

Document Details		
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Author		Associate Director of Estates
Approval process		
Who has been consulted in the development of this policy?		This policy has been developed by the Associate Director of Estates in consultation with appropriate senior Operations and Quality managers and Shropshire Community Trusts Authorised Engineer for Water Safety
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Contents

1	Introduction.....	1
2	Scope.....	1
3	Purpose.....	2
4	Glossary and Definitions.....	2
5	Duties	5
5.1	The Chief Executive (CEO).....	5
5.2	Director of Infection Prevention and Control (DIPC).....	5
5.3	Authorising Engineer (AE)	6
5.4	Responsible Persons (Associate Director of IPC and Associate Director of Estates supported by the Water Safety Group).....	6
5.5	Infection Prevention and Control Team.....	6
5.6	Associate Director Of Estates (SCHT)	6
5.7	Capital Projects managed by MPFT	7
5.8	Capital Projects (Internal or External)	7
5.9	Operational Managers (MPFT)	7
5.10	Operational Management (outside MPFT scope).....	7
5.11	Competent Persons (CP).....	8
5.12	Hotel Services Manager (SCHT).....	8
5.13	Domestic Supervisor.....	8
5.14	Domestic Staff	8
5.15	Contractor.....	8
5.16	Head of Governance (Senior Information Risk Officer)	8
5.17	Health Care Practitioners.....	8
5.18	Managers and Service Leads	9
5.19	Staff.....	9
5.20	Committees and Groups.....	9
5.20.1	Board.....	9
5.20.2	Infection Prevention and Control Committee.....	9
6	Employer Duties	9
7	General Principles Applicable to Water Cooler and Ice Production	10
7.1	Water Coolers.....	10
7.2	Ice Production.....	10
7.2.1	Maintenance.....	11
7.3	Portable Clinical Hand Wash Basins.....	11
8	Management of Systems.....	11
9	Strategic and Operational Water Safety Group Roles and Responsibilities	12
10	Governance Procedure	12
11	Functional / Operational Procedures / Requirements	12

12	Water Quality Tests	13
13	Consultation.....	13
13.1	Approval Process	13
14	Dissemination and Implementation.....	13
14.1	Advice.....	13
14.2	Training	13
15	Monitoring Compliance.....	14
16	Statutory Requirements and References.....	14
17	Associated Documents	15
18	Appendices	15
Appendix 1 – Sink Cleaning		16

1 Introduction

This Water Management Policy applies to all staff employed by Shropshire Community Health NHS Trust ("the Trust"). As well as good practice it is a legal requirement – Health and Safety at Work Act 1974 – that it be in place.

The Trust occupies a large number of buildings from where a wide range of teams and services operate. The buildings and utilities systems therein are of differing nature, age, condition and complexity, and where responsibility for them lies with the Trust this policy will apply.

All these systems must be managed in an appropriate way, and in accordance with statutory requirements. By proactively managing these systems, in a safe, appropriate and professional manner, the Trust will reduce potential risks to patients, visitors and staff.

It is the policy of the Trust to prevent or, where this is not practical, to control and mitigate the proliferation of water borne pathogens to its premises and within premises which it has managerial responsibility for either directly or through a service level agreement (SLA). This policy has been developed with advice from the Trust's Estates Provider, Infection Control Team, Operational and Strategic Water Safety Groups and associated partner organisations.

The procedures contained in this policy are the preventative measures to be undertaken within the premises of the Trust, or its partners, and are to be read in conjunction with:

- The current version of the Trust's Water Safety Plan
- The Health and Social Care Act 2008 (amended 2015)
- Approved Code of Practice (ACOP) L8, "Legionnaires' disease: The control of legionella bacteria in water systems
- HSE Technical Guidance HSG274 Parts 1,2 and 3
- Health Technical Memorandum (HTM) 04-01: Safe water in healthcare premises Part A & B ([NHS England » Health technical memoranda](#))
- HTM 04-01: Part C. Addendum *Pseudomonas aeruginosa* – advice for augmented care units

HTM 04-01: Supplement Model Engineering Specification D08 Thermostatic mixing valves
The management of water quality and systems, including the control of *Legionella* and *Pseudomonas* is a continuing responsibility. The effectiveness of precautionary measures should be continually monitored, and an effective programme to ensure awareness should be devised. The management of water systems has developed in recent years including awareness relating to water borne bacteria such as *Legionella* and *Pseudomonas*.

However, it is important to be aware that all water systems are capable of colonisation by *Legionella* and *Pseudomonas* and having robust procedures and control measures in place is vital, if we are to protect service users, staff, contractors and visitors.

2 Scope

This policy applies to all premises owned by the Shropshire Community Health NHS Trust (SCHT) and where the Trust holds maintenance responsibilities. It also applies to all employees and contractors involved in the management and use, construction, design, upgrading, refurbishment, extension, maintenance and operation of plant, equipment, buildings and services for domestic hot and cold water systems.

The Trust also supplies services to partner organisations via an SLA. The services supplied under this form of agreement in the absence of any Partner Organisation Policy will be subject to the requirements of this policy for safe water systems.

The Trust recognises that staff and services may operate out of a number of leasehold premises; the Trust will make all reasonable efforts to ensure the safety and quality of water

systems within these locations and that they do not compromise the safety of service users, staff, contractors or visitors and that the principles of this policy will apply to the usage of water.

Important note

This policy must be cross referenced and read in conjunction with the current versions of the Trust's Water Safety Plan, HTM 04-01 (Parts A, B, C and Supplements), HSE Technical Guidance (HSG274) and **Approved Code of Practice (ACOP) L8, "Legionnaires' disease: The control of legionella bacteria in water systems"**

3 Purpose

It is the intention of this policy to provide guidance to employees and to ensure that all appropriate steps are taken to comply with the statutory duty to manage water systems and the risks associated with the control of water borne pathogens and scalding. The Trust has developed and implemented a thorough water safety plan and it is essential that it is referenced in conjunction with this policy. The Trust will aim to comply with all related legislation, approved codes of practice, guidance and relevant standards. In particular it will seek to prevent exposure or where this is not reasonably practical, to minimise the exposure to all persons.

4 Glossary and Definitions

Term	Explanation
ACOP	Approved Code of Practice
ACU	Augmented Care Units
Authorising Engineer(s) (AE)	<p>The Authorising Engineer will act as an independent professional adviser to the Trust. The Authorising Engineer must be appointed by the Trust's Duty Holder with a brief to provide services in accordance with Health Technical Memorandum guidance.</p> <p>The Authorising Engineer will act as assessor and make recommendations for the appointment of Authorised Persons, monitor the performance of the service, and provide an annual audit to the Designated Person. To effectively carry out this role, particularly with regard to audit, it is preferable that the Authorised Engineer remains independent of the operational structure of the Trust.</p>
CCR	Clinical Case Review
Chief Executive (CEO)	In this document, the statutory duty holder is either the employer or the person in control of the healthcare premises. Typically these could be the owner, chief executive, board of directors, or other person who is ultimately accountable, and on whom the duty falls, for the safe operation of healthcare premises.
Coliforms	Coliform bacteria are organisms that are present in the environment and in the faeces of all warm-blooded animals and humans. Coliform bacteria will not likely cause illness. However, their presence in drinking water indicates that disease-causing organisms (pathogens) could be in the water system

Competent Person(s) (CP)	This person provides skilled installation and/or maintenance of the specialist service. The Competent Person will be appointed, or authorised to work (if a contractor), by the Authorised Person. He/she will demonstrate a sound trade background and specific skill in the specialist service. He/she will work under the direction of the Authorised Person and in accordance with operating procedures, policies and standards of the service.
COSHH	Control of Substances Hazardous to Health Regulations 2002
DATIX	Computer software system providing web-based incident reporting and risk management
Designated Person(s) (DP)	This person provides the essential senior management link between board and the professional support teams and is identified as the responsible duty holder for the Trust.
Director of Infection, Prevention and Control (DIPC)	The Executive Director with the responsibility for ensuring strategies is implemented to prevent avoidable healthcare associated illnesses at all levels within the organisation.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Duty Holder	The statutory duty holder is either the employer or the person in control of the healthcare premises. Typically these could be the owner, chief executive, board of directors, or other person who is ultimately accountable, and on whom the duty falls, for the safe operation of healthcare premises.
Escherichia coli (abbreviated as E.coli)	<i>E.coli</i> is bacteria found in the environment, foods, and intestines of people and animals. <i>E.coli</i> is a large and diverse group of bacteria. Although most strains of <i>E.coli</i> are harmless, others can make you sick.
HCAI	Healthcare Associated Infection
HSE	Health and Safety Executive
HSWA	Health and Safety at Work Act 1974
HTM	Health Technical Memorandum
IPC	Infection Prevention and Control
IPCOG	Infection Prevention and Control Operational Group
Legionella	The genus Legionella is a pathogenic group of Gram-negative bacteria that includes the species <i>L. pneumophila</i> , causing Legionellosis (all illnesses caused by Legionella) including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever.

Legionella Outbreak	An outbreak is defined by the Public Health Laboratory Service (PHLS) as two or more confirmed cases of Legionellosis occurring in the same locality within a six-month period.
Legionellosis	All diseases caused by Legionella
Local Water Undertaker	This is a reference to the local supply company for water (Severn Trent).
Management	<p>Management refers to the person from each respective Trust with overall responsibility for the implementation of policies procedures and safe systems of work.</p> <p>Regular refresher training must be given and records of all initial and refresher training need to be maintained. Although training is an essential element of competence, it is not the only factor – it must be viewed as is a product of sufficient training, experience, knowledge and other personal qualities which are needed to undertake a job safely. Competence is dependent on the needs of the situation and the nature of the risks involved.</p>
MPFT	Midlands Partnership Foundation NHS Trust
NHS PS	NHS Property Services
PAS	Publicly Available Specification
PPM (Planned Preventative Maintenance)	The operations manual must include a detailed maintenance schedule, which must list the various time intervals when the system plant and water must be checked, inspected, overhauled or cleaned. Provision must be made for the completion of every task to be recorded by the plant operatives.
PIR	Post Infection Review
Positive Sample	If water samples have been taken and have been returned from the laboratory showing the presence of water borne pathogens
Pseudomonas	Pseudomonas species are a group of gram negative bacteria associated with water and soil and can cause infection.
RCA	Root Cause Analysis
Reasonably Practicable	Where a statement is qualified by the words “Reasonably Practicable”, a slightly less strict standard is imposed. This means an assessment must be made considering, on the one hand, the magnitude of the risk of a particular work activity or environment and, on the other hand, the cost in terms of the physical difficulty, time, trouble and expense which would be involved in taking steps to eliminate or minimise the risk. The greater the degree of risk, the less weight that can be given to the cost of measures needed to prevent that risk.
Responsible Person (Legionella)	A person to take day-to-day responsibility for controlling any identified risk from water systems. The appointed “responsible person” must be a manager, director, or have similar status and sufficient authority, competence and knowledge of the site installations to ensure that all

	operational procedures are carried out in a timely and effective manner.
Responsible Person (RP)	<p>The Responsible Person has the key operational responsibility for the specialist service. The person will be qualified and sufficiently experienced and skilled to fully operate the specialist service. He/she will be nominated by the Authorised Engineer and be able to demonstrate: his/her application through familiarisation with the system and attendance at an appropriate professional course; a level of experience; and evidence of knowledge and skills. An important element of this role is the maintenance of records, quality of service and maintenance of system safety (integrity).</p> <p>The Responsible Person will also be responsible for establishing and maintaining the roles and validation of Competent Persons, who may be employees of the Trust or appointed contractors.</p>
SCHT	Shropshire Community Health NHS Trust
Services	The use of the word services applies to the water services provided for staff, visitors and patients. These services include all bathing facilities, showers and washbasins.
SOP	Standard Operating Procedure
The Trust	Shropshire Community Health NHS Trust
TMV (Thermostatic Mixing Valves)	Thermostatic Mixing Valves are used throughout the NHS to control the temperature at which water is supplied at the discharge point. The TMV is a key control measure used to reduce the risk of scalding.
TVCs	Total viable count (TVC), gives a quantitative estimate of the concentration of micro-organisms such as bacteria, yeast or mould spores in a sample. The count represents the number of colony forming units (cfu) per g (or per ml) of the sample.
UKAS	United Kingdom Accreditation Service
UKHSA	UK Health Security Agency
Water Safety Plan	The Trust's Water Safety Plan
WRA	Water Risk Assessment

5 Duties

5.1 The Chief Executive (CEO)

The Chief Executive has overall responsibility for ensuring water safety is a core part of Trust governance and patient safety programmes.

5.2 Director of Infection Prevention and Control (DIPC)

The Director of Infection Prevention and Control is responsible for ensuring that the aims and objectives of the Trust's Water Management Policy are implemented and will nominate the Responsible Person for water the lead officer. The Director with designated responsibility for water will:

- Publicly endorse the Trust's Water Management Policy and Water Safety Plan.

- Empower staff to take the necessary actions.
- Ensure that an accurate register of water risk assessments are maintained.
- Chair the Water Safety Group.

5.3 Authorising Engineer (AE)

Duty Holder shall appoint an independent Authorising Engineer (AE) to audit the compliance of the Trust's control of water quality within its organisation; this is to include the control of Legionella and pseudomonas.

5.4 Responsible Persons (Associate Director of IPC and Associate Director of Estates supported by the Water Safety Group)

The Responsible Person (water) should possess the adequate professional knowledge and have appropriate training to manage the necessary procedures to ensure the quality of water throughout the Trust's premises. The Responsible Person will be appointed in writing by the Chair of the Water Safety Group on the recommendation of the Authorising Engineer and Water Safety Group. The Responsible Person should be a Manager or Director with sufficient authority to ensure that all operational procedures are carried out in an effective and timely manner. This role involves but not limited to the following:

- Advising on potential areas of risk and non-compliance.
- Liaising with the water undertakers and environmental health departments and advising on the continuing procedures necessary to ensure water quality.
- Monitoring the implementation of the procedures as per the Trust's Water Safety Plan.
- Identifying and approving any changes that are considered necessary to the procedures.
- Ensuring adequate and effective operating and maintenance instructions are in place and adequate records are retained, including the introduction of a logbook system.
- Being fully conversant with the requirements of water systems and have knowledge of the cause and effect of water borne organisms.

5.5 Infection Prevention and Control Team

The Associate Director of Estates and the Infection Prevention and Control (IPC) team are responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation and assisting with risk assessment where complex decisions are required.

Associate Director of Estates and the IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

5.6 Associate Director Of Estates (SCHT)

The Associate Director of Estates is responsible for the management of external providers who are appointed to deliver a reactive and planned maintenance service across our estate, including having oversight of projects managed through the service provider.

The Associate Director of Estates, supported through the Finance Directorate, will ensure that any property the Trust occupies under a lease arrangement complies with the requirements of this policy and the Trust's formal Water Safety Plan. In instances where the Trust is not the leaseholder or has no responsibility to maintain any part of the building, will seek to confirm that the duty holder is discharging their duties under the relevant regulations and Health Technical Memorandums (HTM04 01 Parts A and B).

5.7 Capital Projects managed by MPFT

The Head of Capital for MPFT will be responsible for ensuring that all Estates capital projects managed by MPFT are carried out in accordance with the Trust's Water Safety Plan and include:

- Consideration of project impact.
- Risk assessment of project work on systems.
- Implementation of flushing regimes.
- Recording of methods of prevention.
- Pre and post testing where required by approved personnel.
- Qualifications and ability of contractors to undertake works.
- Completion of required permits and certification.

5.8 Capital Projects (Internal or External)

The appointed Project Manager will be responsible for ensuring that capital projects are carried out in accordance with the Trust's Water Safety Plan and include:

- Consideration of project impact.
- Risk assessment of project work on systems.
- Implementation of flushing regimes.
- Recording of methods of prevention.
- Pre and post testing where required by approved personnel.
- Qualifications and ability of contractors to undertake works.
- Completion of required permits and certification.

5.9 Operational Managers (MPFT)

The Operational Managers are the lead managers that oversee the day to day management of the planned and reactive maintenance of the water systems for which MPFT have a contractual responsibility to maintain. These duties will be carried out as per the Water Safety Plan. Duties are to include:

- Supporting an effective maintenance regime for the supply of good quality water systems to the managed properties.
- Implementing the supportive documentation and logging systems.
- Arranging the required contracts to support the policy requirements.
- Attending the Trust's Operational Water Safety Group.
- Supporting the Authorising Engineer's recommendations and advice for improvements.
- Attending training requirements as deemed by role, including refresher training.
- Being involved with competent person role appointments.

5.10 Operational Management (outside MPFT scope)

The Operational Managers are the lead managers that oversee the effective responsibility of the day to day management of the water systems throughout the organisation. These duties will be carried out as per the Water Safety Plan. Duties are to include:

- Supporting an effective maintenance regime for the supply of good quality water systems to the managed properties.
- Implementing the supportive documentation and logging systems.
- Arranging the required contracts to support the policy requirements.
- Attending the Trust's Operational Water Safety Group.
- Supporting the Authorising Engineer's recommendations and advice for improvements.
- Attending training requirements as deemed by role, including refresher training.
- Being involved with competent person role appointments.

5.11 Competent Persons (CP)

The Competent Person is the trade's person with sufficient instruction, knowledge, training and experience to possess the ability to work on water systems safely. They also have the skills to implement the procedures detailed in the Water Safety Plan and attend relevant and timely training courses required to retain skills.

5.12 Hotel Services Manager (SHT)

The Hotel Services Manager is responsible for overseeing the Hotel Service staff involved with practices associated with water systems i.e. standard operating procedures for flushing, cleaning of sanitary equipment and the provision of water coolers for Trust's properties or properties managed by other organisations.

5.13 Domestic Supervisor

The responsibilities of the Domestic Supervisor will be to ensure that domestic service staff are suitably aware of the need to undertake duties that are associated with water systems to the required standard. This will include the overseeing of wash hand basin procedures, (including record keeping) and the need to flush the hot and cold water supplies where required.

5.14 Domestic Staff

It is the responsibility of the domestic staff to undertake and record assigned duties, for example water flushing and the cleaning of water coolers, and sanitary equipment. It is important that the procedures for cleaning and frequencies stated in their relevant Standard Operation Procedures (SOPs) and the Water Safety Plan is adhered to.

5.15 Contractor

Contractors and suppliers that are employed by the Trust to provide designated services on water systems shall only provide suitably qualified and competent personnel. Contractors will be asked to provide proof of competence and qualifications of their staff before commencement of any works on Trust premises. Contractors or suppliers working for the Trust shall work under the Trust's Management of Contractors Policy managed by the Trust.

5.16 Head of Governance (Senior Information Risk Officer)

The Trust's Head of Governance (Senior Information Risk Officer), with support from the Director of Nursing and Workforce and DIPC, will be responsible for advising on health and safety issues on behalf of the Chief Executive.

5.17 Health Care Practitioners

As well as the above roles and responsibilities there is a need for other groups to be aware that they have a duty of care to assist with the provision of safe practices when using water

systems. These include the need for clinical professionals and nursing staff involved with patient care to ensure that water outlets are used frequently to prevent stagnation, and to report outlets that are no longer required so that they may be removed. Staff will assist with the identification of little used outlets and carry out flushing of identified outlets. Clinical staff will assist in the patient susceptibility risk assessment process and co-operate with the Facilities and Estates operatives by reporting deviations from any procedures that could affect service users or staff safety when using water systems. Deviations should be reported to members of the SCHAT Water Safety Group.

5.18 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis.

5.19 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

5.20 Committees and Groups

5.20.1 Board

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

5.20.2 Infection Prevention and Control Committee

Is responsible for:

- Advising and supporting the Trust meet its obligations specific to water safety and airborne contaminants
- Reviewing and monitoring reports, trends and audit programmes specific to water systems and ventilation systems that produce water droplets or aerosols
- Sharing learning and lessons learnt from audit findings to mitigate and prevent infection incidents arising from water quality issues
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of water related procedures, policies and guidelines
- Is notified of all IPC incident

6 Employer Duties

The Trust as employers have a duty under The Health and Safety at Work Act (HSWA) etc. 1974 to ensure so far as is reasonably practicable, the health, safety and welfare of all their employees.

HSWA 2(1) requires employers to:

- Provide and maintain plant and systems of work that are safe and free from health risks.

- Make arrangements for ensuring safety and the avoidance of health risks in connection with the use, handling, storage and transportation of articles and substances [HSWA 2(2) b].
- Provide such information, instruction, training and supervision to ensure the health and safety at work of their employees [HSWA 2(2) c].
- Provide a safe working environment [HSWA 2(2) e].

Those in control of premises must ensure that they are safe and that any plant or substances do not endanger health of all persons at work and the general public [HSWA 4].

7 General Principles Applicable to Water Cooler and Ice Production

All requests for water coolers and ice making machines must be referred to the Infection Prevention and Control Team (IPCT) and Estates through the Water Safety Group for discussion and approval before ordering.

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

Estates, through MPFTs MICAD CAFM system will maintain a list of all water coolers and ice making machines, and will keep maintenance records for those within Trust owned premises.

Water coolers and ice making machines must be installed in strict accordance with manufacturer's guidance and regulations.

7.1 Water Coolers

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

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

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

- It is the responsibility of the ward/department manager or matron to ensure that the following is maintained:
- Always provide single use disposable cups
- Water is not consumed directly from the cooler without the use of a disposable cup
- All water coolers must be fitted with a cup filler and not a drinking nozzle
- Staff must not fill personal water bottles straight from the cup filler
- Drip trays (if present) must be emptied regularly throughout the day and kept clean.
- Integral waste water collectors (if present) must be emptied, cleaned and disinfected in accordance with manufacturer's instructions
- Cleaning and emptying of the drip tray water cooler must be included on a routine cleaning schedule

7.2 Ice Production

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

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

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

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

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

When using an ice machine for the production of ice for specimen cooling or to apply to swelling tissues, the door to the ice storage compartment must be kept closed except when removing ice.

Ice must not be handled with bare hands or be returned to the storage compartment once removed.

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

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

7.2.1 Maintenance

All plumbed in water coolers and ice making machines must be assessed and fitted by MPFT Estates or an approved estates appointed provider, in accordance with current National Legionella guidance and Approved Code of Practice L8.

7.3 Portable Clinical Hand Wash Basins

The Infection Prevention and control (IPC) Team should be consulted when considering using a portable hand wash basin to ensure they are required. Furthermore, the Trust's Procurement Team and IPC Team should be contacted to ensure that the product is suitable, that manufacturer's support is accessed and that it can be maintained, serviced and cleaned in line with the manufacturer's instructions.

It is the managers responsibility to ensure that the manufacturer's instructions are available, and that cleaning as outlined by the manufacturer is followed by staff in terms of frequency and method.

8 Management of Systems

It is the Trust's policy to manage the operation and maintenance of all its domestic water and air handling systems in line with current best practice, complying with all current and relevant guidelines and legislation relating to the management and control of water borne bacteria and safe water temperatures. Measures to be taken to attain this objective will include:

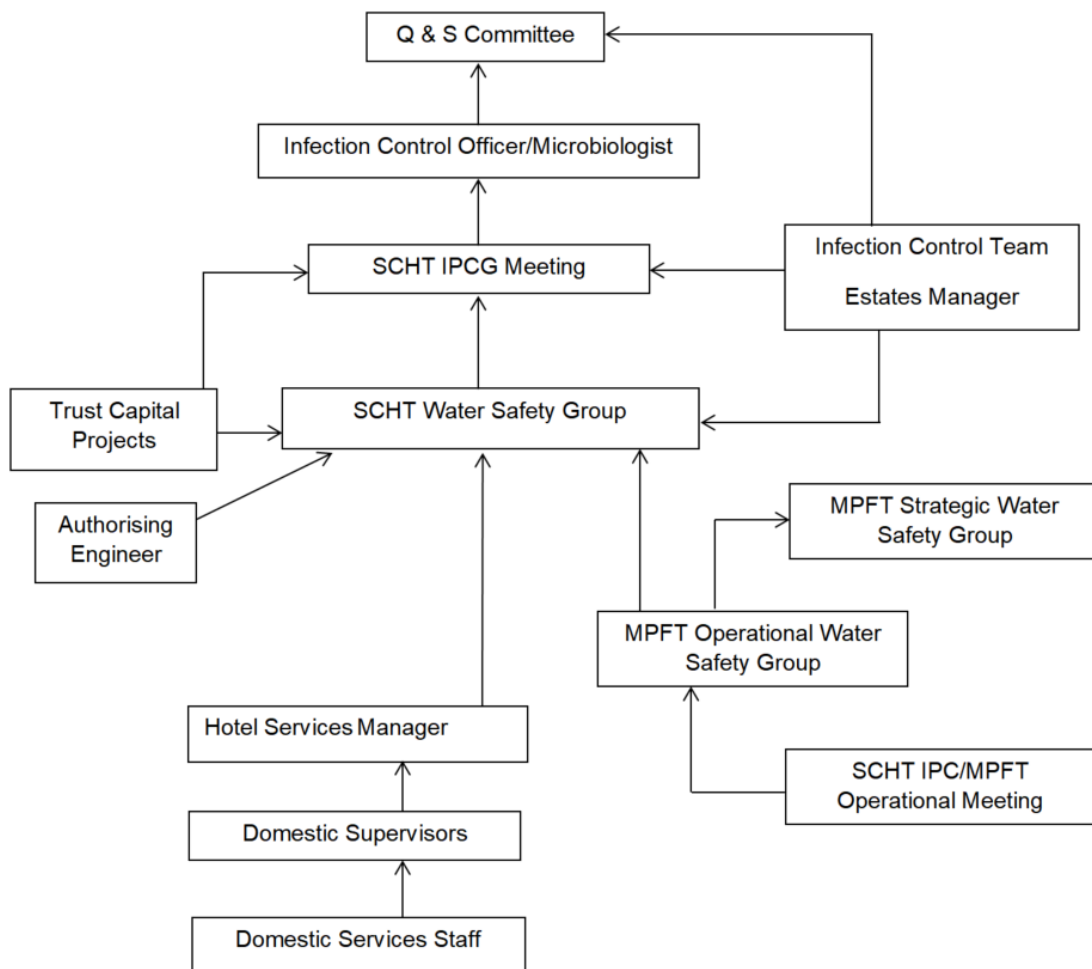
- The appointment of an Operational Water Safety Group

- The appointment of a specialist Water Authorising Engineer
- The appropriate selection, design, installation and maintenance of plant and systems.
- The regular monitoring of all implemented management systems, training programmes and treatment procedures, to establish and ensure their continuing efficacy and legislation compliance.

9 Strategic and Operational Water Safety Group Roles and Responsibilities

The Strategic and Operational Water Safety Groups will provide and agree a Terms of Reference and reporting structure from the Operational Groups up to the Strategic Group and other safety based committees. Operational Group meetings will be held on a quarterly basis and report up to the Strategic Group on a bi-annual basis.

10 Governance Procedure



11 Functional / Operational Procedures / Requirements

The Trust shall implement a management regime to control and operate a safe system of work across all Trust's properties it has a responsibility for. The Trust shall create strategic and operational water safety groups to meet on a regular basis and provide assurance to the Trust of its efficacy of water management.

12 Water Quality Tests

Water sampling will be carried out in accordance with the Trust's Water Safety Plan, as informed by HTM04, ACOPS L8, HSG274 and BS 7592: and by review and agreement of the SCHAT Water Safety Group.

Generally, water samples will be taken from hot and cold supplies at various locations of the water installation. The tests will commonly include TVCs, *E-Coli*, Coliforms and Legionella.

Sampling is to be undertaken to a recognised standard i.e. UKHSA Guidance and must only be carried out by trained staff. Samples must be tested in a UKAS approved facility.

Routine testing for *Pseudomonas* is currently not undertaken as the Trust does not have Augmented Care areas within its service delivery. However, it is recognised that *Pseudomonas* sampling may be required in certain clinical settings with the requirement for this type of sampling being under advice from the lead or Associate Director of Infection Prevention and Control.

Frequency of Sampling needs agreed – risk based (high med low), criteria on when sampling occurs e.g. flushing record failures, temp failures, persistent temp failures etc agreement on point of failure and remedial actions, update from MPFT re routine sampling regime as part of PPM

13 Consultation

This policy has been developed by Associate Director of Estates in consultation with the IPC Team, MPFT, UKHSA, AE, Hydrop, IPC Governance Meeting and SCHAT Water Safety Group members.

13.1 Approval Process

The Water Safety Group Meeting members will approve this policy and its approval will be notified to the IPCOG meeting and IPC Committee.

14 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Team Brief, digital Staff Noticeboard
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

14.1 Advice

Further advice is readily available from Estates, the IPC team or the Consultant Microbiologist.

14.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through induction training and updates undertaken in their area of practice.

All staff that operate, utilise or work on any part of a water system or associated equipment should have the necessary and appropriate level of knowledge, competence and training and a record kept of such training

Training will include attendance of related refresher training at the specified periods to retain knowledge of the subjects' systems.

The delivery of training will vary from outside specialists to in house delivery tailored to the recipient's duties.

Hotel Service Managers, Locality Clinical Managers, Domestic Supervisors and Water Safety Group members will attend Legionella Awareness seminars at the required frequencies to support their knowledge and skills requirements.

Responsible Person(s) will attend Responsible Person for Water training

Training records will be scrutinised by an outside audit provider.

The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

15 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Cleaning standards within community hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework.
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits.
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as self-audits as part of the IPC audit programme.
- Additional periodic auditing and self-audits by clinical teams.
- Authorising Engineer's Audits and Inspections
- Water Safety Risk Assessments
- SCHAT Water Safety Group

Other areas to support monitoring will include Numbers of staff undertaking IPC training, which includes Standard Infection Control Precautions, will be monitored by the Organisational Development and Workforce Department.

16 Statutory Requirements and References

The water systems within the Trust's premises including any other buildings that they are responsible for and / or manage shall comply, so far as is reasonably practical, with all relevant legislation.

Health and Safety at Work Act 1974

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Approved Code of Practice (ACOP) L8, "Legionnaires' disease: The control of legionella bacteria in water systems

HSE Technical Guidance HSG274 Parts 1,2 and 3

Health Technical Memorandum (HTM) 04-01: Safe water in healthcare premises Part A & B

HTM 04-01: Part C. Addendum Pseudomonas aeruginosa – advice for augmented care units

HTM 04-01: Supplement Model Engineering Specification D08 Thermostatic mixing valves

HTM 07-01: Water Management and Water Efficiency

Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations

15(1) All premises and equipment used by the service provider must be—

15(1)(d) properly used,

15(1)(e) properly maintained

The Water Supply (Water Fittings) Regulations 1999

Water Regulations Guide WRAS 2004

Water Fittings Materials Directory WRAS

World Health Organization (WHO) guidelines for drinking water quality (fourth edition)

British Standards 8558:2015 for Design Installation testing and maintenance of services supplying water for domestic use within buildings

British Standards 1710: 2014 Specification for identification of pipelines and services

BSEN 806-2: 2005 Specifications for installations inside buildings conveying water for human consumption

ISO 11731: 2017 Water quality. Enumeration of legionella

Water Supply (Water Quality) Regulations 2018

Health Building Note 00-01 Part C: Sanitary Assemblies

The Management of the Health and Safety at Work Regulations 1999

HFN Note 30 – Infection control in the built environment

BSRIA (1999) Guidance and standard specification for water services risk assessment

Food Safety and Hygiene Regulations 2013

17 Associated Documents

This policy should be read in conjunction with SCHAT policies:

Asbestos Policy

Control of Contractors Policy

Infection Prevention and Control (IPC) Standard Operating Procedure for Building, Construction, Renovation and Refurbishment Projects

National Standards of Healthcare Cleanliness 2021

SCHAT Health and Safety Policy

SCHAT Water Safety Plan

Infection Prevention and Control Arrangements and Responsibilities Policy

National Infection Prevention and Control Manual for England. NHSE

Available at [\[C1636-national-ipc-manual-for-england-v2.pdf\]](#)

18 Appendices

Appendix 1 – Sink Cleaning

Before you start
<ol style="list-style-type: none"> 1. Check appropriate chemical safety data sheet, COSHH and risk assessments before commencing task. 2. Ventilate area, where possible. 3. Wash hands using NHS guidelines. 4. Check for cuts and abrasions – cover with a waterproof dressing if required. 5. Select, check and put on (don) appropriate PPE. 6. Assemble colour coded equipment / machinery. 7. Prepare cleaning / disinfecting solution according to manufacturer's instructions (or as otherwise instructed), as required. 8. Place caution signs. 9. During the cleaning process, ensure chemicals are kept safely locked away in the trolley or cleaning cupboard, including in between tasks. 10. During the cleaning process, check for any damage to the area and report in line with local policy. If you notice any signs of pest infestation report as required.
Equipment required
<ol style="list-style-type: none"> 1. Caution signs. 2. Appropriate PPE. 3. Colour coded cloths. 4. Colour coded bucket. 5. Appropriate cleaning / disinfecting / descaling agents.
Method of working
<ol style="list-style-type: none"> 1. Make sure the work area is safe. 2. Using 1st clean cloth, clean the taps. 3. Check the taps for limescale. As required apply limescale remover as per the manufactures instructions and leave to react whilst you clean the rest of the sink. 4. Remove any debris from the plug hole and over flow. Some organisations continue to use tweezers to remove debris – refer to local policy. 5. If using gloves to remove debris, remove gloves, clean hands and put on clean gloves to continue. 6. Using 2nd clean cloth, work from the outside in and damp wipe all outer areas of the sink. 7. Change cloth or folded cloth side as required and continue to clean the sink paying attention to the overflow, plug, chain and clean plug hold and drain last. 8. Using a 3rd clean cloth, dampen and wipe off the limescale remover (if using) from the taps and rinse with clean water. 9. If using a disinfectant, ensure the disinfectant has been left for the required contact time before rinsing the bath with clean water, ensuring no contact between the cloths used to clean the tap and drain. 10. Reinstate area for use.
Finish
<ol style="list-style-type: none"> 1. Check all areas have been cleaned and report any access issues.

2. Correctly dispose of or send to launder all mops and cloths used as per your local policy.
3. Dispose of any waste or debris as per your local policy.
4. Ensure any spent chemical agents are disposed of safely.
5. Clean and dry all equipment.
6. Clean and remove caution signs when the area is safe and dry.
7. Store equipment safely. Charge batteries on any machinery as per manufacturer's instructions (if applicable).
8. Take off (doff) and dispose of PPE as per your local policy.
9. Wash hands using NHS guidelines.
10. Close ventilation (if applicable).

Taken from: National Standards of Healthcare Cleanliness – health cleaning manual (11 May 2022)