



WATER SAFETY PLAN:
GOVERNANCE POLICY

This procedural document supersedes: CORP/HSFS 18 v.5 – Water Safety Policy and should be used with CORP/HSFS 36 B v.1 – DBTH Water Safety Plan Operations and Procedure’s Manual (WSP/Tech)



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Executive Sponsor(s):	Kirsty Edmondson-Jones – Director of Estates and Facilities
Author/reviewer: (this version)	Mathew Gleadall – Head of Estates Peter Gunn – Authorising Engineer (Water)
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Amendment Form

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

Version	Date Issued	Brief Summary of Changes	Author
Version 1	April 2022	This is a new procedural document, please read in full.	Mathew Gleadall

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1. INTRODUCTION

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

The Trust uses in excess of 250,000m³ of water during the course of a normal year which is provided for by Local Water Authorities.

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

The Trust recognises the importance of a safe workplace with appropriate equipment and facilities as well as high standards of leadership, engagement, communication, training and competence and other management issues.

The management of water safety will be a continual commitment by the Trust involving regular management and progress meetings and a commitment to a risk assessment programme.

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

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

Compliance with this policy is mandatory in the interests of water safety. The Trust Chief Executive and the Board of Directors will ensure measures are in place to do all that is reasonably practicable to comply with its requirements.

2. PURPOSE

The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (as amended). In doing so, the Trust aims to take all reasonable precautions to prevent or control the harmful effects of contaminated water to patients, visitors, staff and other persons working at or using its premises. Threats include infections caused by waterborne pathogens, scalding by hot water, chemically contaminated water and disruption to the water supply.

The purpose of this policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss in accordance with statutory identified references, in particular the requirements of the HSE's Approved Code of Practice L8 (4th Ed. 2013), HSG 274 (2014), Health Technical Memoranda (HTM) HTM 04-01 (2016) and HTM03-01 (2021) (including all associated parts).

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

- Setting out a clear framework to protect all staff, patients and visitors by minimising the risks associated with waterborne pathogens.
- Identifying the correct practice for the safe operational management of water systems for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFARP).
- Enabling staff to understand their responsibilities in relation to this Policy document and associated Water Safety Plan (WSP).
- 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.

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

3. SCOPE

This governance policy sets out the management approach to be adopted by the Trust for providing, maintaining safe water systems and preventing infection within all Trust premises and the guidance and procedures contained herein should be applied where reasonably practicable to non-NHS community premises, where NHS services are delivered.

This policy applies to the following Trust sites:-

- Doncaster Royal Infirmary [including Parkhill Private Hospital]
- Bassetlaw District General Hospital [including the Mental Health Block]
- Montagu Hospital

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

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

This policy applies to all service users, patients, visitors and staff associated with the Trust and should be read in association with all other WSP documents and implemented whenever waterborne pathogen risk management advice is required. It is also applicable to all staff and independent contractors working in and on the Trust properties.

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

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.

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

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

4. WATER SAFETY PLAN (WSP)

WSP has been defined by British Standards in their BS8680 document as:

“a strategic plan which defines and documents the arrangements that are required for the safe use and management of all water systems together with all associated systems and equipment, within each building or estate to prevent harm arising from all forms of exposure.”

A WSP is made up of various documents, this Governance Policy is the management element of the WSP. Within Appendix 3, there is model of the WSP.

The WSP has been developed in order to comply with the requirements of the Health and Safety Executive's Approved Code of Practice L8 4th edition and the HTM04-01 suite of documents in addition to BS8680.

5. BACKGROUND

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

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

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

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

"Legionnaires disease" is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, etc. It is caused by the bacterium "*Legionella pneumophila*" and related bacteria. *Legionella* bacteria can also cause less serious illnesses which are not fatal or permanently debilitating. The collective term used to cover the group of diseases caused by *Legionella* bacteria is "legionellosis".

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

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

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

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

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

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

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

6. DUTIES AND RESPONSIBILITIES

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

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

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

The Chief Executive and Trust Board will:

Accept its legal duty to ensure compliance within its statutory duties under the Health and Safety at Work etc. Act 1974, COSHH Regulations 2002, in addition to the practices described the HSE's ACOP (L8) and DOH's HTM04-01 regarding the management of waterborne pathogens.

Discharge its responsibilities as a provider of Healthcare, to ensure that suitable and sufficient governance arrangements are in place to manage water safety related matters effectively.

Please see Water Safety Management Structure – Section 6.

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

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

6.1 Duty Holder

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

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

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

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

6.2 Trust Board

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

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

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

6.3 Responsible Person (Water)

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

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

or operational duties, they will be supported in the role by a Trust management structure that delivers governance, assurance and compliance.

In addition, they shall responsible for:

- Immediately informing the Board of any suspected Legionella, Pseudomonas aeruginosa or other waterborne pathogen outbreak / incidents that may occur, including taking an active role in any investigations;
- Ensuring this Policy is reviewed, ratified and implemented;
- Be professionally and operationally responsible for water quality;
- Budgeting – overall and single items limits;
- Accountability and other delegated responsibilities;
- Attending updated management training at least every three years, or sooner if determined by the training needs analysis;
- Shall attend Trust Water Safety Group (WSG) meetings as necessary.

6.4 Deputy Responsible Person (Water)

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

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

The DRP (Water) shall:

- Issue, maintain and update this Policy document with assistance from the AE (Water);
- Approve any changes to the Water Safety Plan (WSP) documentation
- Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens;
- Co-ordinate with the Infection Control Officer (ICO) (Water) and the AE (Water) for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
- 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 DRP back to the Capital Projects Team for resolution;
- Shall attend Trust Water Safety Group (WSG) meetings;
- 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 Trust on assurance;
- Attend updated management training at least every three years or sooner if determined by the training needs analysis.

6.5 Senior Responsible Manger - Operations

The Head of Estates is the Senior Responsible Manager - Operations [SRMO] for the Trust. They will be appointed by the RP (Water).

The SRNO will provide the RP (Water) with information on the status of service. To remain informed, the SRMO will be supported by the Infection Control Lead, the AP(s) (Water) and the AE (Water) as well as other professionals, including the Capital Team

The SRMO shall:

- 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);
- Liaise with the RP (Water), DIPC, Microbiologist, Infection Prevention & Control Lead, AE (Water) and Deputy AP(s) (Water) re. positive water sample results and the associated action being taken to resolve them;
- Co-ordinate with ICO (Water) and the AE (Water) for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
- Fulfil the roles of chair for the Trust Water Safety Group. The Head of Estates shall act as Chair with the Estates Manager (Mechanical) DRI/MMH acting as deputy;
- Commission additional surveys (including pipework) in response to risk assessment recommendations, sampling issues (positive results) or other observed faults / conditions reported. The issue of orders / job tickets for remedial works (in response to the additional survey findings) to relevant consultant, approved contractor and / or maintenance supervisor;
- Ensure Trust records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated, produced of all Trust water systems / buildings where a change has occurred;
- Manage refurbishment works (major or minor) outside the scope of Capital Projects in accordance with the relevant WSP documentation;
- Review & maintain the Planned Preventative Maintenance (PPM) schedules to ensure they are correctly defined in the relevant WSP documentation;
- Ensure that any non-complaint occurrences / issues reported from the Deputy AP(s) (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 water risk assessment risk minimisation scheme with the Deputy 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 AE (Water);
- Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- Routinely review the training needs analysis, with suitable training being delivered where required. They will also receive updated management training at least every three years or sooner if determined by the training needs analysis.

6.6 Infection Control Officer (Water)

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

The Infection Control Officer (Water) shall:-

- Head the Outbreak Control Team, as determined in the HSG274 Part 2, Appendix 2.3 and HTM04-01 Part B, Appendix B and 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 of waterborne pathogens;
- Review & identify changes needed to this Policy and the associated WSP documentation;
- Will advise if circumstances change within any ward/department that might affect waterborne pathogens in a timely manner;
- 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.

6.7 Consultant Microbiologist

The Trust appointed Consultant Microbiologist shall:-

- Assist the Outbreak Control Team, in association with HSG274 Part 2, Appendix 2.3 and HTM04-01 Part B, Appendix B and 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 of waterborne pathogens;
- Review & identify changes needed to this Policy and the associated WSP documentation;
- 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.

6.8 Infection Prevention and Control Lead

The Lead Nurse for Infection Prevention and Control is the Infection Prevention and Control Lead (IPCL).

The IPCL will deputise in the absence of the ICO (Water) and will act on their behalf.

The IPCL 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 Trust staff on the continuing procedure for the prevention and/or control of Legionellosis, Pseudomonas aeruginosa and other waterborne bacteria;
- Review & identify changes needed to the associated WSP documentation;
- 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.

6.9 Authorising Engineer (Water)

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

The AE (Water) shall:-

- Make recommendations for the appointment of the RP, DRP & APs. Certificates of Appointment will be issued detailing areas of responsibility and limitations;
- Advise & support the RP and DRP(Water), IPO (Water) IPCL, IPC Team and AP(s) (Water) re positive water sample results and other non-compliant issues ie those identified through PPM tasks in addition to recommending actions that can be taken to resolve said issues;
- Undertaken an annual risk management audit;
- Monitor on-going performance status through reviewing verification records presented at the WSG;
- Review and identify changes needed to this Policy and associated WSP documentation;
- Assist with risk assessment reviews;
- Attend the Water Safety Group (WSG) meetings;
- Deliver training based on needs analysis.

6.10 Authorised Persons (Water)

The Estates Managers/Officers are the Authorised Person(s) (AP) (Water). They will be appointed by the RP (Water). The AP(s) (Water) shall:

- Shall attend the Water Safety Group (WSG) meetings;
- Be responsible for the implementation of relevant WSP documentation;
- Arrange and review water risk assessments of the Trust's water systems / buildings as defined in this Policy;
- Implement and action of agreed remedial works in line with the risk minimisation scheme;
- Be responsible for leading on the explanation to users on the function of risk systems and organising adequate information and training to support those systems;
- Commission additional surveys (including pipework) in response to risk assessment recommendations, sampling issues (positive results) or other observed faults / conditions reported. The issue of orders / job tickets for remedial works (in response to the additional survey findings) to relevant consultant, approved contractor and / or maintenance supervisor. On completion of the work ensure drawings are updated, noted and dated;
- Supervise refurbishment works (major or minor) outside the scope of Capital Projects in accordance with WSP documentation, including the monitoring of completed work by appointed contractors;
- Issue all relevant PPM work orders to Competent Persons (CP) (Water) and ensure that all PPM works orders are completed on time, are recorded and filed in the Trust's document management system.
- Ensuring the Trust's document management system is maintained;
- Ensure that any non-complaint occurrences / issues identified in the periodic PPM tasks are reviewed, reported to the AP (Water) and then actioned in a timely manner;
- Ensure that CPs (Water) remain suitably trained and validated as competent. Shall complete the appraisal of the CP and recommend their appointment by the RP (Water);
- Ensure the external consultants & contractors are suitably qualified & competent.
- Issuing Permits to Work and other appropriate documentation as required to CPs and / or approved contractors;
- 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 WSP documentation and that results are reviewed, escalated to the DRP / SRMO and actioned (where necessary and in a timely and professional manner) accordingly;
- Liaise with the water undertaker and ensure that equipment that is permanently connected to the water supply is properly installed;
- Attend updated management training at least every three years or sooner if determined by the training needs analysis.

6.11 Senior Responsible Manager – Capital

The Head of Capital Projects will be the Senior Responsible Manager – Capital (SRMC). They will be appointed by the RP (Water). The SRMC shall:

- Attend the WSG and inform the group members at the earliest possible opportunity, where new premises or existing premises are to be altered or refurbished so water hygiene requirements can be assessed in the planning stages by the WSG;
- Ensure the external consultants and contractors are suitably qualified, trained and competent [as defined in Section 8.7 below ‘Training and ‘Competence’] before the commencement of any project. Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking] and membership to WaterSafe and Legionella Control Association [LCA] for companies;
- Ensure all projects involve the retention of designers, consultants and contractors’ post-handover with a ‘soft landings’ arrangements. This will allow any defects or performance issues to be investigated and resolved, thereby ensuring these situations can aid and improve future designs;
- Ensure risk assessments are undertaken at each stage of a project and are presented to the WSG for review. As a minimum, they shall be completed for all projects before commencement and once the system is operational;
- Manage those Project Managers from the Capital Projects Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP;
- Ensure their team follows all applicable sections of the WSP;
- Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and Trust WSP;
- Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
- Immediately 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[W];
- Inform the RP[W], IPCO[W], Consultant Microbiologist, IPCL, AE[W], DRP[W], SRMO and AP’s[W] of all positive water sample results and the associated action being taken to resolve identified defects;
- Be responsible for ensuring the design requirements of the project are met;
- Be responsible for leading on the explanation to users on the function of installed water risk systems and organise adequate information and training to support those systems;
- Routinely review the training needs analysis of the Capital Project Team, and ensure suitable training is being delivered where required;

- Receive updated training on the WSP and the latest guidance at least every three years or sooner as determined by the training needs analysis.

6.12 Competent Persons (Water)

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

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

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

- Provide the skilled installation and/or maintenance of water risk systems;
- Conduct all of their water system related tasks in accordance with WSP documentation & PPM system, including completion of all required records and return to the AP (Water);
- Only use Water Regulations Advisory Scheme (WRAS) approved materials when working on water systems;
- Provide the skilled installation of, and / or maintenance to water risk systems employing the highest standard quality of work;
- Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems thus preventing contamination of water systems and outlets;
- 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 AP's (Water) before commencing any work on water systems;
- 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 where appropriate 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;
- The RESET scheme may also be used to confirm/establish competence of contractors.

6.13 Building Occupiers e.g. Departmental Managers

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

6.14 All Staff, Contract Staff and Volunteers

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

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

6.15 Local Security Management Specialist

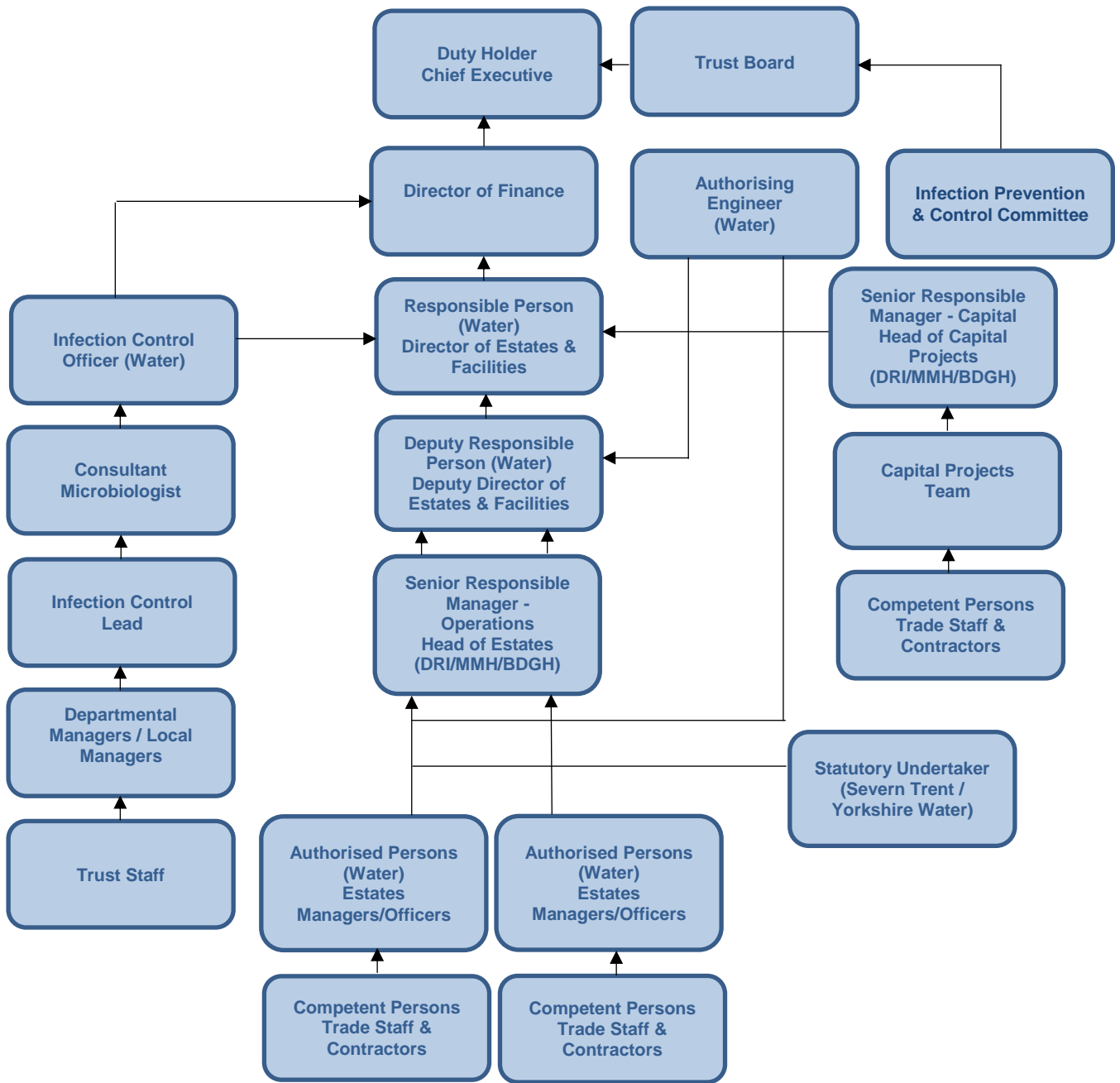
The Local Security Management Specialist (LSMS) shall:

- 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 Trust's water systems.

6.16 Facilities Team

It is expected that Housekeepers [wards] will complete daily cleaning of outlets as part of the National Cleaning Standards. This daily operation assists with water use and turnover. Housekeepers will also assist with the flushing of known little used outlets routinely on a twice weekly basis. Facilities staff shall be appropriately trained in the tasks they undertake. Additional infrequently used outlets, i.e. bib taps or those within plant rooms will be flushed via the Estates team.

7. COMMUNICATION PATHWAYS



8. AUDITING AND VERIFICATION

8.1 Monitoring Compliance

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

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
Governance Policy	3 yearly Annually*	Audit/review	AE SRMO/AP	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
WSG TOR	Quarterly	Verification	SRMO/AP	WSG	Ensures the set agenda is used which in turn delivers on the Terms of Reference.
Design Control	Annually*	Audit/review	AE SRMC	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Design Control	Quarterly	Verification	SRMC	WSG	Set agenda item for WSG. Accountable for reporting new projects for review and approval by WSG. Additionally, updating the WSG on project status and soft landings
Risk Assessments and Schematics	Annually*	Audit/review	AE SRMO/AP	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Risk Assessments and Schematics	Quarterly	Verification	SRMO/AP	WSG	Set agenda item for WSG. Reports on the status of risk assessment through demonstrating risk assessment review tools.
Control Measures	Annually*	Audit/review	AE SRMO/AP	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Control Measures	Quarterly	Verification	SRMO/AP	OWG WSG	Set agenda item for WSG. Evidencing risk minimisation schemes are being progressed within agreed time scales. Evidencing the status of system performance being

					compliant and if not the case, taking actions taken to correct. Sampling data is reviewed to compliment monitoring data. Where issues with sampling data are reported, providing evidence taken to correct.
Standard Operating Procedures	Annually*	Audit/review	AE DRP/AP	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Standard Operating Procedures	Quarterly	Verification	DRP/AP	OWG WSG	Set agenda item for OWG. Ensuring correct PPMs and work instructions are in place for all risk systems/ assets reported in the risk assessments.
Support Schemes	Annually*	Audit/review	AE DRP/AP IPCL	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Support Schemes	Quarterly	Verification	SRMO/AP IPCL		Set agenda item for WSG. IPCL will report on clinical surveillance and national data on waterborne pathogens.
Logbook	Annually*	Audit/review	AE	RP/WSG	Review, update & sign off in consultation with WSG and IPC Committee. Ratified by H&S Committee
Logbook	Quarterly	Verification	SRMO/AP CP	OWG	Set agenda item for OWG. Review of all associated monitoring records required for the logbook to ensure they are present and correct. This will in turn inform the WSG of status of performance via Control Measures.

*Items reviewed within the annual AE water safety risk management audit. The methodology for which may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement.

The annual audits completed by the AE[W] will be completed with assistance from various members of the WSG and may be completed at various times of the year i.e. to coincide with pre-planned site visits [i.e. WSG meeting dates]. As such, audit reports can be updated and re-issued through the year.

8.2 Effectiveness

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

9. WATER SAFETY PLAN (WSP)

The WSP (referred to by the HSE as the 'Written Scheme') for the Trust is a defined suite of supporting documents (see Appendix 3) which are designed to ensure Water Safety is being proactively managed.

WSP is defined in HTM04-01 as:

A risk-management approach to the safety of water that establishes good practices in local water distribution and supply. It will identify potential hazards, consider practical aspects, and detail appropriate control measures.

This Governance Policy does not detail any technical methods or approaches for the management or control of water systems. All such detail is defined within other sections of the WSP such as Controls Measures i.e. operational procedures, routine maintenance, routine monitoring and/or Support Schemes i.e. emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences].

9.1 Water Safety Group (WSG)

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

The WSG is defined in HTM04-01 as:

A multidisciplinary group formed to undertake the commissioning and development and ongoing management 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.

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

9.2 Extraordinary WSG / Incident Meeting

These meetings will be chaired by the DRP (Water) or SRMO, as appropriate.

The Group will be convened as necessary, for such possible events as [but not limited to]:

- Reoccurring failures with water samples results or loss of control strategy;
- a suspected outbreak or confirmed outbreak of Legionellosis;
- responding to operational issues which are directly impacting on control strategies.

These meetings will be attended by the WSG, together with other co-opted persons, such as Departmental Managers or 'Outside Agencies', as deemed necessary for the effective management of the incident.

The decision making of these meetings will be supported by WSP i.e. suspected outbreak or confirmed outbreak of Legionellosis, suspected case or confirmed case of *Pseudomonas aeruginosa*.

The Group will expect 'full support' from any associated sub-contractors in investigating any such incidents including any subsequent investigations by the appropriate enforcing authority and to undertake any necessary actions to rectify/minimise the problem.

9.3 Operational Water Group (OWG)

This is a separate formal group to the WSG and which at this point is not in place. A less formal water safety working group meets on an adhoc basis and currently records actions only. Should circumstances alter and the OWG is required to support the WSG more effectively, this will be implemented.

9.4 Auditing

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

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

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

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

Auditing should establish:

- 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;
- 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.

9.5 Risk Assessment and Drawings

9.5.1 Water Risk Assessment

A risk assessment and risk assessment review have been defined in BS8680 as:

The overall process of the identification of hazards and hazardous events together with risk identification, risk analysis and risk evaluation [...] reassessment of both the current risk assessment and scheme of control to ensure they are valid and up to date.

The WSG shall be informed on risk assessment, risk minimisation schemes, schematics and risk assessment reviews by the DRP/AP.

Section WSP – Risk Assessment and Schematics details the types of risks and standards.

The RP (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);
- BS8580:2019;
- BS8680:2020.

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

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

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

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

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

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

9.5.2 Clinical Risk Assessment

The IPC dept. 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;
- 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 & Thermostatic Mixing Valves (TMV's)

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.

9.5.3 Drawings

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

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

9.6 Risk Minimisation Scheme

The risk assessment shall form the basis of a risk minimisation scheme describing the particular means by which the risk from exposure to waterborne pathogens is to be minimised so far as is reasonably practicable. The remedial actions within the associated risk minimisation schemes shall be reasonably practicable and prioritised on the basis of risk,

cost and difficulty. The risk minimisation scheme shall be reviewed at the OWG and approved by the WSG.

9.7 Training and Competence

9.7.1 Training

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

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

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

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

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

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

The water safety training should encompass the following elements:

Trust governance arrangements in relation to water hygiene and safety;

Trust Water Safety Policy & WSP documentation;

Waterborne pathogens and their consequences;

Trust control strategies and how water distribution systems, water outlets, components and any associated equipment can become contaminated;

Roles & responsibilities of individuals involved in the prevention of contamination of the water distribution system and water outlets;

How the safety of water can be maintained by good hygiene practices (personal hygiene along with dealing with clothing, footwear, cleaning equipment/materials, tools and storage when considering water hygiene);

When not to work with water intended for domestic purposes;

System design;

Components/accessories (taps, TMVs);

Disinfection and cleaning equipment / materials;

How to store and handle pipes.

9.7.2 Competence

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

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

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

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

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

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

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

Evidence shall be held in the form of training and qualifications for all staff (applicable to the services they are undertaking).

The Trust recognises the benefits of using an Approved Contractor is they can carry out some work without the need to provide advanced notification to the water undertaker, and their work will be certified upon completion. A "work completed" certificate issued by a

Water Safe recognised plumber provides a defence for property owners who are challenged by a water undertaker enforcing the Water Supply (Water Fittings) Regulations 1999 or during legal proceedings.

9.8 Record Keeping

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

All Records should be kept for at least five years.

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

Any commissioning data should also be kept with these manuals.

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

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

10. DEFINITIONS

Aerosol

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

Bacteria

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

Cold Water Service

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

Domestic Water Services

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

Legionnaires' Disease

A form of pneumonia caused by legionella bacteria.

Legionellae

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

Legionella

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

Legionellosis

Any illness caused by exposure to legionella.

Pontiac Fever

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

Pseudomonas Aeruginosa

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

PPM

Planned Preventative Maintenance

Risk Assessment

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

Sentinel Taps

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

HSE

Health & Safety Executive.

HSG

Health & Safety Guidance

HTM

Health Technical Memorandum

Risk Assessment

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

Water Safety Group

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

Water Safety Plan (WSP)

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

11. EQUALITY IMPACT ASSESSMENT

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

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

12. ASSOCIATED TRUST POLICY/PROCEDURAL DOCUMENTS

Trust Major Incident Plan – CORP/RISK 1

Trust Code of Practice Control of Contractors on DBH Sites

Water Safety Plan Operations and Procedures Manual (WSP/Tech)

13. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

14. REFERENCES


- Health and Safety at Work etc. Act 1974
- The Management of Health & Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002
- The Health and Social Care Act 2008
- Water Supply (Water Fittings) Regulations 1999
- Water Supply Water Quality Regulations 2000
- The Building Regulations 2010
- Water Fittings and Materials Directory, Water Regulations Advisory Scheme (WRAS)
- Private Water Supply Regulations 2009
- Water Supply (Water Quality) Regulations 2010
- ACoP L8: The Control of Legionella Bacteria in Water Systems 2013
- HSG 274 Legionnaires' Disease Part 1, 2 & 3 2014
- Health Technical Memorandum 04-01: Safe water in healthcare premises Parts A, B and C 2016
- Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Buildings Part A and B 2021
- BS 7592 Sampling for Legionella Organisms in Water and Related Materials 2008
- BS8580-1 Water quality – Risk assessments for Legionella control – Code of practice 2019
- BS8680 -Water Quality – Water Safety Plans - Code of Practice 2020
- BS8558 Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages. Complementary guidance to BS EN 806 2015
- BS EN 806 – Specifications for installations inside buildings concerning water for human consumption.
- PD855468 – Guide to flushing and disinfection of services supplying water for domestic use within buildings.
- Public Health England: Responding to the detection of legionella in healthcare premises Guidance for PHE Health Protection Teams 2015
- Model Engineering Specification D08 – Thermostatic mixing valves (healthcare premises) 2017
- CIBSE TM13 Minimising the risk of Legionnaire's Disease 2013
- HTM 00-07 Resilience Planning for Health Care Premises 2014
- Water Regulations Advisory Scheme (WRAS) Water Regulations Guide 2004
- Water Regulations Advisory Scheme (WRAS) Water Fittings and Materials Guide 2005

- Health Technical Memorandum 04-01: Supplement Performance specification D 08: thermostatic mixing valves (healthcare premises) 2015
- HSE Managing the risks from hot water and surfaces in health and social care 2012
- HSE – INDG253 Controlling Legionella in Nursing and residential care homes 2009
- Health Guidance Note “Safe” Hot Water and Surface Temperatures 1998
- Pool Water Treatment Advisory Group (PWTAG) document ‘Swimming Pool Water: Treatment and quality standards’ 2017

APPENDIX 1 – WATER SAFETY GROUP – TERMS OF REFERENCE



Terms of Reference

	Terms of Reference
Name of Committee / Group	Water Safety Group
Accountable to	Chief Executive (Duty Holder)
Reporting to	Infection Prevention and Control Committee
Primary Purpose	The Water Safety Group provides a forum for those individuals with delegated roles and responsibilities to take collective ownership for ensuring that water related hazards are identified, risks are assessed, control measures are developed and monitored, and incident response protocols are implemented.
Membership of Group	Deputy Director of Estates & Facilities Director of Infection Prevention and Control Head of Estates DBTH Head of Medical Technical Services DBTH Head of Facilities DBTH Head of Compliance DBTH Head of Capital DBTH Estates Manager Mechanical DRI/MMH Estates Manager BDGH Lead Nurse of Infection Prevention and Control Trust Authorised Engineer for Water Systems (AE) Where a member of the group is unable to attend a nominated deputy should attend in their absence
Quorum	Director of Infection Prevention and Control (or deputy), Head of Estates (or deputy), Head of Facilities (or deputy) + at least 2 other members of the group.
Lead Professional (Chair)	Head of Estates DBTH
Deputy Chair	Estates Manager (Mechanical) DRI / MMH
Responsibilities	<ul style="list-style-type: none"> • To work and support the IPC team • To ensure effective ownership of water quality management for all uses • To determine particular vulnerabilities of the at risk population • To review risk assessments related to water quality • To ensure the Trust Water Safety Plan (WSP) is kept under review, including risk assessments and other associated documentation • To ensure tasks indicated by risk assessment are allocated and accepted



	<ul style="list-style-type: none"> • 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 • 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 resource • 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 • To oversee adequate supervision, training and competency of all staff • To ensure surveillance of both clinical and environmental monitoring
Frequency of meetings	<p>The WSG will convene Quarterly</p> <p>The WSG will act in an appropriate and timely manner in response to issues or incidents that have been reported. Where there are episodes of colonisation or infection of patients that could be related to the water system they will be reported by the IPC team to the Chair and deputy Chair of the WSG, who will then initiate any additional action to be determined.</p> <p>Individual responsibilities should not be restricted by the need to hold formal meetings.</p>
Duration of Meeting	2 hours
Minutes Circulated to	Detailed minutes of the group meetings will be recorded, distributed promptly to the members of the WSG and retained on file to demonstrate good management, appropriate and timely action and professional governance. Minutes will also be distributed to Infection Prevention and Control Committee and the Director of Estates & Facilities.
Review Frequency	Annually
Date of Last Review	28.01.2021
Date of Next Review	28.01.2022

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Water Safety Policy - CORP/HSFS 18 v.5	Estates and Facilities	Mathew Gleadall	Existing policy	15/11/2021
1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities				
2) Describe the purpose of the policy /? Who is it intended to benefit? What are the intended outcomes? To outline the Trust's strategic and operational management processes for water systems in Trust premises to ensure water safety				
3) Are there any associated objectives? Maintaining safe water supplies, minimising the risk of harmful bacteria growth within water systems				
4) What factors contribute or detract from achieving intended outcomes? Staff compliance with requirements of the policy				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact (e.g. Monitoring, consultation) – N/A 				
6) Is there any scope for new measures which would promote equality? (any actions to be taken – N/A)				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: October 2024				
Checked by: H Timms Date: 15/11/2021				

APPENDIX 3 – WATER SAFETY PLAN MODEL

WSP: PART	PART HEADING	PART CONTENT
WSP: Part 1.1	Governance Policy	Statement Purpose & Scope Roles & Responsibilities Communications Pathway Water Safety Group [Terms of Ref] Training & Competency Risk Assessment Need Record Keeping Auditing & Verification
WSP: Part 2.1	Design Control	Specification Risk Assessment Competency Design Install Commission Soft Landing Handover
WSP: Part 3.1	Risk Assessment and Schematics	Scope of Assessments Risk Assessments Findings Asset Register System Identification Register Schematic Diagrams Risk Assessment Reviews
WSP: Part 4.1	Control Measures	Risk Assessment Remedial Actions Controls Measures & Monitoring Sampling Plans
WSP: Part 4.2	Standard Operating Procedures [SOP]	Work Instructions Exemplar Forms
WSP: Part 5.1	Support Schemes	Incident Plans Other Health & Safety Information Surveillance Monitoring
WSP: Part 6.1	Logbook	Governance Arrangements Applicable Controls Measures & SOPs Reports on task outcomes Defects & remedial actions log Sampling data Relevant data on water safety

Note: At the time of writing, the Trust's WSP comprises two primary documents, the Trust water safety policy and the WSP/Tech. The latter document encompasses many of the individual elements highlighted above currently. It is the intention to adopt the WSP model above and based on BS8680 at the appropriate time.