsible Person [Water] – Head of Property Services. Chair Person
Deputy Responsible Person [Water] – Sustainability Manager
Authorising Engineer[Water] – Appointed External Consultant
Infection Control Lead – Lead Nurse Infection Prevention & Control

Other (Non-Core) Member Designation
Authorised Persons [Water] – Capital Programme Manager
Local Security Management Specialist
Head of Facilities – General Manager Support Services
Head of Health & Safety – Health & Safety Risk Manager
Consultant Microbiologist – Externally provided under SLA

Deputies for absent members will be permitted to attend the meeting.

Additional members may be invited as required such as nursing staff from Specialist Depts.

It is expected that core members will attend at least 80% of scheduled meetings.

3.0 Frequency of Meetings

The WSG will routinely meet on a quarterly basis.

The WSG always act in an appropriate and timely manner in response to issues or incidents that have been reported. Where episodes of colonisation or infection of patients that could be related to the water system are referred by the IPC team to the chair of the WSG for any additional action to be determined.

Individual responsibilities should not be restricted by the need to hold formal meetings.

4.0 Remit of WSG:

- to work with and support the IPC team;
- to ensure effective ownership of water quality management for all uses;
- to determine the particular vulnerabilities of the at-risk population;
- to review the risk assessments;
- to ensure the WSP is kept under review including risk assessments and other associated documentation;
- to ensure all tasks indicated by the risk assessments have been allocated and accepted;
- to ensure new builds, refurbishments, modifications and equipment are designed, installed, commissioned and maintained to the required water standards;
- to ensure maintenance and monitoring procedures are in place and that records of all maintenance, inspection and testing activities are kept up to date and properly stored (to include NHFT, NHSPS and PFI contracted services);
- to ensure accurate records for all assets relating to hot and cold water distribution systems are set up and regularly maintained;
- to review clinical and environmental monitoring data;

- 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;
- to determine best use of available resources;
- to be responsible for training and communication on water-related issues;
- to oversee water treatment with operational control monitoring and to provide an appropriate response to out- of-target parameters (that is, failure to dose or overdosing of the system);
- to oversee adequate supervision, training and competency of all staff;
- to ensure surveillance of both clinical and environmental monitoring

5.0 Agenda Setting

A set agenda is issued for each WSG meeting. This will be issued along with any amendments to the agenda and any supporting papers for the meeting 10 working days prior to the meeting by the chair/deputy chair

6.0 Quorum

The WSG will be considered quorate when over 50% of its core membership is present.

7.0 Reporting Arrangements

Detailed minutes of the group meetings are recorded, distributed promptly to the members of the WSG and retained on file to demonstrate good management, appropriate and timely actions and good governance.

The Reports to:

- a. IPC Group
- b. HCAI committee
- c. Estates Governance Committee
- d. Health & Safety Risk Committee

8.0 Review Date

These terms of reference will be reviewed and approved at the same time as this Policy by Trust/Board/Organisation Infection Prevention & Control Group to ensure the WSG is delivering against its purpose and remit.

APPENDIX 2 – Water safety risk management organogram

